



**International
AIDS Society**

Stronger Together



**EVALUATION REPORT
XVII INTERNATIONAL
AIDS CONFERENCE
AIDS 2008**

3-8 AUGUST 2008

MEXICO CITY



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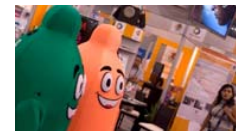
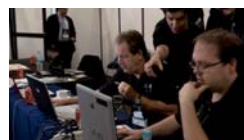


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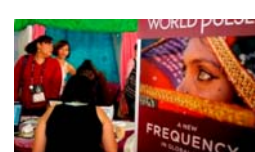
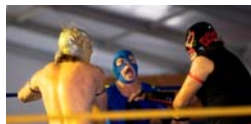
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- 🦋 Conference delegates;
- 🦋 Conference non-delegate registered participants;
- 🦋 Conference co-organizers;
- 🦋 Members of the Conference Coordinating, Programme and Track Committees;
- 🦋 Members of the Mexico general population.

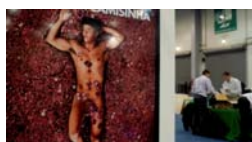
Without their contribution it would not have been possible to portray the process and impact of AIDS 2008 in such detail.

The evaluation could not have been undertaken without the assistance of a number of individuals and their contributions are acknowledged. In particular:

- 🦋 The staff of the International AIDS Conference Secretariat based at the IAS in Geneva and home based consultants;
- 🦋 The staff of the IAS Mexico office;
- 🦋 The two international consultants and the intern who supported the Evaluation Coordinator during and after the conference: Karalyn McDonald, Helen Cornman and Julie Pluies;
- 🦋 The conference evaluation volunteers who assisted with data collection and data entry during the conference.

List of Acronyms and Abbreviations

AIDS 2004	XV International AIDS Conference
AIDS 2006	XVI International AIDS Conference
AIDS 2008	XVII International AIDS Conference
ART	Antiretroviral Therapy
ARV	Antiretroviral
EAA	Ecumenical Advocacy Alliance
CCC	Conference Coordinating Committee
CDC	Centers for Disease Control and Prevention
CPC	Community Programme Committee
FAQs	Frequently Asked Questions
FBO	Faith Based Organization
GDLN	Global Development Learning Network
GIPA	Greater Involvement of People living with or affected by HIV/AIDS
GPP	Good Participatory Practice (Good Participatory Practice Guidelines)
IAC	International AIDS Conference
ICASO	International Council of AIDS Service Organizations
IAS	International AIDS Society
IAVI	International AIDS Vaccine Initiative
IDU	Injecting Drug User
IT	Information Technology
LGBT	Lesbian, Gay, Bisexual and Transgender
LPC	Leadership Programme Committee



MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
PLHIV	People Living with HIV
PMTCT	Prevention of Mother To Child Transmission
PRAMEP	Prevention Research Advocacy Mentoring and Education Programme
PrEP	Pre-Exposure Prophylaxis
SPC	Scientific Programme Committee
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UKZN	University of KwaZulu-Natal
UN	United Nations
WALL	Way to Accessible Living & Learning

Executive Summary

The XVII International AIDS Conference (AIDS 2008) was held in Mexico City, Mexico, from 3 to 8 August, 2008, attracting more than 20,000 delegates. The IAS Evaluation Coordinator was responsible for the design and implementation of an evaluation of AIDS 2008 with the objective of identifying the strengths and weaknesses of the conference and assessing its immediate and long-term impact.

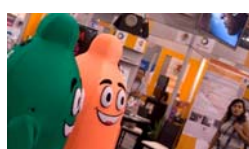
The leading data collection instrument used was an online survey sent to delegates three weeks after the conference had ended. This survey had a high level of engagement, representing the views of 3,605 delegates, most of whom were first-time attendees. A number of other instruments were used to gather information on specific conference sessions, activities and areas. This included online and paper surveys as well as face-to-face interviews administered before, during and after the conference.

The main findings of the evaluation relate to:

A. Attendance and Participation

- ⚡ Similar to 2006, surveyed delegates identified the opportunity for networking/collaboration as the most important factor in their decision to attend the conference (more than 40%);
- ⚡ More than 80% of survey respondents reported the pre-conference information was good or excellent;
- ⚡ The conference website resource most frequently used was the online programme-at-a-glance (82% vs 75% in 2006);
- ⚡ The Abstract Mentor Programme helped about 40 conference delegates successfully submit an abstract for AIDS 2008 (80% of abstracts which were reviewed by mentors and submitted to the programme were ultimately accepted);
- ⚡ More than 85% of surveyed delegates who visited the PLHIV lounge reported the lounge was very helpful in supporting and maximizing their participation in the conference;
- ⚡ More than 70% of delegates that attended AIDS 2004 and/or AIDS 2006 agreed or strongly agreed that overall organization of the conference had improved despite some complaints about sound-proofing of session rooms, some limited catering options and long-walking distances to the Global Village from session rooms;
- ⚡ Although the majority of surveyed delegates would choose to attend AIDS 2010 (58%), the main reason for not attending that conference may be lack of funding (48%).

For the first time in the history of the conference, the reach of the conference was expanded through a series of conference 'hubs'. These were session halls in remote geographic locations around the world where conference sessions were downloaded, screened and followed by a moderated discussion. As an indicator of success, most surveyed participants would recommend a friend/colleague to attend similar hubs in the future.



B. Conference Programme

- ✂ Most respondents reported the quality of sessions was good or excellent (86% vs 84% in 2006);
- ✂ The AIDS 2008 programme accepted more abstracts submitted by women compared to 2006 (51.5% vs 48.6% in 2006);
- ✂ The vast majority of surveyed delegates who selected one main track of interest agreed or strongly agreed that their track examined how scientific advances can inform policy and programmes, addressed current questions and presented state-of-the-art science and new findings;
- ✂ The majority of surveyed delegates indicated that the coverage of their area/issue of interest in the conference programme was good or excellent (68% vs 59% in 2006) and that the issues relevant to PLHIV were well reflected in the conference programme (60%);
- ✂ As in 2006, plenary sessions, poster exhibitions, special sessions and oral abstract sessions were the most well attended (more than 80%) while special sessions and plenary sessions were considered the most useful (75%);
- ✂ Surveyed delegates were highly satisfied by the quality of discussions and debates as well as speakers and moderators with more than 80% of good or excellent rating;
- ✂ The majority of surveyed delegates reported having attended a Skills Building Workshop (68% vs 59% in 2006) among which 71% deemed it was useful or very useful. In addition, respondents were more likely to indicate they would like to have more Skills Building Workshops at future conferences (47%);
- ✂ As part of efforts to further engage regions in the international conference, the AIDS 2008 programme featured six regional sessions. Of these sessions, the most attended were those related to the Sub-Saharan Africa and Latin America regions;
- ✂ More than 90% of surveyed delegates reported having visited the Global Village, among whom 45% went at least five times. The most visited/attended activities/areas were NGO and market place booths;
- ✂ Although the Engagement Tours were not very well attended, participants and host organizations were highly satisfied with the experience.

C. Achievement of Objectives

At least 70% of surveyed delegates rated AIDS 2008 "very successful" or "successful" (as opposed to "somewhat successful" or "not very successful") in:

- ✂ Providing a forum in which key scientific and practice-based research, best practice, lessons learnt and gaps in knowledge are addressed;
- ✂ Increasing understanding of the contribution made by the HIV global response to broader social, economic and health issues;
- ✂ Maximizing opportunities for the participation in conference and programme planning of those engaged in evidence-based responses – scientists, PLHIV, members of marginalized communities especially those most vulnerable to HIV, including women, girls, and young people;
- ✂ Promoting strategies that will reduce stigmatization and discrimination of PLHIVs and those working professionally across the response to HIV and AIDS;
- ✂ Reaching a wider audience through the webcasting of conference proceedings to regional sub-conferences/meetings and through the availability of conference sessions online;

- ⚠ Improving public awareness of the continued impact of and global response to HIV and AIDS through enhanced media coverage.

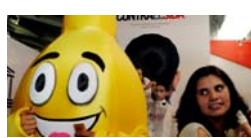
Fewer than 6% of delegates rated the conference “not very successful” in achieving those goals (vs 10% in 2006).

The objective for which the conference was deemed to be the least successful was presenting strong evidence to influence leaders, including key policy makers and donors (32% of respondents rated it as “somewhat successful” or “not very successful”).

D. Benefits Gained and Anticipated Actions

- ⚠ As in 2006, almost 100% of respondents reported to have gained at least one benefit, with new knowledge and new contacts/opportunities for future collaboration the benefits most frequently reported;
- ⚠ Most respondents anticipated to use what they had gained at AIDS 2008 to share information with colleagues or peers (87% vs 60% in 2006) while building capacity within the delegate’s organization/network was an intention of 56% of respondents (vs 48% in 2006). Only one percent of respondents would not do anything (vs 4% in 2006);
- ⚠ As part of the online delegate survey, a total of 137 delegates had completed an action plan as of 15 December 2008. The objective was to assess the medium to long term impacts of the conference and to contribute to greater accountability/progress tracking. Most action plans focused on knowledge transfer.

In conclusion, the evaluation demonstrated that the XVII International AIDS Conference had a broad and positive effect, reaching far beyond those who were physically present in Mexico. As illustrated by the action plans resulting from the conference, knowledge transfer will significantly contribute to strengthen awareness, education and advocacy worldwide.



Introduction

The XVII International AIDS Conference was held in Mexico City, Mexico, 3 – 8 August, 2008. The conference theme, *Universal Action Now*, was rooted firmly in the vision that this would be a conference that promoted scientific excellence and inquiry, encouraged individual and collective action and dialogue, and fostered accountability.

The conference sought to achieve its vision through the following objectives:

- ✘ Provide a forum in which key scientific and practice-based research, best practice, lessons learnt and gaps in knowledge are addressed;
- ✘ Present strong evidence to influence leaders, including key policy makers and donors, to increase their commitment to HIV and AIDS prevention, care and treatment, undertake responsible action and be more accountable;
- ✘ Increase understanding of the contribution made by the HIV global response to broader social, economic and health issues;
- ✘ Maximize opportunities for the participation in conference and programme planning of those engaged in evidence-based responses – scientists, PLHIV, members of marginalized communities especially those most vulnerable to HIV, including women, girls, and young people;
- ✘ Promote strategies that will reduce stigmatization and discrimination of PLHIV and those working professionally across the response to HIV and AIDS;
- ✘ Reach a wider audience through the webcasting of conference proceedings to regional sub-conferences/meetings and through the availability of conference sessions online;
- ✘ Improve public awareness of the continued impact of and global response to HIV and AIDS through enhanced media coverage.

AIDS 2008 was the seventeenth International AIDS Conference; however, it was only the third conference to be systematically evaluated. Aimed at improving the planning and delivery of the future International AIDS Conferences, the specific objectives of the AIDS 2008 evaluation were:

- ✘ To identify the strengths and weaknesses of the conference;
- ✘ To assess its immediate and long-term impacts.

Given the wide scope of the conference, the evaluation sought to collect a range of views about AIDS 2008, using quantitative, qualitative and impact indicators. To this end, various methods were used to collect data including:

- ✘ Review of AIDS 2008 documentation/website and previous conference evaluation reports;
- ✘ Consultation with AIDS 2008 secretariat staff based in Geneva and Mexico;
- ✘ Interviews and surveys of key informants, including conference delegates, members of conference committees and the general public of Mexico city;
- ✘ Structured observation of different programme sessions and activities;
- ✘ Statistics generated by the IAS IT team and partners.

The leading data collection instrument was an online survey sent to all delegates with an email address three weeks after the conference had ended. The survey was available in three languages (English, French and Spanish) and contained 120 questions covering the conference attendance and participation, programme and impact. After two reminders, a total of 3,605 surveys were completed.

A number of other instruments were used to gather information on specific conference sessions, activities and areas. This includes the following online and paper surveys which were administered before, during and after the conference (the number of respondents is bracketed):

- ✘ Committee member survey (n=39);
- ✘ Skills building workshop participant survey (n=503);
- ✘ Session participant survey (n=404);
- ✘ Session speaker survey (n=95);
- ✘ Session moderator survey (n=13);
- ✘ Media representative survey (n=80);
- ✘ PLHIV Lounge visitors survey (n=185);
- ✘ Global Village activity organizers survey (n=43);
- ✘ Engagement Tour participant survey (n=137);
- ✘ Engagement Tour host organization survey (n=12);
- ✘ Scholarship recipient survey (n=434);
- ✘ Official conference hub participant survey (n=100);
- ✘ Independent conference hub participant survey (n=42);
- ✘ Independent conference hub organizer (n=25);
- ✘ PRAMEP education programme survey (n=15 participants and 6 mentors);
- ✘ Abstract mentor programme survey (n=35 participants and 6 mentors).

Short intercept interviews were also conducted during the conference with:

- ✘ Delegates, non-delegate registered participants and public participants who visited the Global Village (n=246);
- ✘ Members of the Mexico general population (n=230).

Interviews and data management (entry and analysis) were undertaken by the evaluation team composed of two international consultants, one intern and about 20 volunteers¹ who supported the IAS Evaluation Coordinator. All volunteers had a background in research or evaluation, had participated in a full day training session and were briefed and debriefed each day they worked.

Regarding data analysis, 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 0.05. The information collected was triangulated and cross-checked to illuminate similarities and differences in the perspectives offered and to highlight key issues². To allow comparison over time, monitoring data were also reviewed from previous conferences.

It should be noted that results of any separate evaluation, such as the Conference Impact Report, are an important adjunct to the broader evaluation of AIDS 2008. The objective of the Conference Impact Report was to present an analysis of the new science, evidence, programmatic experience and lessons learnt presented at AIDS 2008, including their potential impact on policy and practice in the field. Results can be found on internet at the following address [http://www.iasociety.org/Web/WebContent/File/AIDS%202008_impact_report.pdf].

¹ Volunteers were divided into two groups, one working in the morning and the other one in the afternoon. Some volunteers only worked certain days of the conference.

² 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.

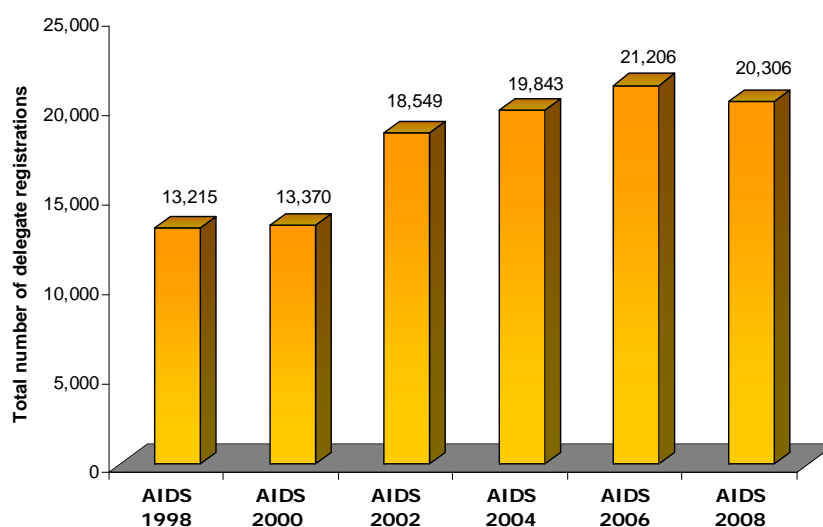


1. Conference Participation

1.1 Delegates and Respondents Profile

Attendance at the International AIDS Conferences increased over ten years until 2006. However, the number of delegates slightly decreased in 2008, as shown in Figure 1.1.

Figure 1.1 Total Delegate Registrations



AIDS 2008 attracted **20,306 delegates** and when staff, other organizers, volunteers, exhibitors and accompanying persons are added to this figure, about 25,000 people participated in the conference. The **IAS members** who participated in AIDS 2008 were around **9,400**, which represents an increase compared to 2006 (n=9,127) and 2004 (n=4,780).

All delegates who attended the conference were surveyed after the conference. Of the 14,401 survey invitation emails sent out in September 2008, 700 (5% vs 3.7% in 2006) could not be delivered ('bounced back'), resulting in 13,701 delivered emails. Three thousand six hundred and five (3,605) surveys were returned. This figure represents a return rate on delivered surveys of 26%. The following table shows the distribution of returned surveys by language.

DISTRIBUTION OF RETURNED SURVEYS BY LANGUAGE

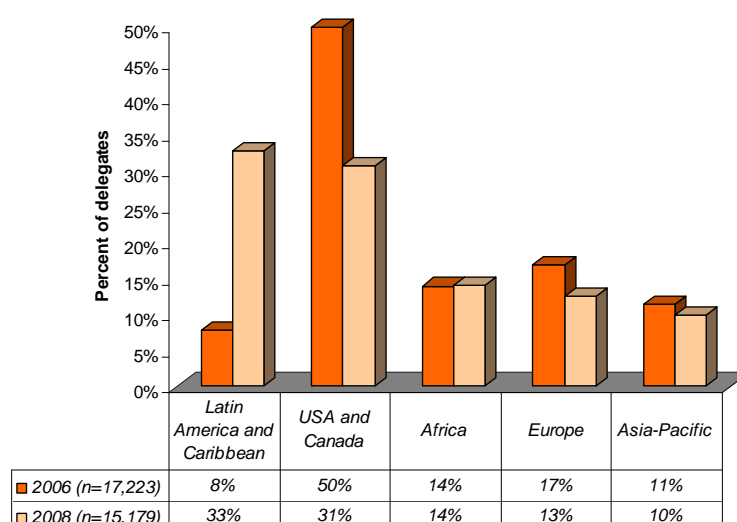
<i>Language</i>	<i>Total</i>
English	2,641
French	188
Spanish	776
Total	3,605

The return rate has decreased compared to 2006 (43%). This is probably due to the length of the questionnaire which almost doubled in order to properly cover all conference areas. However, the majority of respondents replied to all questions and the survey sample is overall representative of all delegates as shown in some of the below figures.

1.1.1 Region of Work and Residence

Like in 2006, the region where the conference is hosted is an important factor influencing the delegate's origin as illustrated in Figure 1.2.

Figure 1.2 Region where Delegates Mainly Work

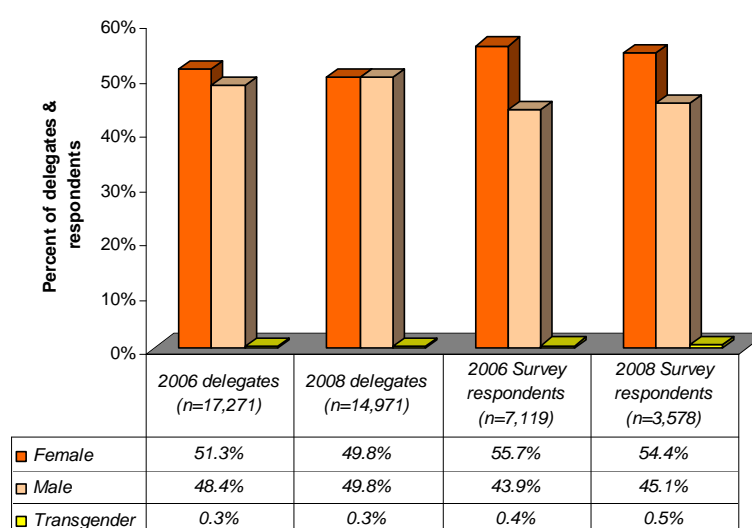


Not surprisingly, the majority of survey respondents identified the region where they mainly worked as the region where they mainly lived.

1.1.2 Gender

Unlike 2006, the proportion of female and male delegates was equal but more female completed the survey as shown in Figure 1.3.

Figure 1.3 Gender of Delegates



There were no significant differences between respondents gender and their age ($p=0.07$).

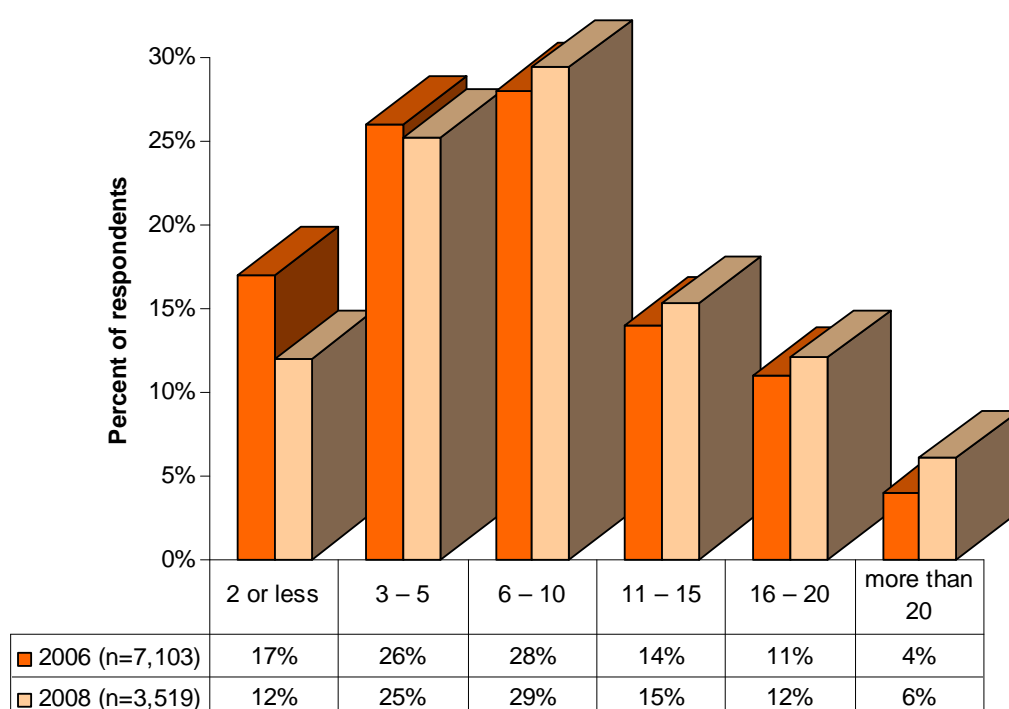


1.1.3 Age and HIV/AIDS Professional Experience

Like in 2006, a **very small minority** of survey respondents were **under 26 years of age** (less than 10%).

Although **the majority** (over 60%) of respondents **had worked in the HIV/AIDS field, full or part-time, for at least six years**, AIDS 2008 still attracted many attendees who were relatively new to the field, like in 2006, as shown in Figure 1.4.

Figure 1.4 Years of HIV/AIDS Professional Experience

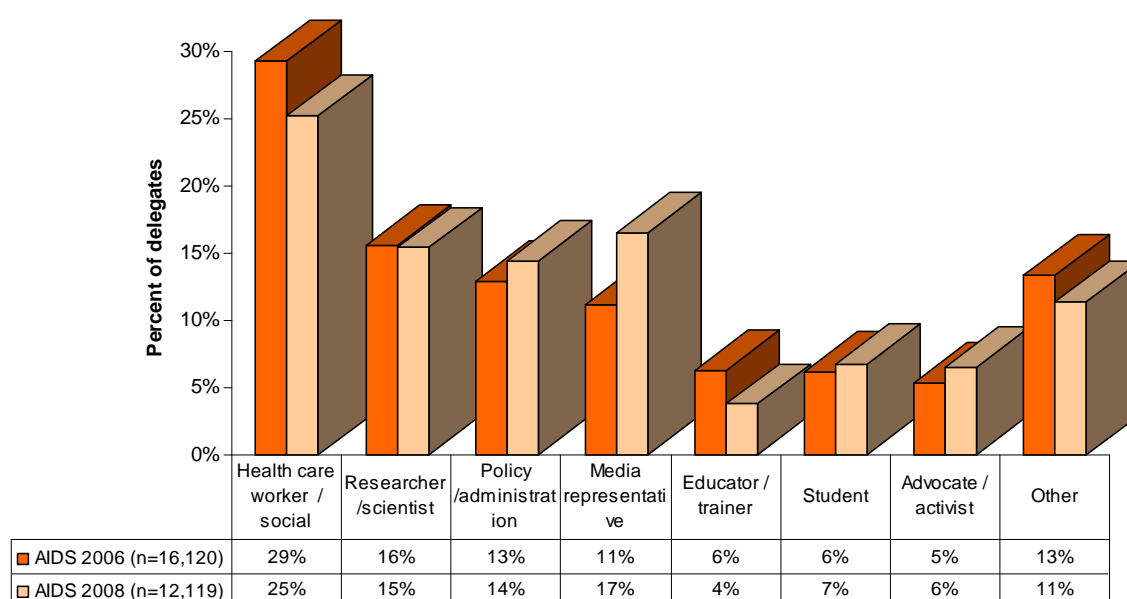


There were no significant differences between the number of years respondents had worked in HIV and their gender or age. However, respondents who mainly worked in the USA and Canada regions were significantly more likely to report that they had worked in HIV for 20 or more years (34.5%) compared to respondents from other regions (for example, Eastern Europe and Central Asia (3.9%, $p < 0.01$)).

1.1.4 Main Occupation/Profession and Primary Place of Work

Although **the two largest groups of respondents were health care workers/social services providers and researchers/scientists**, as in 2006, people from a wide spectrum of professions and occupations attended AIDS 2008, as shown in Figure 1.5.

Figure 1.5 Main Occupation/Profession³

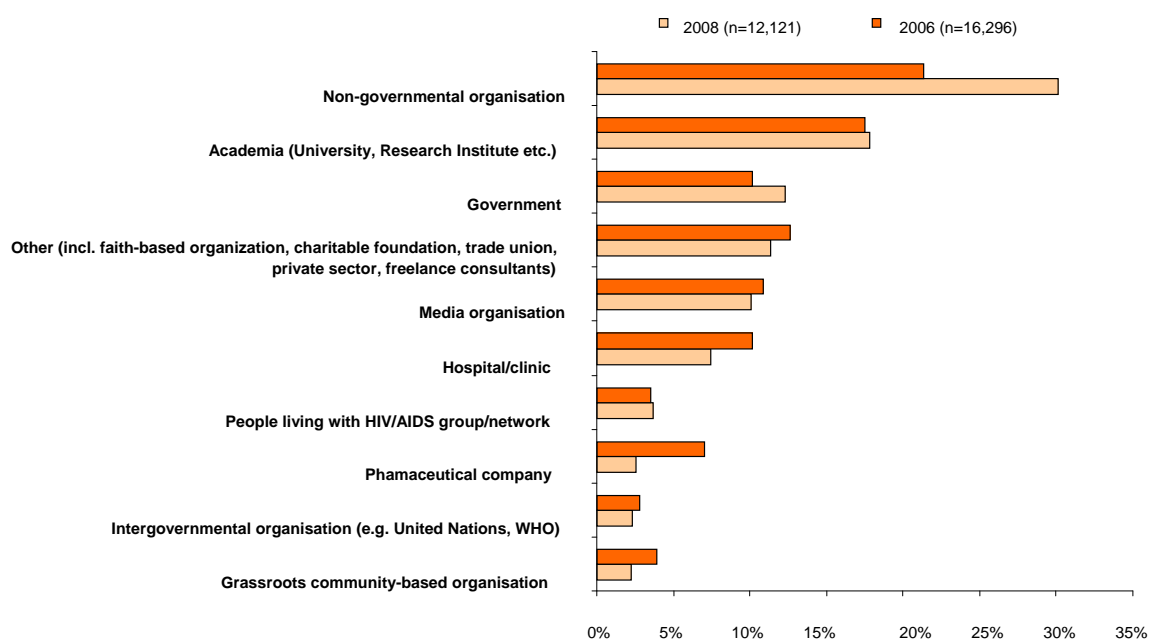


The category “other” encompasses funders, lawyers, representatives of the private sector including pharmaceutical companies, HIV related programme directors/managers or associates, as well as community-based workers (e.g. counsellors, artists, etc.).

Respondents who mainly worked in the USA and Canada or Western and Central Europe regions were significantly more likely to list their occupation as researcher (27.9% and 24.1% respectively) compared to respondents who mainly worked in other regions (for example, Caribbean (12.3%) and Middle East and North Africa (11.8%), $p < 0.01$). Respondents who mainly worked in the Middle East and North Africa or Eastern Europe and Central Asia regions were significantly more likely to list their occupation as health care worker (35.3% and 30.3% respectively) compared to respondents who mainly worked in other regions (for example, Western and Central Europe (18.5%) and USA and Canada (22.0%), $p < 0.01$).

Although **more survey respondents worked in non-government organizations and academic institutions than any other type of organization**, like in 2006, a wide variety of affiliations were represented at the conference, as shown in Figure 1.6.

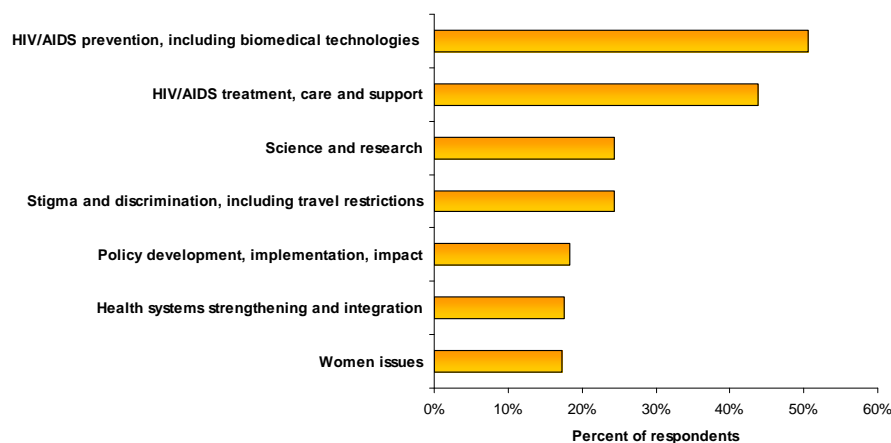
³ The occupation/profession categories are those used on the conference registration form.

Figure 1.6 Primary Place of Work/Affiliation⁴

Not surprisingly, the majority of respondents who classified themselves as health care worker/social services provider/lab technician worked in a hospital/clinic (30%) or in a non-government organization (23%) while most researchers worked at the university or in a research institute (64%).

1.1.5 Main Areas of Interest

Surveyed delegates were asked to identify their areas of most interest. **HIV/AIDS Prevention** (including biomedical technologies and social and behavioural prevention) was the most selected area, followed by HIV/AIDS treatment, care and support as illustrated in Figure 1.7.

Figure 1.7 Areas of Most Interest⁵

⁴ The categories are those used on the conference registration form.

⁵ Total exceeds 100% as respondents could select more than one area.

Areas selected by fewer than 15% of respondents include youth issues (selected by 14% of respondents), MSM issues (13%), linkages between HIV response and poverty reduction/human development (12%), children's issues (10%), GIPA (7%), HIV health workforce (5%), tracking commitments/accountability (5%), mobile, migrant or displaced persons issues (4%) and indigenous people issues (3%). Three hundred ninety six (396) respondents (4%) selected the option "other" which includes a variety of different areas. The most commonly reported were human rights and HIV, including decriminalization and disabilities (n=43), harm reduction/IDUs (n=35), religion/FBOs and HIV (n=21), workplace and private sector issues (n=20), sex work (n=19) and TB/HIV (n=18).

The likelihood to select a specific area rather than another one was not influenced by the number of years worked in HIV/AIDS.

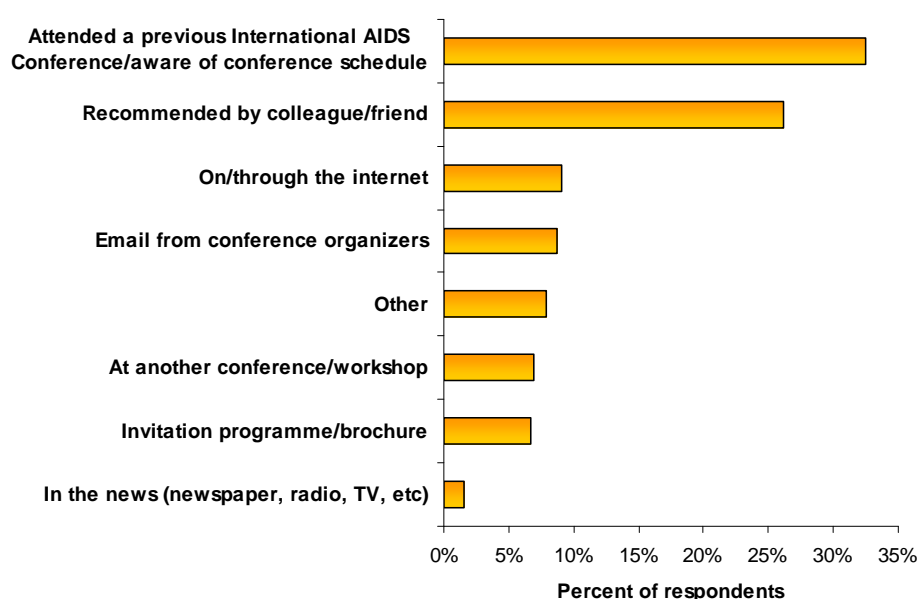
1.1.6 Previous AIDS Conferences Attended

Like in 2006, **the majority of respondents were first time attendees**, with more than 80% reporting not having attended AIDS 2004 and 70% not having attended AIDS 2006. Not surprisingly, respondents who attended AIDS 2006 were significantly more likely to have attended AIDS 2004 than those who did not (70.0% vs 20.8%, $p < 0.01$).

1.1.7 Sources of Information About the Conference

A range of outreach and other activities were undertaken to raise awareness of and promote participation in AIDS 2008. Survey delegates were asked how they had first learnt about the conference. Attendance at a **previous International AIDS Conference or awareness of the conference schedule** (33% vs 23% in 2006) **and recommendation by a colleague or friend** (26% vs 31% in 2006) **were the two most commonly selected sources of information** as shown in Figure 1.8.

Figure 1.8 Sources of Information About the Conference



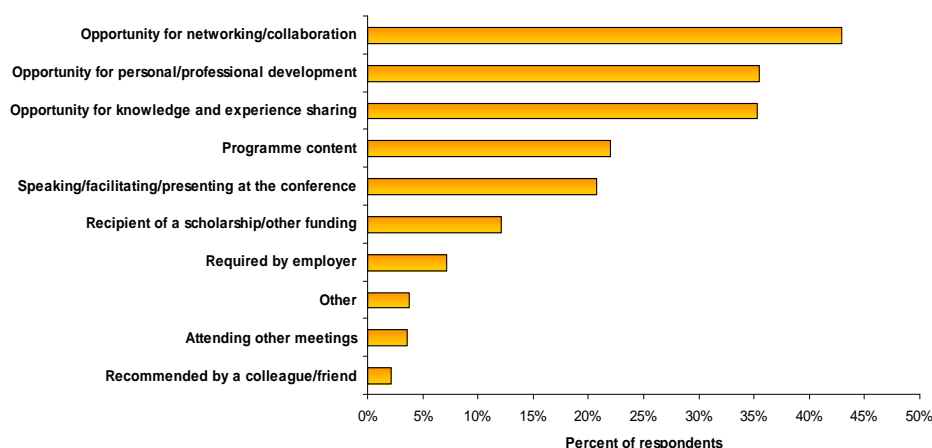


The most commonly reported sources as part of the category "other" were delegate's work or partner organization (n=131). In addition, 24 respondents indicated they had been invited by a donor.

1.1.8 Main Reasons to Attend the Conference

Similar to 2006, surveyed delegates identified the opportunity for **networking/collaboration as the most important factor in their decision to attend the conference** (more than 40%). Opportunities for personal/professional development and for knowledge/experience sharing were also important reasons to attend AIDS 2008 (selected by 35% of respondents), as well as the programme content (22%). The least reported factors were "attending other meetings" and "recommended by a colleague" as shown in Figure 1.9.

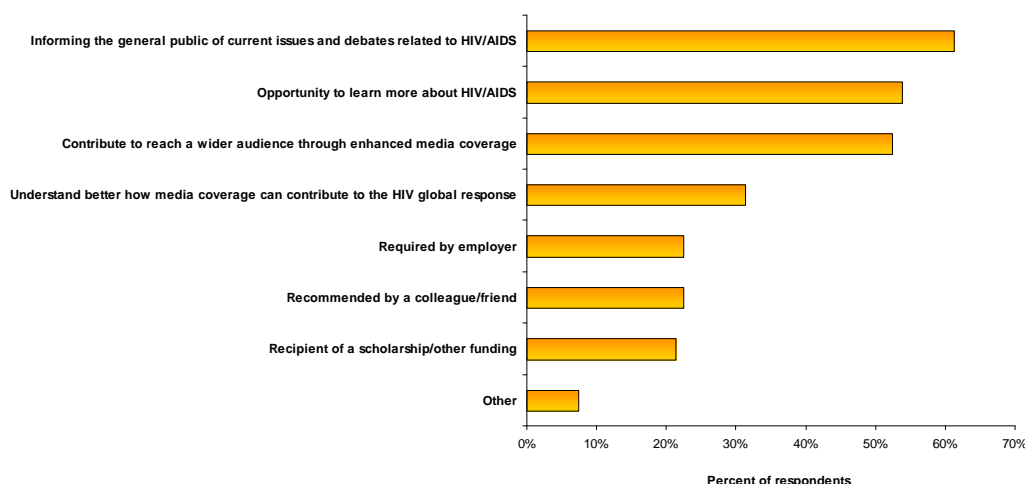
Figure 1.9 Main Reasons to Attend the Conference as Delegate⁶



Delegates who completed the survey dedicated to media representatives were also asked to specify why they had decided to attend the conference. The main reason was informing the general public of current issues and debates related to HIV/AIDS. The opportunity to learn more about HIV/AIDS and to contributing to reach a wider audience were also important reasons to attend AIDS 2008 as shown in Figure 1.10.

⁶ The total percentage exceeds 100% because respondents identified up to two factors.

Figure 1.10 Main Reasons to Attend the Conference as Media Representative ⁷



Looking more closely at the opportunity to learn more about HIV/AIDS, respondents from USA and Canada, Western and Central Europe and Asia-Pacific were less likely to select it as an important factor to attend AIDS 2008 (less than 50% of respondents vs higher rates for other regions), as were respondents above 26 years (45% vs 71% of younger than 26). However, it is interesting to note that the number of years spent covering HIV/AIDS issues did not have the same influence as age because experienced media representatives were more likely to select that reason (51% vs 46% having less than five years of experience).

1.2 Support to Participation

1.2.1 Information

Mindful that information is one of the most important elements to ensure the meaningful participation of all delegates, the conference organizers have always strived to improve the content, quality, format of, and access to information through different ways as described in this section.

More than 80% of survey respondents (n=3,460) reported the pre-conference information was good or excellent.

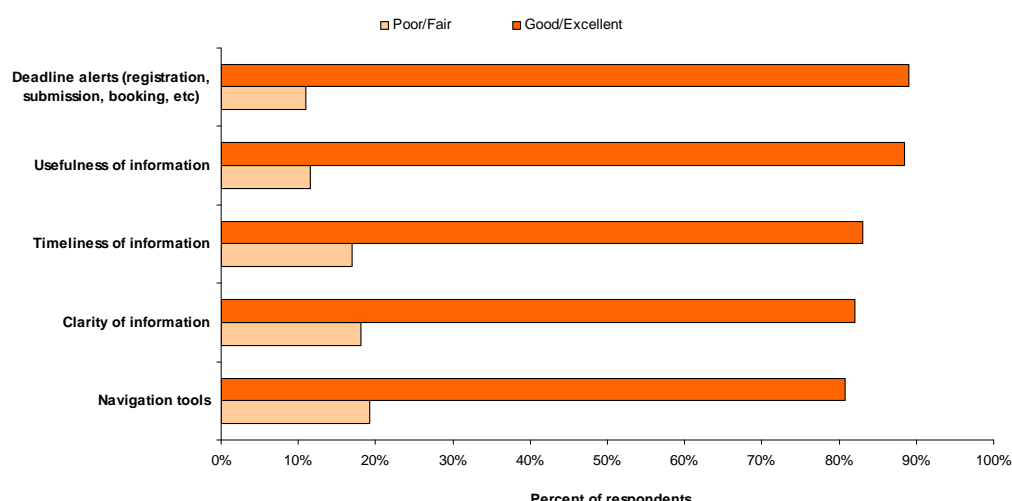
1.2.1.1 Online Resources

The conference website (www.aids2008.org) was one of the most powerful online resources, hosting a myriad of information which was regularly updated by a dedicated team of communication experts. **More than 70% of surveyed delegates rated the AIDS 2008 website as "good" or "excellent" in terms of content, clarity, usefulness and timeliness** as illustrated in Figure 1.11. The design of the conference website was also very well rated by attendees who completed the survey dedicated to media representatives (43% "good" and 34% "excellent").

