

# EVALUATION

Report



**AIDS  
2014**

20th International  
AIDS Conference  
Melbourne, Australia

July 20-25, 2014

[WWW.AIDS2014.ORG](http://WWW.AIDS2014.ORG)

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## Acronyms and abbreviations

<b>AIDS 2006</b>	XVI International AIDS Conference (Toronto, 2006)
<b>AIDS 2008</b>	XVII International AIDS Conference (Mexico City, 2008)
<b>AIDS 2010</b>	XVIII International AIDS Conference (Vienna, 2010)
<b>AIDS 2012</b>	XIX International AIDS Conference (Washington, D.C., 2012)
<b>AIDS 2014</b>	20th International AIDS Conference (Melbourne, 2014)
<b>AMP</b>	Abstract Mentor Programme
<b>CCC</b>	Conference Coordinating Committee
<b>CME</b>	Continuing medical education
<b>EECA</b>	Eastern Europe and Central Asia
<b>HAART</b>	Highly active antiretroviral therapy
<b>IAC</b>	International AIDS Conference
<b>IAS</b>	International AIDS Society
<b>LGBT</b>	Lesbian, gay, bisexual and transgender community
<b>MENA</b>	Middle East and North Africa
<b>MSM</b>	Men who have sex with men
<b>NGO</b>	Non-governmental organization
<b>PAG</b>	Programme-at-a-Glance
<b>PLHIV</b>	People living with HIV
<b>PMTCT</b>	Prevention of mother to child transmission
<b>Q&amp;A</b>	Question and answer
<b>SPC</b>	Scientific Programme Committee
<b>STI</b>	Sexually transmitted infection
<b>TB</b>	Tuberculosis
<b>WHO</b>	World Health Organization

## Executive Summary

The 20<sup>th</sup> International AIDS Conference (AIDS 2014) was held in Melbourne, Australia, from 20 to 25 July 2014, attracting nearly 12,000 participants from almost 200 countries. The objective of the conference evaluation was to identify the strengths and weaknesses of AIDS 2014 and assess its immediate impact to ultimately ensure that the conference continues to play a key role in strengthening the global response to HIV and AIDS.

The leading data collection instrument was an online survey sent to all delegates with a valid email address a few days after the conference had ended. The survey itself received a 25% response rate (vs. 36% in 2012 and 31% in 2010), with 2,017 surveys completed. In addition, several other online surveys were administered to collect data on specific conference services and features. Focus group discussions were conducted with delegates during the conference as a way to triangulate survey data and to get in-depth feedback from delegates on specific themes.

The main findings of the evaluation include:

### How useful were the online information and tools in supporting delegates' preparation and participation?

Conference organizers provided delegates with a range of online and on-site support to help them prepare for the conference and participate in a meaningful way. The majority of surveyed delegates were satisfied overall with the support they received, as shown in the pages that follow.

More than 80% of surveyed delegates rated the conference website as "very useful" or "useful" and most resources available through the Programme-at-a-Glance (PAG) were considered to be useful, with abstracts and presentation slides rated the highest (more than 80% of surveyed delegates rated them as "very useful" or "useful"). Regarding the PAG application for mobile phones, the features considered to be the most useful during the conference were the session listing (77%), the "my itinerary" function (33%) and the abstract listing (31%). Surveyed delegates reported some issues when using the PAG mobile application; the conference secretariat will address these for AIDS 2016.

Delegates and non-attendees were able to use social networking tools, such as Facebook, Twitter, the conference blog and LinkedIn to communicate and advocate on issues debated during the conference, and to share concerns and hopes with their personal and professional networks. Although these tools attracted a high number of users/followers, less than 40% of survey respondents reported having used them. Among delegates who did use these tools, Facebook was the most used tool (39%) and considered to be the most useful (48%), followed by Twitter, the conference blog and LinkedIn.

The online Abstract Mentor Programme, aimed at helping abstract authors with limited experience before they submitted their abstracts to the conference, featured 95 mentors who reviewed 405 abstracts. The vast majority of surveyed mentees indicated that their expectations of the programme had been met (98%) and that the programme had indeed helped them improve the presentation of their abstracts (87%).



## What did the conference programme offer and how was it rated by delegates?

Participants could choose from a wide range of sessions and activities, including eight plenaries, 16 special sessions, 43 oral abstract sessions, 24 poster discussions, 1,845 poster exhibitions, seven bridging sessions, 32 symposia sessions, five regional sessions, 50 workshops, the Global Village and the Youth Programme.