⁷ This percentage is based on a total of 80 responses.



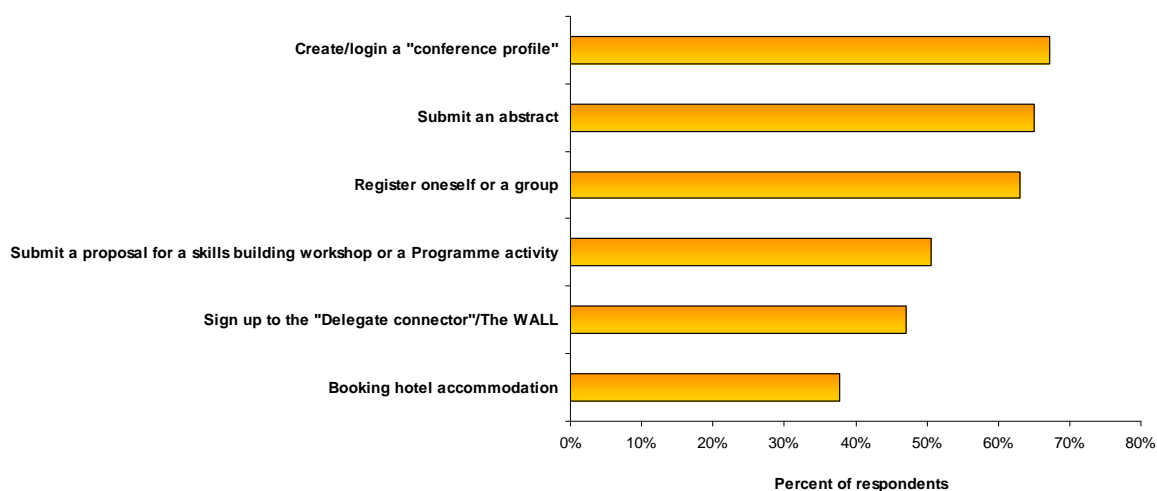
Figure 1.11 Quality of the AIDS 2008 Website



More than 80% of surveyed delegates who also attended AIDS 2004 and/or AIDS 2006 “agreed” or “strongly agreed” that the AIDS 2008 website provided more accurate information compared to previous conferences.

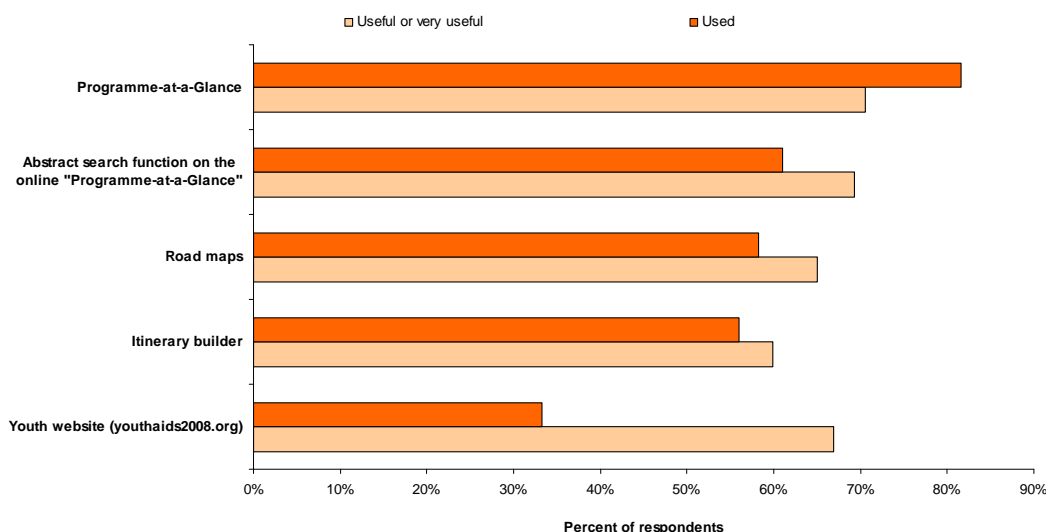
In addition the majority of all surveyed delegates indicated that it was very easy to create a profile, register, submit a proposal and take other actions on the website. However, less than 50% found that booking their accommodation was very easy (see Figure 1.12).

Figure 1.12 Percent of Respondents who Rated “Very Easy” the Online Processes



A variety of resources were available on the conference website to assist delegates to organize their time and select sessions during the conference. Delegates surveyed were asked about their use of the resources. Overall, the resources were well-known, with at least 90% of respondents reporting awareness of each resource (vs 85% in 2006), except for the Youth website (almost 20% of respondents were not aware of that information source). **The resource most frequently used was the online programme-at-a-glance** (82% of respondents vs 75% in 2006). Introduced in 2006, its abstract function was also well used (61% of respondents vs less than 50% in 2006). Delegates were also asked to rate the usefulness of each resource they had used. Overall, the resources rated quite highly, with at least 60% of respondents reporting they were “useful” or “very useful”, as shown in Figure 1.13.

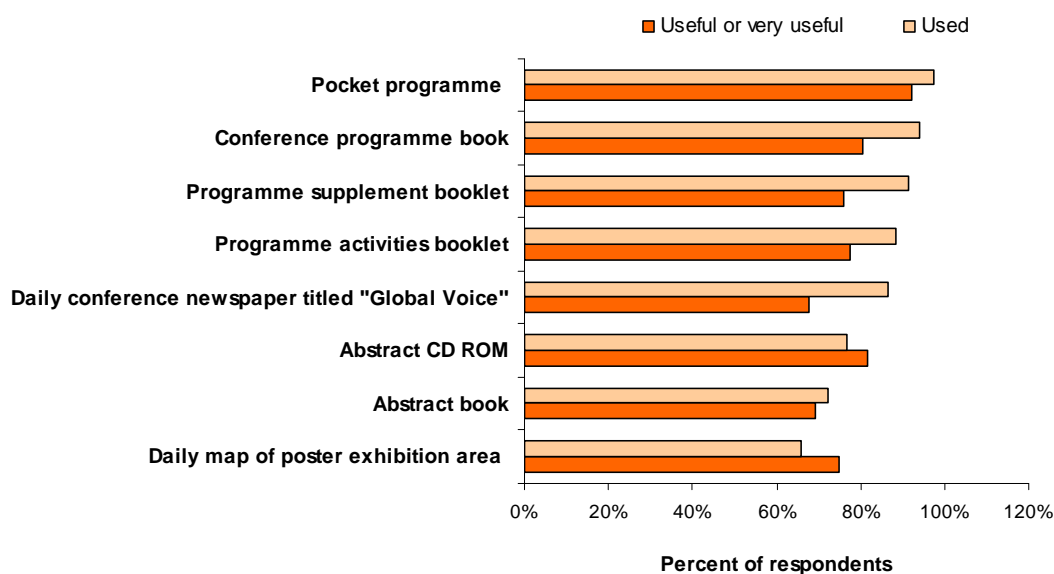
Figure 1.13 Use and Usefulness of Resources Available on the Conference Website



1.2.1.2 Resources Available on the Conference Site

Information distributed at the conference venue was used by the majority of surveyed delegates, especially the pocket programme (small map format provided with the badge) as well as the conference programme, programme supplement and programme activities (printed book/booklets provided in the delegate bag). All those resources were rated "useful" or "very useful" by the majority of respondents. **The pocket programme, abstract CD Rom and conference programme were the most useful** as illustrated in Figure 1.14.

Figure 1.14 Use and Usefulness of Resources Available on the Conference Site



As regards the daily conference newspaper, a total of 60,000 copies were distributed between Saturday 2 August and Friday 8 August.



1.2.2 Media Representatives

Given their important role in conveying key messages on the conference, survey forms dedicated to media representatives were available throughout the conference at different strategic points of the media centre. In some cases, interviews were directly conducted by the evaluation team in the media centre.

A total of 80 questionnaires were collected with some of them partially complete. Even though the exact number of media representatives having visited the media centre is not known, a higher response rate was expected because a total of 2,934 media representatives attended the conference. Lack of time to fill out the survey is certainly one reason but there might be other factors which should be looked at for future conferences.

Respondent males were more numerous than females (55.7% vs 44.3%⁸) and the vast majority (90%⁹) were older than 26 years. The proportion of those having reported/covered HIV/AIDS issues for less than five years was equal to those having more experience as illustrated in Figure 1.15.

Figure 1.15 Years of Experience as Media Representative Reporting on/Covering HIV/AIDS¹⁰

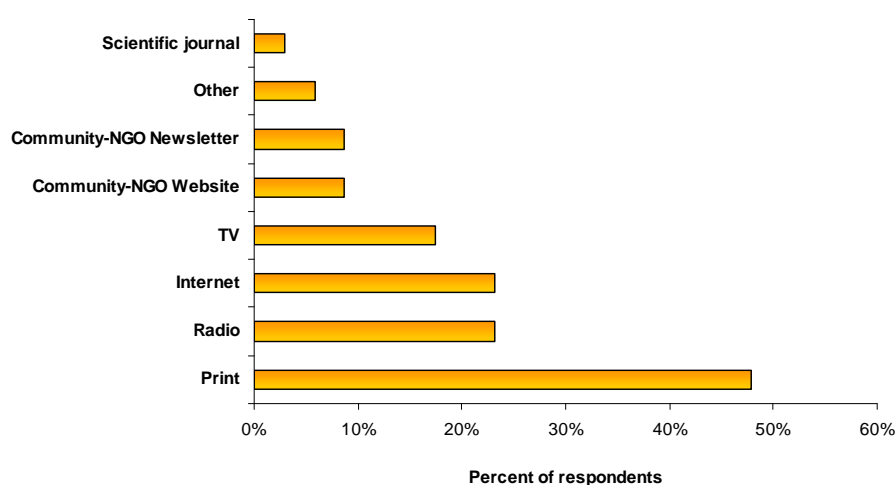
Experience duration	Percent of respondents
Less than 2 years	24%
2-5 years	26%
5-7 years	17%
Over 7 years	33%

Surveyed media representatives were also asked to specify the type of media they represented. Almost half respondents (48%) answered print media, a smaller proportion (23%) selected radio or Internet and 17% chose TV. The least represented media were community-NGO website or newsletter and scientific journals as illustrated in Figure 1.16.

⁸ This percentage is based on a total of 70 responses.

⁹ This percentage is based on a total of 69 responses.

¹⁰ This percentage is based on a total of 70 responses. Total exceeds 100% as 20% of respondents selected several types.

Figure 1.16 Surveyed Media Representatives by Type of Media¹¹

Looking at regional balance, it is not surprising that more than half surveyed media representatives reported to mainly work in or represent Latin America, USA and Canada and the Caribbean (31.4%, 28.6% and 7.10% respectively). The least represented regions were Africa and Eastern Europe and Central Asia.

The survey primarily aimed to collect feedback on the support given to media representatives in order to enhance their participation. This included a variety of tools and services offered by the conference organizers before and during the conference. Although a quarter of respondents reported it was not easy to obtain a visa to enter Mexico, the majority (75%) indicated it was "very easy" or "somewhat easy" to access online resources, including the Virtual Media Centre, to find information on the conference website, to interview delegates/speakers/presenters, to attend a press conference, to collect their delegate bag at the Media Desk, to register as a media representative and to download photographs (however, more than half respondents did not use the latter).

The **quality of information provided in the media packet (as part of the delegate bag) and on the Virtual Media Centre** was rated "excellent" or "good" by the majority of surveyed media representatives. The support received from the AIDS 2008 Communications Team including Flieshman Hillard Mexico was also very well rated (43% "good" and 36% "excellent"). The quality of the Media Centre venue and equipment of press conference rooms was overall appreciated by most respondents. The fact that 36% of respondents rated the quality of the news room equipment "fair" or "poor" is most probably linked to the unexpected rerouting of 20% of computers (initially dedicated to the media centre) to other key conference organization teams after their equipment was stolen, as well as the internet connection which was down for three days and intermittent for the rest of the time.

¹¹ This percentage is based on a total of 69 responses.



Other major support was provided to media representatives through training/briefing sessions. This included, among others, a one-day seminar "Reporting HIV/AIDS - Issues and Concerns" (held on 3 August 08 and delivered by the Thomson Foundation) and a three-hour evening session "Technical Briefings on HIV/AIDS" (held on 4 August 2008 and delivered by the Thomson Foundation). **The vast majority of respondents indicated they were "very useful" or "somewhat useful"** (over 85% of respondents). However, a high proportion of respondents (about 60%) was not aware of or did not attend the seminar nor the evening session held during the conference. Journalists who were verbally asked why they did not attend mentioned time constraints (mainly because their editor was expecting a story). This will be taken into consideration when planning similar initiatives at the next conference.

Looking in more detail at the **seminar "Reporting HIV/AIDS - Issues and Concerns"**, it is not surprising that respondents from USA and Canada and Western and Central Europe were less likely to attend it (less than 25%) compared to those from Latin America, Sub-Saharan Africa and Eastern Europe and Central Asia (50% and more). Half media representatives from Asia-Pacific attended it but none from Middle East and North Africa nor from the Caribbean (this is probably due to their low representation in the survey sample). **The majority who attended the session (n=28) rated it as "somewhat useful" or "very useful"** (50% and 39% respectively). The only ones (n=3) who reported it was not very useful were from USA and Canada and Western and Central Europe. It is also interesting to note that respondents having more experience were more likely to rate it as "very" or "somewhat useful". The only ones (n=3) who rated it as not very useful had maximum five years of experience.

Surveyed media representatives were also asked to mention any issue that should be addressed to enhance their participation at and/or support their coverage of the next International AIDS Conference. More than half respondents (n=42) provided comments, including three who indicated they had no remark and five who specifically commended the good job of conference organizers and the valuable support received from the media centre staff. More than one third of comments (36%) were related to internet connection, including wireless, which was not appropriate (bad or nonexistent connection, not enough terminals, etc.). Other constraints, mentioned two or three times referred to the lack of separated/sound proof rooms, including press conference rooms, the fact that relevant background information such as abstracts was not available in time to ensure good preparation, and the absence of control access at the media centre resulting in non media representatives "disturbing" those really working in the centre. One respondent pointed out the lack of materials in the language of the host country and another one recommended speakers should use their native language to avoid translation mistakes.

Three radio journalists provided specific recommendations including the need to have more facilities for editing (for radio) and to call their home town radio. Recommendations were also made by two respondents to increase the number of scholarships granted to media representatives from developing countries and to strengthen media training through IAS initiatives such as e-learning and a pre-conference training session.

Details on areas covered and benefits gained by the media representatives are provided respectively in the sections [3.1.1](#) and [3.4.3.7](#).

1.2.3 Mentoring

In addition to the road maps, available on the conference website, delegates had the opportunity to benefit from mentoring as described in this section.

1.2.3.1 Abstract Mentor Programme

The abstract mentor programme was first launched before AIDS 2004, with the objective of helping less experienced researchers improve their abstracts before submitting to the conference. **Mentors help abstract submitters by answering questions on practical issues related to the content and language of their draft abstracts.** Self-help tools, including an abstract writing toolkit in 4 languages, are also available online. This programme is completely independent of the abstract review and selection process of the conference. It is an opportunity provided by the conference secretariat so as to widen access for less experienced submitters from around the world, and to increase their chances of having abstract accepted.

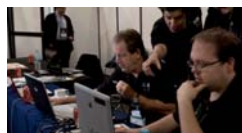
The total number of mentors, abstract authors as well as abstracts received, reviewed, submitted and accepted for AIDS 2008 is summarized in the table below.

SNAPSHOT OF THE AIDS 2008 ABSTRACT MENTOR PROGRAMME

Number of mentors	42 signed up; 26 received an abstract out of which 18 reviewed at least one abstract
Number of abstract authors	66 (some sent several abstracts for mentoring)
Number of abstracts received for mentoring	80
Number of abstracts reviewed by mentors	78
Number of abstracts submitted for the conference programme	59
Number of reviewed/mentored abstracts finally accepted	47 (30 Poster Exhibition, 13 CD ROM, 2 Oral Abstract sessions, 1 Poster Discussion and 1 Poster back up). <i>Note: 6 authors had more than 1 abstract accepted.</i>

The above table shows that among mentored abstracts, **76% were finally submitted for the conference programme, out of which 80% were accepted.** Therefore, the programme helped about 40 conference delegates successfully submit an abstract for AIDS 2008.

As part of the continuous evaluation process, abstract authors who benefited from the programme were surveyed. **The vast majority of respondents (n=35) reported to have used the self-help tools available on the conference website and rated them as useful.** The **most commonly used tool** was the **"Top 5 reasons why abstracts are rejected"** (71% of respondents). The three other tools, namely the online toolkit, FAQs and prize-winning abstracts from AIDS 2006 were used by more than 40% of respondents. With regard to mentors, most respondents (97%) indicated that their answers were "useful" or "very useful" and 73.5% reported response was fast.



As an indicator of the professional value of such a programme, **more than 90% of respondents would recommend the programme to other abstract authors and would use it again.** The six mentors who shared their opinion on the programme indicated their willingness to again offer their services for the 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2009).

The IAS Education Coordinator will take these results into consideration to further improve the programme and enhance its impact. Among other measures, this includes better promotion of the online self-help tools, developing an online platform, structuring mentor feedback and increasing the number of mentors from previous abstract scholars.

1.2.3.2 Thematic Mentoring and Education Programme

The need to strengthen biomedical prevention research literacy among community advocates emerged as an important priority in the course of the IAS' multi-stakeholder consultations on PrEP in July 2005 and August 2006, following the controversies related to clinical trials evaluating tenofovir as PrEP in Thailand, Cameroon, Nigeria and Malawi. To this end, the IAS organized, in conjunction with AIDS 2008, an **education and mentoring programme dedicated to prevention research advocacy.** The goal of this programme was to expand and develop participants' knowledge and understanding of biomedical prevention research and its challenges, so that they are equipped with the capacity to advocate for meaningful community participation in prevention research.

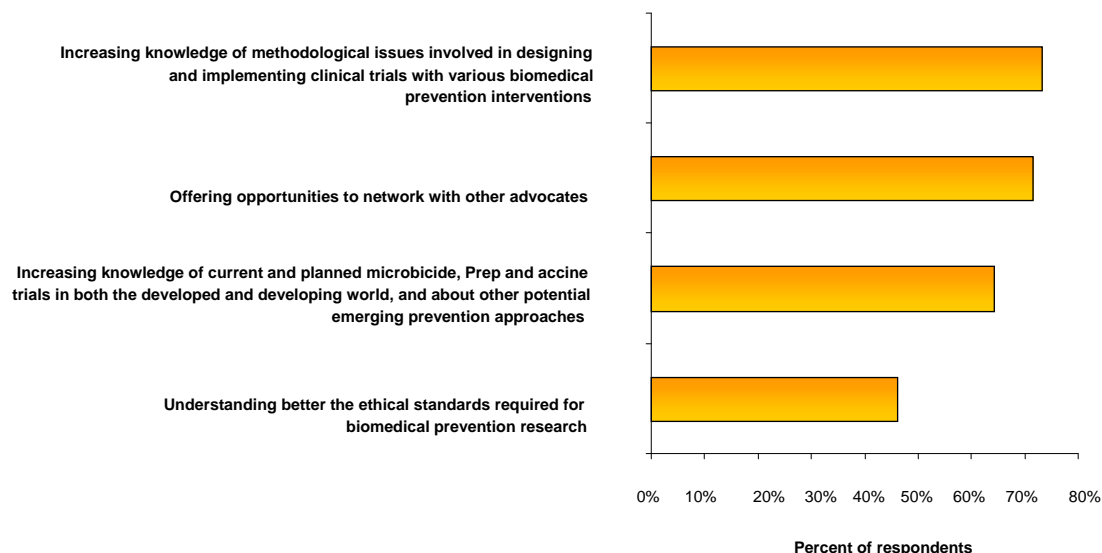
In order to maximize its impact, a mentoring approach was adopted to assist participants in engaging with relevant sessions at AIDS 2008.

The programme started with a **one-day seminar**, held on 2 August 2008. Although 25 participants¹² had been selected from HIV-positive community advocates involved in biomedical prevention research, only 18 could attend the seminar, out of which 15 completed an evaluation form distributed at the end of the day. The vast majority of surveyed participants decided to attend the seminar in order to better understand the prevention research field (100% of respondents) and to acquire new knowledge and skills (87%). Opportunities to share experiences and lessons learnt, as well as benefit from mentoring, were also important decision criteria (73%). Most (93%) reported that the information received before the seminar was very useful towards preparation. The seminar programme seemed to have suited the level and needs of attendees, because none of the respondents reported the content as "difficult" or "very difficult". In fact, the majority rated the **quality of the seminar content as "good" or "excellent"**. The **quality of teaching methods, speakers, facilitation and the overall organization were also highly rated.** Most respondents were satisfied by the format/structure (in terms of mix of presentations and group work, duration, number of participants and speakers), including the opportunities to ask questions and to interact with speakers and other participants.

Based on the evaluation conducted, there is no doubt that this seminar had a positive impact on participants, because the majority of respondents indicated it was "very useful" or "somewhat useful" to increasing their knowledge related to the seminar topic, networking with other advocates, and better understanding the ethical standards required for biomedical prevention research. The proportion of respondents who gave a "very useful" rating is shown in Figure 1.17 for each of the four seminar objectives.

¹² All participants selected for the programme received a full scholarship to attend the seminar and the conference.

Figure 1.17 Proportion of Respondents who Rated “Very Useful” the Four Key Axes of the PRAMEP Seminar



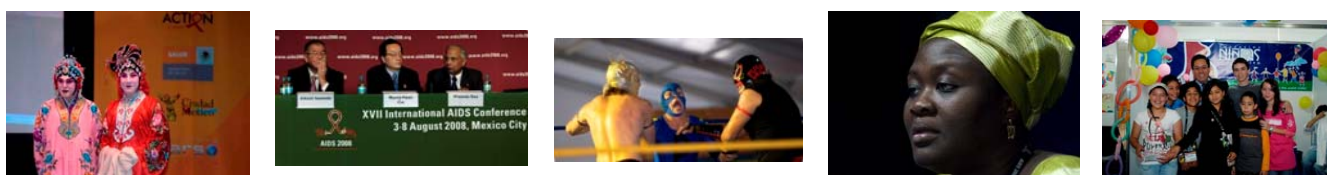
Many surveyed participants wrote positive messages about the seminar. At the end of the seminar, most of them were looking forward to benefiting from mentoring during the conference.

Voice of a seminar participant

I want a seminar of this nature to be held often so that we can be updated on every new development, especially in my country Namibia.

As mentioned above, the programme included a **mentoring component**. This consisted of a **“road-map”** designed to assist seminar participants select the most relevant sessions at AIDS 2008, **and guidance provided by more experienced mentors throughout the conference**. To this end, seminar participants were broken into five small groups, each one supervised by a mentor, who directed them to the right sessions and helped them find their way, because all were first-time conference delegates. Each group was encouraged to meet once a day to review the new knowledge and skills they had acquired at the conference. Two facilitated meetings were also conducted (one halfway through the conference and one at the end) with all groups to review their learning, share notes/observations, and keep the group spirit alive. Out of the 18 seminar participants, only one did not participate in the mentoring component. One other participant, despite not having attended the seminar, took part in the mentoring. At the end of the conference, nine participants completed an evaluation form about the mentoring component. The vast majority of them reported how useful it was in selecting relevant AIDS 2008 sessions on prevention research, improving their knowledge and skills on this topic, and for networking.

Most respondents also rated as “very useful” the sessions/meetings with their group and/or the other groups. Looking at the interaction among participants and between them and the mentors, the majority of surveyed mentees were highly satisfied. The selection of mentors seemed to have been effective as well, given the high rating given by respondents (in terms of guidance, availability to answer questions and quality of responses, advice on professional development and time taken to socialize with their respective group).



Overall, the **feedback from participants was very positive**, including several thank you messages.

Voice of a mentoring participant (regarding the daily sessions)

This provided an opportunity to reflect on what had been learnt during the day. It also gave us an opportunity to hear different views on the same message.

Mentors also had the opportunity to share their opinions through a survey. Out of the six respondents¹³, five reported spending between one and two hours per day with their mentee group, and that the amount of time invested mentoring had matched their expectations. They all found the participation of their mentees during daily sessions “very active” (4 mentors) or “somewhat active” (2), and rated their interaction as “excellent” (4) or “good” (2). Although two mentors indicated their interaction with other mentors was poor, the remaining rated it as “excellent” (2) or “good” (2). Support provided by IAS received a high rating as well. All mentors reported to have socialized with their group and planned to stay in touch with participants. Overall, they gave very positive feedback on their experience and thought such a service was very useful, especially to help participants select the right sessions to attend during the conference, and to understand the HIV prevention research field. They also confirmed that it was a good strategy to offer conference mentoring as a follow-up to a seminar.

Voice of a mentor

*On the whole it was very fruitful and enjoyable to share expertise.
Thanks for the opportunity offered.*

In order to improve the success and further increase the impact of such a programme, participants and mentors recommended to:

- ✚ Allocate more time, have a fixed room and set a meeting time not conflicting with the conference schedule for daily sessions¹⁴;
- ✚ Plan for follow-up training beyond the conference either as physical workshop(s) or virtual education programme(s).

Many surveyed participants suggested to cover the following additional items:

- ✚ Overview of on-going research and future ones;
- ✚ Advocacy for prevention research;
- ✚ Prevention research methodology including review of case studies and mechanism of organizing research process;
- ✚ Legal aspects about investment in research field;
- ✚ Ethical practice and religious considerations;
- ✚ Other: children, GPP, nanotechnologies, vaccine.

¹³ Each mentor supervised one of the five groups. An additional mentor provided support to the only participant who spoke French.

¹⁴ It was also suggested to hold daily sessions in the evening in a location nearby or in the hotels where most of the mentors and/or participants stay, the ideal situation being to have them staying in the same hotel.

Many surveyed participants also suggested to extend the seminar to other advocates such as:

- ✘ Representatives of marginalized and affected communities;
- ✘ Religious leaders;
- ✘ Activists;
- ✘ Researchers;
- ✘ Policy makers.

In order to increase the impact of similar seminars, regardless of the subject, participants recommended to:

- ✘ Increase the seminar duration if the selected topic is as vast as prevention research advocacy;
- ✘ Allocate more time to discuss past experiences and share lessons learnt;
- ✘ Plan for translation and interpretation services if some participants are not fluent in English.

1.2.4 Conference Hubs

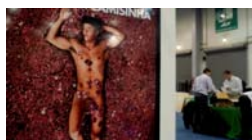
For the first time in the history of the conference, the conference secretariat expanded the reach of the conference through a series of conference “hubs”, session halls in distant geographic locations around the world where conference sessions were downloaded, screened and followed up by moderated discussions about local issues and challenges, as well as the implications of the session’s topic. Most hub participants decided to test this “pilot service” because they could not afford to travel to Mexico.

1.2.4.1 Official Hub

The **Official Hub**, a “mini-conference” put together by the IAC, the University of KwaZulu-Natal and the Society of AIDS in Africa, took place in **Durban**, at the Nelson Mandela School of Medicine of the University of KwaZulu-Natal (UKZN)¹⁵. It attracted **131 participants**¹⁶ who were offered from 4 to 9 August 2008 a total of 30 sessions, addressing stigma and discrimination, prevention, treatment and care as well as health systems strengthening. **The most attended session (68 participants) was the live interactive session on the Response to HIV and AIDS in Sub-Saharan Africa on 4 August 2008.** All participants were requested to complete an evaluation form distributed at the end of each session. Almost 100 completed forms were collected for data entry but the exact response rate is unknown because participants who attended more than one session may have filled out several forms. Results below must therefore be interpreted with care because the survey sample might not be representative of all attendees. The majority of surveyed participants were female (82%), above 26 years of age and came from South Africa (there was a minor representation from Lesotho, Swaziland, Rwanda and USA). In terms of occupation, attendees were more likely to be healthcare workers and researchers (25% and above) although there was also a good representation of educators and students; almost 45% have worked fully or partially in HIV/AIDS for five years and more. **Most respondents found it “very” or “somewhat easy” to understand the sessions screened on the videos and 64% felt that their content was relevant.**

¹⁵The choice of the institution as the First Official Hub, was not only an acknowledgement of the high burden of HIV and TB in KwaZulu Natal, but also of the pioneering researchers that the University has produced in the field of HIV/AIDS and TB, as well as the great technological strides that the University has made in the field of Tele-medicine and Video Conferencing.

¹⁶Attendees included a variety of individuals and organizations in the field of HIV/AIDS together with representatives from the community who have a keen interest in learning about HIV/AIDS.



The quality of the overall organization was also well rated, including the assistance of the hub organizer during the conference and the information provided either by the hub organizer or through the conference website.

Despite the fact that less than half respondents rated as "good" or "excellent" the quality of moderated discussions and/or Questions and Answers sessions, **the vast majority indicated they would recommend a friend or colleague to attend a future conference hub.**

1.2.4.2 Other Hubs

Additionally, **Partner and Independent Hubs** were organized either by large international non-for-profit organizations, by local communities (schools, AIDS societies, faith-based organizations, etc.) or individuals. The AIDS 2008 organizers promoted them through the official conference website and provided free technical guidelines as well as the content (video) and translation in some cases. A total of **136 hubs** were held spreading over **49 countries**. Numerous hubs took place after the conference as well. For example, six hubs were organized for a three-day event from 7 – 9 October 2008 in partnership with the World Bank sponsored Global Development Learning Network¹⁷; participants from locations across the globe had an opportunity to review conference highlights and discuss how best to implement the research and lessons learnt from the conference across disciplines and intervention areas. In addition, six prisons in Mexico City organized hubs for inmates and their families in October and November 2008.

Feedback was received from 25 independent hub organizers¹⁸ through an online survey. Although this limited survey sample might not be representative of all hub organizers, it was found that most respondents were satisfied by the quality of screened sessions (content), information on the conference website and support received before and during the conference from AIDS 2008 organizers. Although more than half reported participants were too few, the majority rated their involvement in moderated discussions as "excellent" or "good". Given the cost/benefit¹⁹, **the vast majority of respondents indicated their willingness to organize similar hubs at the next International AIDS Conference and/or regional AIDS conference(s), and would recommend a friend/colleague to do so.**

Voice of a Hub organizer

Initially not much was known about my organization and now the community has shed all inhibitions and more people are willing to discuss the sexual issues at ease and thus running counselling sessions have become easier and I would increase these sessions.

¹⁷The Global Development Learning Network (GDLN) is a partnership of over 120 recognized global institutions, collaborating in the design of customized learning solutions for people working in development. For more information, visit www.gdln.org.

¹⁸ Occupations/professions mostly represented by respondents were advocate/activist, educator/trainer, health care worker/social service provider.

¹⁹Most respondents reported that running a hub had cost them less than US\$500, among which the majority did not spend more than US\$100.

OVERVIEW OF HUBS LOCATIONS



Participants who had internet access were also invited to fill out an online evaluation form after the conference. Despite the very low response rate (42 responses), useful information was collected towards improving future conference hubs. Overall, **the majority of surveyed hub attendees were satisfied by the organization (including support and information provided by the hub organizers) and the quality of discussions/moderations.** Regarding screened sessions, although the quality of video was not always optimal, most respondents reported that they were easy to understand and that session content was relevant to their situation/needs.

As one indicator of success, most surveyed participants would recommend a friend/colleague to attend similar hubs and to organize them for regional AIDS Conferences.

Voice of a Hub participant

I really think this is a great opportunity for workers to be able to attend specific sessions without having to outlay and waste time at sessions that are not useful to their work or interests. In the current HIV climate in Australia, Health services are cutting back a lot of funding and limiting training opportunities for ground staff. This is a very cost effective way of providing training/conference attendance to international events! Thank you and I hope that this Hub idea can continue in the future.

Despite some technical challenges to download the selected sessions, which resulted in some cancellations, delays or bad quality of screening, this initiative proved to be a success. In order to increase the impact of future conference hubs the following recommendations were formulated by hub organizers and participants:

- ✘ Promote the hubs better and highlight their added value;
- ✘ Initiate the registration process well before the conference;
- ✘ Increase the choice of sessions;
- ✘ Allocate more time for interactive sessions among hub participants;
- ✘ Provide hub organizers with more guidelines including a toolkit, if possible;
- ✘ Plan for a technological back-up system at the main conference venue as well as at the main hub(s);
- ✘ Improve the translation of sessions screened in a hub;
- ✘ Better promote hubs to faith-based organizations.

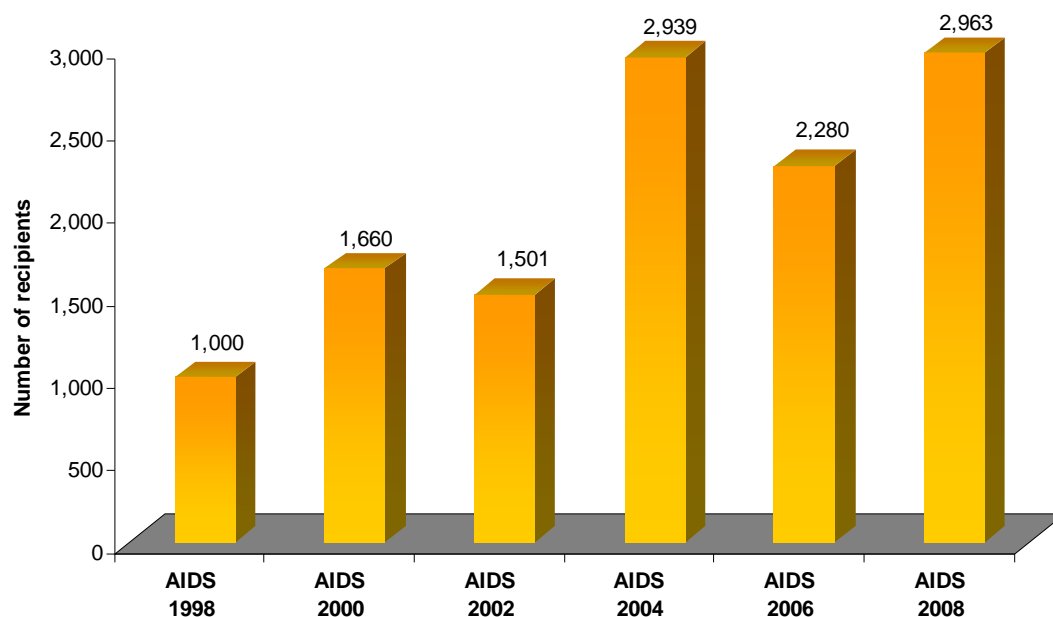


Details on benefits gained from attending or organizing a conference hub are available in the section [3.4.3.2](#).

1.2.5 Financial Assistance

A total of 2,963 delegates received financial support to attend AIDS 2008, either in the form of a scholarship, free registration or other means of financial support. The total number of scholarships/sponsorships awarded at the conference and the five previous International AIDS Conferences are presented in Figure 1.18. 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, more international scholarships were awarded at AIDS 2004 and 2006. However, the average cost of a full scholarship at AIDS 2008 was higher than for AIDS 2004 and 2006, with more full scholarships being awarded at AIDS 2008.

Figure 1.18 Total Number of Scholarships/Sponsorships Awarded at Each International AIDS Conference (1998 – 2008)



1.2.5.1 Scholarship

In order to make the conference accessible to people who otherwise could not afford to attend, a certain percent of the total budget is allocated to the scholarship programme. Scholarships are awarded according to selection criteria developed by the Conference Coordination Committee. **In 2008, following review of 9,757 applications, 810 scholarships were awarded.** Although fewer scholarships were offered for AIDS 2008, more scholarship recipients attended the actual conference (770 compared with 715 for AIDS 2006) due to less visa and logistical problems for AIDS 2008. Comparison of recipient attributes from AIDS 2004 to AIDS 2008 are presented in Figure 1.19.

**Figure 1.19 Attributes of International and Media Scholarship Recipients
(2004 to 2008)**

	AIDS 2004 Bangkok		AIDS 2006 Toronto		AIDS 2008 Mexico City	
Region	# offered	% of recipients	# offered	% of recipients	# offered	% of recipients
Asia-Pacific	217	21%	197	24%	114	14%
Africa	415	40%	209	26%	127	16%
Latin America and the Caribbean	119	11%	179	22%	363	45%
USA and Canada	84	8%	124	15 %	112	14%
Europe	207	20%	103	13%	94	12%
Gender						
Male	489	49%	312	38%	385	48%
Female	492	50%	492	61%	415	51%
Transgender	9	1%	8	1%	10	1%
HIV status (optional)						
HIV+	204	21%	343	42%	249	31%
Type of recipient						
Abstract	584	56%	347	43%	276	34%
Non contributing/ general	285	27%	465	57%	362	45%
Skills building	59	6%	102	13%	33	4%
Programme activities ²⁰	62	6%	n/a	n/a	106	13%
Media	52	5%	(60)	n/a	33	4%
Total	1,042²¹		812²²		810	

In addition to the delegate survey, all scholarship recipients who attended the conference were invited to complete a short survey dedicated to scholarship recipients, which was administered in late October. Out of 774 invitations sent, 434 surveys were fully or partially completed, of which 246 were completed in English and 188 in Spanish. Considering the returned emails, the response rate was approximately 60%. The survey was divided into two sections: one for those who had filled out the delegate survey (66% of respondents) and the other for the non-respondents (34%).

²⁰2008 was the first year where selection of recipients specifically targeted programme activity submissions.

²¹In 2004, Europe was split into Europe and Eastern Europe and no gender data was available for the media scholarships.

²²In 2006, an additional 1,000 (approximately) scholarships were awarded from the Canadian scholarship programme, for which no data is available. The type of recipient was not mutually exclusive, i.e. a recipient could have been accepted for an abstract as well as a skills building session. Gender and region attributes of media recipients were not available and therefore not included in the above 812 total.



Surveyed scholarship recipients who had filled out the delegate survey were asked if they had shared their contacts at the end of the delegate survey to receive an action plan template, which was the case of 33% of respondents. The majority of those who had not volunteered to complete an action plan gave as main reasons the lack of time available or the fact they did not intend to take any specific action. However, almost 70% decided to give their email address at the end of the scholarship survey. In reality, surveyed scholarship recipients who had filled out the delegate survey were more likely not to remember if they had shared their contacts or not know what an action plan meant (40%). After some new explanation about the action plan concept, the vast majority of the latter respondent category chose to give their email address (90%).

Surveyed scholarship recipients who had not filled out the delegate survey were mainly asked to report on the benefits they had gained at AIDS 2008 (see details in the section [3.4.3.3](#)).

Voice of a scholarship recipient

I received an International Scholarship, which was of paramount importance for me. In the AIDS 2008 I had the opportunity to present my work in a poster presentation session and this was my first oral presentation at International Conferences. I could also be in contact with many aspects of HIV infection, not only related to science and research, but also to a most "human" side of the epidemic. It was a great experience for me, not only as a professional, but also as a person. Congratulations for the Conference! I will await AIDS 2010 anxiously!

The vast majority of surveyed scholarship recipients who had not filled out the delegate survey indicated that they would attend AIDS 2010 (89%), but only if funding was provided for 69%. This confirms that funding remains an important issue, thus justifying the need to maintain the scholarship programme as a key strategy towards enhancing participation of resource-limited delegates.

In order to enhance the impact of the scholarship programme, it is recommended to:

- ✂ Ensure all countries who send an application receive at least one scholarship offer, still respecting the selection criteria;
- ✂ Increase the number of international scholarships granted to PLHIV, especially women, youth & FBO representatives;
- ✂ Increase the number of media scholarships granted to representatives from developing countries.

1.2.5.2 Sponsorship

In addition to international scholarships, **more than 7,000 free registrations** were offered to delegates, including media representatives, late abstract submitters, speakers, chairs, moderators, programme committee members, local organizations hosting engagement tours (15), global village activity organizers (251²³) and those who only attended the conference for one day (faculty²⁴ - 1,904). All organizers, volunteers and staff benefited as well from free registrations. Additional financial support was provided to some speakers and late abstract submitters such as payment of their air tickets and hotel.

²³ In 2006, 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.

²⁴ Faculty is a registration type used for participants who just come to the conference for one day pass. This is most often the case of participants taking part in a satellite or a skills building workshop.

Although the majority of respondents indicated that they would choose to attend the next conference (58 % vs 60% in 2006), they indicated the lack of funding as the main reason for not attending AIDS 2010 (48% of respondents). Respondents whose main occupation was health care worker were significantly more likely to say they would not be able to afford or find funding to attend AIDS 2010 (13.1%) compared to other professions (for example, policy/administration (5.5%) ($p < 0.01$).

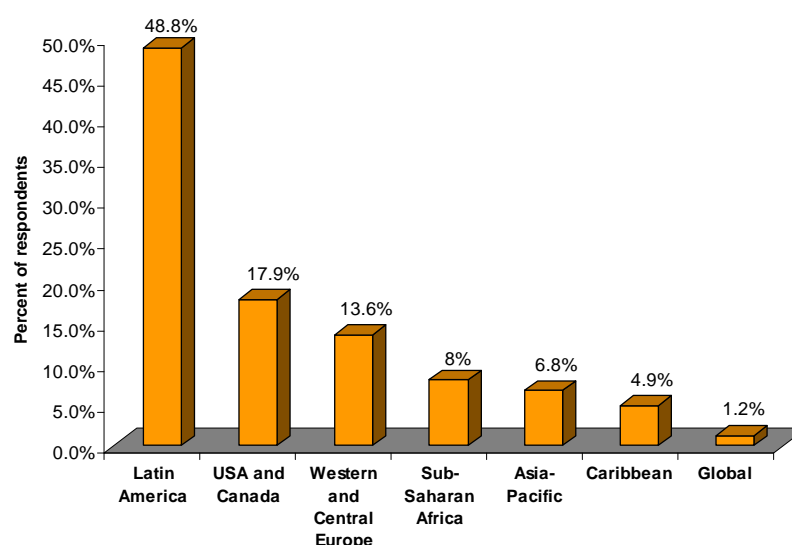
1.2.6 PLHIV Lounge

The conference put at the disposal of PLHIV a lounge for rest and network. The success was as great as in AIDS 2006²⁵ because the vast majority of surveyed delegates (88%) rated its quality as “good” or “excellent”.

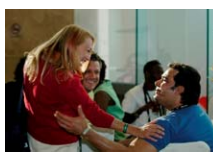
In addition to the online delegate survey, feedback on strengths and weaknesses of the lounge, and on broad PLHIV-related issues including GIPA, were collected during the conference through a special survey targeting PLHIV lounge visitors. In order to increase the sample size, the latter were encouraged, through special signage, to fill out a standard questionnaire which was available on tables and other strategic places inside the lounge. Two evaluation boxes were located in that area to allow respondents to drop their completed form in at any time. In addition a few positive evaluation volunteers conducted interviews with delegates present in the lounge. This strategy made it possible to gather feedback from 184 PLHIV lounge visitors (a sample four times larger compared to AIDS 2006) who were predominantly men (65.5% men compared to 33.3% women and 1.2% transgender) and older than 26 years (92.1%).

Most respondents reported they worked in Latin America, followed by USA and Canada, which is not surprising given the representation of those two regions in the overall conference. However, none of the lounge survey respondents were from Middle East and North Africa, nor from Eastern Europe and Central Asia as illustrated in the following figure 1.20.

Figure 1.20 Regions where Surveyed PLHIV Lounge Visitors Mainly Work

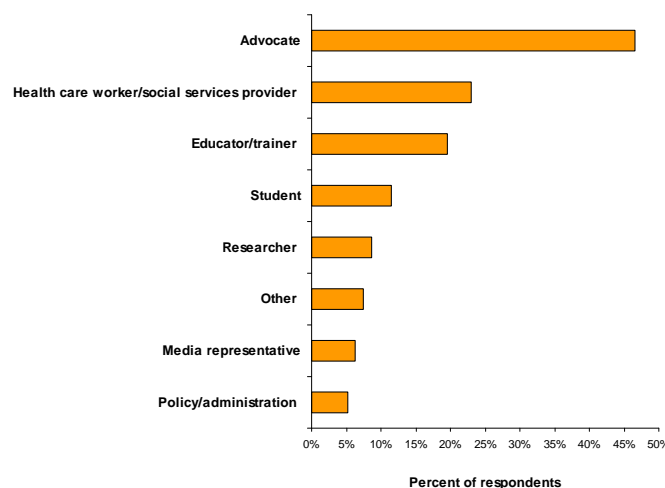


²⁵ According to the Final Report of the AIDS 2006 PLHIV Lounge, “the lounge was extremely popular with daily attendance counts exceeding 2.500 on the third and fourth days of the conference” (J.van Veen, September 2006).



With regards to their respective occupation/profession, surveyed visitors were more likely to be advocates and health care workers/social services providers than educators/trainers, students, researchers, media representatives and policy/administrators as illustrated in Figure 1.21.

Figure 1.21 Main Occupation/Profession of PLHIV Lounge Visitors



On average, most respondents (79%) spent 10 minutes to one hour on each visit and almost two thirds (62%) visited the lounge more than four times during the conference. The high number of visits is best explained by the survey response in which **the majority** (more than 85%), regardless of age and sex, **reported the lounge was very helpful in supporting and maximizing their participation in the conference**, and that their expectations had been met "very well" or "fairly well".

Surveyed visitors were also highly satisfied by the quality of the lounge because the vast majority (from 74% to 96%) rated as "good" or "excellent" the following aspects: rest and lounge area, support from the PLHIV lounge staff, food, massage, music and lighting.

Voices of PLHIV lounge visitors

We feel at home. I really appreciate to have a place without stigma and discrimination. This lounge is excellent.

Further details on the lounge benefits are provided in section [3.4.3.4](#).

Despite many congratulatory messages about the lounge, many delegates believe there is still room for improvement at the next conference. Examples are:

- ⚡ Provide a larger space;
- ⚡ Set-up a system to better screen people entering the lounge in order to prevent, or at least dissuade, HIV negative delegates (delegates that are not living with HIV) from accessing the lounge, thus reducing overcrowding and unnecessary frustration from PLHIV;
- ⚡ Offer female and male condoms at the lounge front desk;
- ⚡ Increase the visibility of translators inside the lounge for visitors who are not fluent in English.

Signage throughout the conference venue may also need to be improved because 12% and 26% of survey visitors respectively indicated that the lounge was "not easy" to "somewhat easy" to access.

Delegates visiting the PLHIV lounge were also asked if the conference was successful in promoting strategies that will reduce stigma and discrimination. Of the 148 respondents, excluding those who did not know, more than half reported it was “somewhat successful”. However, almost 40% indicated it was “very successful”, including a high rate of health care workers/social services providers, activists and media representatives. It is interesting to note that women were more likely to rate it as “very successful” than men (41% vs 31%).

In relation to GIPA issues, 157 respondents provided feedback on how well issues and views relevant to PLHIV were reflected in the conference. Although half of them reported they were “somewhat reflected”, 40% thought they were “very well reflected”, including a greater proportion of women. Among those who indicated they were not “very well reflected”, there were more social workers than other professional categories.

Moreover, more than two thirds of surveyed visitors indicated that they were aware of the role of PLHIV in developing the conference, mainly through positive networks and, to a lesser extent, through their work and friends.

Suggestions were also provided by respondents to enhance the participation of PLHIV at the next conference. These included:

- ✘ More scholarships to positive delegates;
- ✘ Improve outreach, especially in remote small villages and using other means than the internet;
- ✘ Take the necessary measures to attract more young positive delegates;
- ✘ Involve more PLHIV, including IDUs, and community-based organizations supporting them in the programme building (this could be done through a needs assessment survey to be administered early in the planning phase so as to ensure selected sessions and workshops meet PLHIV requirements), and better inform them on how they can provide inputs to this process;
- ✘ Invite more PLHIV, especially those living at the grass roots level and in resource-limited conditions, to take part in press conferences;
- ✘ Offer more networking and experience-sharing opportunities to PLHIV through, for example, a “Delegate Connector” targeted towards positive delegates, although this supposes they disclose their status, or a WALL in the Lounge, and/or a mini forum at the end of the conference for positive delegates to meet and discuss their views and experience;
- ✘ Involve more PLHIV in panels;
- ✘ Build more supportive networks;
- ✘ Offer more sessions, workshops and activities in other languages than English.

1.2.7 Overall Conference Organization and Logistics

The logistics team worked to accommodate delegate needs before and during the conference, including visa assistance, security, registration, accommodation and tours booking as well as facilities at the conference venue (build-up of session rooms, catering, medical centre²⁶, prayer room, interpretation service, transportation from/to hotels, etc.). To this end, a total of 1,800 volunteers and about 165 hostesses were mobilized at Centro Banamex and in Mexico City (airport, metro stations, etc) to provide support to the organizers.

²⁶ Injecting Drug Delegates could access to methadone treatment through the medical centre.



In addition, the conference organizers provided support to many affiliated events happening before and during the conference in order to enhance the engagement and meaningful participation of key stakeholders such as positive leaders ("LIVING 2008: the Positive Leadership Summit" - www.living2008.org), youth, indigenous/native communities, faith-based organisations (see [Appendix I](#) for the summary report of faith-based organizations' involvement in the conference).

As logistics covers so many aspects, delegates were only asked to rate some areas and services. Results are summarized below:

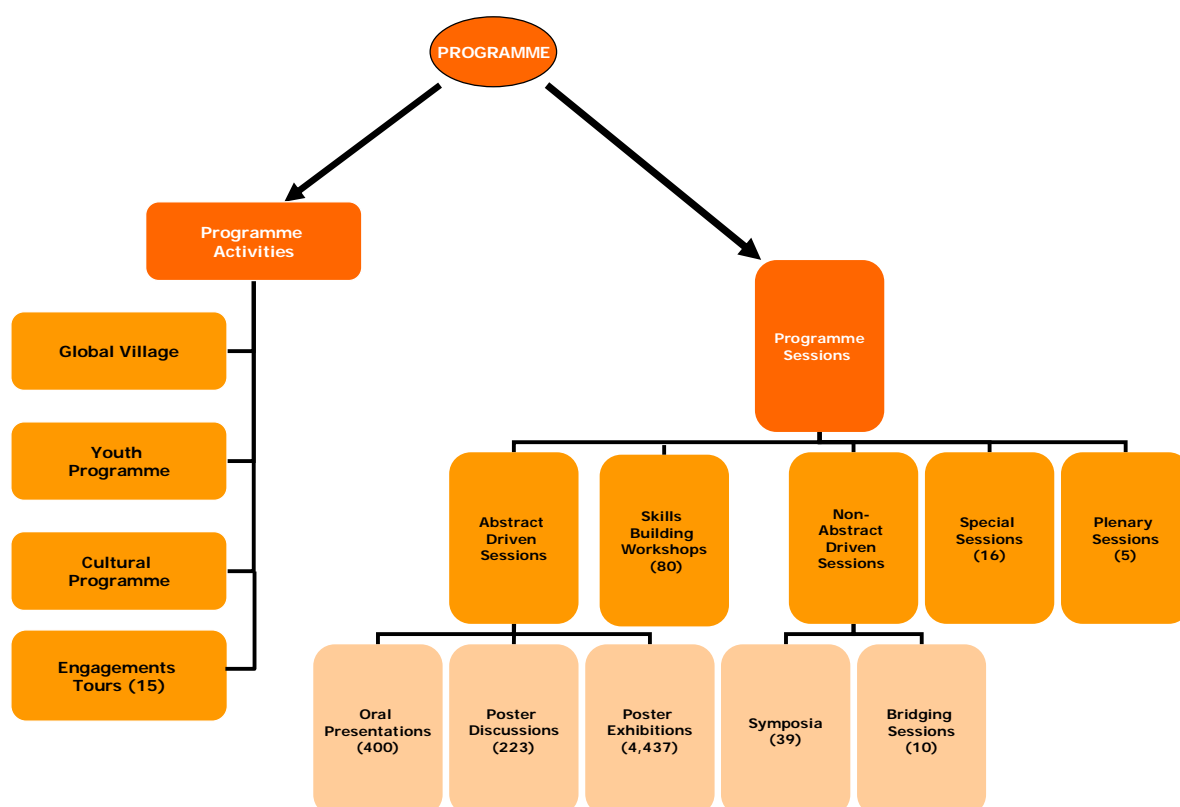
- ✘ More than 70% of respondents reported it was very easy to register onsite and to collect their delegate bag, badge and abstract CD ROM/book;
- ✘ The quality of the poster exhibition area was rated "good" or "excellent" by more than 80% of respondents;
- ✘ More than 50% of respondents reported to having used the overflow area (a room where delegates watch different live sessions on screens), among which 71% indicated it was "useful" or "very useful".

Specific comments were made by surveyed delegates, especially on the sound-proofing of session rooms and on the food availability/quality which did not meet their expectations. However, it is encouraging to note that **more than 70% of surveyed delegates who also attended AIDS 2004 and/or AIDS 2006 "agreed" or "strongly agreed" that the overall organization of the conference had improved over time.**

2. Conference Programme

The conference programme is divided into two parts: programme sessions and programme activities (see Figure 2.1 for a comprehensive overview).

Figure 2.1 Overview of the Conference Programme²⁷



In order to deliver such a large programme, the conference organizers mobilised in 2008 about 2,000 speakers, 410 chairpersons and 20 moderators.

In addition, 158 satellite meetings were held at AIDS 2008, including 148 non commercial (NGOs, associations, governments) and 10 commercial (pharmaceutical laboratories), and the conference hosted 162 exhibitions²⁸.

²⁷ This figure does not include the opening or the closing sessions.

²⁸ Exhibitors included 66 NGOs, 30 Governmental and intra-governmental organizations/agencies, 55 commercial organizations (including sponsors) and 11 publishers.



2.1 Programme Building

The structure and content of the conference programme are key elements that contribute to the successful achievement of the conference's goal and objectives. The programme is therefore developed by a governing body composed of various committees and working groups with different mandates and members.

Given their important role, members of the AIDS 2008 Conference Coordination Committee, the three Programme Committees (Community, Leadership and Scientific), and the five Track Committees were emailed an online evaluation survey five weeks prior to the conference (n=122). Of the 122 emails sent, six could not be delivered ('bounced back'). The survey comprised 58 questions including several open-ended ones and sought feedback about committee selection, representation and operations, and programme building for AIDS 2008.

The survey was fully completed by 39 people, 12 having saved a draft but not validated their survey, which represents a 32% response rate, lower than for AIDS 2006 (40%). All committees were represented but their response rate varied from 79% for the Scientific Programme Committee to 13% for the Leadership Programme Committee as illustrated in Figure 2.2.

Figure 2.2 Committees Represented by Respondents²⁹

Committee	Committee members represented by surveys distributed	Committee members represented by surveys returned	Response rate for each committee
1. Conference Coordinating Committee (CCC)	28	8	29%
2. Programme Committees			
Community Programme Committee (CPC)	14	4	29%
Leadership Programme Committee (LCP)	16	2	13%
Scientific Programme Committee (SCP)	14	11	79%
3. Track Committees			
A: Biology and Pathogenesis of HIV	12	4	33%
B: Clinical Research, Treatment and Care	13	3	23%
C: Epidemiology, Prevention and Prevention Research	14	9	64%
D: Social, Behavioural and Economic Science	16	6	38%
E: Policy and Political Sciences	13	4	31%

2.1.1 Conference Committees

2.1.1.1 Committee Selection and Representation

The majority of respondents rated the committee selection process as "somewhat clear" or "clear" (40% and 57% respectively) and "somewhat fair" or "fair" (38% and 62% respectively). Nevertheless, some members stressed the fact the selection process should be more transparent, establishing clear committee selection criteria and measures to properly inform/solicit skilled people who are not yet 'known' by the selecting bodies. This would allow a

²⁹ Responses add up to more than 100% because some respondents were members of more than one committee.

better turnover of members serving in the conference governance structures and ensure a more representative gender, regional and interest group balance.

Committees seek to be representative in a number of key areas. Although **the majority of respondents rated the most affected regions as “fairly well” or “well” represented** (43% and 31% respectively) by their own committee, more than a quarter of committee members rated them as “not well represented” or “not at all represented”.

Among the regions which were reported as specifically represented by a respondent when undertaking committee work, Eastern Europe and Central Asia and North Africa and Middle East were under-represented, which is not surprising given that very few committee members, including those who did not participate in the survey, came from those regions as shown in Figure 2.3.

Figure 2.3 Regional Profile of Committees
(expressed in % of members coming from and/or based in the proposed regions)

	Africa	North Africa and Middle East	Asia-Pacific	Western and Central Europe	Eastern Europe and Central Asia	Latin America and Caribbean	USA and Canada
CCC	7%	0%	4%	25%	0%	43%	21%
LPC	6%	0%	6%	13%	0%	38%	38%
CPC	21%	0%	21%	7%	0%	36%	14%
SPC	0%	0%	7%	43%	0%	43%	7%
Track A	0%	0%	0%	42%	0%	25%	33%
Track B	15%	0%	0%	31%	0%	38%	15%
Track C	14%	0%	14%	14%	0%	21%	36%
Track D	19%	0%	13%	19%	6%	31%	13%
Track E	23%	0%	23%	8%	8%	31%	8%
AVERAGE	12%	0%	10%	22%	2%	34%	21%

Those figures must be interpreted with caution because the region may correspond to the nationality, work place or residence of committee members.

Looking at stakeholders, **most surveyed members considered their committee represented “fairly well”, “well” or “very well” health workers and researchers**. Activists/advocates were mostly reported as “fairly well”, “well” or “very well” represented but only two respondents indicated they represented them as a constituency. Policy-makers seemed to be under-represented because more than one third of respondents rated them as “not well” or “not at all represented” (26% and 8% respectively).

The majority of respondents rated PLHIV as “fairly well”, “well” or “very well” represented by their committee (only 7.7% reported their involvement in the conference and programme planning was limited). In addition, **80% of surveyed delegates who attended AIDS 2004 and/or AIDS 2006 agreed or strongly agreed that PLHIV and HIV/AIDS-affected communities were better involved in the conference programme building**. However, more than a quarter of surveyed committee members considered marginalized and at-risk communities as “not well” or “not at all represented” (21% and 8% respectively).



Moreover, people of faith, youth, advocates, activists, IDUs, MSM, sex workers and prisoners were not frequently reported as constituencies represented by committees.

As part of their representation efforts, **the majority of respondents (80%) reported they had formally consulted with more than five people prior to major decisions regarding the conference programme and other key issues.**

In light of the above findings, it is recommended to:

- ✘ Ensure that PLHIV issues addressed by committees be representative and that PLHIV have a meaningful participation in committees;
- ✘ Reconsider the representation of most affected or at-risk regions and groups in committees based on updated epidemiological realities.

2.1.1.2 Committee Operations

The majority of respondents reported their committee's mandate and tasks were "clear" or "very clear" (63% and 21% respectively) when they joined the committee. However, more than a quarter of members rated as "not very clear" or "not clear at all" the expected amount of work (21% and 8% respectively). **Most CCC members (66%) indicated that they had spent more than three hours per week on working for their committee and all CPC members reported one to three hours; however, the majority of LPC, SPC and track committee members had worked less than three hours.** Despite those differences, **most respondents considered that this amount of time was sufficient to complete their respective tasks, the number of meetings they participated in was enough for their committee to work effectively and their committee was successful in fulfilling its mandate.**

Survey committee members were also asked to rate the communication within and among committees in terms of frequency and usefulness. Although the majority reported that communication with members of their committee was "fair", "good" or "very good" (44%, 33% and 15% respectively), more than a quarter rated the communication with other committees "poor" or "very poor" (18% and 10% respectively).

Looking at support provided to committees by the conference secretariat, the vast majority of respondents rated its quality as "good" or "excellent" (41% and 51% respectively). Communication between committees and the conference secretariat was also mostly reported as "good" or "very good". Moreover, most survey committee members (87%) reported they received the right amount/level of acknowledgement for their effort and voluntary work.

With regard to the extent to which the main findings and recommendations of the AIDS 2006 evaluation were taken into account in building the AIDS 2008 programme, most members of the CCC and programme committees rated it as "moderate" or "high". However, 30% of surveyed track committee members reported findings and recommendations of the AIDS 2006 evaluation received "no" or "little" consideration in their areas of conference work and 45% were not able to give a rating (they selected the option "don't know").

Specific recommendations were made about committee operations, primarily relating to:

- ✘ In the selection of members, ensure that all are equally committed to their committee in order to avoid overloading some members;
- ✘ Promote more interaction opportunities among the different committees to avoid duplication and ensure harmonization;
- ✘ Facilitate liaison between AIDS 2010 committees and members who served in previous committees;
- ✘ Better inform committee members of previous evaluation findings.

2.1.1.3 Inputs to Programme Building

A variety of interrelated processes are involved in building the conference programme, including:

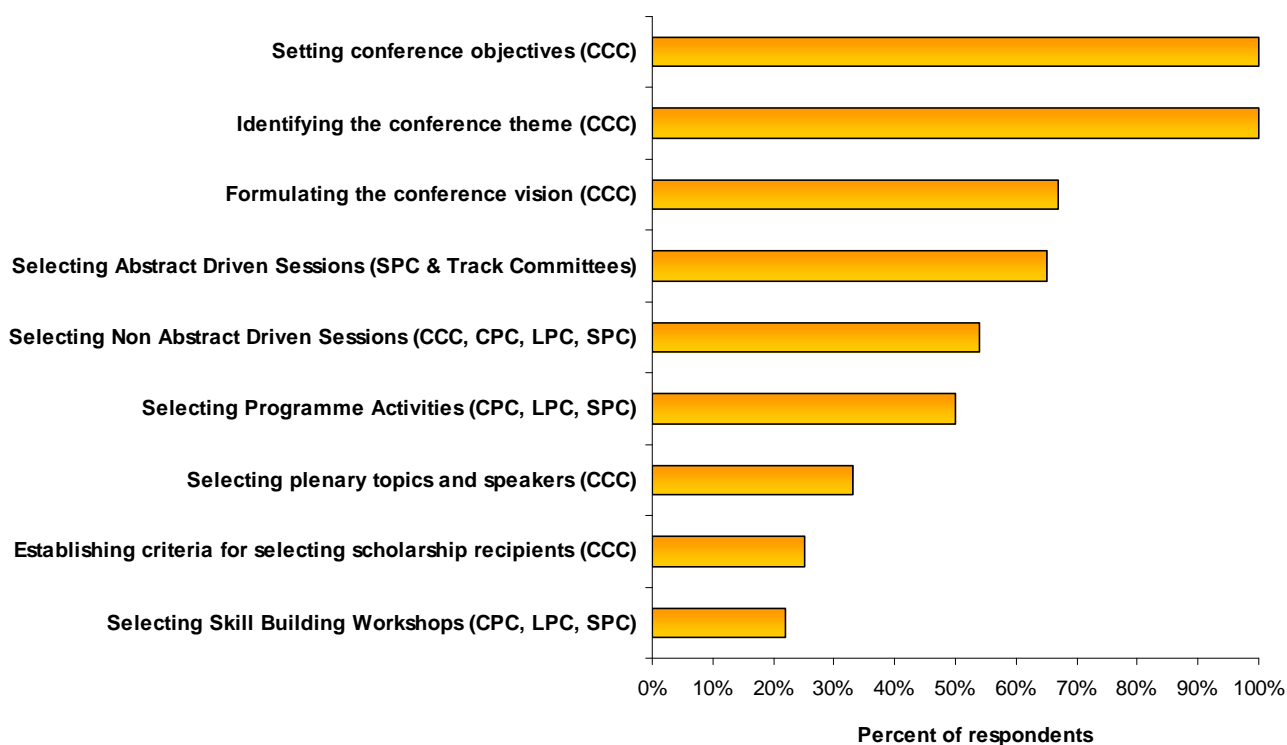
- ✘ Formulating the conference vision;
- ✘ Identifying the conference theme;
- ✘ Setting conference objectives;
- ✘ Selecting plenary topics and speakers;
- ✘ Selecting non-abstract driven sessions, abstract driven sessions, skills building workshops and programme activities;
- ✘ Establishing criteria for selecting scholarship recipients.

Committee members were asked to identify which aspects of programme building their committee had been involved with. Not surprisingly, most surveyed CCC members reported to have been involved in all processes but to a lesser extent in the selection of abstract driven sessions, skills building workshops and programme activities. CPC members were mainly involved in selecting non-abstract driven sessions and programme activities. Inputs from SPC and track committee members were mainly driven into selecting abstract and non abstract driven sessions. Respondents from the LPC were too few to draw reliable conclusions.

Surveyed committee members were also requested to rate, where applicable, the effectiveness of those processes. Figure 2.4 presents the proportion of respondents who rated each process "very effective" (as opposed to "somewhat effective", "not effective", "don't know" or "not applicable"). The committee(s) officially involved in each process is/are bracketed.



Figure 2.4 Programme-Building Processes Rated as “Very Effective”



Note: those results must be interpreted with caution because only responses from those who said their committee had an input in the process concerned and did not answer "I don't know" or "not applicable" were taken into consideration to calculate the percentage. In addition, responses from members who gave a rating to a process although their committee was not expected to be involved in it according to the Conference Charter were excluded.

Regarding the programme content, the majority of respondents reported that it properly addressed all key issues to achieve the seven objectives of the conference although one third did not have any opinion. Linkages between sessions and programme activities were rated to be “fair” or “good” by the majority of respondents (34% and 50% respectively).

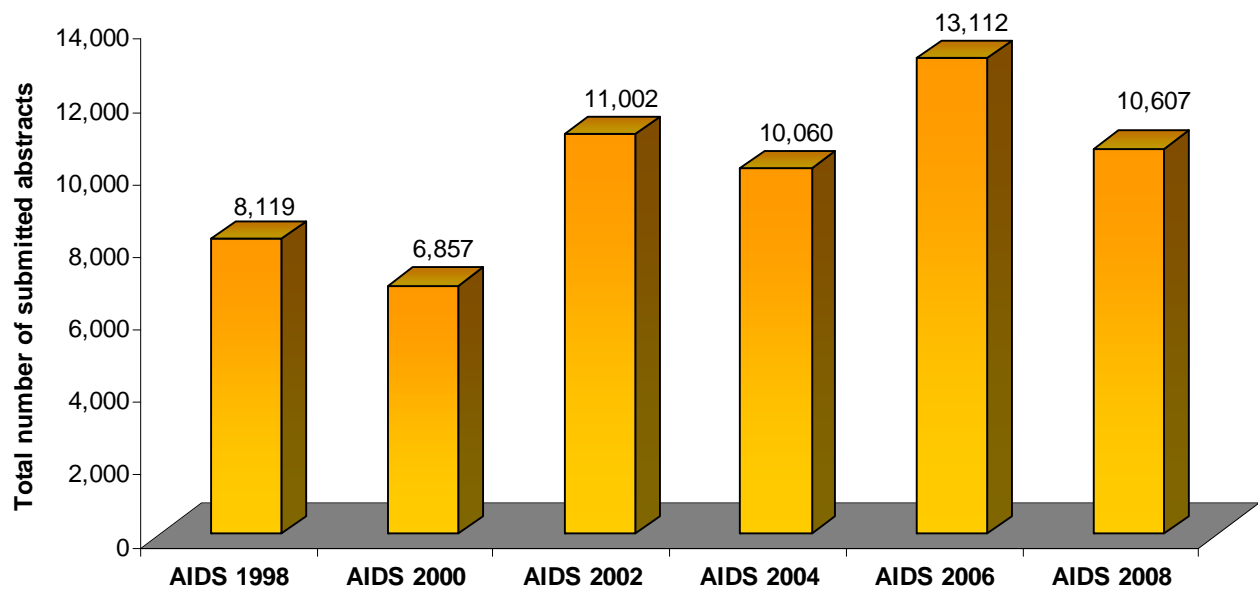
Additional feedback was sought from committee members about the selection of abstract driven sessions. These included suggestions mainly related to the marathon meeting, abstract authors, reviewers and the scoring methodology. Comments were also received on the selection of topics for non-abstract driven sessions (NADS), highlighting the need to ensure a good coordination of NADS topics among the SPC, LPC and CPC.

Looking at other processes, one respondent suggested to solicit good abstract authors to intervene during and/or facilitate skills building workshops so that scientific data/findings, usually presented during sessions, can be supplemented by more in-depth explanation on how to achieve those results, and perhaps also on how to adapt the methodology to local contexts. Such linkages/integration between sessions and skills building workshops would thus contribute to improved knowledge and skill transfer.

2.1.2 Overview of Abstracts

AIDS 2008 attracted 10,607 abstract authors, which represents a decrease compared to Toronto, as shown in Figure 2.5.

Figure 2.5 Total Number of Abstracts Submitted



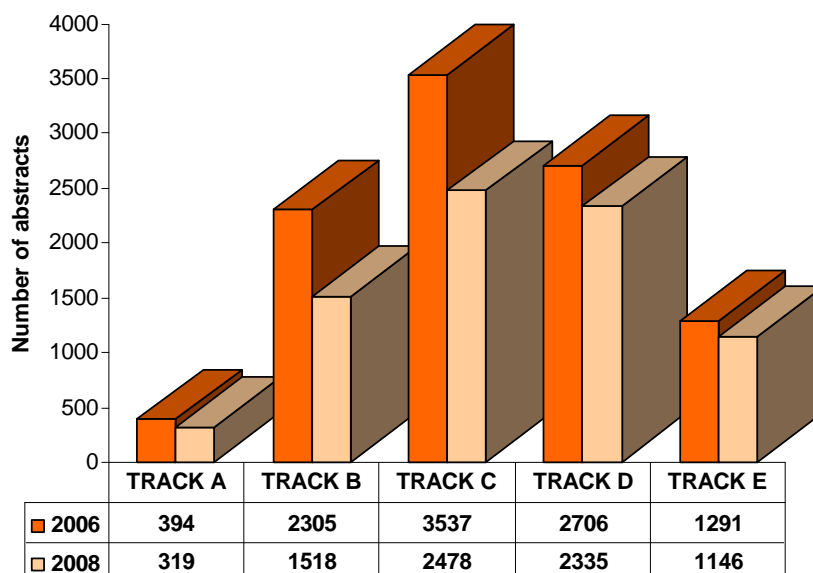
Out of 10,607 abstracts submitted, 7,796 were accepted in 2008 (vs 9,789 in 2006). Abstracts were divided into the five following tracks:

- ⚡ A: Biology and Pathogenesis of HIV;
- ⚡ B: Clinical Research, Treatment and Care;
- ⚡ C: Epidemiology, Prevention and Prevention Research ;
- ⚡ D: Social, Behaviourial and Economic Sciences;
- ⚡ E: Policy and Political Sciences.



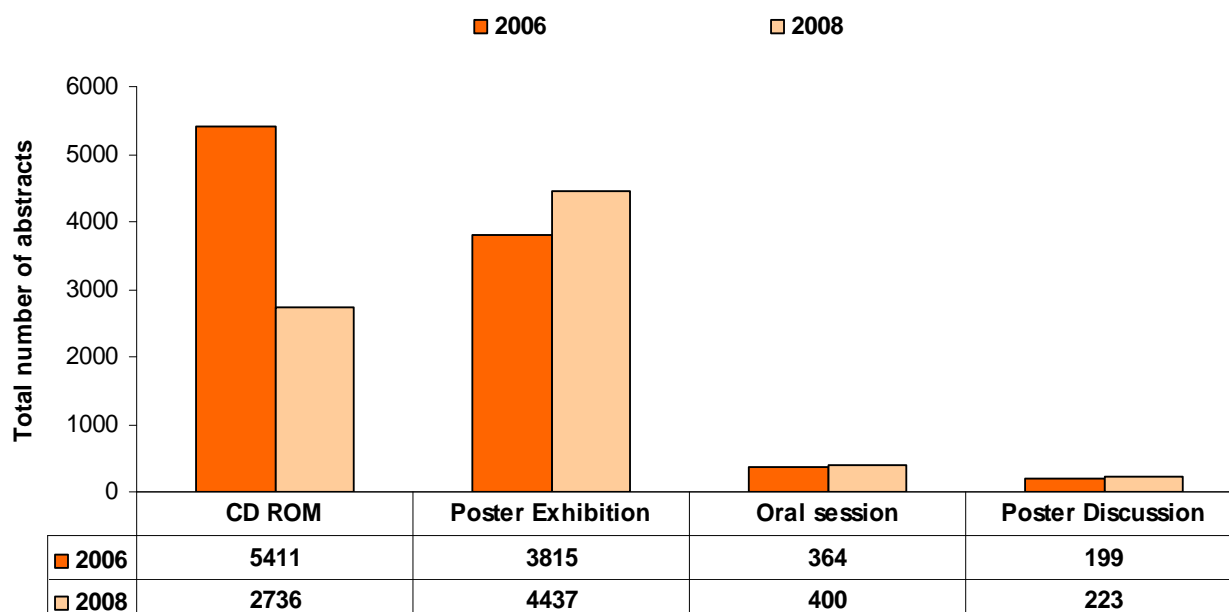
As in 2006, more abstracts were accepted in tracks B, C and D, as shown in Figure 2.6.

Figure 2.6 Total Number of Abstracts Accepted by Track



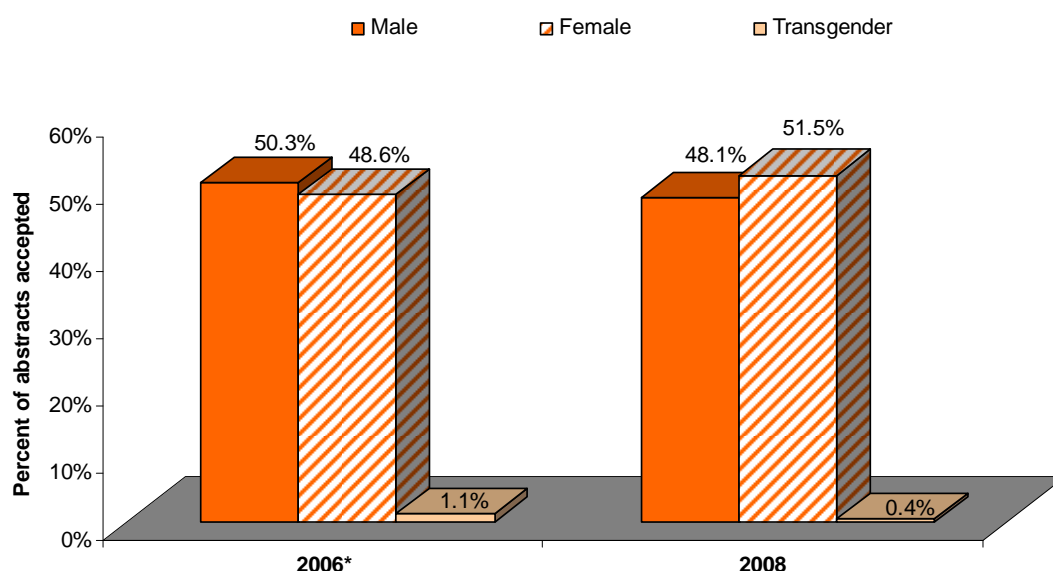
However, the breakdown of abstracts per presentation type slightly changed compared to 2006, as shown in Figure 2.7.

Figure 2.7 Abstracts Accepted by Presentation Type



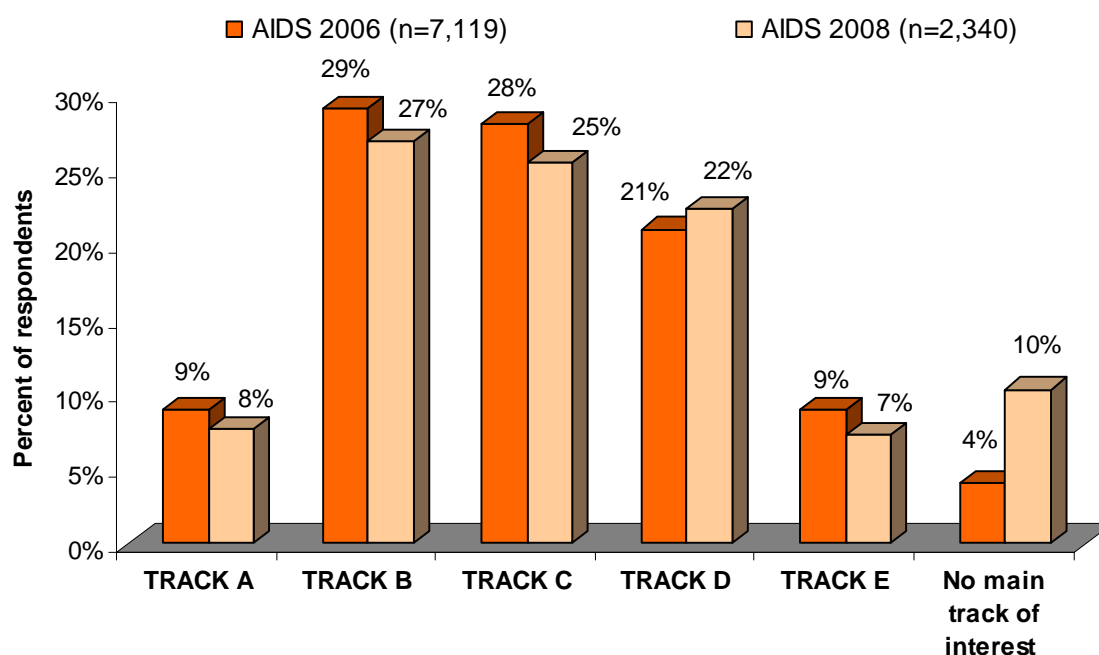
Looking at gender distribution, the AIDS 2008 programme accepted more abstracts written/submitted by women compared to 2006, as shown in Figure 2.8.

Figure 2.8 Abstracts Accepted by Gender³⁰



Surveyed delegates who identified science as one of their main programme areas were asked to indicate their main track of interest, i.e. the one in which they attended most sessions. As in 2006, Track A and Track E were selected by markedly fewer respondents, as shown in Figure 2.9.