As in 2012 and 2010, Track D was delegates' main track of interest. Interest in other tracks has also remained stable over time. The majority of survey respondents (83%) who had selected one main track of interest also attended sessions that did not belong to their main disciplines (i.e., sessions in tracks other than their main tracks of interest).

As in 2012, the vast majority of surveyed delegates (more than 80%) reported that the quality of science was "good" or "excellent" in all tracks, with Track A being ranked the highest. As part of their comments about the conference and suggestions for improvement, a small number of delegates complained that there was too little new science presented at AIDS 2014. The conference secretariat will continue to work with the conference committees to ensure that the programme presents the highest quality science possible.

Workshops were also appreciated, with the majority of surveyed participants rating the workshop(s) they attended as "useful" or "very useful" (47% and 37%, respectively) and indicating that they were "very likely" or "likely" to recommend to a friend/or colleague that they attend a professional development workshop at the next conference (48% and 38%, respectively).

The Global Village attracted many delegates who visited it several times: 93% of surveyed delegates reported having visited it, 29% of whom visited it between three and five times and 41% more than five times. The main reason for not visiting that area was lack of time (selected by 66% of survey respondents). The three activities/features considered the most useful by surveyed delegates were non-governmental organization (NGO) booths, networking zones and sessions.

## How successful was the conference in achieving its objectives?

More than two-thirds of survey respondents "agreed" or "strongly agreed" that the programme...

- A. Brought something new and relevant to today's challenges of the response to HIV and AIDS.
- B. Holistically addressed the social and economic drivers of the epidemic, such as repressive politics, discrimination and poverty.
- C. Raised awareness that despite successes in overcoming the epidemic, in many places new infections continue to rise due to lack of funding, structural, policy and political challenges.
- D. Put focus on global HIV epidemic hotspots and scale-up efforts within key affected populations.
- E. Fostered the current debate around a post-2015 Millennium Development Goals (MDGs) scenario for HIV and AIDS and helped ensure that HIV remains a key focus of international development.
- F. Fostered involvement of a new generation of young scientists, community leaders, politicians and advocates and cross fertilization of experience and expertise from other disciplines.

The two statements with which they most agreed were: "the programme increased the focus on global HIV epidemic hotspots and scale-up efforts within key affected populations"; and "the programme raised awareness that despite successes in overcoming the epidemic, in many places new infections continue to rise due to lack of funding, structural, policy and political challenges".

The top two main benefits gained by surveyed delegates were new knowledge (75%) and new contacts/opportunities for future collaboration (58%). Only 1% indicated that they did not gain any benefit. Sharing information with colleagues, peers and/or partner organizations was the follow-up activity most frequently identified by surveyed delegates (85%).

Surveyed youth delegates (aged under 26 years) provided inputs on their experiences as young people at the conference. Of 70 respondents, 86% made positive comments, commending the “good sized” space provided for youth.

## **What were the perceived added values of the conference compared with other scientific/health conferences?**

Almost 60% of surveyed delegates indicated that AIDS 2014 offered something that they did not get from other well-known scientific/health conferences. As in 2012 and 2010, the main added values of the conference were seen as the international dimension, the focus on human rights and HIV, and the Global Village.

## **How was the overall organization rated and what could be improved for the next conference?**

The majority of surveyed delegates (88%) indicated that the way the conference was organized had met their needs with respect to their work focus, expertise level and role at the conference. Survey respondents were given a text box in which to share comments and suggestions for improvement of the next conference. A total of 1,160 surveyed delegates provided inputs, 125 of whom made positive remarks. Most suggestions for improvement are similar to those expressed at previous conferences, which suggests that the conference organizers should invest more efforts in addressing the most frequent challenges faced by delegates. However, it seems that many of these challenges are inherent to all conferences of this size and nature.

Comments and suggestions were grouped by theme and are summarized in Appendix 5. Feedback from delegates who participated in focus group discussions during the conference supports many of these comments and suggestions (see Appendix 2).

In conclusion, the evaluation demonstrated that the International AIDS Conference continues to be a key forum that attracts thousands of key stakeholders engaged in the response to HIV and AIDS, and remains a unique event by combining both features of scientific/medical conferences and fora for/on key populations and human rights.