Figure 2.9 Main Track of Interest



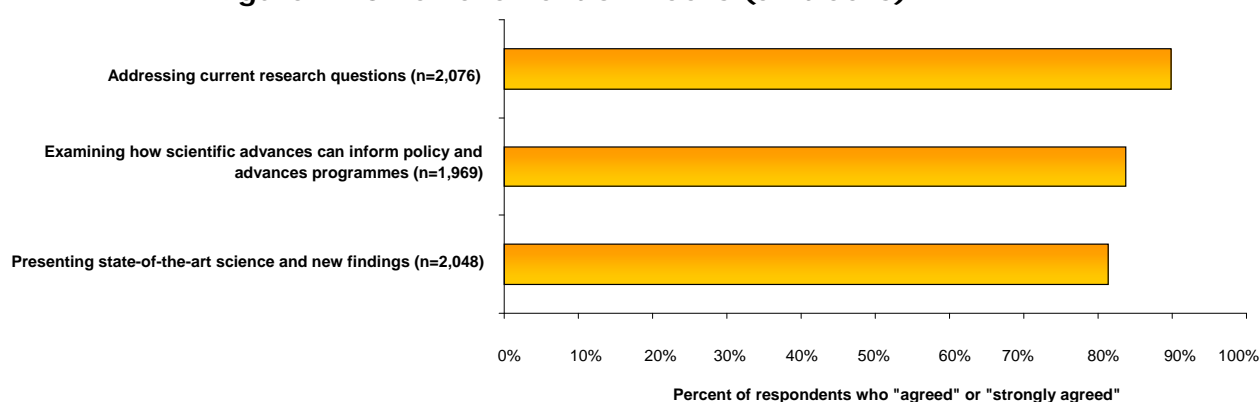
³⁰The total excludes 122 authors whose gender was not disclosed.



Researchers were more likely to report that Track C was their main track of interest (31.3%) as were policy/administrators (31.4%) compared to health care workers/social service providers who were more likely to be interested in Track B (45.9%). Educators/trainers and advocates/activists were more likely to report that Track D was their main track of interest (30.5% and 29.1% respectively). Looking at age, respondents who were under 26 years of age were significantly more likely to report that they had no main track of interest (20.2%) compared to those aged 26 and over (9.5%), $p < 0.01$.

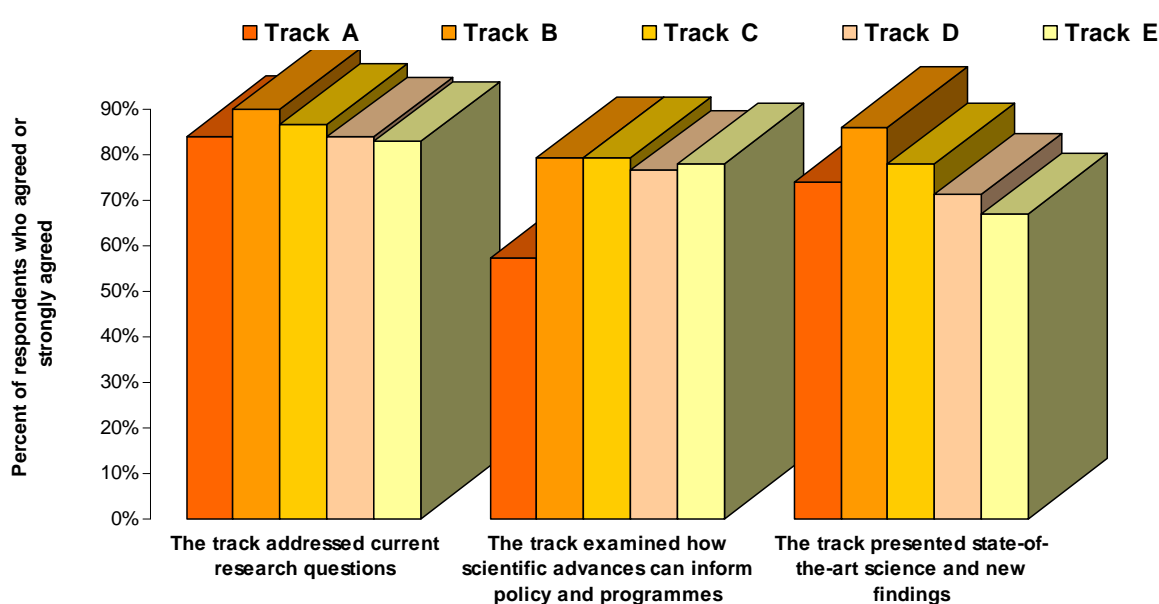
The vast majority of surveyed delegates who selected one main track of interest "agreed" or "strongly agreed" that their track examined how science can inform policy and programmes, addressed current questions and presented state-of-the-art science and new findings (see figure 2.10).

Figure 2.10 Achievement of Tracks (all tracks)



Respondents who identified Track B as their main track of interest were more likely to "agree" or "strongly agree" that their Track addressed current questions and presented state-of-the-art science and new findings compared to respondents who identified other tracks as their main track of interest (see Figure 2.11).

Figure 2.11 Achievement of Tracks (per track)



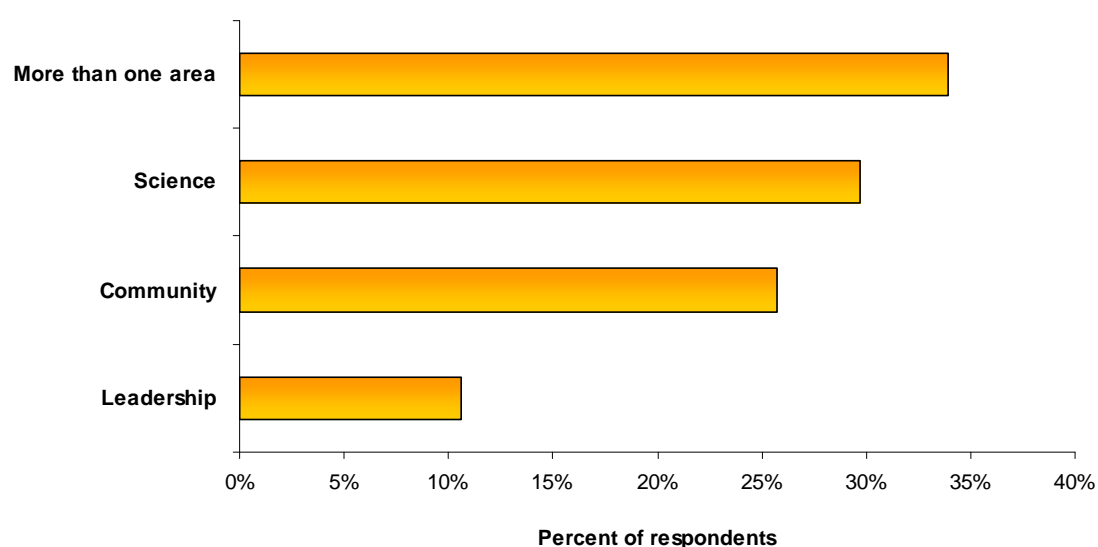
Looking at professional influence, researchers were significantly more likely to disagree with the statement *AIDS 2008 presented state-of-the-art science and new findings* (20.7%) than were respondents who worked in other professions (for example, health care workers (8.5%) $p < 0.01$).

2.2 Programme Sessions

2.2.1 Attendance and Usefulness

Surveyed delegates were asked to indicate in which area they attended the majority of sessions among community, leadership and science. As shown in Figure 2.12, respondents were more likely to select science (30%) than leadership (11%) but **the majority indicated they were interested in more than one area** (34%).

Figure 2.12 Attendance Rate by Main Area



Not surprisingly, the majority of researchers selected science (66%) as well as a significant proportion of students and health care workers/social services providers (32% and 31% respectively). Educators/trainers, advocates/activists and media representatives mainly attended sessions in the community area.

AIDS 2008 offered a broad range of programme sessions. **As in 2006, plenary sessions, poster exhibitions, special sessions and oral abstract sessions were the most well attended** (each by more than 80% of respondents). Respondents were also asked to rate the usefulness of the sessions that they had attended. **Special sessions and plenary sessions were considered the most useful** (each by more than 75% of respondents), as shown in Figures 2.13.

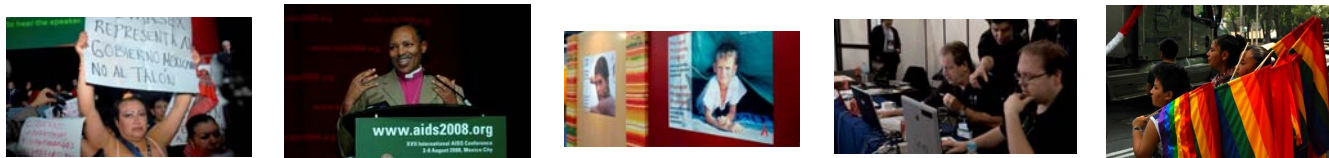
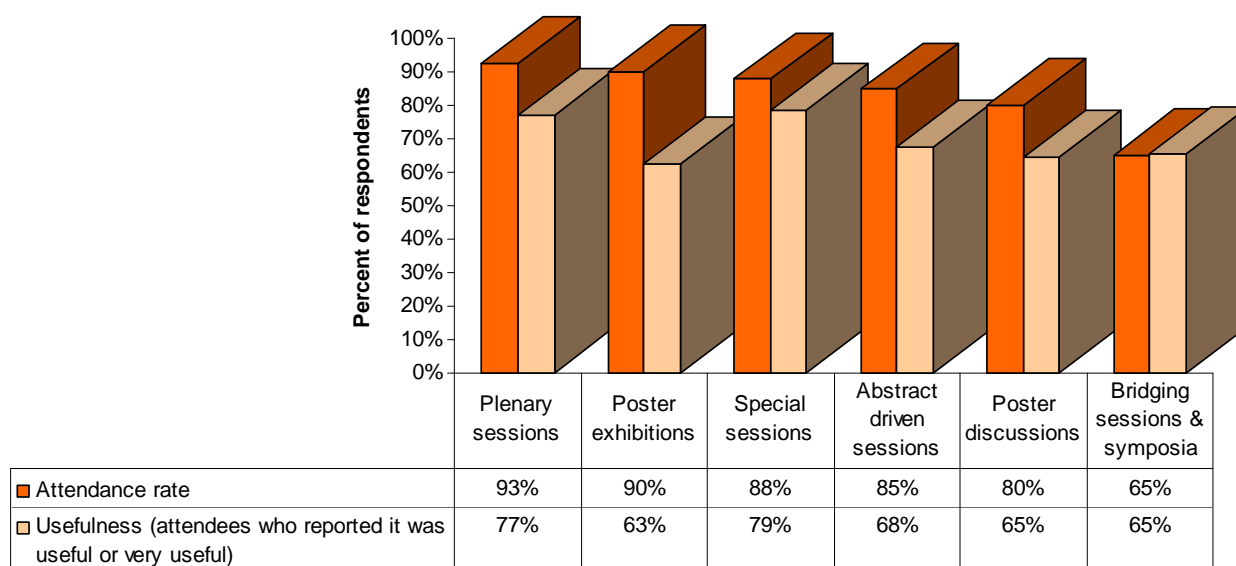
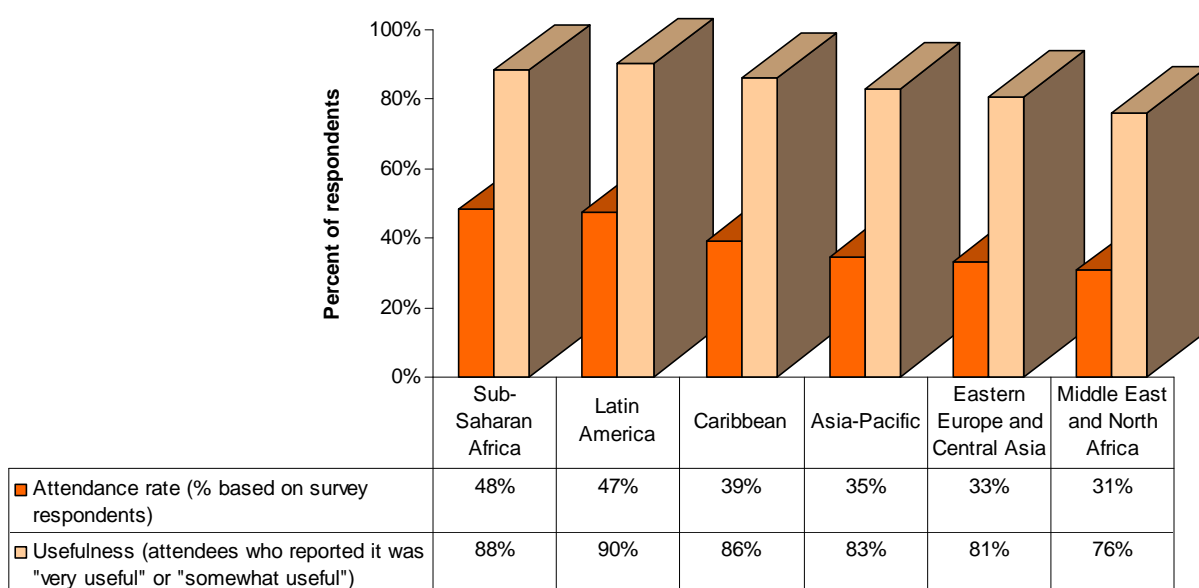


Figure 2.13 Attendance Rate and Usefulness by Session Type



As part of efforts to further engage regions in the international conference, the AIDS 2008 programme featured six regional sessions as symposia. The sessions most attended were those related to the Sub-Saharan Africa and Latin America (48% and 47% respectively). Those two sessions were also rated the highest in terms of usefulness. The others were also very well rated because at least 76% of respondents reported they were "somewhat useful" or "very useful" as shown in Figure 2.14.

Figure 2.14 Attendance Rate and Usefulness of Regional Sessions



Not surprisingly, respondents who mainly worked in the region on which the session was focused were more likely to have attended that session compared to those coming from other regions. However, they were not necessarily those who mostly reported it was "somewhat useful" or "very useful" as shown in the following figures.

Figure 2.15 Attendance Rate and Usefulness of the Sub-Saharan Africa Session by Region where Delegates Work

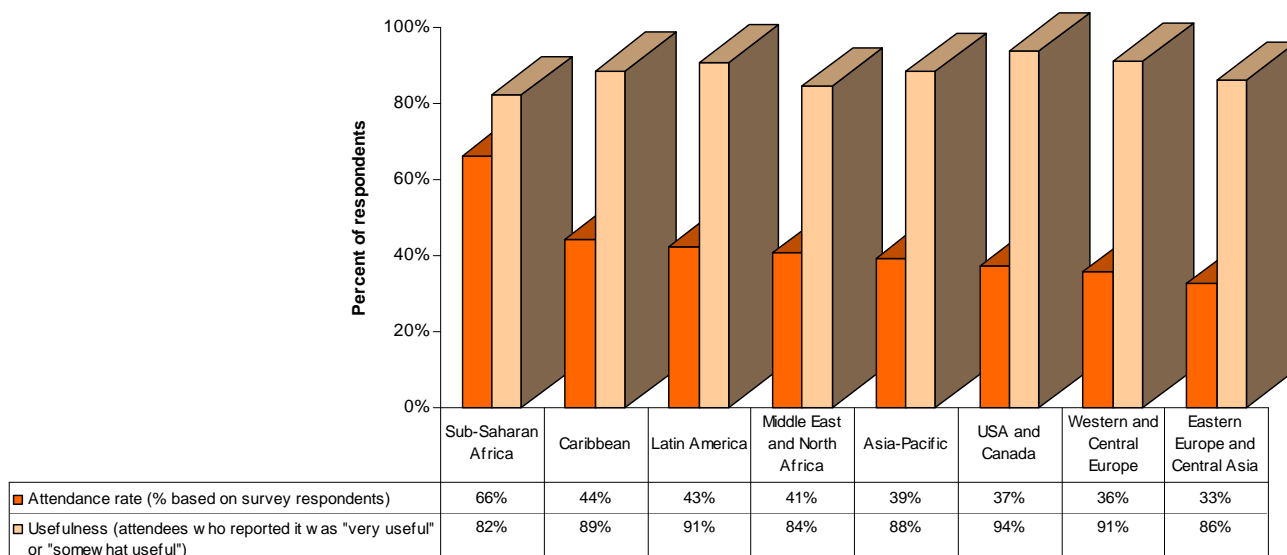
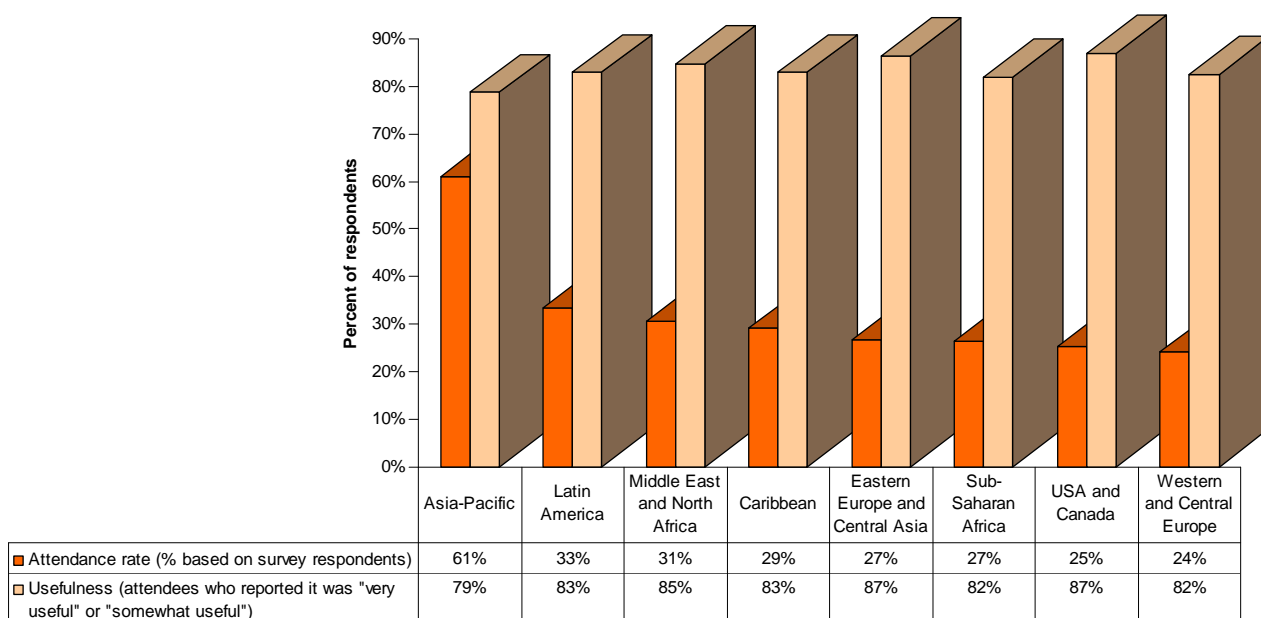


Figure 2.16 Attendance Rate and Usefulness of the Asia-Pacific Session by Region where Delegates Work



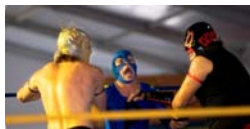


Figure 2.17 Attendance Rate and Usefulness of the Latin America Session by Region where Delegates Work

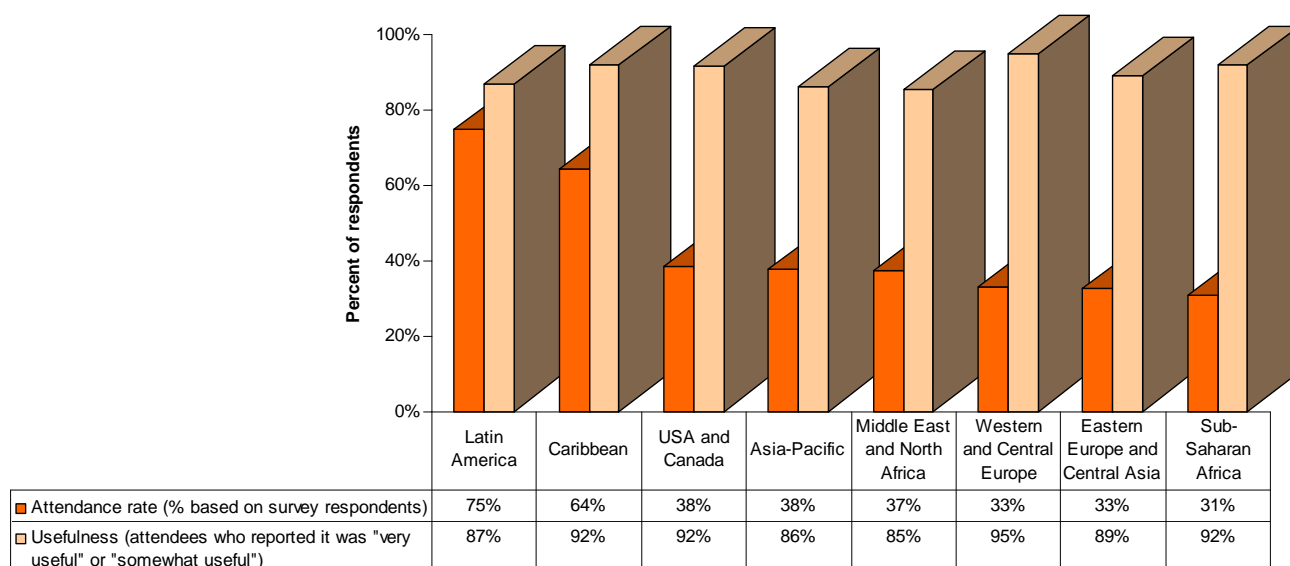


Figure 2.18 Attendance Rate and Usefulness of the Eastern Europe and Central Asia Session by Region where Delegates Work

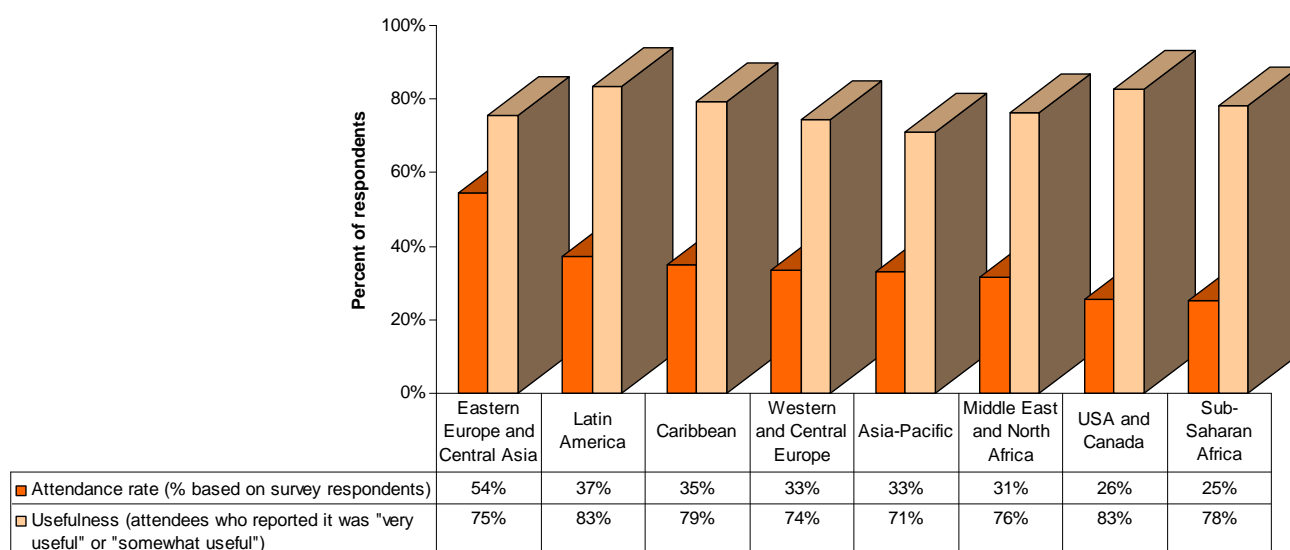


Figure 2.19 Attendance Rate and Usefulness of The Caribbean Session by Region where Delegates Work

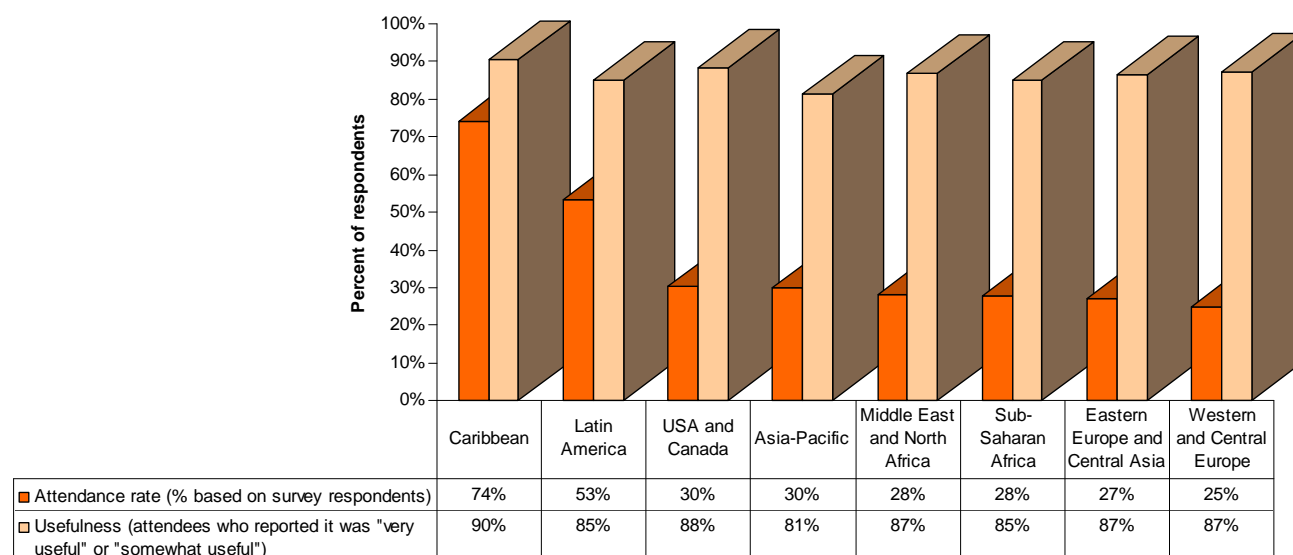
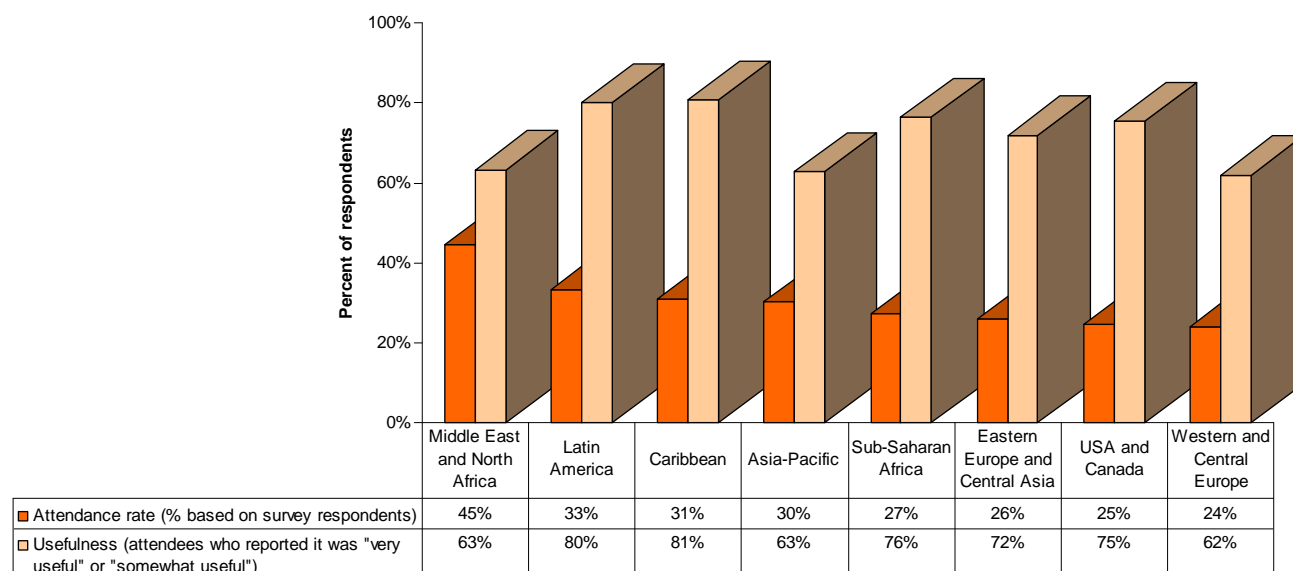


Figure 2.20 Attendance Rate and Usefulness of the Middle East and North Africa Session by Region where Delegates Work



It was also found that respondents who mostly attended science sessions were significantly more likely than other respondents to report that they did not attend regional sessions and were less likely to rate them as very useful.



2.2.2 Coverage and Quality

The majority of surveyed delegates indicated that the coverage of their area/issue of interest in the conference programme was “good” or “excellent” (68% vs 59% in 2006) and that the issues relevant to PLHIV were very well reflected in the conference programme (60%). Respondents considered the number of sessions and activities offered in their area of interest was about right although 28.2% indicated there were too many and 16.8% too few. **Those whose main area of interest was science and research were significantly more likely to report that there were too few sessions and activities related to science and research** than respondents for whom this was not their main area of interest (22.8% vs 14.8%).

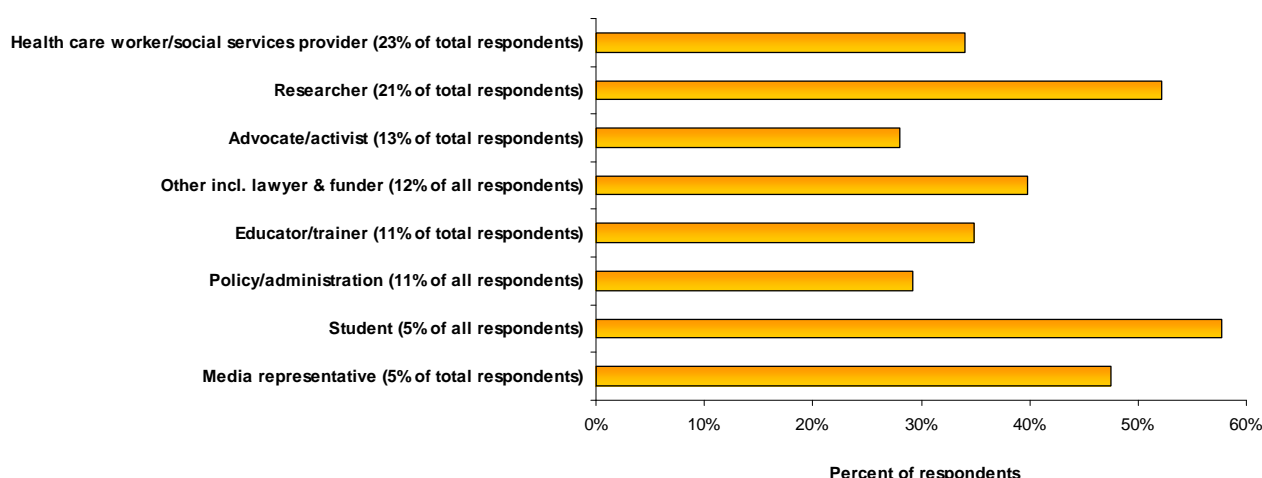
Most respondents reported the quality of sessions was “good” or “excellent” (86% vs 84% in 2006). Those whose main track of interest was Track D were significantly more likely than other respondents to find the sessions “good” while respondents whose main track of interest was Track C were significantly more likely to find the sessions “excellent”. Respondents whose main track of interest was Track A were significantly more likely than other respondents to report that they found the sessions “poor” (5.0% compared to Track E (0.6%), $p < 0.01$).

Surveyed delegates were also highly satisfied by the quality of discussions and debates as well as speakers and moderators with more than 80% of “good” or “excellent” rating.

Regarding the opening session, more than 80% of surveyed delegates who attended it “agreed” or “strongly agreed” that the quality of speakers was very high and that clear key messages were conveyed to delegates.

Thinking about the major changes observed over time to AIDS 2008, **at least 70% of surveyed delegates who attended AIDS 2004 and/or AIDS 2006 “agreed” or “strongly agreed” that the conference offered better opportunities for networking, advocacy, dialogue and productive debate, including opportunities to influence the agenda of key policy makers and donors. Most respondents also “agreed” or “strongly agreed” that the session format and the quality of speakers had improved since AIDS 2004** (69% and 66% respectively). The change which got the highest disagreement rate related to the content quality with 40% of respondents (n=992) disagreeing that the quality of science and research had improved since 2004. Looking at professional influence, it was found that more than half of researchers “strongly disagreed” or “disagreed” with the above statement. Students were also more likely to be in disagreement but they represented fewer respondents than researchers, as shown in Figure 2.21.

Figure 2.21 Proportion of Respondents who Disagreed that the Quality of Science and Research had improved since 2004



Looking at the future, most respondents indicated they would not change the number of plenary sessions, special sessions, abstract and non-abstract driven sessions. However, it is interesting to note that a significant proportion of respondents (at least 30%) would increase the number of special sessions and abstract driven sessions. As regards the opening sessions, more than half surveyed delegates would like to have more speeches by leaders in HIV.

In addition to the online delegate survey, more than thirty sessions, including poster discussions, were selected for evaluation. Participants were distributed a standard form when they entered the session room and were asked to drop it in one of the evaluation boxes of the conference venue once completed. A total of 404 forms were collected among which 393 were valid but not all of these were complete. Two other surveys were conducted during the conference respectively targeting session moderators and speakers (see all reports in [Appendixes III A, B & C](#)).

Based on the above findings, and following consultations with stakeholders, several recommendations were formulated as regards:

The session content:

- ✘ More relevant basic science;
- ✘ More discussion on implementation/scaling up;
- ✘ More regional sessions;
- ✘ More sessions on youth issues/perspectives;
- ✘ More sessions on research on women and girls;
- ✘ Better coverage of migration/mobility issues;
- ✘ More focus on human rights-based responses.

The speakers:

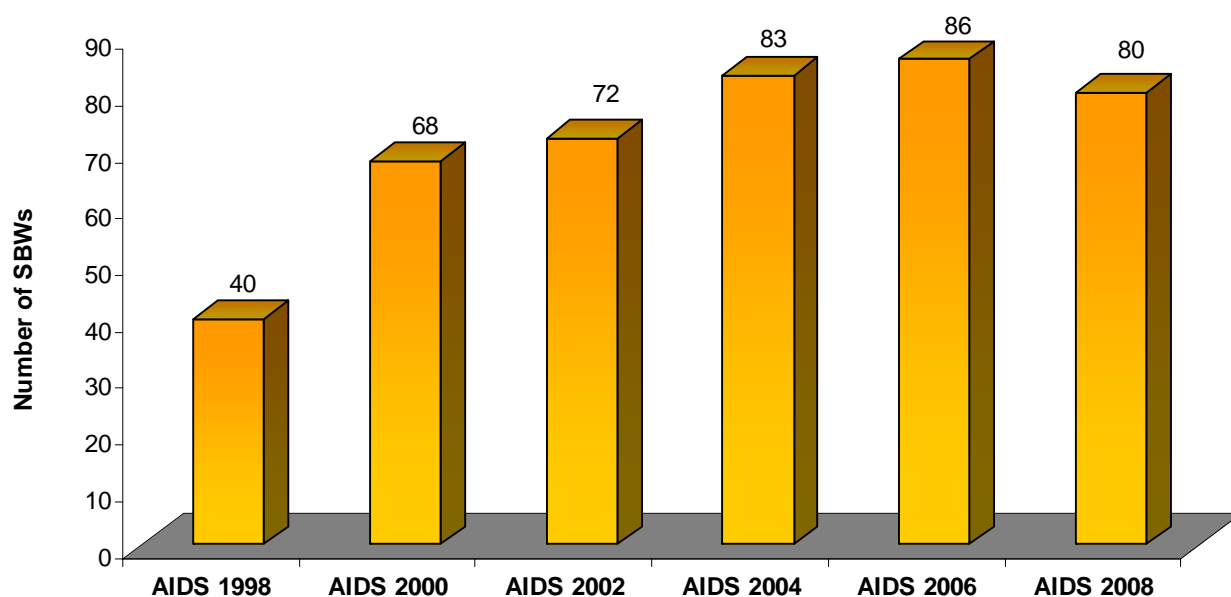
- ✘ More youth speakers;
- ✘ Earlier selection of invited speakers;
- ✘ Better promote the speaker/chair orientation session.



2.3 Skills Building Workshops

The AIDS 2008 programme offered 80 skills building workshops (SBWs), some of which were available in more than one language (English, sign language, Spanish and/or French). A comparison with previous conferences is shown in Figure 2.22.

Figure 2.22 Number of Skills Building Workshops



The majority of surveyed delegates reported attending a SBW (68% vs 59% in 2006) among which 71% deemed it was “useful” or “very useful”. In addition, respondents were more likely to indicate they would like to have more SBWs at the future conference (47.1% vs 38.8% who would not change the number of SBWs and 14.1% who would decrease their number).

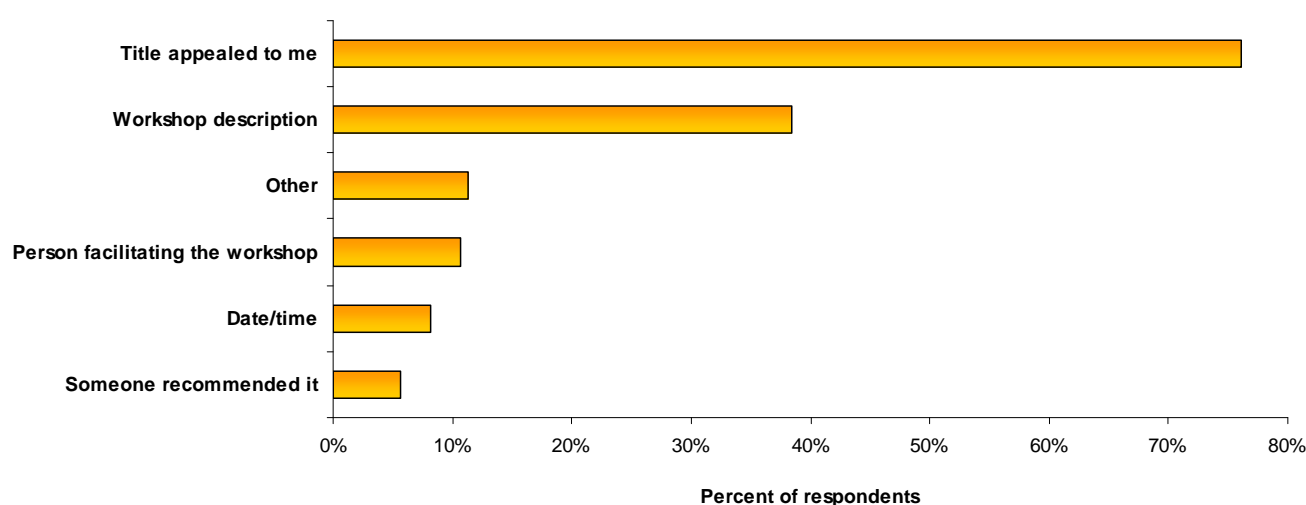
In addition to the online delegate survey, 30 workshops were selected for evaluation. Workshop attendees were given a standard form as they entered the SBW room and were asked to drop it in one of the evaluation boxes of the conference venue once completed. A total of 503 forms were collected among which 456 were valid.

Survey response rates per workshop is unknown as many respondents did not specify the title/code of the workshop they attended. Results must be interpreted with caution because they represent the opinions and views of delegates who were asked to fill out a form based on a single workshop they attended that was not necessarily representative of the other workshops in terms of usefulness, success, quality, facilitation, etc. It should also 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 or consolidated their views on a single one.

Surveyed workshop participants predominately worked in Latin America and Caribbean, followed by Sub-Saharan Africa, USA and Canada, Asia-Pacific, Western and Central Europe, and Eastern Europe and Central Asia (only four respondents selected a country of this region). The majority (70%) have worked in HIV/AIDS for less than ten years, 16% from 10 to 15 years and 13% for more than 15 years.

Most respondents reported they had decided to attend a workshop based on its title (76%) but only 38% indicated the description was the selection criteria. Less important factors included who the facilitator was, the date and time, as well as whether the workshop had been recommended by somebody else, as illustrated in Figure 2.23.

Figure 2.23 Reasons to Attend Skills Building Workshops



Other reasons mentioned by respondents for attending a specific workshop included the importance of the topic, the fact that the workshop represented one of the rare opportunities to address a topic which had been inadequately covered (e.g. youth, deaf communities) and in some cases, to have the stakeholders most concerned by the workshop topic as workshop facilitator (e.g. youth), the linkage with and relevance to their work or research area, the opportunity to gain knowledge and new insights as well as to learn from other experiences and adapt them to a special/certain setting, the opportunity to follow-up on a plenary session theme (e.g. family), the hope of transferring knowledge and information to colleagues as well as the language of the workshop (this especially applied for the workshops in French and Spanish).

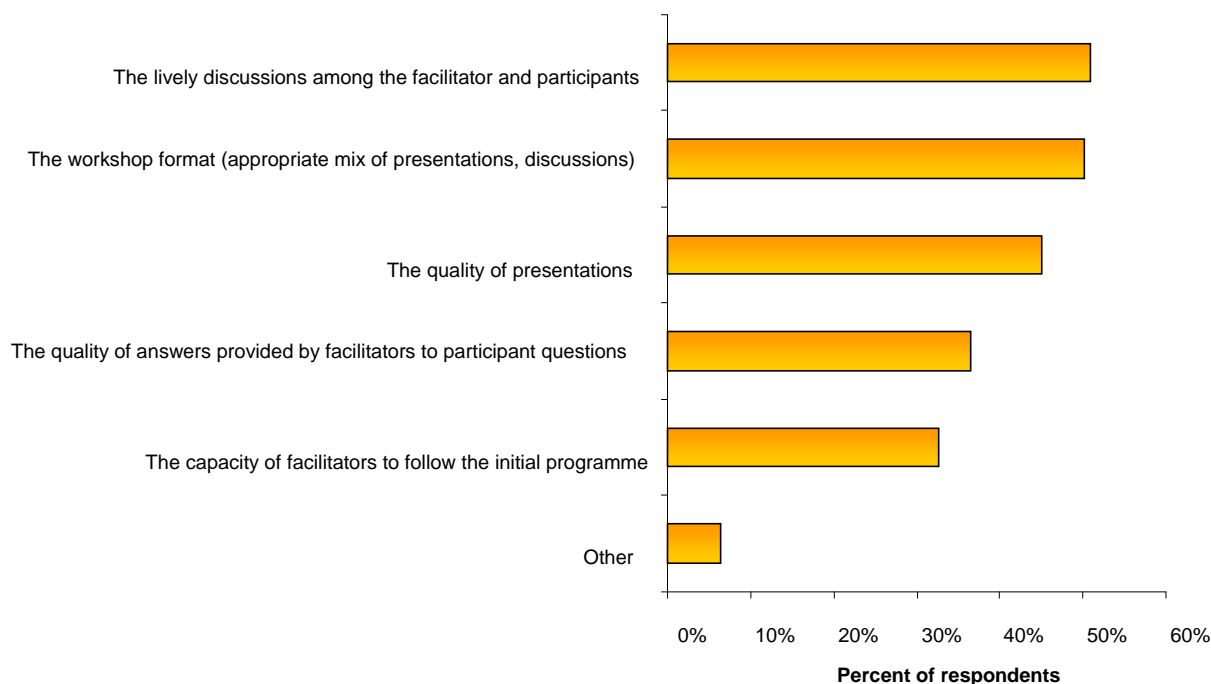
The vast majority “agreed” or “strongly agreed” that the workshop addressed the topic as described in the programme (94%) and its facilitator had an in-depth knowledge of the topic (96%), it was well organized (93%) with a suitable group size (93%), keeping the attention of participants throughout its whole duration (89%), and appropriate learning techniques had been used (91%) including useful didactic materials (86%)³¹. These results reveal an improvement in scoring compared to AIDS 2006 (where those percentages were slightly lower).

³¹ Not surprisingly, 73% of respondents who “agreed” to “strongly agreed” that didactic materials were useful have worked in HIV/AIDS for less than 10 years.



Workshop participants who rated the quality of the workshop(s) they had attended “good” or “excellent” (87% vs 78% in 2006) were asked to identify the factor(s) that most contributed to this rating. Although the quality of presentations was a factor in a high rating, it was not as important as the workshop content, as shown in Figure 2.24.

Figure 2.24 Factors that Contributed to a Good or Excellent Workshop Rating³²



Other factors which justified the high quality rating from workshop participants included the participatory approach, the experience of facilitators, the opportunity to initiate a discussion on a special topic, the engagement and dynamism of the participants allowing to draw knowledge and enrich experience, tools used for group exercises, as well as good networking opportunities.

Some delegates were significantly more likely than others to rate the workshop quality “excellent”, including:

- ✚ First-time attendees compared to those who had attended more than one conference (64% vs 36%);
- ✚ Delegates who worked in HIV/AIDS for less than 10 years compared to those who have been working in that field for 10 years or more (69% vs 31%).

Benefits gained from attending skills building workshops are described in section [3.4.3.1](#).

As an indicator of the perceived professional value of the skills building workshops, the vast majority of respondents (92%) would recommend the workshop they had attended to a friend or colleague.

³² Total exceeds 100% because some respondents identified more than one factor.

Looking ahead to the next International AIDS Conference, **the majority of respondents indicated that it would be “very useful” (66%) to “somewhat useful” (21%) to have a dedicated room for follow-up discussions between the workshop facilitator and the attendees.** Although 67% of those respondents recommended to hold such discussion immediately after the workshop, for one to two hours, 16% would favour an evening time and 14% a lunch time session after the workshop. A few respondents (3%) made alternative proposals including: having such discussion at breakfast, splitting the participants into small groups for one hour after the workshop, waiting after the conference once participants and facilitators are back in their own country, and asking participants to write back on how the workshop helped them to achieve their targets. Regarding the duration of these follow-up sessions, one respondent proposed a three-hour discussion while another proposed limiting it to one hour.

2.4 Global Village

As a key component of the International AIDS Conference, the Global Village (GV) provides a space to share knowledge and skills, build coalitions, and promote interactive learning among communities living with and affected by HIV and AIDS, policymakers, researchers and other stakeholder groups. It is open to both conference delegates and non-delegates (including community organizations from around the world, local/national groups and the general public) and enables greater civil society involvement and exchange.

In 2008, the Global Village covered **over 8,000 square metres** at the Las Americas Hippodrome with a **programme of high diversity including 77 NGO booths, 30 marketplace booths, 27 networking zones, 28 exhibitions, 67 sessions (panel discussions, presentations with questions and answers, debates, workshops), 32 performances, 18 affiliated cultural events held off site, 34 screenings and two readings.** The GlobalVillage also accommodated the Youth Pavilion and the Community Dialogue Space. The Global Village had an external independent website available in Spanish only (<http://www.aldeaglobal2008.org/>). Limited information was also available in English and Spanish on the conference website (<http://www.aids2008.org/subpage.aspx?pageId=285>).

During AIDS 2008, **the Global Village registered an estimated attendance of 10,000 people on the day of the conference opening ceremony (Sunday 3); 12,000 people from Monday 4 to Wednesday 6 August and 18,000 on Thursday 7 August.** The Village closed one day before the official closing ceremony of the conference. For the first four days, observations suggested that the main audience was the Global Village organizers, exhibitors and delegates with a low participation of the local community. On the last day, the participation of the local community increased by approximately 40%.

Data was collected using two surveys: one targeting visitors and the other targeting activity organizers (i.e. organizations or individuals organizing/supervising an activity in the Global Village such as a networking zone, an NGO booth, etc.). The online delegate survey also contained a few questions related to the Global Village.



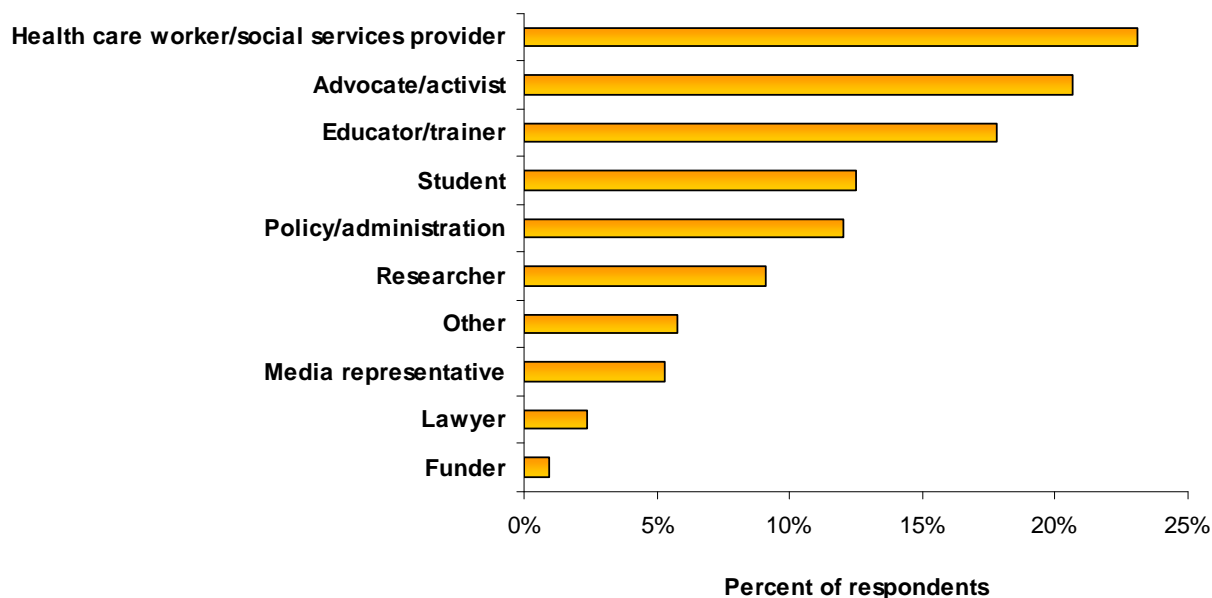
2.4.1 Feedback from Visitors

Visitors of the Global Village were interviewed by the evaluation team from 5 to 7 August. All interviews were guided by a standard questionnaire available in English and Spanish. Questions were developed to gather information on the visitor's profile, their experience, rating on the quality and usefulness of activities, services and tools offered to enhance their participation, as well as benefits gained from visiting the Global Village and their expectations for AIDS 2010. Some questions related to the achievement of the Village's objectives were only asked to delegates.

A total of 246 interviews were conducted, but some respondents were unable to complete their interviews due to time constraints. As reflected in the above general statistics, respondents were more likely to be delegates (58%) compared to public participants (30%) and registered non-delegate conference participants (12%). The latter category includes media representatives, volunteers, conference organizers and their relatives, speakers, etc. The proportion of men was slightly higher (51% vs 49% of women) and almost two thirds of respondents were 26 years old or older. However, public participants were more likely to be younger than 26 years (55%) compared to delegates (only 25%).

As illustrated in Figure 2.25, health care workers/social services providers, advocate/activists, educators/trainers were significantly more likely than researchers and media representatives to have visited the Global Village at AIDS 2008.

Figure 2.25 Main Occupation/Profession (linked to HIV/AIDS³³) of Global Village Visitors



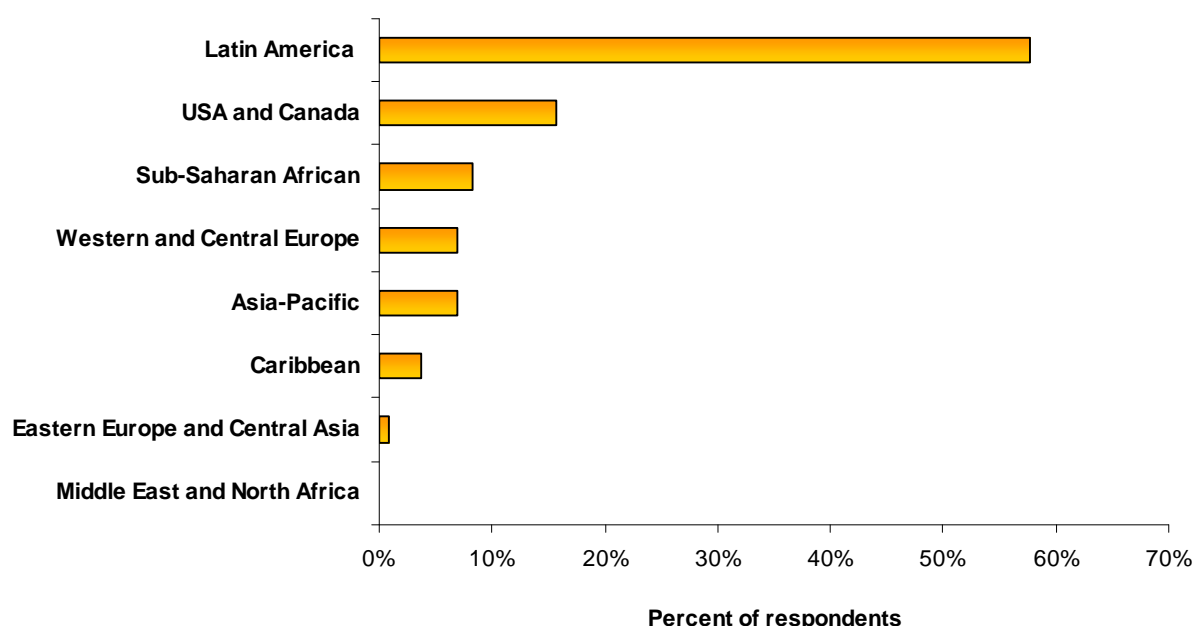
This trend is confirmed by results of the online delegate survey which revealed that advocate/activists (98.3%), educators (96.3%) and health care workers (93.5%) were significantly more likely than researchers (87.7%) and media representatives (87.1%) to report that they visited the Global Village at AIDS 2008 ($p < 0.01$).

³³ This percentage is based on a total of 208 responses. Only those who had an occupation/profession on HIV/AIDS related issues were expected to specify it.

Among public participants who specified their occupation, students were the most numerous (30%) followed by educators/trainers (20%). A total of 37% did not answer the question, most probably because they were not involved in HIV/AIDS related issues.

Looking at regional balance, it is not surprising that most visitors came from Latin America (58%). USA and Canada were represented by 16% of respondents while all the other regions were represented by less than 10% of surveyed visitors as indicated in Figure 2.26. The very low representation of Middle East and North Africa and Eastern Europe and Central Europe is most probably the result of the limited number of conference delegates coming from those regions.

Figure 2.26 Main Region of Surveyed Global Village Visitors³⁴



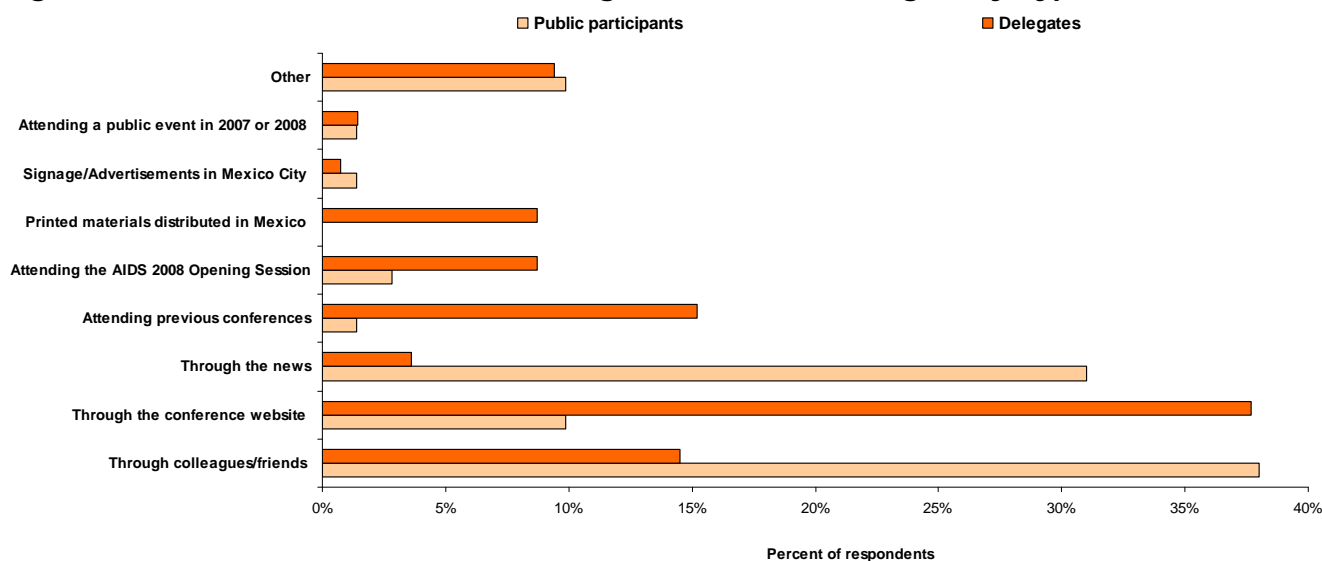
2.4.1.1 Global Village Outreach and Promotion

The most efficient strategy to promote the Global Village seem to be through internet because 27% of respondents reported to have first learnt about it through the conference website. Other effective methods included being advised by colleagues/friends (23%), reading the news (14%) and attending previous conferences (10%). Signage/Advertisements in Mexico City (streets, bus shelters, airports, public transport) as well as attending a public event in 2007 or 2008 were only selected by 1% of respondents regardless of their category (delegate or public participant). **Public participants were more likely to be informed by colleagues/friends (38% compared to 14% of delegates) and through the news (31% compared to 4% of delegates). Delegates were more likely to first hear about the Global Village through the conference website (38% compared to 10% of public participants).** Not surprisingly, 15% of delegates reported to have first heard about the Global Village by attending previous conferences, which was only the case for 1% of public participants. All these differences are illustrated in Figure 2.27.

³⁴ This percentage is based on a total of 243 responses. The region refers to the home country indicated by the respondent. In most cases, the region of the home country was similar to the region where the respondent was working at the time of the survey.



Figure 2.27 Effectiveness of Global Village Promotion Strategies by Type of Visitor



In light of the above findings, it is recommended to:

- ⚠ Build on and review the current outreach strategy to enhance local participation. However, this should take into account the Global Village's capacity to hold more visitors because it is already an extremely busy and crowded space;
- ⚠ Try to make the Global Village attractive to all delegates regardless of occupation.

The Global Village attracted many participants and many visited it several times (out of the 3,606 delegates who completed the post-conference online survey, 92% had visited it. Of these, 45% visited it at least five times, and out of the 241 visitors who completed the GV dedicated survey, more than half reported to have visited at least three times). **Visitors younger than 26 years were more likely to have visited the Global Village more than four times** (38% compared to 31% of 26 years old or over).

2.4.1.2 Participation in Activities Inside the Global Village

The most visited/attended activities/areas offered inside the Global Village were NGO and market place booths (94% of surveyed visitors), followed by cultural activities including exhibitions and screenings (88%), main stage performances (82%), presentations with questions and answers, debates, workshops (72%), networking zones (68%), the youth pavilion (66%) and the community dialogue space (64%). The "meet the plenary speakers" sessions (56%) were the least attended activities as illustrated in Figure 2.28 and less likely to be rated "very interesting" compared to the other ones as shown in Figure 2.29. Delegates were more likely to attend the "meet the plenary speakers" sessions (48%) compared to public participants (38%). However, the most attended activities were not necessarily judged as the most interesting as demonstrated when comparing both Figures 2.28 and 2.29.

Figure 2.28 Attendance of Global Village Activities/Areas³⁵

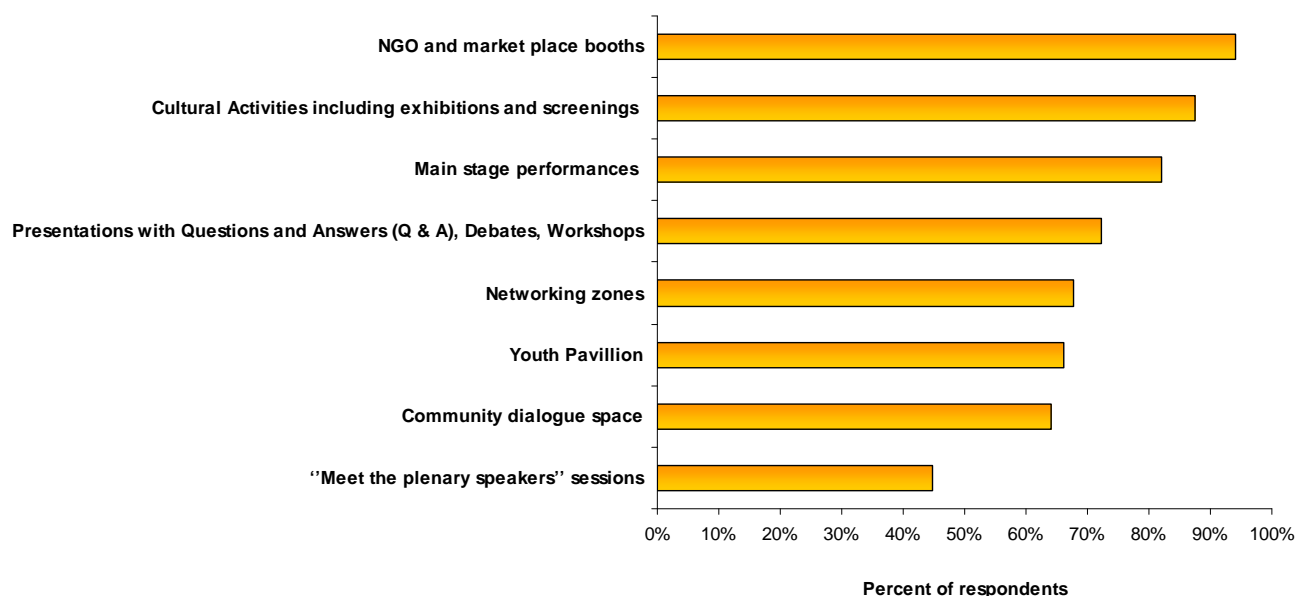
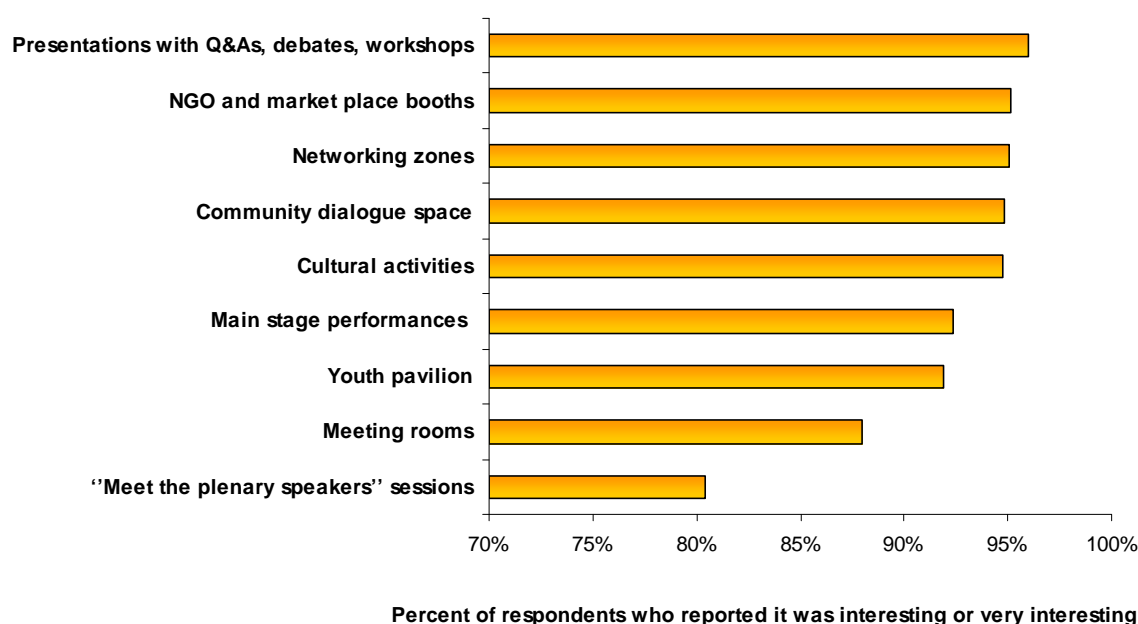


Figure 2.29 Most Interesting Global Village Activities/Areas³⁶



In general, delegates were more likely than public participants to be aware or attend the above mentioned activities/areas and to rate the activities as "very interesting" or "interesting". There were three activities, however where delegates were more likely than public participants to rate as "not very interesting". These included "meet the plenary speakers" sessions, main stage performances and cultural activities including exhibitions and screenings.

³⁵ Respondents include all types (delegates, public participants and registered non delegate conference participants). Those who indicated they did not attend or were not aware of the above activities were excluded from the percentage calculation.

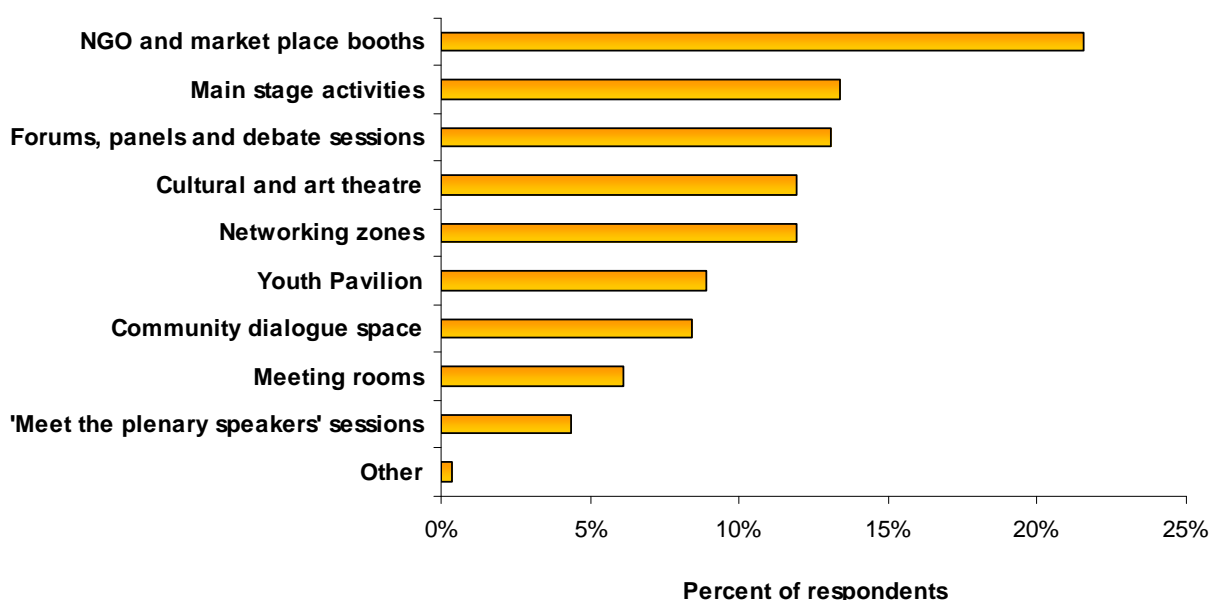
³⁶ Respondents include all types (delegates, public participants and registered non delegate conference participants). Those who indicated they did not attend or were not aware of the above activities were excluded from the percentage calculation.



According to the post-conference online survey, delegates found the Global Village sessions, activities and networking zones “useful” or “very useful” (70% of respondents³⁷) but this provides only a broad picture without differentiation per activity/area. Most advocates/activists and educators/trainers rated them as “useful” or “very useful” (81% and 70% respectively) while only 44% of researchers gave a high rating.

The post-conference online survey confirms that NGO and market place booths ranked very highly in terms of attendance unlike the “meet the plenary speakers” sessions which were not very well attended. However, the other activities/areas did not necessarily get the same ranking as the one given by respondents interviewed in the Global Village. The comparison between Figure 2.28 and Figure 2.30 allows for a better illustration of those differences.

Figure 2.30 Global Village Activities/Areas Mostly Visited by Delegates³⁸



Among the 47 delegates who selected “other”, 25 did not attend any particular activity, they just walked through and observed the village and 17 specifically watched videos/film screenings.

Not surprisingly, respondents aged 26 and over were significantly more likely than respondents aged under 26 to report that they did not use the sessions and activities offered at the Youth Pavilion. **Respondents aged under 26 were significantly more likely than those aged 26 and over to report that they found the Youth Pavilion very useful.**

As community representatives are key stakeholders of the Global Village, a special guide titled “guide to community involvement in AIDS 2008” was created by ICASO to increase community understanding of and participation in AIDS 2008. This guide was available on the Internet (<http://www.icaso.org/aids2008community/>) with a link posted on the conference website. Although more than 50% of surveyed visitors were not aware of or did not use the guide (42% and 19% respectively), the vast majority of those who did use it reported it was “very useful” or “somewhat useful” (56% and 38% respectively).

³⁷ This percentage did not include those who were not aware (43) or did not attend (344).

³⁸ These percentages represent the view of 3,632 Delegates.

Compared to public participants, delegates were more likely to have used it and to rate it as “very useful” but it is encouraging to note that almost one third of public participants had used it, most of them giving a very good rating. It is therefore recommended to enhance the promotion of that guide for non-delegates and the local population.

Surveyed visitors were also asked to give their opinion on individuals who were crucial to ensure the success of the above-mentioned activities such as speakers at the “meet the plenary speakers” sessions, moderators and facilitators of sessions (including Presentations with Q & A, Debates, Workshops and meet the plenary speakers sessions), as well as representatives of organizations and groups hosting NGO and market place booths. The vast majority of respondents (more than 85%³⁹) rated their quality as “good” or “excellent”. Other important success factors such as the Global Village information on the conference website, signage, venue and the overall organization were also very well rated (more than 75% of “good” or “excellent” rating).

As an indicator of success, **the majority of respondents indicated that the AIDS 2008 Global Village had met their expectations “very well” or “fairly well”** (66% and 21% respectively) while 10% did not have any particular expectation, which leaves a very low rate of unsatisfied visitors. The vast majority of delegates who completed the online survey after the conference (90%) reported to have enjoyed the atmosphere of the Global Village.

Voice of Global Village visitors

The Global Village was the best part of the conference.

Human rights Networking zone was excellent.

In terms of planning for the next conference the majority of surveyed visitors would not reduce the number of proposed activities/areas to be held in the Global Village for AIDS 2010. Most visitors would like to increase the number of forums, panels and debate sessions, networking zones and “meet the plenary speakers” sessions. However, future organizers will need to pay careful attention to the size of the Global Village and to continuously focus on the quality of activities rather than quantity.

2.4.2 Feedback from Activity Organizers

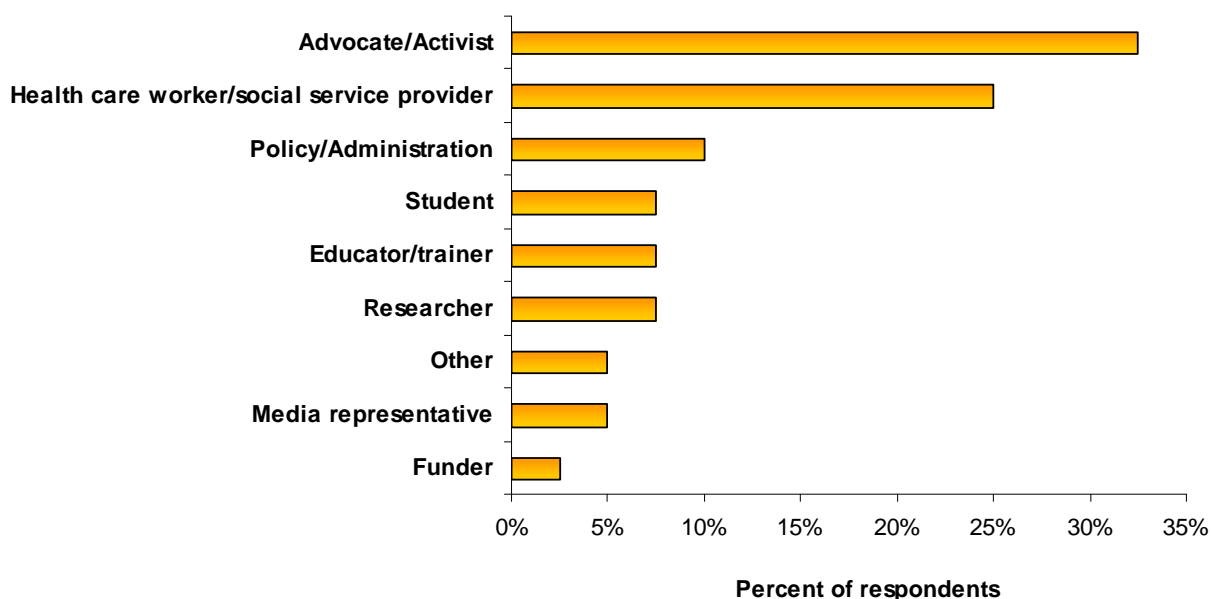
Survey forms dedicated to organizations or individuals arranging an activity in the Global Village were directly distributed to them by the evaluation team. Respondents had the option to drop the completed forms in the evaluation boxes located inside the Global Village or elsewhere in Centro Banamex. Some forms were collected by the evaluation team who conducted interviews in the Global Village. Questions were developed to gather information on activity organizers’ profile, their experience, rating on the quality and usefulness of services and support offered by the conference organizers, as well as benefits gained from hosting an activity in the Global Village and their expectations for AIDS 2010.

Out of 200 questionnaires distributed, 43 were completed, mostly by networking zone leaders (34% of respondents) and NGO exhibitors (32%). The majority of respondents were older than 26 (76%) and were more likely to be female (52%) than male (43%) or transgender (5%). The most represented occupations/professions were advocates/activists (33%) and health care workers/social service providers (25%) as shown in Figure 2.31.

³⁹ Those who selected the option “don’t know” were excluded from that percentage.

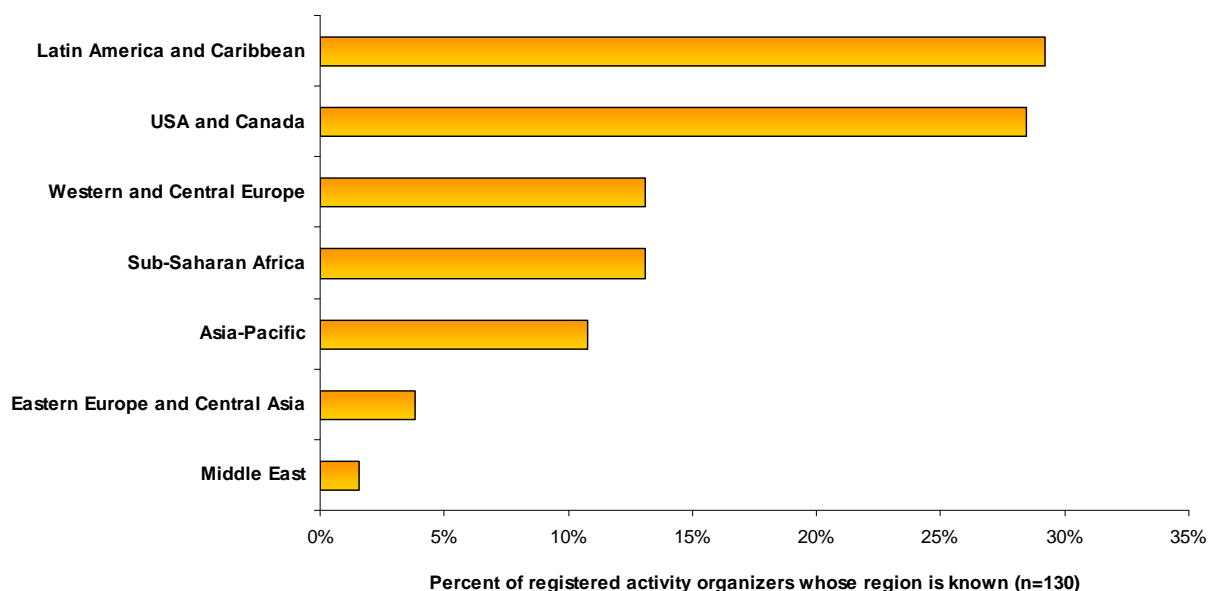


Figure 2.31 Main Occupation/Profession (linked to HIV/AIDS) of Global Village Activity Organizers⁴⁰



Looking at regional balance, most organizations that held a networking zone, a market place booth or an NGO booth inside the Global Village were based in Latin America and Caribbean, and USA and Canada as illustrated in Figure 2.32.

Figure 2.32 Breakdown of Registered Networking Zones and NGO and Market Place Booths by Main Region⁴¹



⁴⁰ This percentage is based on a total of 40 responses. The total exceeds 100% because some respondents selected more than one profession.

⁴¹ Although this figure only includes organizers of networking zones, NGO and market place booths, it is representative of all Global Village activity organizers.

2.4.2.1 Participation

Looking at the sources of information and reasons to organize an activity inside the Global Village, **most respondents indicated to have first learnt about the Global Village by attending a previous international AIDS conference** (42%) and through a colleague/friend (35%). Almost half of the organizers had organized a Global Village activity at previous International AIDS Conference(s) (n=18), among which seven had done that once, eight twice and three more than two times. **The main motivation to organize an activity at the AIDS 2008 Global Village were the opportunity to showcase a programme/service/product** (45% of respondents selected that option) **and to network with delegates** (43%). Other important factors were the satisfaction of having organized a Global Village activity at AIDS 2004/AIDS 2006 (40%), the opportunity to promote an issue/advocate (38%), the programme of the Global Village (35%), and the opportunity to get closer to communities affected by HIV/AIDS (30%).

2.4.2.2 Support Received by the Conference Organizers

Surveyed individuals were also asked to give their opinion on several aspects of the Global Village which were essential to successfully develop their proposal and implement the resulting activities. **The vast majority “agreed” or “strongly agreed” that the objectives of the Global Village were clear and that the communication from the Global Village organizers was adequate** (91%). A slightly lower proportion indicated that the instructions on how to submit a proposal were clear (81%), the online submission form was easy to complete (78%), and it was easy to understand the difference between all proposed activities (77%). **The quality of the on-site support provided by the conference organizers was highly rated** (44% rated it as “excellent” and 37% as “good”), as well as the overall organization (48% “good” and 30% “excellent”). No survey respondent rated the quality of the information related to the Global Village on the conference website as “poor”; however, less than 20% rated it as “excellent”. Actions to further improve signage in the Global Village (to help visitors locate the different activities) may be taken because almost 20% of respondents rated its quality as “poor”. Other challenges which need to be addressed in the future are the noise coming from the main stage and the long distance to reach the heart of the Global Village from the conference venue. Some delegates who completed the post-conference online survey also noted that the disabled people space was empty and the incense burning inside the Global Village provoked allergies.

As explained in the above section related to visitors, a special guide titled “Guide to Community Involvement in AIDS 2008” was created to increase community understanding of and participation in AIDS 2008. Although more than half of the surveyed activity organizers were not aware or did not use it (38% and 24% respectively), the vast majority of those who used it reported it was “very useful” or “somewhat useful” (50% and 44% respectively).

Overall, surveyed activity organizers seem to have been satisfied by the AIDS 2008 Global Village with more than 80% reporting the number and interest of visitors attending their booth/zone/session/performance had met their expectations “very well” or “fairly well”. The only perceived disappointment concerns the interaction between their activities and the conference sessions in Centro Banamex with more than half indicating their expectations had not been “very well” or “not at all” met (28% and 26% respectively).