Given the size of the conference, it will be always challenging to satisfy such a large and diverse audience with different expectations, background and experience. This suggests that organizers should consider refocusing and/or streamlining the conference programme to mitigate the risk of diluting the focus of the conference and affecting its credibility and image. Conference organizers should also consider (better) tailoring their conference outreach and promotion strategies to the various target groups that usually attend the conference to avoid “unrealistic” expectations by delegates.



## Evaluation context

### Background and rationale

The 20<sup>th</sup> International AIDS Conference (AIDS 2014) was held in Melbourne, Australia, from 20 to 25 July 2014. Held every two years, the International AIDS Conference (IAC) is the premier gathering for those working in the field of HIV, as well as policy makers, people living with HIV and other individuals committed to ending the pandemic.



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With the theme, *Stepping up the Pace*, the emphasis of AIDS 2014 was that we are at a critical time and we need to capture the optimism that has recently emerged and build on it to ensure that HIV remains on top of the global agenda. *Stepping up the Pace* reminds us that we have to energize and revitalize our efforts to increase investments, collaborative research and political commitment.

The conference objectives were:

1. To engage, inspire, innovate and advocate – in partnership with affected communities, government, scientists, clinicians and all stakeholders – working towards the end of AIDS through prevention measures and comprehensive care and treatment for all.
2. To broaden the understanding that the same barriers that have fuelled the epidemic over the past 30 years still exist and must be broken down, including stigma, discrimination and repressive policies, attitudes and practices. These impede the application of scientifically proven prevention and treatment options and violate the human rights of those affected.
3. To raise awareness that progress in responding to the AIDS epidemic is being achieved at different speeds: in many countries, both developed and developing, the HIV response has made great advances while in many others, new infections continue to rise due to funding, structural, policy and political challenges.
4. To put focus on global HIV epidemic hotspots and scale-up efforts within key affected populations (including men who have sex with men, sex workers, people living with HIV, transgender people, and people who use drugs). It is clear that many people are still being left behind in HIV prevention, diagnosis, treatment and care. Solutions require partnerships with people living with HIV and with disproportionately affected populations.
5. To acknowledge the pivotal role the HIV response has played in transforming global health over the past three decades and to build upon this momentum by: increasing funding for innovative HIV scientific research and programmes; involving a new generation of young scientists, community

leaders, politicians and advocates; and involving the cross fertilization of experience and expertise from other disciplines.

6. To assist in fostering the current debate around a post-2015 Millennium Development Goals (MDGs) scenario for HIV and AIDS, including the cross-cutting issues of criminalization, gender-based violence, sexual health rights, and stigma and discrimination. The intention is to ensure that HIV and AIDS remains a key focus of international development.

In order to achieve these objectives, the conference programme featured daily abstract-driven sessions in five tracks, non-abstract-driven sessions (including plenary sessions, bridging sessions, symposia, special sessions, regional sessions and satellite sessions), professional development workshops and a rapporteur summary session. Other activities and areas provided exceptional opportunities for professional development and networking, including the Global Village, exhibitions, engagement tours, affiliated independent events, the Positive Lounge and the on-site Media Centre.

AIDS 2014 was the sixth conference of this series to be systematically evaluated. In order to engage all key stakeholders involved in the organization of the conference, a comprehensive evaluation plan was prepared on the basis of the AIDS 2014 objectives and programme, taking into account lessons learnt from the AIDS 2008, AIDS 2010 and AIDS 2012 evaluations. This plan also reflected input from members of the AIDS 2014 Conference Coordinating Committee (CCC), as well as from staff of the conference secretariat.

The objective of the AIDS 2014 evaluation was to identify strengths and weaknesses of the conference and to assess its immediate impacts (outcomes) on the HIV and AIDS response in order to improve planning and delivery of future International AIDS Conferences, which should continue to play a key role in strengthening the response to HIV/AIDS. Results of the evaluation will be used by the organizers of the next IAC (AIDS 2016), which will be held in Durban, South Africa, in July 2016, and by the various AIDS 2016 committees during the planning and programme-building phase. The AIDS 2014 evaluation is also expected to be used as an accountability and learning tool by all conference participants, online followers, donors and sponsors to get a consolidated overview of what happened at AIDS 2014.

It should be noted that results presented in the separate AIDS 2014 Conference Summary Report<sup>1</sup>, a technical report released by the conference secretariat a few months after the conference, are an important adjunct to the broader evaluation of AIDS 2014<sup>2</sup>.