As with visitors to the Global Village, a vast majority of surveyed organizers would not reduce the number of proposed activities/areas. In planning AIDS 2010, most organizers would like to increase the number of forums, panels and debate sessions and networking zones.

Benefits gained at the GV are described in section [3.4.3.5](#).

2.5 Engagement Tours

As in 2006, Engagement Tours were offered to delegates through interactive site visits to local organizations, research labs and grassroots community programmes that work on HIV/AIDS issues in the Mexico City area. The main goal was to exchange knowledge, best practices, successes, challenges and innovative solutions through dialogue and hands-on activities that can continue beyond the conference. Engagement Tours were available to conference delegates at no cost and transportation was provided.

A total of 15 engagement tours were organized in Mexico City during the week of the conference, involving 15 local organizations⁴².

2.5.1 Feedback from Participants

Approximately 150 delegates participated in these tours⁴³, of which 137 completed an evaluation form which was distributed at the end of each tour. The high response rate probably results from the fact participants had time to complete the form when they travelled back to the conference venue. A 100% response rate may have been obtained if some delegates had not participated in two tours⁴⁴ (a standard questionnaire was used for all tours). Participants were more likely to be female (54% of respondents) or older than 26 (88%). They mainly worked as health care/social services provider (38%) or educator/trainer (15%). Students were also well represented (13%) as well as advocates/activities (11%). Other occupations/professions were represented by less than 10% of respondents.

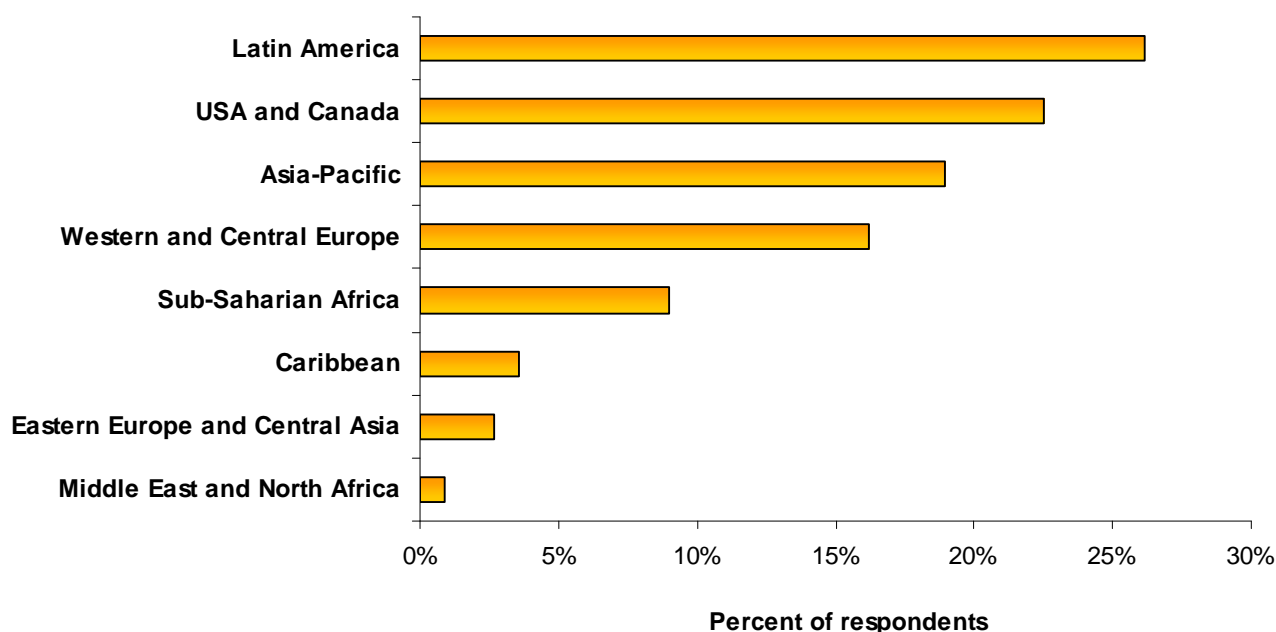
Regarding regional balance, participants mainly worked in Latin America (26%) and USA and Canada (23%). Asia-Pacific and Western and Central Europe were also well represented (19% and 16% respectively) as shown in Figure 2.33.

⁴² Two of the local organizations arranged one engagement tour together and another one organized two tours.

⁴³ In 2006, visits to 13 sites included 28 different host organizations based in Toronto with approximately 330 delegates participating.

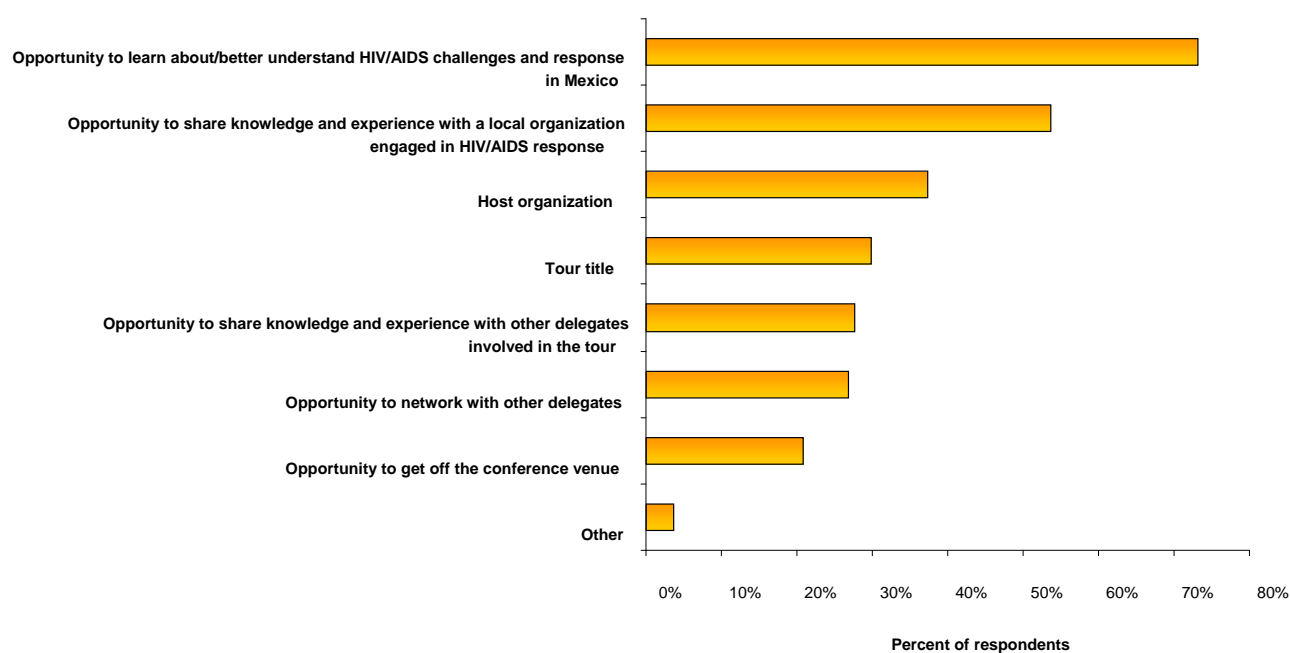
⁴⁴ Out of 130 respondents, 29 had participated in two tours during the conference (i.e. 22%).

Figure 2.33 Regions where Surveyed Engagement Tours Participants Mainly Work⁴⁵



The majority of surveyed participants had applied for a tour through the conference website (61% compared to 39% onsite) and found it very easy (74%). The most important factors that encouraged them to participate in such tours were the opportunity to learn about/better understand better HIV/AIDS challenges and responses in Mexico, and to share knowledge and experience with a local organization engaged in the HIV/AIDS response. The host organization and title of the tour were also important decision criteria, as illustrated in Figure 2.34.

Figure 2.34 Reasons to Participate in Engagement Tours



⁴⁵ This percentage was calculated out of 111 responses.



More than half of the respondents reported that directional signage for the tours could be more visible. However, more than 60% of respondents indicated it was very easy to find the meeting/bus departure point within the conference venue and the vast majority rated the quality of the overall organization as "excellent" or "good" (64% and 29% respectively). **The quality of guidance/support from volunteers, interpretation service and transportation during the tour (bus) was also highly rated** (more than 90% rated them "excellent" or "good"). Regarding the host organizations, most respondents gave a positive rating to the quality of the infrastructure and hospitality as well as the information provided. Relating to the latter, 68% of surveyed participants reported the information package developed by the host organization was "very useful" (26% indicated it was "somewhat useful" and only 6% "not very useful"). The majority of respondents were satisfied by the number of tours and their duration, which reveals a great interest in the programme.

The overall success of the engagement tours is confirmed by the numerous positive comments made by respondents as exemplified by the following quotations.

Voices of Engagement Tour participants

- *Very impressive and useful.*
- *Make it more visible in the conference because it is more informative than the long sessions.*
- *Excellent work! Very creative way to engage women and men about sex, safer-sex, and condom uses.*
- *It was one of the best parts of the conference.*

2.5.2 Feedback from Tour Host Organizations

Host organizations were also invited to participate in a survey. Feedback was received from 11 organizations, which gives a response rate of 73%. For six organizations, health (prevention/treatment/care) was their main mission in the HIV/AIDS response, two were in charge of education, two covered different areas at the same time (health, education, information and awareness) and one was dealing with Human Rights for Labor and Health as well as medical services of prevention and care to HIV and STIs. Their size was variable with four organizations having between 10 and 30 staff, another four having more than 30 staff and three employing between five and ten people.

The majority (73%) of host organizations reported to have first heard about the engagement tour programme by being contacted by a member of the conference secretariat. The most important factors in their decision to host an engagement tour were the opportunity to share knowledge/experience about HIV/AIDS response in Mexico and elsewhere, and to network with other conference delegates. Other factors selected by at least four surveyed organizations included feeling better engaged in the HIV/AIDS global response, getting some recognition at community/national/regional level, and improving their credibility within their community/town/province/country.

The objectives of the engagement tour programme as well as the role of host organizations were reported to be very clear by 100% of respondents. This could be attributed to the meetings, phone calls and visits carried out by the secretariat staff and the Memorandum of Understanding that all organizations signed when they agreed to participate. Seven of the eleven surveyed organizations reported that the tour duration was appropriate and that it was very easy to prepare the visit of their site.

Although more than half respondents indicated the number of participants had met their expectations, five organizations (45.5%) complained there were too few participants. Even though online registrations were almost full, the number of participants who actually showed up for the tours was generally low. This might have occurred because of inadequate signage or because participants felt overwhelmed by the size of the conference programme and had too many activities to participate in.

The majority rated discussions and interaction with participants as “very interesting” or “interesting” (64% and 27% respectively).

Most surveyed organizations were also highly satisfied by the overall organization and the quality of support and guidance provided by the AIDS 2008 engagement tours team before and during the conference, including an interpretation service offered by volunteers during the tours.

Voice of a host organization

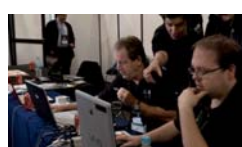
Thank you, it was an excellent experience.

Looking ahead to the next International AIDS Conference (AIDS 2010), nine surveyed host organizations (60%) and about 50 participants (36%) made the following suggestions to improve the engagement tours programme:

- ⚡ Improve the visibility of the programme⁴⁶ both on the conference website and onsite, and offer more registration facilities onsite to increase the number of participants;
- ⚡ Ensure the tour is long enough to allow an effective exchange between visitors and their hosts;
- ⚡ Consider the option of offering some tours before and after the conference;
- ⚡ Increase the profile and diversity⁴⁷ of tours;
- ⚡ Create a space on the conference website where engagement tour photographs may be uploaded;
- ⚡ Provide an explanation of each specific tour at the host organization site and not in the bus, and equip the latter with microphones.

⁴⁶ This includes making engagement tour related information available at all information desks (inside the Global Village and the conference venue).

⁴⁷ For example, offer a visit to medical facilities/laboratory and a tour to an organization working on sex issues/sex workers.



3. Conference Impact

The purpose of this section is to present the main benefits gained at individual level and how they are expected to reach much more people than real participants. **It is recommended to supplement this section with the “AIDS 2008 Impact Report: Evidence to Action”** aimed at informing the global response to HIV using the evidence, lessons learnt, and debates from AIDS 2008 (http://www.iasociety.org/Web/WebContent/File/AIDS%202008_impact_report.pdf).

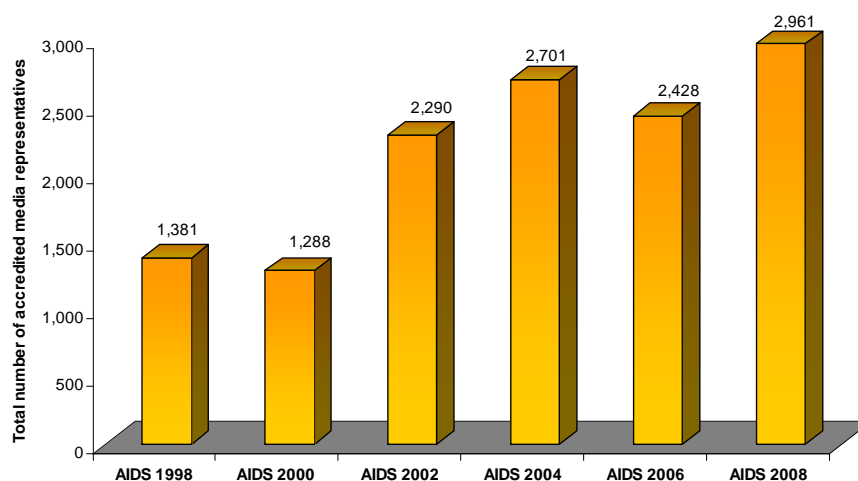
3.1 Media Coverage

Print media, radio and television broadcasts, as well as online media coverage have always played a key role in extending the reach of the conference and conveying key tailored messages, therefore influencing its immediate to longer term impacts. There is not an exhaustive list of media actors covering the conference, nor exact figures on media coverage, given the challenge to track articles over a rather long period (before, during and after the conference), the different types of media and the huge number of languages used. Consequently, this section will only present some key indicative figures.

3.1.1 Coverage from Media Representatives Attending AIDS 2008

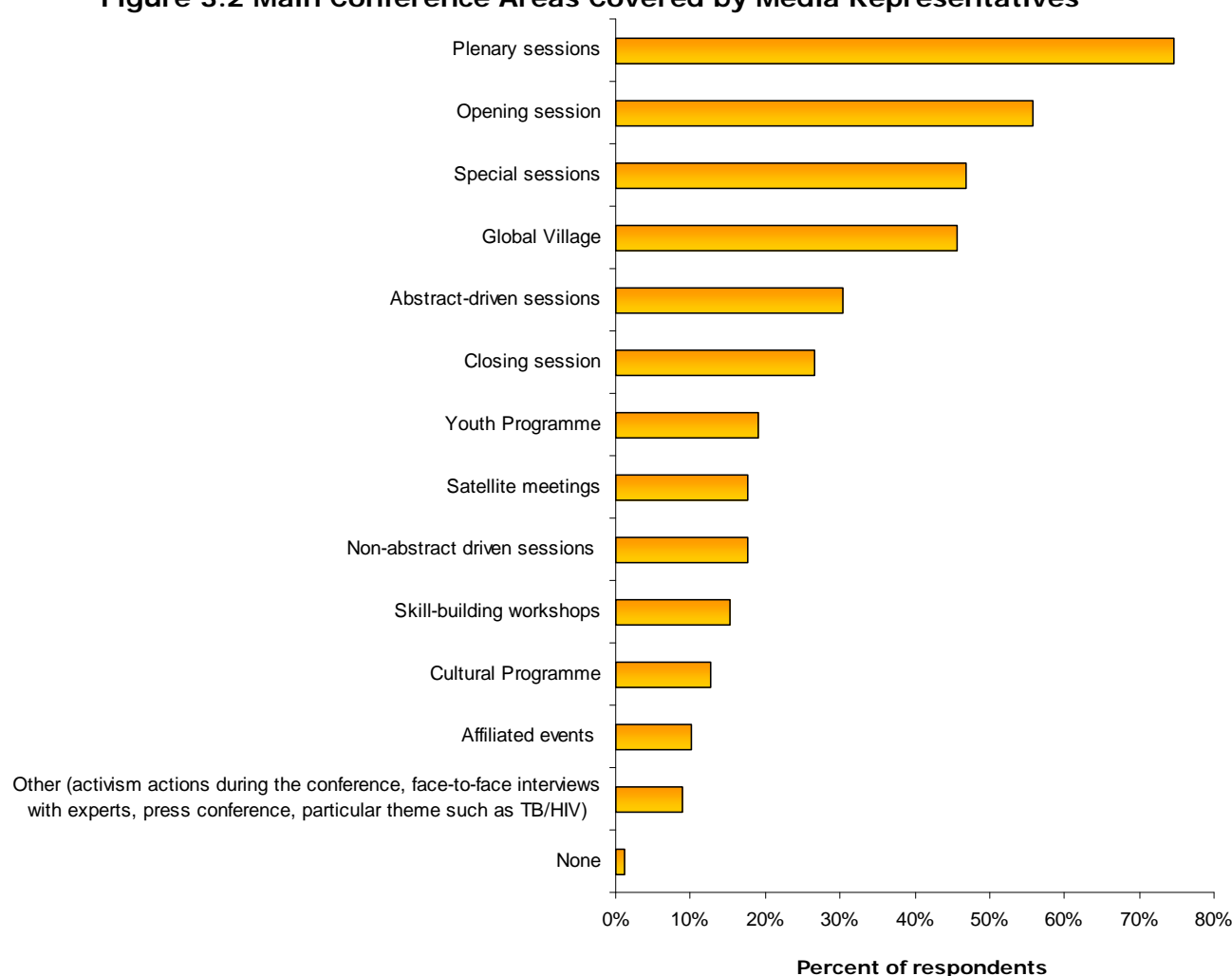
The conference was attended by **2,961 accredited journalists** (see Figure 3.1 for comparison with previous conferences). The majority of those who specified their main work area (n=2,182) were print journalists (Newspaper/journal/e-publication) and among those who disclosed their gender (n=2,184), there were more male (1301 vs 880 of women and 3 transgender). All major news houses from across the globe were represented at the conference (with many represented by local correspondents). The largest group of journalists came from the Latin America and the Caribbean region. **More local journalists attended AIDS 2008 than AIDS 2006** (1,406 Mexican in 2008 vs 937 Canadian journalists in 2006). Unfortunately, due to budgetary constraints, many news houses relied on coverage by local bureaus and did not send specialist reporters to the conference. This impacted negatively on the quantity and quality of coverage.

Figure 3.1 Accredited Media Representatives Attending the Conference (1998 – 2008)



Feedback on coverage was collected as part of the survey dedicated to media representatives. It was found that **43% of respondents had planned to write/produce between** one and five articles or broadcast programmes during the conference and the following week, 30% expected to deliver from five to ten and 21% more than ten. A very small proportion indicated they did not or would not produce anything but this may represent delegates having completed the questionnaire although they were not official media representatives. Regarding conference areas, **plenary sessions were reported to be the most covered** (74% of respondents), followed by the opening session (56% compared to 27% for the closing session), special sessions (47%) and the global village (46%). Abstract and non-abstract-driven sessions, skills building workshops, the cultural and youth programmes, satellite meetings or affiliated events were also covered but to a lesser extent as shown in Figure 3.2.

Figure 3.2 Main Conference Areas Covered by Media Representatives⁴⁸

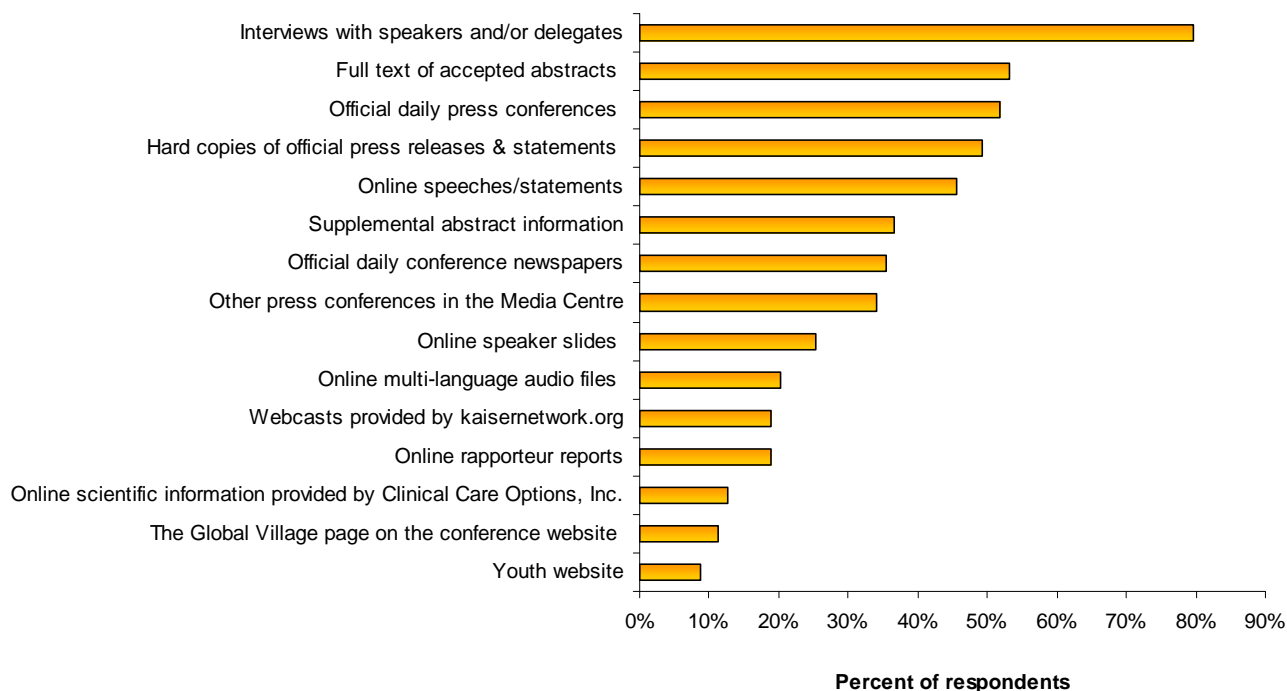


Information sources put at the disposal of media representatives were very diverse and covered different areas of the conference. They were therefore not used with the same frequency and intensity by media representatives, as demonstrated in Figure 3.3.

⁴⁸ This percentage is based on a total of 79 responses. Total exceeds 100% because respondents were able to select up to 3 options.



Figure 3.3 Main Information Sources Used by Media Representatives⁴⁹



3.1.2 Online Coverage

As for AIDS 2006, the conference had **two online partners**:

- ⚡ Clinical Care Options;
- ⚡ kaisernetwork.org, a service of the Kaiser Family Foundation.

Clinical Care Options tracked and reported scientific information presented at the conference and was oriented to a research and clinical audience. It produced **79 Capsule Summaries**, ten Expert Audio Highlights, eight Expert Analyses and two slidesets.

The scope of kaisernetwork.org's coverage was the largest to date with the webcast of 75 key conference sessions (vs 64 in 2006), including 18 live, 15 newsmaker interviews (vs 13 in 2006), daily narrated video highlights (which were also available for journalists to download, rights-free and in broadcast quality), daily interviews with *Science Magazine* reporter Jon Cohen, more than 40 Daily Report stories, as well as **the daily summary of English-language news coverage of AIDS 2008 which was emailed to 18,400 people in 143 countries** (vs 17,000 in 2006).

Those webcasts received over 73,000 video streams, up from 59,000 in 2006 and 23,000 in 2004. The 18 live webcasts, which is the most ever done, helped to boost the overall video stream numbers which include a total of 8,950 live streams. **The most popular webcast was the conference's opening session, with over 12,000 streams** (5,155 of which were live). In addition to a broad international web audience, Kaiser Staff onsite heard from many delegates who watched the live webcast of this session from their hotel rooms because they could not travel easily due to bad weather and traffic.

⁴⁹ This percentage is based on a total of 79 responses. Total exceeds 100% because respondents selected several sources.

After the Opening Session, the most popular webcasts were: HIV/AIDS and Health System Reform (4 Aug.), Plenary (5 Aug.), HIV Transmission Under ART (3 Aug.) and the Closing Session (8 Aug.).

Overall web traffic to kaisernetwork.org in 2008 was comparable to 2006⁵⁰ with 81,500 pages visited from 141 different countries. Although the bulk was from the United States, traffic from the host country increased significantly during the week of the conference. Emails were also sent to Kaiser staff from journalists (and others) from around the world thanking them for allowing to follow the proceedings virtually. As an example, a *Times* reporter based in Los Angeles and who could not travel to Mexico at the last minute for personal reasons was able to report on AIDS 2008 thanks to that online coverage.

As in years past, **various content-sharing and syndication tools were again available for organizations to provide daily coverage to their constituents and Web site visitors.** Nearly 200 organizations either linked to kaisernetwork.org, displayed the new widget (which was also on aids2008.org) or syndicated the full coverage or just headlines.

The **conference website** was visited by **over 130,393 people during August 2008** (vs 112,500 in August 2006), with the majority of visits taking place in the week before and during the conference (as in 2006). During this same period, there were nearly 6,500 visits to the online version of the bilingual (English, Spanish) conference newspaper.

3.1.3 Print Coverage

Note: The statistics and information provided in this section are based on clippings provided by Internet Clipping Agency, Meltwater News. Meltwater News' coverage extends to predominantly English-language media houses, and covers only those with websites (therefore many media houses in developing countries were not covered). In addition, with a few exceptions, it covers print media only.

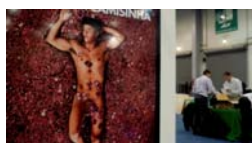
A total of 11,184 clippings were filed by Meltwater News for the month of August 2008 (compared to 2,692 for AIDS 2006⁵¹). News was filed from 110 countries around the world. The top eight countries are listed in Figure 3.4.

Figure 3.4 Top 8 Countries for the Number of Articles Published on AIDS 2008

Country	Number of articles
United States	6018
United Kingdom	1138
Germany	723
Canada	599
South Africa	363
Australia	352
Mexico	264
India	215

⁵⁰ The 2006 figures are revised from what was previously reported. New figures exclude visits to the iframe content page on the kaisernetwork.org server that was accessed each time the aids2006.org site was loaded and now include only true traffic generated by aids2006.org visitors clicking on the iframe to access the kaisernetwork.org coverage.

⁵¹ This figure should not be taken as statistically relevant. Press coverage for AIDS 2006 was monitored through Meltwater News, which at the time, was not as sophisticated as it is two years later. In addition, many more publications have online versions today than did in 2006.



The top stories reported in each country differed from one country to another.

In **Mexico**, top conference stories were as follows (based on quantity of clippings):

- ✚ General conference information, including the fact that the conference was taking place, attendance figures and the global village;
- ✚ MSM issues, particularly focused on Jorge Saavedra's plenary presentation;
- ✚ The opening session, with a specific focus on President Calderon;
- ✚ Mayor of Mexico City, Marcelo Ebrard's attendance;
- ✚ Stigma and discrimination, particularly focusing on opening presentation by Ban Ki Moon.

Top conference stories in the **United States of America** (based on quantity of clippings):

- ✚ Stigma and discrimination, particularly focusing on opening presentation by Ban Ki Moon;
- ✚ Vaccines, including new IAVI blueprints, and funding of vaccine research;
- ✚ CDC statistics reported to be inaccurate;
- ✚ Male circumcision;
- ✚ Fauci's presentation on the search for a cure for HIV and AIDS.

In the **United Kingdom**, the following represented the top stories (based on quantity of clippings):

- ✚ Annie Lennox's attendance;
- ✚ Conference opening summary;
- ✚ AIDS Funding, including debate on whether AIDS receives too much money;
- ✚ Behavioural changes necessary to prevent new infections;
- ✚ Issues related to MSM, including prevention programmes and stigma and discrimination.

Top stories in **Germany** (based on quantity of clippings) focused on:

- ✚ Conference opening session;
- ✚ Stigma and discrimination, particularly focusing on opening presentation by Ban Ki Moon;
- ✚ AIDS funding, including debate on whether AIDS receives too much money;
- ✚ Behavioural changes necessary to prevent new infections;
- ✚ Vaccines, including funding of vaccine research.

Canadian media focus was on the following top stories (based on quantity of clippings):

- ✚ Canadian government delegation to AIDS 2008, including the government's funding announcement;
- ✚ Coverage of the evidence pointing to the benefits of safe injection sites, and the related views of Canadians;
- ✚ Annie Lennox's attendance;
- ✚ Keren Gonzalez's opening presentation;
- ✚ US epidemiology stats, particularly focused on the CDC's report released prior to the conference.

In **South Africa**, the following stories featured most prominently (based on quantity of clippings):

- ✚ Dangers of criminalization of HIV, with a particular focus on Edwin Cameron's plenary presentation;
- ✚ TB medications interfering with HIV treatments;
- ✚ The benefits of task-shifting;
- ✚ The South African deputy president's attendance;
- ✚ The African leaders session.

It is difficult to pinpoint exact, measurable impacts of the conference from media coverage. None of the reports specifically state that change was brought about as a result of the conference. However, **reports on major shifts in policy reference the conference by pointing out that the issue was discussed at the conference, or that delegates welcomed/would welcome the relevant change.** On this basis, the following conference impacts may be identified in media coverage:

- ✚ Panama's repeal of its law which made sex between men a criminal act;
- ✚ The anticipated repeal of the US law banning HIV-positive short-term visitors received much media coverage in September 2008. All news articles referred to discussions at the conference, and the fact that conference participants expected the change;
- ✚ Mexican President Calderon committed to making low drug pricing a priority for his government;
- ✚ The ongoing debate in the Indian parliament to repeal its anti-homosexuality law. At AIDS 2008, the Indian Health Minister announced this law "must be repealed";
- ✚ The increased focus of the Mexican press on MSM issues, both before and during the conference. Traditionally, this was an issue that was ignored.

More information on the possible impacts of media can be found in the conference impact report ("AIDS 2008 Impact Report: Evidence to Action").

3.2 Achievement of Conference Objectives

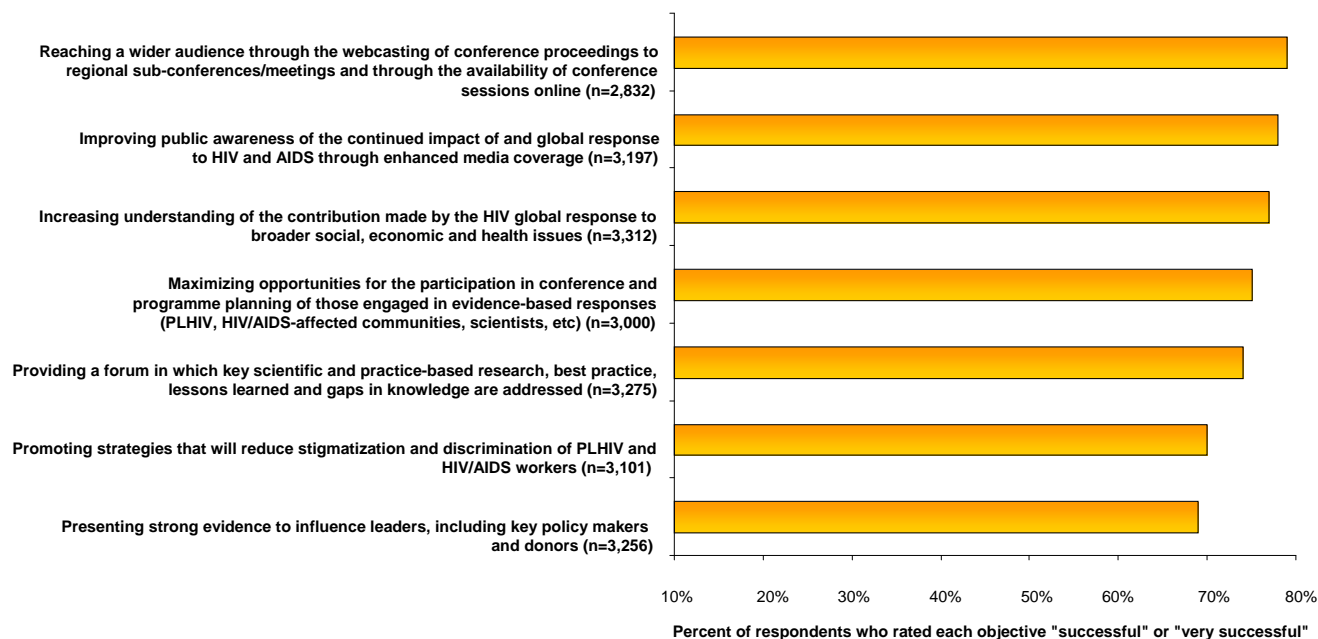
The conference sought to achieve its vision by:

- ✚ Providing a forum in which key scientific and practice-based research, best practice, lessons learnt and gaps in knowledge are addressed;
- ✚ Presenting strong evidence to influence leaders, including key policy makers and donors, to increase their commitment to HIV and AIDS prevention, care and treatment, undertake responsible action and be more accountable;
- ✚ Increasing understanding of the contribution made by the HIV global response to broader social, economic and health issues;
- ✚ Maximizing opportunities for the participation in conference and programme planning of those engaged in evidence-based responses – scientists, PLHIV, members of marginalized communities especially those most vulnerable to HIV, including women, girls, and young people;
- ✚ Promoting strategies that will reduce stigmatization and discrimination of PLHIV and those working professionally across the response to HIV and AIDS;
- ✚ Reaching a wider audience through the webcasting of conference proceedings to regional sub-conferences/meetings and through the availability of conference sessions online;
- ✚ Improving public awareness of the continued impact of and global response to HIV and AIDS through enhanced media coverage.

Survey delegates were asked to rate the success of the conference in achieving these objectives. **No more than 6% of respondents rated AIDS 2008 "not very successful" in achieving each objective. The objective for which the conference was deemed to be the least successful was presenting strong evidence to influence leaders, including key policy makers and donors,** as shown in Figure 3.5.



Figure 3.5 Achievement of Conference Objectives



Some delegates were significantly more likely than others to rate the conference "not very successful" in achieving particular goals, including the following:

- ⚠ Respondents who were researchers were significantly more likely to say that the conference was not very successful in providing a forum in which key scientific and practice-based research, best practice, lessons learnt and gaps in knowledge are addressed (41.4%) compared to other occupational groups (for example, Advocate/activist 7.8%);
- ⚠ Respondents who were researchers or funders were significantly more likely than other occupational groups to say that the conference was not very successful in presenting strong evidence to influence leaders, including key policy makers and donors (7.9% and 7.4% respectively) compared to other occupational groups.

3.3 Impact on the Mexico Population

Given the vast scope of evaluating the impact of such a huge conference on the population of the host city, in terms of policy, economy, social and many other key aspects, and due to limited resources, the evaluation was restricted to a survey conducted in the streets of Mexico City during the last two days of the conference.

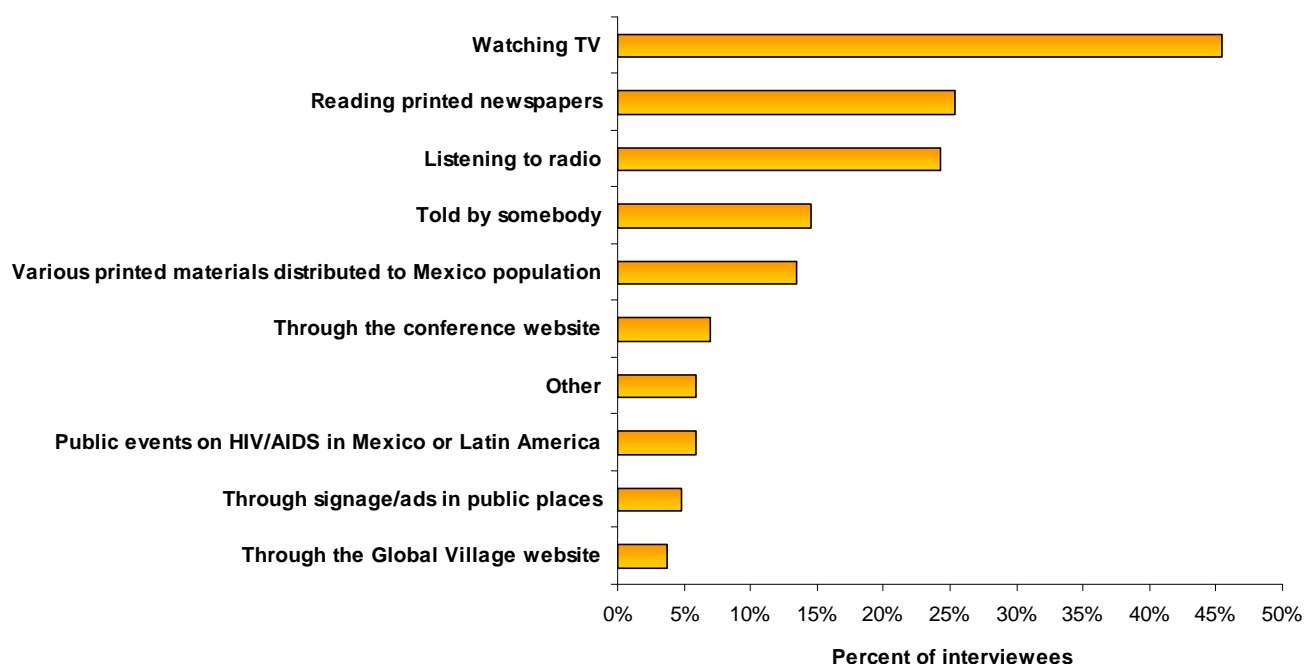
A total of 230 random interviews were conducted mainly on Avenida Reforma, a high traffic road, with the objective to assess the conference impact on the general public. Interviewees reported they were mainly from Mexico (97%), older than 26 years old (67%) and men (64% compared to 35% of women and 1% of transgender).

A 10-item standard questionnaire was used to collect feedback about general knowledge on the International AIDS Conference, success of AIDS 2008 communication campaigns, visits to AIDS 2008 and its impact on HIV/AIDS public knowledge/awareness as well as personal details. Quantitative, qualitative and impact data were obtained thanks to a mix of open and closed questions. The interviewers were all Spanish and English speakers, which allowed gathering complete and reliable information. However, results must be used with caution because they represent a small sample of the overall Mexican population and many questions were not answered.

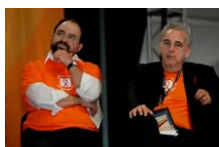
The large **majority of respondents (80%) confirmed they had heard about the International AIDS Conference before being interviewed**, among whom 20% during the month prior to the conference, 35% the week before and 27% during the conference. Among interviewees who had heard about the AIDS 2008, 76% reported they knew its purpose and/or main topics, many of them even listed relevant key words to justify their response including HIV/AIDS prevention, treatment and care, price reduction, discrimination and stigmatization, human rights, awareness, education, research results and scientific findings, epidemic status, etc. It is interesting to note that men (63% vs 58% of women) and respondents older than 26 years (66% vs 52% of people younger than 26 years) were more likely to know what AIDS 2008 was about.

Television, print news and radio were the most successful channels to inform about the conference. Word of mouth and distribution of various printed materials to the Mexico population also represented an important communication means, as illustrated in Figure 3.6.

Figure 3.6 Communication Channels through which the Mexico Population was Informed About the Conference⁵²



⁵² Responses add up to more than 100% because respondents selected more than one option.



Despite those outreach efforts, **the vast majority of respondents (93%) did not visit the conference, mainly due to lack of time and information about the conference** including its location (only 24% of respondents indicated they knew where the conference was located and how to reach it). Better and increased signage and advertisement in Mexico streets, airports, metro stations and public transports would probably have increased the conference visibility, thus attracting more local visitors.

Looking at the impact of the conference, **among the few interviewees who visited AIDS 2008, 41% reported they learnt something about HIV/AIDS in Mexico, 22% in the Latin America region, and 19% in another region/worldwide. More than half respondents (58%) who read newspapers, watched TV and/or listened radio during the week of the conference indicated they had learnt something interesting about HIV/AIDS thanks to AIDS 2008.** This score is a little bit higher than for AIDS 2006 (about 50%).

Interviewees were also asked to indicate how their knowledge will change after the conference. Of the 157 respondents to this question, **50% indicated they will know more about HIV/AIDS and 30% more about stigma and discrimination while 34% reported their knowledge on HIV/AIDS will remain unchanged**⁵³.

Looking at the conference outcomes, 57% of interviewees (n=132) provided feedback. Although some responses were not very clear and likely to be based more on speculation or hope than being a real outcome, their analysis revealed that **the main benefits of AIDS 2008 were public awareness/information sharing about HIV/AIDS epidemics, affected groups, prevention and treatment as well as a better acceptance and respect of PLHIV.** Some respondents even described expected actions resulting from the conference, such as measures to combat discrimination and ensure better support to PLHIV, negotiations to decrease drug prices, and launching of health education programmes.

Voices of Mexico City residents

- *It has a positive result because we learn more information through the media [...] that the government should work with everybody in order to educate about health concerns to the youth sector.*
- *[AIDS 2008] distributes more information about the illness and [allows] to break a big taboo about the subject. Now, the youth sector should be more aware on how to prevent it because we know where to go if this occurs (Infection). Also, [AIDS 2008] minimizes the discrimination against people with illness.*

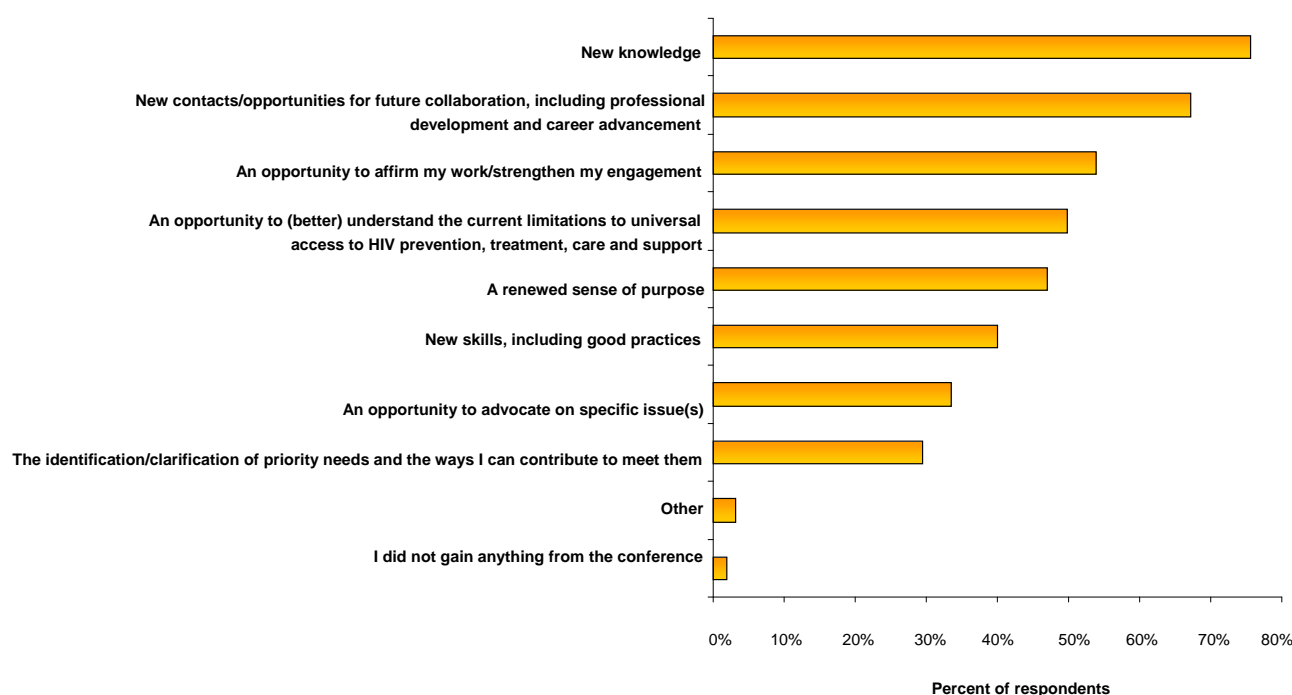
⁵³ Responses add up to more than 100% because respondents selected more than one option.

3.4 Benefits Gained by Delegates and Anticipated Actions

3.4.1 Overall Benefits Gained by Delegates

Surveyed delegates were presented with a list of benefits that would enhance their work in HIV/AIDS (e.g. new skills, a renewed sense of purpose) and asked to identify any they had acquired as a result of attending AIDS 2008. **As in 2006, almost 100% of respondents reported to have gained at least one benefit with new knowledge and new contacts/opportunities for future collaboration the benefits most frequently reported (by 76% and 67% respondents respectively).** A breakdown of responses is shown in Figure 3.7.

Figure 3.7 Benefits Gained from Attending AIDS 2008⁵⁴



There were no significant differences between respondents who said they did not gain anything at AIDS 2008 and their age, the number of years they had worked in the HIV field, their main occupation and the region where they work. However, 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 those who attended AIDS 2004 or AIDS 2006 to report that they had gained new skills or knowledge and an opportunity to understand the current limitations at AIDS 2008 as well as to affirm their work;
- ⚠ Delegates aged under 26 were significantly more likely than those aged 26 or over to report that they had gained new skills or knowledge as well as an opportunity to understand current limitations at AIDS 2008;

⁵⁴ Total exceeds 100% as respondents selected all benefits that applied.



- ✚ Delegates whose main occupation was researcher were significantly less likely than those from other occupational groups to report that they gained new skills or knowledge as well as an opportunity to understand the current limitations at AIDS 2008;
- ✚ Delegates who had worked in the HIV field for two to four years were significantly more likely than those who had worked in that field for twenty or more years to report they had acquired new skills.

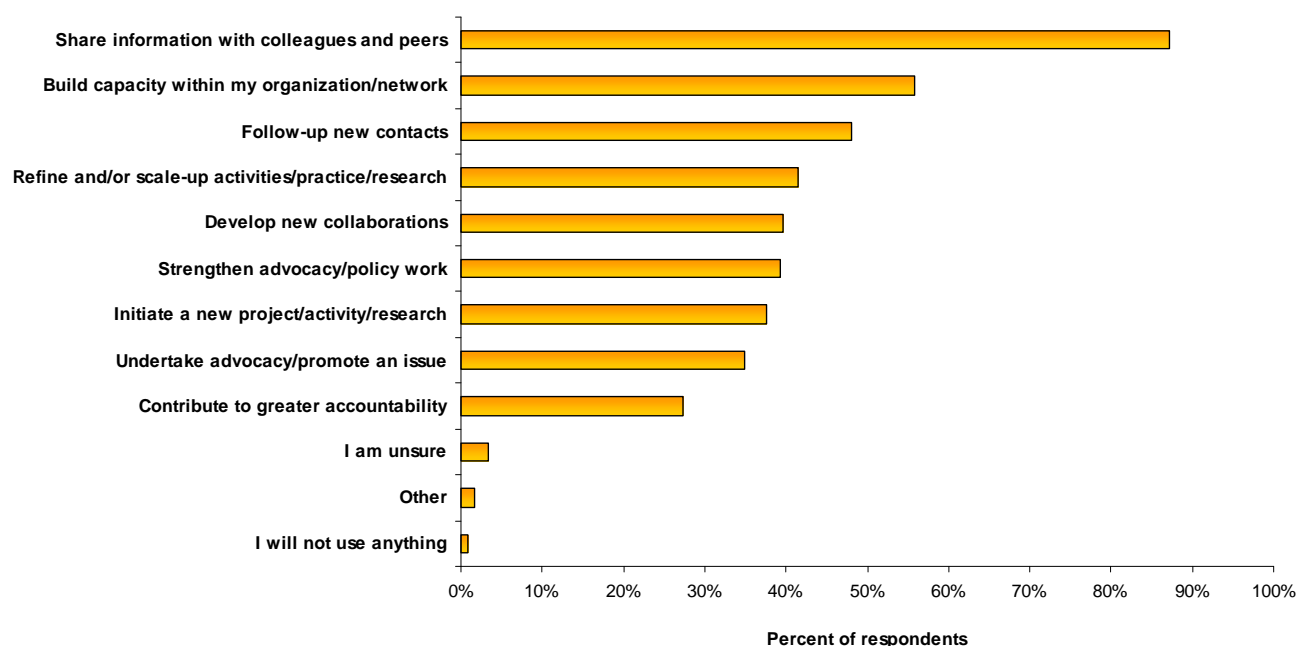
As regards the benefit of "new contacts/opportunities for future collaboration", it is not surprising that respondents who said there were too few opportunities for networking were significantly more likely to report that they did not gain new contacts/opportunities for future collaboration at AIDS 2008 (20.7% vs 12.9%, $p < 0.01$). There were no significant differences between respondents having different ages, years of experience in the HIV field and/or attendance at previous AIDS conferences. However, respondents whose main occupation was health care worker, student or researcher were significantly less likely to report that they had gained new contacts/opportunities for future collaboration at AIDS 2008 (64.3%, 62.4% and 62.0% respectively), than respondents from other occupational groups (for example, lawyers, advocates/activists or media representative (76.9%, 76.3% and 73.5% respectively, $p < 0.01$). It is likely that delegates could have gained more new contacts/opportunities for future collaboration if they had further used the "Delegate connector"/The WALL. Indeed, although 13% of respondents were not aware of that tool and 51% did not use it, 56% of users reported it was "useful" or "very useful".

In addition, **nine delegates won a prize for their research efforts**, among which five received the "IAS Young Investigator Awards", three the "IAS/ANRAS Prize" (vs two in 2006), and one the "IAS/ICRW Young Investigator Prize: Women, Girls and HIV/AIDS". **Five winners were female and four were male, the youngest being 25 years old and the oldest 35**. They all presented an abstract, six as an oral presentation, two as poster discussion and one as poster exhibition. Two were from Latin America, two from Africa, two from Europe and three from USA and Canada. Those prize winners will be contacted within a few months to discuss what main benefits they gained by receiving a prize and how they used them.

3.4.2 Anticipated Use of Benefits and Action Plans

Survey delegates were asked how they anticipated using the benefits they had gained at the conference. A total of 15,033 activities were identified by the 3,605 respondents. **Most respondents** (87% vs 60% in 2006) **intended sharing information with colleagues or peers**. Building capacity within the delegate's organization/network was anticipated by 56% of respondents (48% in 2006). Only one percent of respondents would not do anything (vs 4% in 2006). All results are shown in Figure 3.8.

Figure 3.8 Anticipated Use of Benefits Gained at AIDS 2008⁵⁵



Among delegates who selected the category “other”, 11 anticipated to publish conference findings and information in journals, newspapers or websites.

In order to assess the medium to long term impacts of the conference and contribute to accountability/progress tracking, a **new feature** was proposed as part of the online delegate survey consisting of an action plan. All respondents were invited to share their contacts in order to complete an action plan using a given template and an example provided at the same time (see example in [Appendix II](#)). Out of a total of 1,685 delegates who were thus emailed an action plan template in November, **137 had sent back a complete action plan**, even two plans in a very few cases, **as of 15 December**. Most action plans were completed in English (63%) while French and Spanish were respectively used by 8% and 29% of surveyed delegates. Out of the 137 respondents, 31 had received a scholarship (23%).

Delegates who completed an action plan came from **58 different countries**. Looking at the regional balance, **Sub-Saharan Africa was the most represented** (35% of respondents), followed by Latin America (31%), Asia-Pacific (13%), USA and Canada (7%), Caribbean (7%), Western and Central Europe (4%), Eastern Europe (3%), Middle East and North Africa (1%).

The majority of action plans aimed at transferring knowledge (41%). Awareness raising and project implementation were also frequent objectives (respectively 26% and 23%). Research and advocacy were respectively the main objective of 9% and 5% of action plans. Some action plans had more than one of the above objectives, which resulted in a total exceeding 100%.

⁵⁵ Total exceeds 100% as respondents selected all options that applied.



The main focus of the action plans is summarized in the Table below.

MAIN FOCUS OF ACTION PLANS⁵⁶

MAIN FOCUS OF ACTION PLAN	PERCENT
PLHIV	22%
Other: LGBT, sex workers, migrants, prisoners, IDUs, media, general public, TB/HIV	20%
Youth, including children and orphans	17%
Health/social workers	14%
Community	13%
Teachers/trainers	13%
Women, mothers, widows	12%
Students	10%

The next step will consist of contacting those delegates around May-June 2009 in order to review together the status of their action plans, identify any challenge that may have hindered the smooth implementation of their project and suitable solutions, and discuss the remaining activities to be undertaken in order to successfully achieve the initial objectives.

This is clear evidence that the impact of AIDS 2008 will reach far beyond delegates who attended the conference. Further information on the long term impacts of AIDS 2008 will be available at AIDS 2010 when it is anticipated to put more emphasis on accountability. To this end, interviews will be conducted with delegates who attended Mexico.

3.4.3 Feedback from Specific Groups

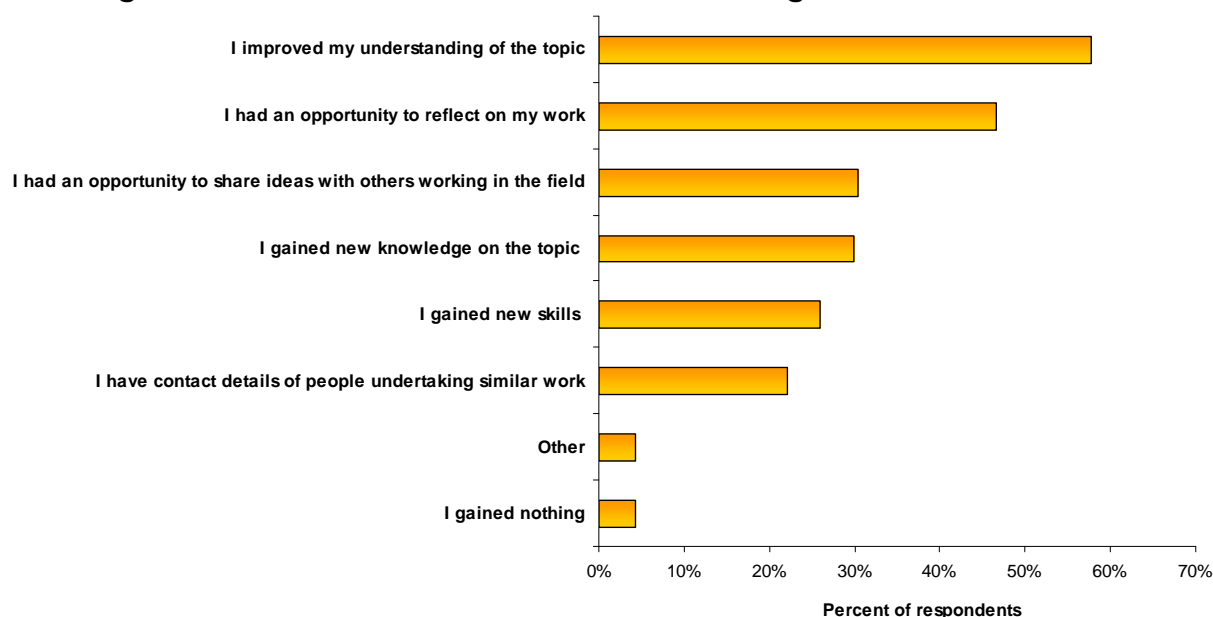
This section aims to give more details on what was gained by specific groups which were targeted in the evaluation. Anticipated actions, or actions already taken, are included in some cases. The information below is extracted from the different dedicated surveys administered during or after the conference and the results of which were partially presented in the previous sections of this report.

3.4.3.1 Skills Building Workshops' Attendees

Almost all surveyed skills building workshop participants (96%) reported they had benefited from attending the workshop. **The majority (58%) gained a better understanding of the workshop topic.** Only 30% indicated they had acquired a new knowledge on the treated topic and 26% a new skill, as illustrated in Figure 3.9.

⁵⁶ Most action plans had more than one are of focus.

Figure 3.9 Main Benefits Gained from Attending SBWs⁵⁷



Not surprisingly, **the majority of respondents who indicated they gained new skills and/or knowledge were attending an International AIDS Conference for the first time.**

New knowledge specified by participants was as varied as the number of topics addressed by workshops which were evaluated (e.g. LGBT, young IDUs, risk reduction, field worker, sexual diversity and health, therapeutic education, positive prevention, care models, Hepatitis C and HIV, HIV/AIDS in Latin America, HIV rapid testing in Brazil, the work of the Global Fund to fight AIDS, TB and malaria, legal instruments and regulation issues, etc).

Concerning specific skills gained through the workshop, there were as diverse as communication, analysis, monitoring and evaluation, presentation, writing letters/manuscripts, organization of professional papers, how to approach and engage groups at-risk (e.g. LGBT, street kids, children), how to lead MSM groups, new methods of activism, how to implement life-skills-based education, community techniques as well as drug price negotiation.

Among other gains resulting from workshops, participants mentioned the definition of some key terms, lessons learnt from hearing other experiences, the opportunity to be engaged as a participant and participate in working groups as well as understanding cross-cultural similarities and differences. One respondent also commended on receiving a training manual, thus offering the possibility to use it in his/her own country.

3.4.3.2 Conference Hubs Participants and Organizers

As shown in Figure 3.10, **almost 90% of the official hub's participants who completed the survey reported they had learnt something new they will apply/use in their work and they felt more engaged in the global HIV/AIDS response.**

⁵⁷ Total percent exceeds 100% as some respondents identified more than one gain.

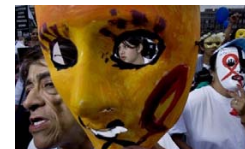
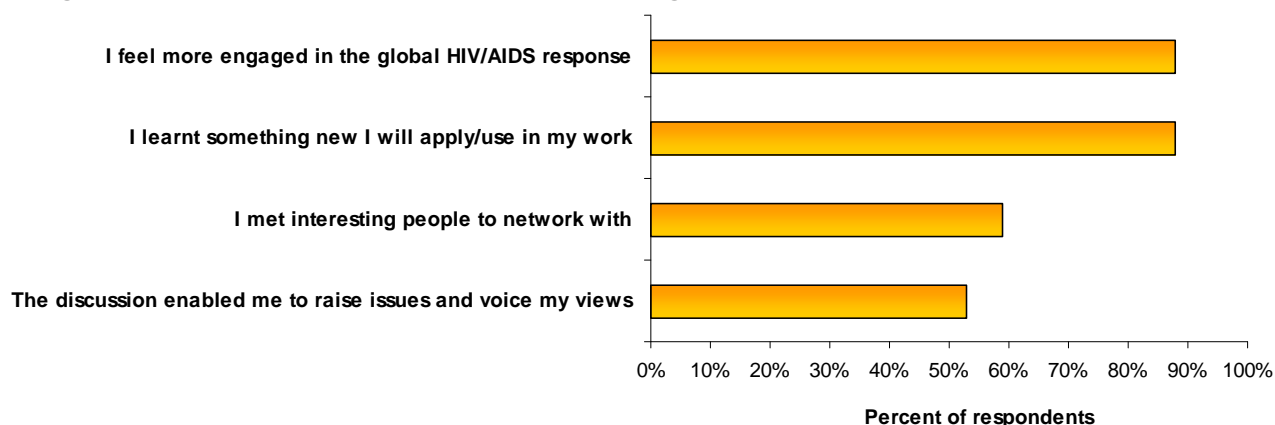


Figure 3.10 Benefits Gained from Attending the Official Conference Hub



Benefits from attending an independent hub included new knowledge acquired, engagement in HIV/AIDS response reinforced, and networking opportunities for future collaborations, including professional development. In addition, hubs allowed attendees to raise their issues and voice their views. **It is expected that hubs will have an impact far beyond participants, the majority of whom indicated they would use what they gained at the hubs to share information with colleagues/peers and build capacity within their organization/network.** Fewer respondents anticipated to refine and/or scale-up activities/practices/ research, strengthen advocacy/policy work and develop new collaborations.

Looking at the main benefits gained from hosting an independent hub, **most surveyed independent hub organizers indicated they had learnt something new by watching video and/or observing/participating in moderated discussions, they felt more engaged in the global HIV/AIDS response, they had met interesting people to network with and got recognition from participants/partners/community.** However, they were less likely to agree such an experience had allowed them to show their organizational capacity to potential donors/sponsors.

3.4.3.3 Scholarship Recipients

The majority of surveyed scholarship recipients indicated to have gained new knowledge (88% of respondents) and new contacts/opportunities for future collaboration, including for their professional development and career advancement (80%). Most respondents (91%) indicated as well they had already shared information with their colleagues and peers, or intend to do so. Other actions already taken or planned by more than 50% of respondents included building capacity within their organization/network (70%), follow-up new contacts (62%), developing new collaborations (57%) and refining and/or scaling-up activities/practices/research (55%).

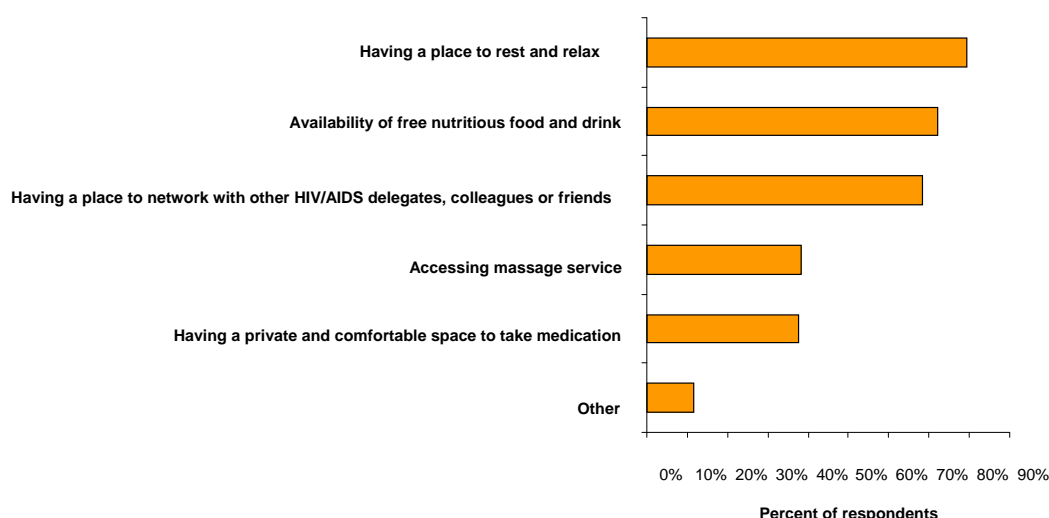
A further 49 respondents described in a few lines activities initiated as a result of the conference. While some of them were writing a project/research proposal, revising their research approach or reviewing their strategic plan according to the key outcomes of AIDS 2008, others were already implementing specific activities such as prevention campaigns targeting populations at risk, awareness campaigns, capacity-building (including delivery of workshops), income-generating to purchase ARV drugs, newsletter updating with information acquired at the

conference, material design, brochure translation, negotiations with donors, meeting with local leaders to advocate on certain issues and identify suitable solutions, etc. A few respondents indicated as well to have developed a network and/or reinforced existing collaboration intended among others to enhance their advocacy efforts. As an example, the conference allowed several Latin American NGOs which had set up a network a few weeks before AIDS 2008 to formalize their collaboration through an official celebration held during the conference. Target groups/expected beneficiaries were youth, women, IDUs, MSM, sex workers, prisoners, disabled people and other vulnerable populations. In addition, 84% of surveyed scholarship recipients who had not filled out the online delegate survey gave their email address to complete an action plan (see section 3.4.2).

3.4.3.4 PLHIV Lounge Visitors

Among benefits offered by the PLHIV lounge, surveyed visitors particularly appreciated a place to rest and relax as well as the availability of free nutritional food and drink, and the opportunity to network with other delegates, colleagues, or friends living with HIV/AIDS. Other benefits such as access to massage services and to a private and comfortable space to take medication rated less highly as illustrated in Figure 3.11.

Figure 3.11 Main Benefits Gained at the PLHIV Lounge

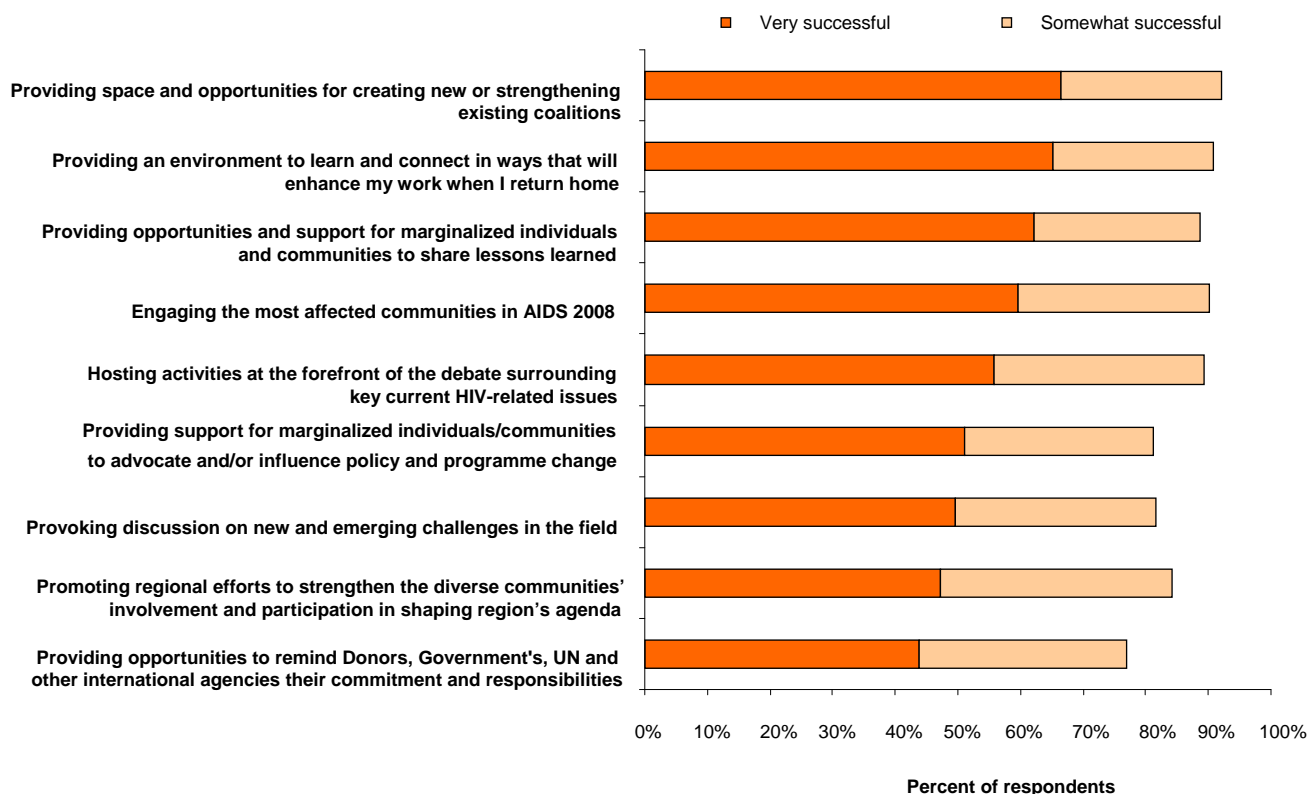


3.4.3.5 Global Village Visitors and Activity Organizers

The majority of surveyed visitors who identified themselves as a delegate thought that the objectives of the Global Village had been "very" or "somewhat" successfully achieved. The least successful objective was "providing opportunities to remind donors, government's, UN and other international agencies their commitment and responsibilities" as shown in Figure 3.12.

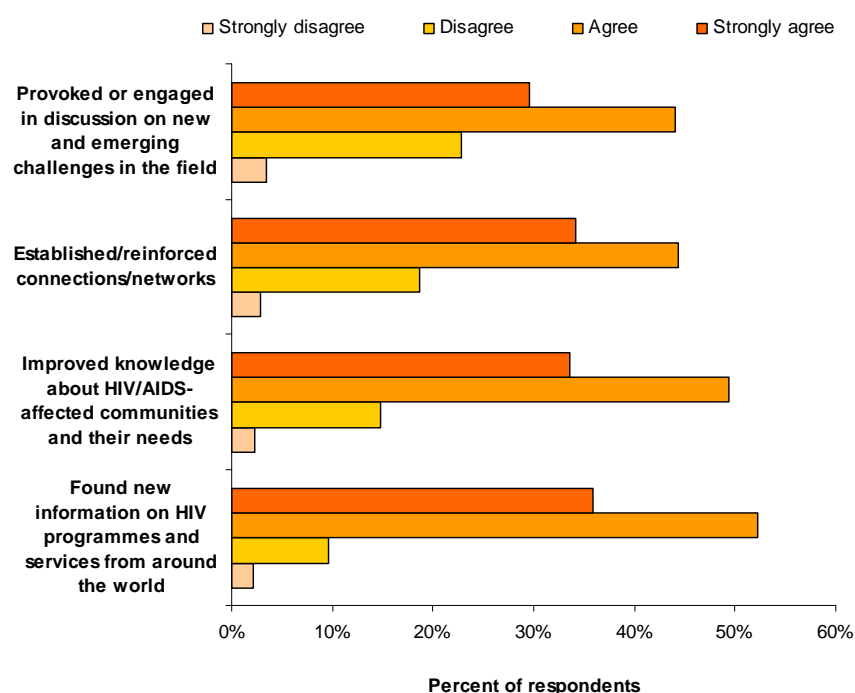


Figure 3.12 Achievement of the Global Village Objectives According to Visitors



The majority (88%) of all surveyed visitors, not only delegates, “agreed” or “strongly agreed” that the Global Village had allowed them to find useful information on HIV/AIDS programmes and services delivered in Mexico and elsewhere, and to learn something about communities affected by HIV/AIDS. The Global Village was also successful in enabling visitors to meet interesting people with whom they were willing to stay in contact (83% “agreed” or “strongly agreed”) and to a slightly lesser extent, in provoking or engaging in a discussion on new and emerging challenges in the field (79% “agreed” or “strongly agreed”). Those figures confirm results of the delegate survey as shown in Figure 3.13.

Figure 3.13 Main Benefits Gained by Delegates at the Global Village⁵⁸



Delegates were more inclined to “agree” or “strongly agree” that they had gained the above mentioned benefits. However, more public participants found useful information on HIV/AIDS programmes and services delivered in Mexico and elsewhere. **Occupation/profession of respondents was also a factor which influenced the rating of benefits gained.** On average, policy/administrators were more likely to “agree” or “strongly agree” they had gained the four above mentioned benefits (91%), compared to health care workers/social service providers (82%), educators/trainers (74%), advocates/activists (65%) and students (63%)⁵⁹. However, the ranking of benefits varied from one occupation/profession category to another, as shown in Figure 3.14. For example, policy/administrators, educators/trainers and advocates/activists considered learning something about communities affected by HIV/AIDS as a top first gain while for health care workers/social service providers, it was meeting interesting people. For students, it was finding useful information on HIV/AIDS programmes and services delivered in Mexico and elsewhere. Only 58% of advocates/activists “agreed” or “strongly agreed” that the Global Village enabled them to provoke or be engaged in discussion on new and emerging challenges in the field.

⁵⁸ This percentage is based on a total of responses varying from 2,825 to 3,062.

⁵⁹ The under-represented occupation/profession categories (i.e. represented by less than 12% of respondents) were excluded from this comparative analysis.

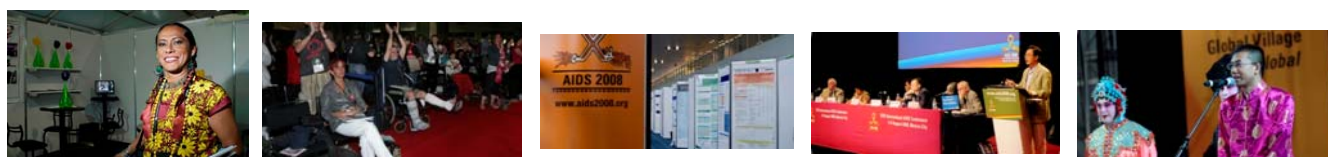
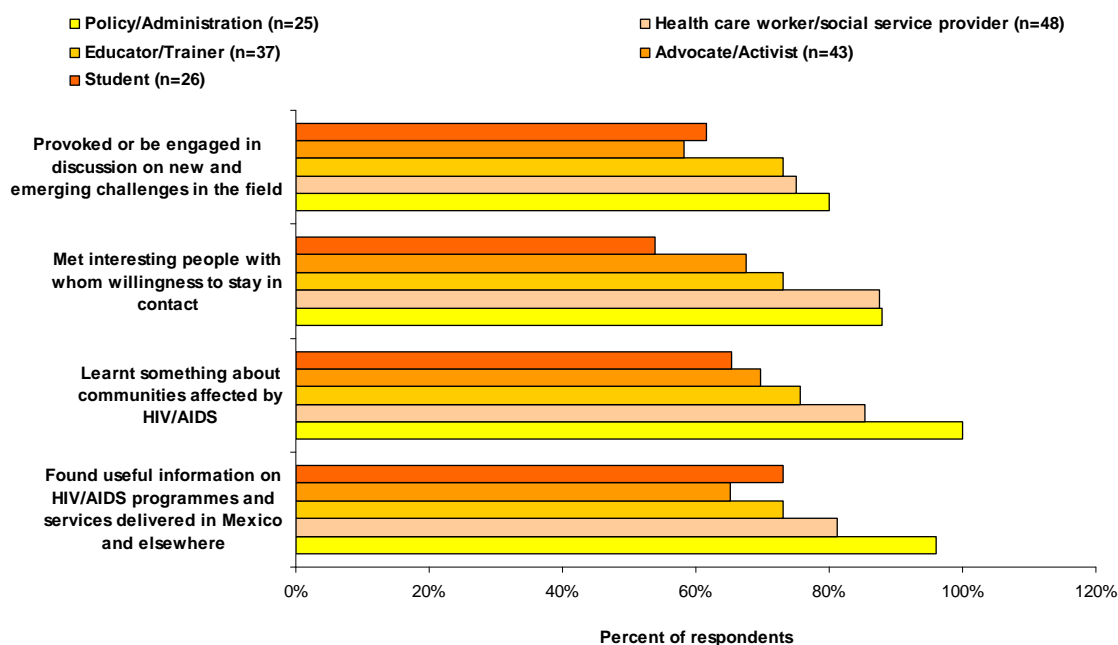


Figure 3.14 Main Benefits Gained from Visiting the Global Village by Profession/Occupation⁶⁰



Looking at benefits gained by activity organizers, the majority of respondents reported that the opportunity of networking with their peers during the conference was “good” or “excellent” (44% and 30% respectively). In addition, a total of 251 free registrations were offered to activity organizers, enabling them to be engaged in the whole conference programme. Although it is not a direct benefit, media coverage may have a positive impact on the work of organizations and individuals hosting an activity in the Global Village. Although one quarter of respondents did not know, more than 50% reported that the Global Village was “fairly well” or “very well” covered by media during the conference.

Surveyed activity organizers were also asked to rate how successful the Global Village was in achieving its objectives. Although the majority indicated they had been “very” or “somewhat” successfully achieved, almost one third thought the objective “providing opportunities to remind donors, government's, UN and other international agencies their commitment and responsibilities” was not very successful. This is also the objective which got the lowest rating from visitors. Another objective which was not very successful for activity organizers was “provoking discussion on new and emerging challenges in the field” (29%).

⁶⁰ Respondents include all types (delegates, public participants and registered non delegate conference participants). Their number is specified into brackets under each bar. Only professions/occupations represented by more than 12% of respondents were included in the chart.

3.4.3.6 Engagement Tour Participants and Host Organizations

The majority of surveyed participants indicated that learning about local HIV/AIDS successes and challenges was “very successful” (63%) or “somewhat successful” (34%). This probably results from the high quality of discussion/debate among the tour participants and the host organization (rated as “good” or “excellent” by 48% and 43% of respondents respectively). Networking with delegates engaged in the same tour was the second benefit (in rank) rated “somewhat successful” by 48% of respondents and “very successful” by almost 40%.

The programme was slightly less successful in terms of opportunities to create new or strengthen existing coalitions/partnerships with host organizations (less than one third of respondents rated those expected benefits as “very successful”).

Looking at the impact of the programme on host organizations, **the majority of surveyed organizations indicated it was very successful in sharing their experience on HIV/AIDS response in Mexico (90%) and in networking with delegates visiting their site (64%).** However, the programme was slightly less successful in terms of learning about HIV/AIDS successes and challenges elsewhere than Mexico and creating new or strengthening existing coalitions/partnerships with other organizations hosting an Engagement Tour. Host organizations also benefited from a free registration, which allowed one representative (73% of cases) or a friend (27% of cases) of the organization to attend AIDS 2008. As an indicator of the professional value of the programme, **all respondents indicated they would recommend other relevant organizations to host this kind of tour at future International AIDS Conferences.**

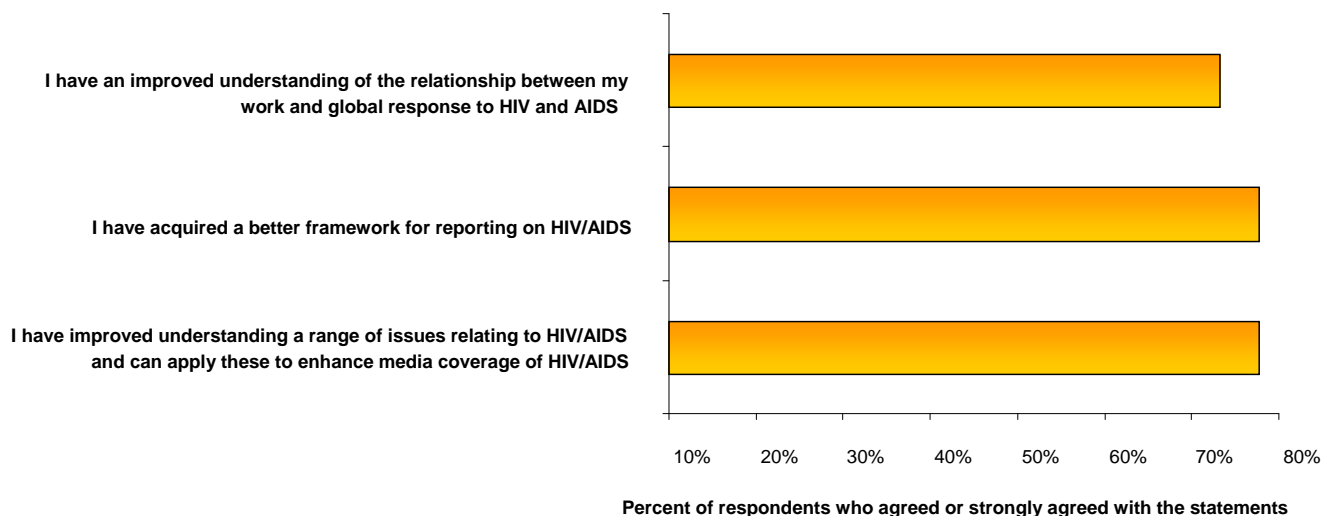
In addition **eight organizations out of 15 reported they will take initiatives/actions resulting from their involvement in the engagement tours.** Three of these indicated they will follow-up on contacts made with delegates during the conference in order to work together while two would strengthen links with colleagues and sister organizations throughout the region to start partnering on HIV prevention and information networks or on collaborative international research studies. Another one wrote it will post the engagement tour experience on a bulletin board so that service users become aware of the event, including HIV/AIDS information.