## Methodology

### Data collection

#### ***Performance measurement: process, outputs and immediate outcomes***

Given the wide scope of the conference, the evaluation sought to collect a range of quantitative and qualitative data through various methodologies, including:

- Review of AIDS 2014 documentation, as well as previous conference evaluation reports
- Consultation with members of AIDS 2014 committees and with staff of the conference secretariat
- Online surveys<sup>3</sup> with key informants, including conference delegates, abstract authors who used the Abstract Mentor Programme (AMP), abstract mentors, abstract reviewers, prize and award reviewers, webinar attendees and scholarship recipients

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<sup>1</sup> The report is available on the AIDS 2014 website ([www.aids2014.org](http://www.aids2014.org)).

<sup>2</sup> The objective of the AIDS 2014 Conference Summary Report is to provide a concise summary of key findings and lessons learned from AIDS 2014 for those working in HIV and related fields, with a focus on new advances that are likely to have a significant impact on the global response to HIV/AIDS in the months and years to come.



- Filmed interviews with delegates during the conference<sup>4</sup>
- Focus group discussions with delegates<sup>5</sup>
- Review of statistical data relating to AIDS 2014 registration, scholarships, abstracts, programme and website
- Review of monitoring data from previous IACs to allow comparison over time.

The primary data collection instrument was an online survey<sup>6</sup> sent to all delegates who were registered as individuals<sup>7</sup> and with a valid email address four days after the conference had ended. The survey was available in English, and contained about 35 questions, including one open-ended question to give respondents the opportunity to fully articulate their opinions and provide suggestions for improvement. Bearing in mind the importance to better engage youth, another open-ended question was displayed to youth delegates only so that they were able to share their experiences as young people at AIDS 2014, including their understanding of how young people were/are engaged into dialogue on the global response to HIV.

As with previous conference evaluations, survey questions were mainly focused on the tools and services available before and during the conference to help people prepare themselves for the conference and participate in a meaningful way. Questions focused on the conference programme (main track of interest, attendance, usefulness and quality), the main outcomes of the conference (main benefits gained, anticipated use of benefits), and the main added values of the conference compared with other well-known scientific/health conferences. This survey contained questions about specific features that were previously asked through separate surveys. Such questions were displayed only to respondents who reported that they had used and/or benefitted from those features, including a mobile application to access the conference programme (referred to as the Programme-at-a-Glance mobile application), media facilities, the Global Village, youth facilities inside the Global Village, the exhibition and the poster exhibition. A few questions on delegates' experiences in Melbourne were also added at the request of the City of Melbourne and the Melbourne Convention Bureau.

Of the 8,185<sup>8</sup> survey invitation emails sent out on 29 July 2014, 134 were returned as undeliverable and 34 delegates self-unsubscribed because they had not attended the conference. After one reminder, a total of 2,017 surveys were completed, resulting in a response rate of 25% (vs. 36% in 2012, 31% in 2010 and 26% in 2008).

### ***Impact assessment***

The aim of the AIDS 2014 evaluation was to assess the broader impacts of the conference by using a range of data collection instruments:

- The post-conference delegate survey contributed to assessing the immediate impacts of the conference on delegates and their affiliations/organizations, colleagues, peers, partners, friends and families through two questions (main benefits gained at the conference and the anticipated use of those benefits).
- A follow-up survey will be conducted with volunteer delegates about one year after AIDS 2014 to assess the medium-term impact of the conference on their attitudes and practices in their HIV work. This survey will include open-ended questions asking respondents to illustrate their responses with concrete examples. Similar surveys were conducted for AIDS 2008, AIDS 2010 and AIDS 2012<sup>9</sup>.

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<sup>3</sup> All online surveys were created and administered using [Cvent](#), a web survey software. Only results of the post-conference delegate survey are presented in this report.

<sup>4</sup> As in 2010 and 2012, individual interviews were conducted with delegates throughout the conference venue on a random basis. These interviews were filmed with the consent of delegates and the resulting videos are used to illustrate the present report.

<sup>5</sup> Results of the focus group discussions are reported separately in Appendix 2.

<sup>6</sup> A copy of the delegate survey is available in Appendix 1.

<sup>7</sup> As opposed to delegates registered as part of a group.

<sup>8</sup> Email addresses were not available for delegates registered as part of a group.

<sup>9</sup> The AIDS 2012, AIDS 2010, AIDS 2008 impact reports are available on the IAS website, [www.iasociety.org](http://www.iasociety.org) (Evaluation section).

## Data analysis

Data analysis was prepared and conducted using statistical analysis software that included frequencies and cross tabulations for closed questions. Total numbers vary in some instances because non-responses were excluded from valid data. Statistical comparisons, including the chi-square test, 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 issues<sup>10</sup>. To allow comparison over time, monitoring data from previous conferences were also reviewed.

Data were disaggregated by gender, profession, region, age and other delegates’ attributes whenever deemed relevant.

The AIDS 2014 Evaluation Coordinator manually conducted the analysis of qualitative responses (i.e., to open-ended questions).

## Promotion

Evaluation promotion was conducted to inform delegates of the purpose of the evaluation and to encourage them to complete the post-conference delegate survey and/or to take part in the focus group discussions to which they had been invited. This included advertisements in the [General Information Guide](#) (a document with information on Melbourne and general conference logistics, available on the conference website a few months before the conference) and through Facebook, as well as in the printed *Daily Bulletin* (third edition), which was distributed to all delegates throughout the conference. In addition, a dedicated slide was displayed between sessions.

The post-conference delegate survey was active for more than three weeks, and a reminder was sent out a few days before the response deadline.

A financial incentive was also offered to delegates who completed the post-conference online survey, with a prize of US\$200 randomly allocated to three respondents.



## Follow up of recommendations from AIDS 2012

All recommendations listed in the AIDS 2012 evaluation report and in the post-conference reports completed by the conference secretariat were collated, structured by main theme, and shared in due course with the conference planning committees and the secretariat. The latter was responsible for reporting on their implementation status and for providing any justification for not having fully or partially implemented any of these recommendations. The same approach will be used for AIDS 2014.

<sup>10</sup> 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.



## Limitations

Because the survey was only available in English, some delegates whose English is very limited were not able to complete it. Delegates living in countries with bad Internet connection also faced difficulties in completing the online survey. To help remedy this, the Evaluation Coordinator sent them a Word version of the survey (responses were then entered manually).

Some of the survey findings may be open to interpretation given the diversity of surveyed delegates with regards to language, HIV work experience, professional and personal background, and expectations of the conference. These variables should be taken into account when reading this report. In addition, the scope and diversity of the conference programme did not allow the evaluation to cover all sessions and activities, mainly due to time and logistical constraints, as well as human resource limitations.

Given the evaluation timeframe and resources, it has not been possible to assess the real impacts of the conference at individual, country, regional and global levels. However, the follow-up survey that will be conducted in 2015 with delegates who attended AIDS 2014 is expected to yield information about the long-term impacts of the conference.

Finally, the trend analysis from previous International AIDS Conferences to AIDS 2014 is limited in some cases by the difference in type of data collected. Some data is not available or comparable because it corresponds to different realities (e.g., overlap between tracks, registration figures).

## Profile of delegates and survey respondents

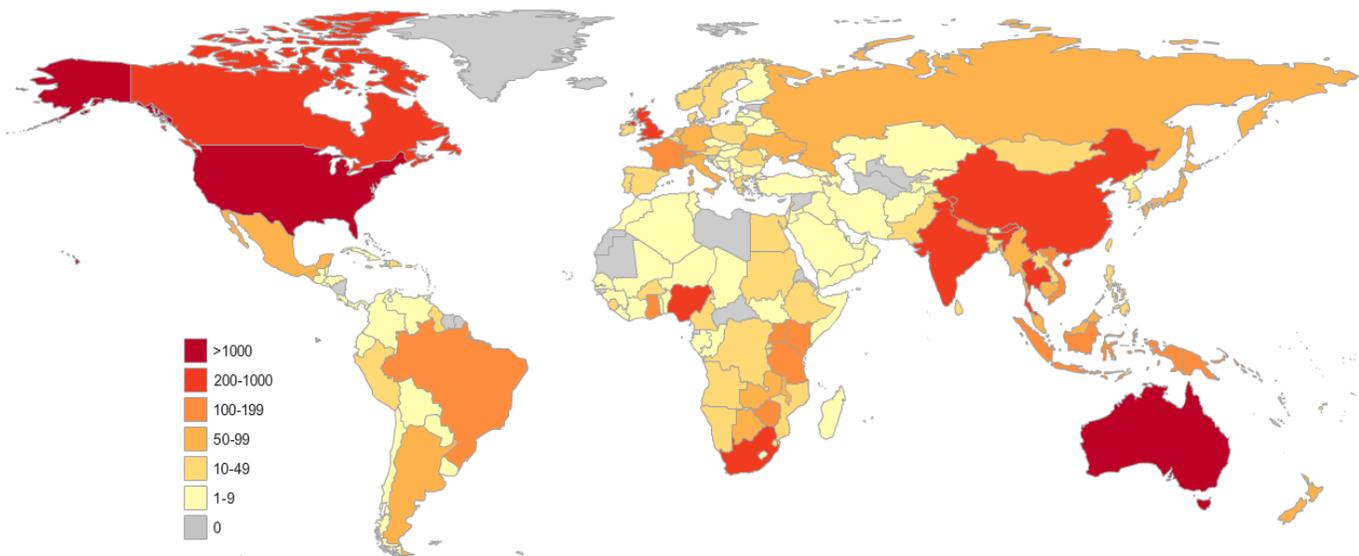
AIDS 2014 attracted 11,438 participants, 9,826 of whom were classified as delegates<sup>11</sup>, which represents a substantial decrease compared with AIDS 2012. Other participants included staff, organizers, volunteers, suppliers and accompanying persons.