3.4.3.7 Media Representatives

As shown in Figure 3.15, **the vast majority of media representatives, regardless of age, “agreed” or “strongly agreed” that they had improved understanding of the relationship between their work and global response to HIV/AIDS as well as a range of issues relating to HIV/AIDS that they could use to enhance media coverage of HIV/AIDS.** Most of them also indicated to have acquired a better framework for reporting on HIV/AIDS.



Figure 3.15 Benefits Gained by Media Representatives⁶¹



Regions where those impacts are likely to be the strongest are Latin America and Caribbean (n=27), Asia-Pacific (n=8) and Middle East and North Africa (n=1) because more than 75% of respondents coming from those regions “agreed” or “strongly agreed” they had gained the three above mentioned benefits. Respondents from Western and Central Europe were also more than two thirds to “agree” or “strongly agree” they had improved understanding of a range of issues relating to HIV/AIDS that they could use to enhance media coverage of HIV/AIDS.

However, it is interesting to note that respondents having less than five years of experience were less likely than those having more experience to “agree” or “strongly agree” they had gained the three above mentioned benefits. Consideration might be therefore given to how better help least experienced media representatives benefiting from the International AIDS Conference.

The professional value of AIDS 2008 is also demonstrated by the fact that the vast majority (81%) of respondents (n=69) indicated they planned to attend AIDS 2010 as a media representative. Main reasons for not attending the next conference include the location and the impossibility to afford it or to find a funding.

⁶¹ This percentage is based on a total of 72 responses.

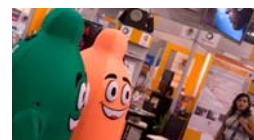
Conclusion

The evaluation demonstrated that the XVII International AIDS Conference had a broad and positive effect, reaching far beyond those who were physically present in Mexico. Support to participation (such as scholarships, mentoring, PLHIV Lounge, etc.) combined with the quality of the programme allowed most delegates to gain a broad range of benefits, especially in professional development and networking. As illustrated by the action plans resulting from the conference, knowledge transfer will significantly contribute to strengthen awareness, education and advocacy worldwide.

In many instances evaluation findings confirmed existing practice and revealed improvement over time. Looking at new features such as the regional sessions and the conference hubs, the evaluation demonstrated the usefulness and success of such initiatives. Those findings mainly related to the conference programme and logistics, and provided a focus for discussion and review by all stakeholders involved in the conference planning and programme building (see summary list of recommendations is provided in [Appendix IV](#)).

Although some delegates complained about the large size of the conference and the quality of basic science, the conference proved again to be very successful in connecting HIV/AIDS professionals, affected communities and leaders involved at all levels of the response. By promoting dialogue on a global scale and fostering advocacy, AIDS 2008 generated immediate impacts, especially in Latin America and also supported mid- to long-term actions towards universal access to HIV/AIDS prevention, treatment, care and support.

The International AIDS Conference will continue to evolve as a far-reaching process, rather than a week-long event, leveraging through its website and online coverage partners, and further expanding the concept of the conference hubs. This means new challenges for the conference organizers and those involved in building the conference programme to ensure that all key priority areas are equitably addressed. Another challenge will be to face the effects of the 2008 global financial crisis as well as the "competition" with other key HIV/AIDS events regularly held at international and regional levels that may eventually prevent key stakeholders from attending the International AIDS Conference.



Appendix I Summary Report of Faith-Based Involvement in AIDS 2008

Following the Barcelona conference in 2002, the Ecumenical Advocacy Committee of the Ecumenical Advocacy Alliance (EAA) developed a plan for rebuilding engagement in the IAC for 2004. This has led to more meaningful experiences and greater attendance by faith-based delegates in 2004, 2006 and 2008.

About 500 faith-based delegates took part in events before and during AIDS 2008. Faith-based participants included various religious leaders and representatives coming from international, regional, national and community level. They mainly came from Africa, Europe and USA and Canada. Representatives from Asia-Pacific were less active compared to 2006 and 2004. However, representation from faith-based participants from Latin America was considerably higher than in years past, likely due to the conference taking place in Mexico City and the high number of sessions which were simulcast in Spanish.

For the third consecutive International AIDS Conference, the coordination of faith-based organizations' involvement was managed by the EAA.

PRE-CONFERENCE EVENTS

"Faith in Action Now!", the three-day ecumenical pre-conference, was held on 31 July - 2 August 2008 in Mexico City. Approximately 480 people from 77 countries participated in this affiliated event which offered a platform for people of faith working in HIV⁶², featuring plenary sessions, workshops, and twice daily worship services. It represented a unique opportunity to share experience and lessons learnt, especially for faith-based participants who could only take part to this pre-conference due to the high registration cost for AIDS 2008. Four delegates from the ecumenical pre-conference attended a sharing session with representatives of other pre-conferences on 1 August. These delegates expressed enthusiasm that this was a positive experience, and looked forward to future collaboration with other key stakeholders. In addition, a delegation of pre-conference participants, including religious leaders, people living with HIV and others, went to the closing reception of the positive leadership summit. According to some, "the experience of faith-based delegates going to people living with HIV rather than waiting for them to come to us was not only right, but also healing."

"Faith in Action on the Margins" was a special session organized by AIDS 2008 in collaboration with the EAA, Islamic Relief, Sangha Metta Project, the World Conference of Religions for Peace, the American Jewish World Service and the Asia Interfaith Network on HIV/AIDS. This multi-faith session, held on Sunday, 3 August highlighted the global scope of what faith based organizations (FBOs) are doing with marginalized and vulnerable communities. Case studies of innovative work from Hindu, Christian, and Muslim perspectives were presented. This was followed by a panel discussion, opportunity for audience input, the identification of key challenges, and the proposal of next steps. The session was attended by approximately 90 – 100 people, who were a mixture of faith-based delegates from the ecumenical pre-conference and other delegates.

⁶² Attendance rate was higher compared to previous conferences.

As part of their advocacy efforts, faith-based delegates participated in the march against homophobia on Saturday, 2 August, the Universal Action Now march and rally on Sunday, 3 August, carrying banners identifying them as faith-based delegates⁶³.

EVENTS AT THE GLOBAL VILLAGE AND CENTRO BANAMEX

During the conference, faith-based organizations conducted and/or were involved in a series of activities, including a dedicated interfaith networking zone, panel discussions in the Global Village, a joint interfaith exhibition space in the main exhibition hall as well as individual booths in both the Global Village and the main exhibition hall.

Faith-related sessions at the conference included an oral session on care giving, three satellite sessions, skills building workshops, poster presentations as well as a major session entitled "Is Religion a Barrier to HIV Prevention?". Regarding the latter, it is regrettable that the panel lacked participation from the faith community. A faith-based delegate who served as an abstract reviewer noted that the quality of faith-based abstracts was often poor. A faith-based abstract mentoring service was offered prior to the abstract submission deadline, but was poorly utilized.

Packed session rooms in many of the faith-based affiliated sessions and workshops at the conference show that this is an area of great interest, and more sessions would be welcome in future conferences.

SUPPORT TO FAITH-BASED DELEGATES

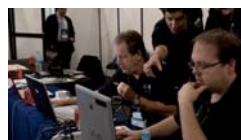
For the third consecutive International AIDS Conference, space was offered for an interfaith prayer room. The Interfaith Prayer Room served as a place for prayer and meditation, worship, and counselling, and was open for the entirety of the conference. In addition, Islamic prayer, prayers in the Charismatic/Pentecostal tradition, Catholic mass, Protestant devotions, and Buddhist meditation were held each day. There was good attendance at the Interfaith Prayer Room from Charismatic/Pentecostals and by Roman Catholics. The Interfaith Prayer Room was not as well attended by Buddhists and Muslims as in Toronto and Bangkok but the reasons are not known. Participants who did visit the prayer room noted that it was a positive experience. In addition, an evening Interfaith Prayer Service was held on 4 August featuring participation from Sikh, Muslim, Jewish, Christian, and indigenous Mexican and Brazilian faith traditions. Ecumenical caucuses were organized the other days offering an opportunity for evening prayer and debriefing to faith-based delegates. A final debriefing session was held on 8 August to evaluate faith-based involvement in AIDS 2008 and to begin planning for faith-based participation in AIDS 2010⁶⁴. Participants who attended noted that it was an opportunity for them to network, to share concerns and challenges, and to feel empowered.

As for the two previous International AIDS Conferences, an ecumenical media team was formed of professional communicators from faith-based organizations around the world. Among other tasks, it published a daily bulletin in English and in Spanish focused on faith-based concerns and events at the conference and promoted the role of faith-based organizations in the response to HIV. According to 95% respondents⁶⁵, the media team work was really helpful to improve visibility of faith-based involvement at the conference.

⁶³ They also joined the Human Rights rally in the Global Village on 7 August.

⁶⁴ On this issue, 67% of respondents think the interfaith dimension of planning and activities for the conference are very important for the future. SOURCE EAA.

⁶⁵ SOURCE EAA.



Appendix II Example of Action Plan

ACTION PLAN FOR THE PERIOD NOVEMBER 2008- NOVEMBER 2009	
1. Objective to be achievable within 1 year:	Transfer knowledge on HIV prevention to primary school teachers of at least 5 provinces of the country where I work
2. Expected result(s) within 1 year:	All primary school teachers of at least 5 provinces of the country where I work have the necessary knowledge to teach HIV prevention
3. Activities for the next 6 months:	<ul style="list-style-type: none"> - Identify at least 5 provinces of the country where I work and then, all primary school teachers based there - Select 20 teachers who will serve as trainer - Organise a training-for-the-trainer session for the 20 selected teachers (3 or 4 coming from each of the target province) - Support the 20 trained teachers in organising training sessions in their respective province for the benefit of all identified primary school teachers
4. Required resources:	<ul style="list-style-type: none"> - Training venue & equipment - Didactic materials - Transportation for trainers & trainees
5. Risks:	<ul style="list-style-type: none"> - Lack of commitment from trainers - Lack of engagement from trainees - Lack of support/sponsor to secure training venue
Date: 10/11/2008	
Name: XX	
Email (please ensure that you give a valid email address that you regularly use): <u>XX@hotmail.com</u>	
Phone # (optional): + (country indicative).....	

Appendix III-A Main Findings of the Session Participant Survey

More than 30 sessions, including poster discussions, were selected for evaluation. Participants were distributed a standard form while they entered the session room and were asked to drop it once completed in one of the evaluation boxes of the conference venue. Some forms were directly collected by the conference organizers. A total of 404 forms were collected among which 393 valid but not all were complete.

An 18 item standard questionnaire was developed to collect the following feedback about selected sessions/poster discussions:

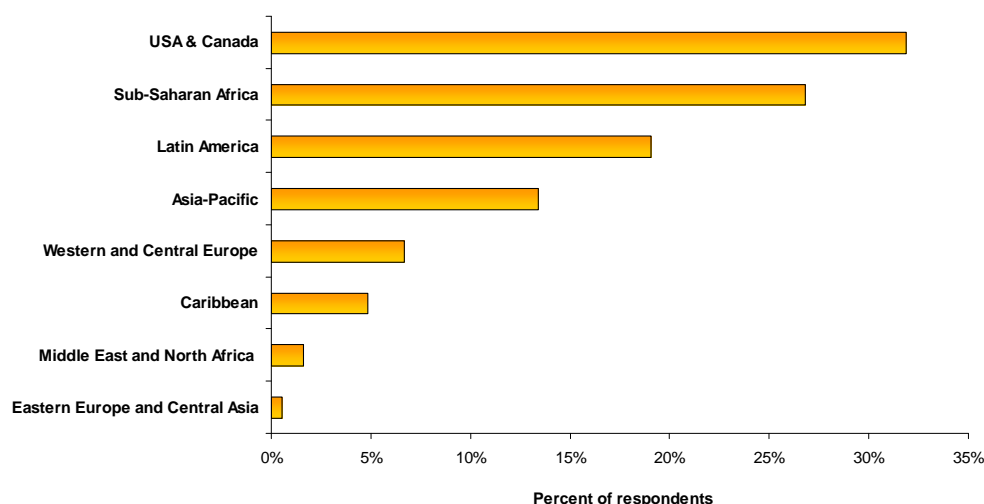
- ✂ Usefulness;
- ✂ Content, format, moderation and overall quality rating;
- ✂ Impact/benefits;
- ✂ Personal details of attendees (gender, age, region, occupation and number of years worked in HIV/AIDS).

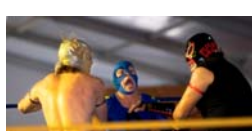
Survey response rates per session are unknown as many respondents did not specify their respective title/code on the evaluation form.

Those results must be used with caution because they represent the opinion and views of delegates who were asked to fill out a form based on a single session they attended that was not necessarily representative of the other sessions in terms of usefulness, success, quality, moderation, etc. It should be also noted that response rates varied from one session to another one and participants who attended more than one session may have completed more than one feedback sheet or consolidated their views on a single one.

Session participants surveyed predominately worked in or represented USA and Canada followed by Sub-Saharan Africa, Latin America, Asia-Pacific, Western and Central Europe, Caribbean, Middle East and North Africa, and Eastern Europe and Central Asia, as illustrated in Figure A.

Figure A: Breakdown of Regions where Session Participants Mainly Work or Represent





Most respondents were 26 years old or older (90%) and have worked in HIV/AIDS for less than 15 years (79%), as health care worker/social services provider (33%) or researcher (30%). Other occupations represented to a lesser extent included policy/administrator (12%), educator/trainer (10%), student (8%), advocate/activist (6%). A few respondents reported they were donors, media representatives, lawyers, NGO professionals, project managers or technical assistance providers. From a gender perspective, it is interesting to note that female were more likely to attend sessions than men (59% vs 41%).

USEFULNESS AND OVERALL QUALITY

The majority of surveyed participants rated the session/poster discussion they attended "very" or "somewhat useful" (50% and 41% respectively) and indicated they did not feel at all it was biased as a result of an involvement of a commercial organization (87%). All respondents were more likely to report the session was "very useful" notwithstanding their occupation/profession except health care workers/social service providers and students who mainly reported it was "somewhat useful". Responses from lawyers were not included in this correlation analysis because only two answered the question. Looking at regional trends, respondents from USA and Canada, Latin America, Caribbean and Sub-Saharan Africa were more likely to rate the session they attended "very useful" compared to those coming from the other regions who were more likely to rate it "somewhat useful".

The content of session/poster was reported in most cases to be of "excellent" or "good" quality (37% and 46% respectively). Respondents coming from a well represented region (with a percentage above 5% - see Figure 1) who were more likely to rate the quality as "excellent" were from USA and Canada (37%). Although the occupation/profession did not really influence the rating, it was found that educators/trainers, students and media representatives were more likely to give an "excellent" rating.

Speakers, moderators and chairpersons all received very good quality rating (40% respondents indicated their quality was "excellent" and 47% "good"). Respondents were satisfied as well by the audio-visual equipment (79% of respondents rated its quality as "excellent" or "good") and the overall organization (84% of respondents rated its quality as "excellent" or "good") although the session/discussion room was not so well rated (19% of "fairly good" and 14% of "poor" quality).

It is interesting to note that although respondents younger than 26 years were more likely to rate the session content as "excellent" or "good" (90% vs 67% of respondents older than 26 years), they were less likely to report the session they attended was "very" or "somewhat useful" (69% vs 80% of respondents older than 26). Moreover, among those who indicated the session they attended was not "very successful" for their work, more than half rated the quality of session content "fairly good" or "poor". Such results may influence the programme building for AIDS 2010 to ensure selected sessions better suit young's needs and more details about their content are provided in due time to attract the right audience.

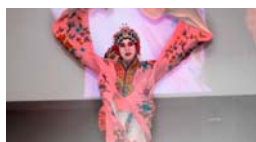
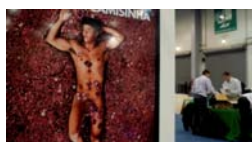
IMPACT

Looking at the benefits participants gained from attending sessions or poster discussions, the majority “agreed” or “strongly agreed” that they had learnt something new (48% and 40% respectively) and strengthened their knowledge on the session/poster topic (49% and 37% respectively). It should be stressed that the absolute majority (100%) of surveyed participants from Sub-Saharan Africa “agreed” or “strongly agreed” they had learnt something new on the topic of the session/poster they attended but the other regions also reached a high score, equal to or exceeding 70%.

Most respondents (82%) indicated as well they will transfer to their colleagues what they had learnt during the session/poster discussion, which is a good sustainability indicator. However, less than 70% of surveyed participants from Sub-Saharan Africa “agreed” or “strongly agreed” with that statement. Such finding applies also to respondents who reported to be a student or a media representative.

A lower percent (72%) “agreed” or “strongly agreed” with the fact they will apply what they had learnt in their work once back home and 8% “did not know” if they will do so. Respondents who “disagreed” or “strongly disagreed” with that impact were more likely to come from Latin America and Western and Central Europe, or to work as health care worker/social service provider, researcher or media representative (responses from lawyers were not included in this correlation analysis because their representation was too low).

It is interesting to note that neither the age nor the HIV/AIDS professional experience (number of years) of respondents influenced the likeliness to gain the above-mentioned benefits. Nevertheless, participants older than 26 years were more likely to “agree” or “strongly agree” that they would transfer to their colleagues what they had learnt during the session/poster discussion (82% vs 67% of respondents younger than 26). Not surprisingly, delegates who had less than ten years of working experience in HIV/AIDS were more likely not to know if they would apply what they had learnt in their work (21% vs 8% of respondents having more experience).



Appendix III-B Main Findings of the Session Speaker Survey

Session speakers and poster presenters were distributed a standard evaluation form by the conference organizers, either at the speaker centre or directly in the session room. A total of 95 forms were collected but not all were complete.

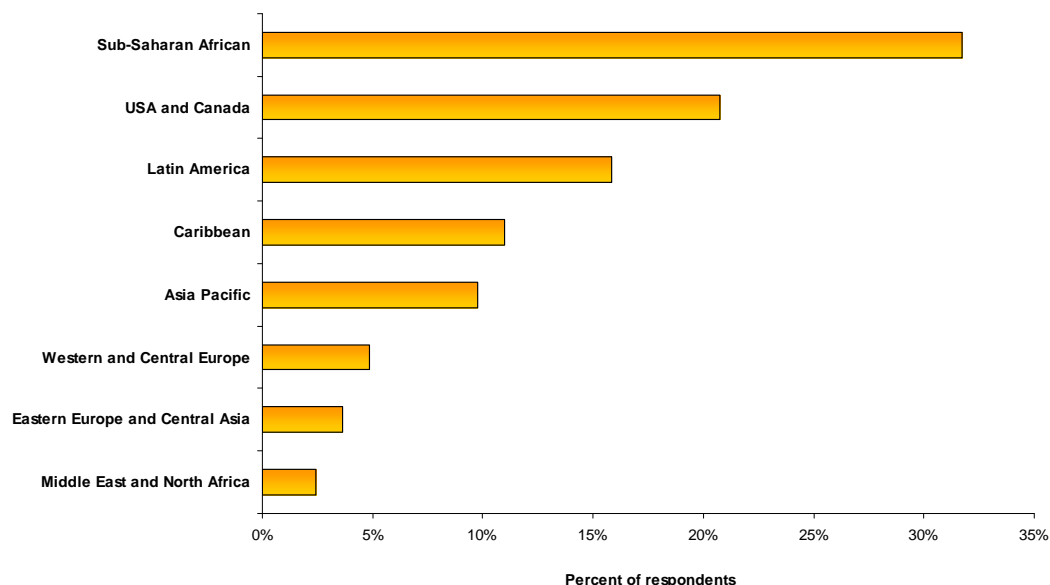
The evaluation form contained 18 questions expected to collect the following feedback:

- ✚ Usefulness of tools and services offered before and during the conference to improve preparation and oral presentation of session speakers/poster presenters;
- ✚ Quality of moderators and chairs, session room and onsite assistance;
- ✚ Benefits and experience gained during the conference;
- ✚ Personal details (region, number of years worked in HIV/AIDS, previous experience as a speaker/poster presenter, etc.).

The vast majority of respondents were speakers (83%) but five of them reported to be a poster presenter as well, which gives a rate of 24% for this last category. Looking at their professional experience, 62% worked in HIV/AIDS field for less than 10 years, out of which 27% less than five years. Among those who had more experience, 20% worked in HIV/AIDS field between 10 and 15 years and 18% for more than 15 years. For 40% of surveyed speakers/poster presenters, AIDS 2008 was their first International AIDS Conference and among those who attended previous International AIDS Conferences (60%), most had been speakers/poster presenters at more than one conference (70.6%) while 15.7% only experienced that once before AIDS 2008 and 13.7% were first time speakers/poster presenters. It should be stressed that 23.5% of non first time attendee respondents reported to have been speaker/poster presenter at more than three conferences, which is a good indicator of continuous commitment to this kind of event.

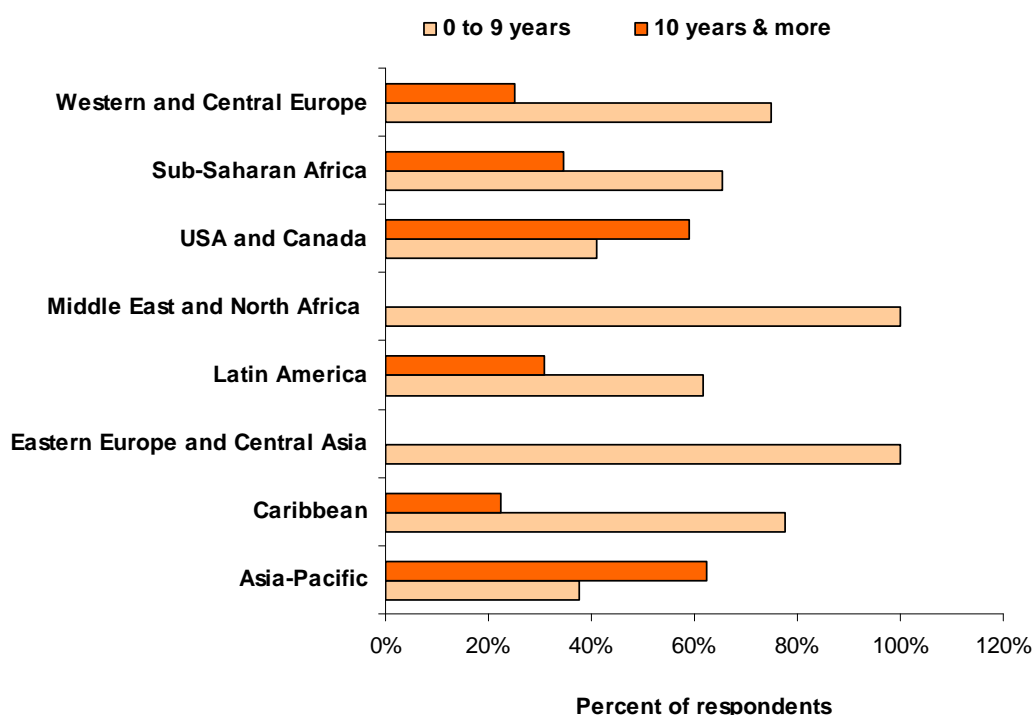
Looking at regional balance, Sub-Saharan Africa was the most represented region (31.7%), followed by USA and Canada (20.7%), Latin America (15.9%), Caribbean (11%) and Asia-Pacific (9.8%). Very few respondents reported to come from Europe, Central Asia, Middle East and North Africa as illustrated in Figure B.

Figure B. Breakdown of Regions where Session Speakers/Poster Presenters Mainly Work or Represent



It is interesting to note that some regions were over represented by less experienced speakers (those having nine or less years of professional experience in HIV/AIDS) such as Middle East and North Africa, Eastern Europe and Central Asia, Caribbean, as well as Western and Central Europe as illustrated in Figure C. USA and Canada and Asia-Pacific where the only regions where speakers having ten years or more experience were more represented.

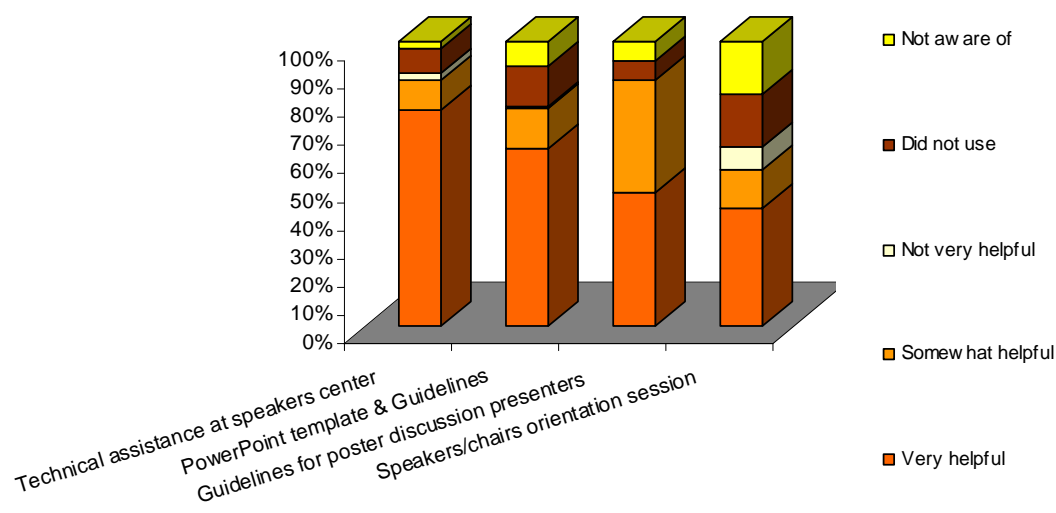
Figure C. Correlation Between Regions where Session Speakers/Poster Presenters Mainly Work or Represent and their Professional Experience in HIV/AIDS





Surveyed speakers/poster presenters were asked to assess the tools/services offered before and during the conference to help them in their preparation and presentation. The majority reported they were "very" or "somewhat helpful", especially technical assistance received at the speaker centre during the conference (87%), online guidelines for poster presenters (87%) as well as PowerPoint template and guidelines available on the conference website (76%). Online guidelines for poster presenters (available before the conference on its dedicated website) were used by 87% of respondents who reported to be a poster presenter and gave a feedback on that tool (n=15), among which 47% rated them as "very helpful" and 40% "somewhat helpful". However, it seems that the speaker/chair orientation session held on the eve of the conference (3 August 2008) was not enough promoted because 18% of respondents reported they were not aware of that event and another 18% did not attend it. These results are illustrated in Figure D.

Figure D. Helpfulness Rating of Tools/Services offered to Speakers/Poster Presenters towards Improving Preparation and Presentation⁶⁶



It is interesting to note that respondents who were first time speakers/poster presenters were more likely to rate the above services and tools as "very helpful" except for the technical assistance received onsite. Surprisingly, only 60% of first time speakers/poster presenters rated such assistance as "very helpful" while 75% of non first time speakers/poster presenters did so.

Surveyed speakers/poster presenters seem to have been also very satisfied by moderators and chairpersons because the vast majority rated their quality as "excellent" or "good" (97%). As regards logistical aspects, most respondents reported the quality of session room, audiovisual equipment and onsite assistance was "excellent" or "good" (79%, 82% and 91% respectively). Not surprisingly, first time attendee respondents were more likely to rate the quality of session/discussion rooms as "excellent" (50% vs 40% for those who attended previous conferences). However, the fact that 9% indicated the quality was "poor" should encourage conference organizers to look at this element more carefully for future conferences.

⁶⁶ Results of the "Guidelines for poster presenters" only included responses of those who reported to be a poster presenter and gave a feedback on that tool (n=15).

It is also interesting to note that the proportion of respondents who rated the onsite assistance as "excellent" did not vary between first time speakers and those who had already experienced such services at previous conferences.

Regarding participants, the majority of surveyed speakers/poster presenters (72%) reported the number of delegates attending their session/poster presentation met their expectations. Nevertheless, 16% indicated there were too few participants whereas 12% complained there were too many.

Looking at some benefits respondents gained from attending the conference as speaker/poster presenter, the majority rated the opportunities to network with their peers during the conference as "good" or "excellent" (54% and 26% and respectively). However, it is interesting to note that respondents who had more than nine years of professional experience in HIV/AIDS or who attended previous conferences as speaker/poster presenter were more likely to give a rating of "good" or "excellent". This may indicate that some efforts should be done to further promote those opportunities before the conference, especially to first time speakers/poster presenters.

Among those who also spoke at the "meet the plenary speakers session" held in the Global Village (n=26, i.e. 27% of all respondents), more than half (57.7%) indicated the experience was "very interesting". It was "somewhat interesting" for 34.6% and "not very interesting" for only two respondents. It could be therefore interesting to look at innovative ways on how to make those sessions more interesting for speakers.

Respondents were finally asked if they would recommend a colleague/friend to be a speaker or poster presenter at the next conference. Among the reasons evoked for not making such a recommendation, the first one was the lack of guidance before the conference followed by the lack of attention/interest from attendees and the bad quality of moderators/chairpersons⁶⁷. However, the vast majority of respondents (91%) stated they would recommend a colleague/friend to be a speaker or poster presenter at the next conference, which is in line with the above findings.

⁶⁷ Although only those who indicated they would not recommend it (n=2) were asked to give the reasons, a total of 12 responses were received.

Appendix III-C Main Findings of the Session Moderator/Chair Survey

Session moderators and chairpersons were distributed a standard evaluation form. Because only 13 forms were collected, results below must be therefore interpreted with caution.

The evaluation form contained 16 questions aimed at collecting the following information:

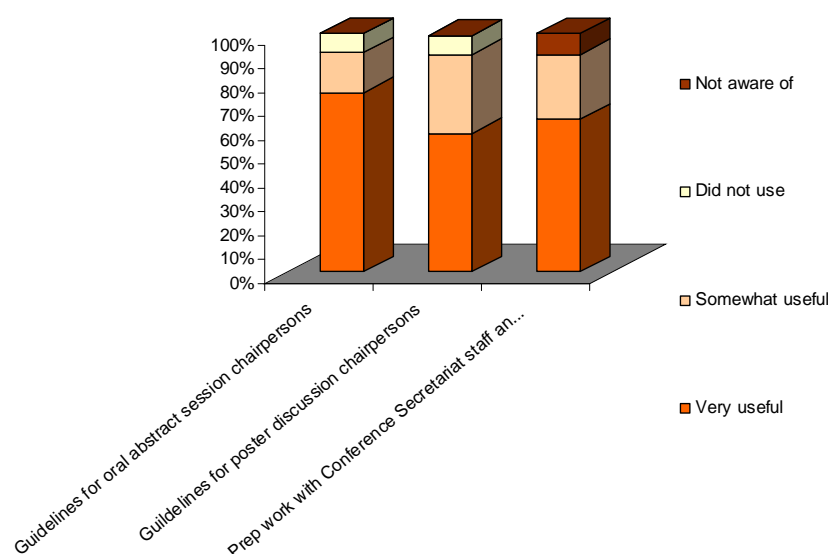
- ✂ Helpfulness of preparation tools and services offered before and during the conference;
- ✂ Quality of speakers, discussions, session rooms and onsite assistance;
- ✂ Networking opportunities during the conference.

The majority of respondents (63%) have worked in HIV/AIDS field for ten years and more, 18% between five and nine years and the same proportion less than five. For most of surveyed moderators/chairpersons (82%), AIDS 2008 was at least the second conference they attended, out of which 67% had been moderator/chairperson at two or more previous international AIDS conferences. More than half respondents having more than ten years of experience had attended at least four conferences before AIDS 2008 and 71% had been moderator/chairperson at two or more previous International AIDS Conferences.

Looking at regional balance, the majority of respondents reported to mainly work in or represent USA and Canada (27%), Latin America (18%) and Asia-Pacific (18%). A minor proportion came from Sub-Saharan Africa, Middle-East & North Africa, Western and Central Europe and Caribbean (9% each). No moderator/chairperson came from Eastern Europe and Central Asia.

Regarding the tools and services offered to assist moderators/chairpersons in their preparation for sessions, most respondents had used them and reported they were "very helpful" or "somewhat helpful", especially the "Guidelines for oral abstract session" available on the conference website (75% "very helpful") as illustrated in Figure E. Other useful tools/services included "Guidelines for poster discussion chairpersons" available on the conference website as well as the preparation work with Conference Secretariat staff and session point persons.

Figure E. Usefulness of Tools and Services Used by Moderators/Chairpersons



Surveyed moderators/chairpersons were also very satisfied with the quality of sessions because the vast majority (more than 90%) rated as "good" or "excellent" speakers' presentations, discussions/debates among speakers and participants, as well as the on-site assistance provided by the organizers. The quality of the audio-visual equipment and session/discussion rooms was also well rated (92% and 77% respectively).

As part of benefits gained from attending the conference as a moderator/chairperson, the majority of respondents (72%) indicated the opportunities to network with their peers during the conference were good or excellent (36% each). Not surprisingly, all (100%) of those who replied to that specific question (n=11) would recommend a colleague/friend to moderate or chair a session or discussion at the next International AIDS Conference.



Appendix IV Summary of Main Recommendations for AIDS 2010

GOVERNANCE

Committee Composition & Representation

- ✚ Ensure that PLHIV issues addressed by committees are representative and that PLHIV have a meaningful participation in committees;
- ✚ Reconsider the representation of most affected or at risk regions and groups in committees based on updated epidemiological realities.

Committee Work

- ✚ In the selection of members, ensure that all are equally committed to their committee in order to avoid overloading some members;
- ✚ Promote more interaction opportunities among the different committees to avoid duplication and ensure harmonization;
- ✚ Facilitate liaison between AIDS 2010 committees and members who served in previous committees;
- ✚ Better inform committee members of previous evaluation findings.

PROGRAMME

Structure

- ✚ Proportionally have more skills building workshops;
- ✚ Increase interaction between Global Village activities and the conference sessions.

Content

- ✚ Increase the relevance of basic science sessions;
- ✚ Increase the number of discussions on implementation/scaling up;
- ✚ Increase the number of regional sessions;
- ✚ Increase the number of sessions on youth issues/perspectives;
- ✚ Increase the number of sessions on research on women & girls;
- ✚ Better coverage of migration/mobility issues;
- ✚ Focus more on human rights-based responses.

Abstract-Driven Sessions

- ✚ Try to make all tracks equally attractive;
- ✚ Provide appropriate guidelines regarding abstract scoring to reviewers to avoid a wide discrepancy in scores;
- ✚ Refine reviewers' selection criteria to ensure they have the necessary skills and a good understanding of the objectives and 'rules' to effectively fulfil their mandate in an objective/unbiased manner.

SPEAKERS

- ⚡ Increase the number of youth speakers;
- ⚡ Make the selection of speakers earlier;
- ⚡ Better promote the speaker/chair orientation session held before the conference.

SCHOLARSHIPS

- ⚡ Make sure all countries who send an application receive at least one scholarship offer, still respecting the selection criteria;
- ⚡ Increase the number of international scholarships granted to PLHIV, especially women, young, women & FBO representatives;
- ⚡ Increase the number of media scholarships granted to media representatives from developing countries.

GLOBAL VILLAGE

- ⚡ Build on and review the current outreach strategy to enhance local participation. This should take into account the Global Village's capacity to hold more visitors because it is already an extremely busy and crowded space;
- ⚡ Try to make the Global Village attractive to all delegates regardless of their occupation;
- ⚡ Reduce the size of the programme and concentrate on quality rather than quantity;
- ⚡ Improve signage in the Global Village to help visitors locate the different activities/areas;
- ⚡ Better isolate the main stage so as to reduce noise disturbances;
- ⚡ Make sure that the space allocation and information for disabled people is appropriate (flexible with good signage);
- ⚡ Enhance promotion of the guide for community involvement for non delegates and the local population;
- ⚡ Identify how the Global Village could be better used to hold governments and donor community accountable for their commitment and responsibilities and to provoke discussion on new and emerging challenges in the field.

ENGAGEMENT TOURS

- ⚡ Improve the visibility of the programme both on the conference website and onsite, and offer more registration facilities onsite to increase the number of participants;
- ⚡ Ensure the tour is long enough to allow an effective exchange between visitors and their hosts;
- ⚡ Increase the profile and diversity of tours;
- ⚡ Create a space on the conference website where to upload Engagement Tour photographs;
- ⚡ Provide an explanation of each specific tour at the host organization site and not in the bus, and equip the latter with microphones.

COMMUNICATION AND OUTREACH

- ⚡ Highlight the main added values of the International AIDS Conference compared to other well known AIDS related conferences such as CROI which is perceived by some delegates to be more interesting because of the focus on science;
- ⚡ Find innovative ways to better reach out local populations (especially in remote small villages), using other means than internet e.g. SMS campaign;
- ⚡ Better promote the conference to young positive delegates;
- ⚡ Produce guidelines for communication and outreach activities.



MEDIA PARTICIPATION

- ✂ Better integrate the Global Village and Skills Building Workshops into the conference media infrastructure (many news organizations prefer to work from the Global Village or expressed interest in workshop access or material);
- ✂ Make sure the internet connection, including wireless, functions properly throughout the conference;
- ✂ Improve sound-proofing of the press conference rooms;
- ✂ Produce media kits electronically in addition to printed format;
- ✂ Identify a way to better control the media centre access in order to avoid non media representatives "disturbing" those really working in the centre;
- ✂ Provide more editing facilities to radio journalists;
- ✂ Specify on the badge the media outlet, and not only the country of the media representative.

PLHIV LOUNGE

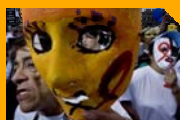
- ✂ Provide a larger space;
- ✂ Set-up a system to better screen people entering the lounge in order to prevent, or at least dissuade, HIV negative delegates (delegates that are not living with HIV) from accessing the lounge, thus reducing overcrowding and unnecessary frustration from PLHIV;
- ✂ Offer female and male condoms at the Lounge front desk;
- ✂ Ensure translators are highly visible inside the lounge to provide assistance to visitors who are not fluent in English.

CONFERENCE HUBS

- ✂ Better promote the hubs and highlight their added values;
- ✂ Initiate the registration process well before the conference;
- ✂ Increase the choice of sessions;
- ✂ Allocate more time for interactive sessions among hub participants;
- ✂ Provide hub organizers with more guidelines including a toolkit, if possible;
- ✂ Plan for a technological back up system at the main conference venue as well as at the main hub(s);
- ✂ Improve the translation of sessions screened in a hub.

LOGISTICS

- ✂ Improve the sound-proofing of session rooms;
- ✂ Improve signage of session rooms, PLHIV, Interfaith Prayer Room;
- ✂ Ensure more appropriate space for networking and rest spaces;
- ✂ Ensure food diversity (including vegetarian, local and variety) and better access to catering services;
- ✂ Provide a mixed zone for journalists and delegates, near the media centre;
- ✂ Review the overflow area requirements;
- ✂ Ensure appropriate heating and cooling of conference spaces.



“The conference has been a great success from the very beginning. (...) I would say that we finished [the conference] fortified in the fight against AIDS.”

Dr Pedro Cahn, AIDS 2008 Chair and IAS President 2006-2008, Global Voice, 08/08/08

“This conference has given out a message of hope for all people living with HIV and AIDS”,

Dr Luis Soto Ramirez, AIDS 2008 local co-chair, Global Voice, 08/08/08



**XVII INTERNATIONAL
AIDS CONFERENCE**

3-8 August 2008 | Mexico City

Universal Action **Now**