The delegate survey sample was representative overall of the delegate population with respect to the age, main region, profession and organization type based on the data provided. It should be noted that the comparison of survey respondents with the delegate population can only be considered as indicative because demographic information was not available for all delegates and survey respondents. The number of people for which the information is available is provided in brackets in all figures in this section.

### Country/region

Delegates represented a total of 172 countries<sup>12</sup> (vs. 176 in 2012 and 190 in 2010). The 10 countries most represented were: Australia (n=2,268), the United States of America (n=1,430), South Africa (n=359), India (n=272), United Kingdom (n=243), Nigeria (n=231), China (n=231), Canada (n=212), Thailand (n=214) and Indonesia (n=175).

**Figure 1.** Breakdown of delegates by country (n=9,342)<sup>13</sup>



Not surprisingly, the largest number of delegates lived in the conference host region, i.e., Oceania. As shown in Figure 2, the second most represented region was sub-Saharan Africa (as in 2012). Comparisons between delegates and survey respondents require caution since the respondent's region is based on the country of work rather than country of residence, and 49 respondents reported working in more than one region or globally.

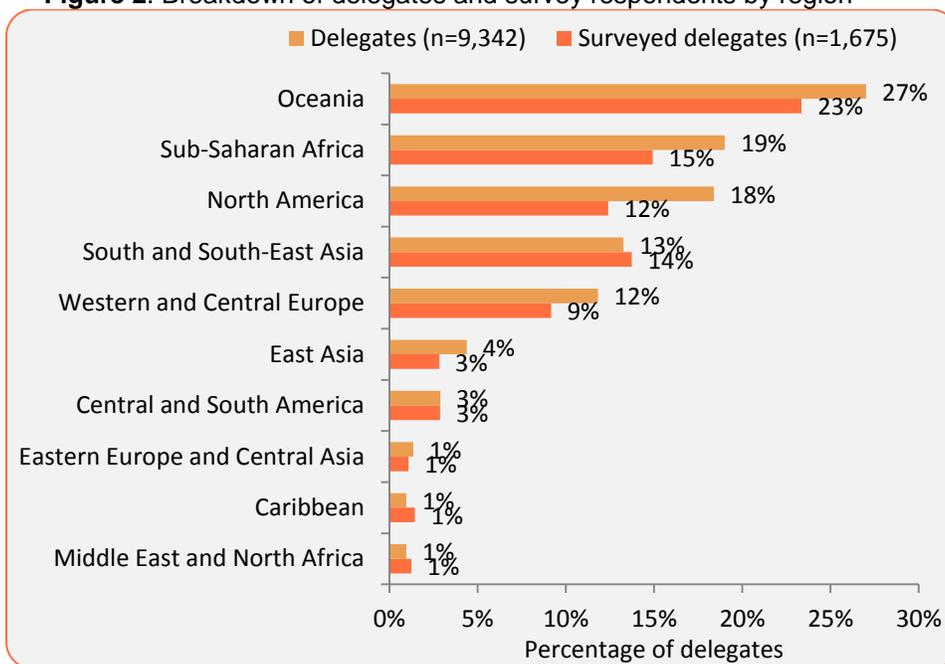
<sup>11</sup> This classification includes regular delegates, student/youth/post-docs, media representatives, scholarship recipients, exhibitors and satellite organizers.

<sup>12</sup> Country refers to the country home address of the delegate.

<sup>13</sup> The map was created with the software, Statplanet (<http://www.statsilk.com/software/statplanet>).



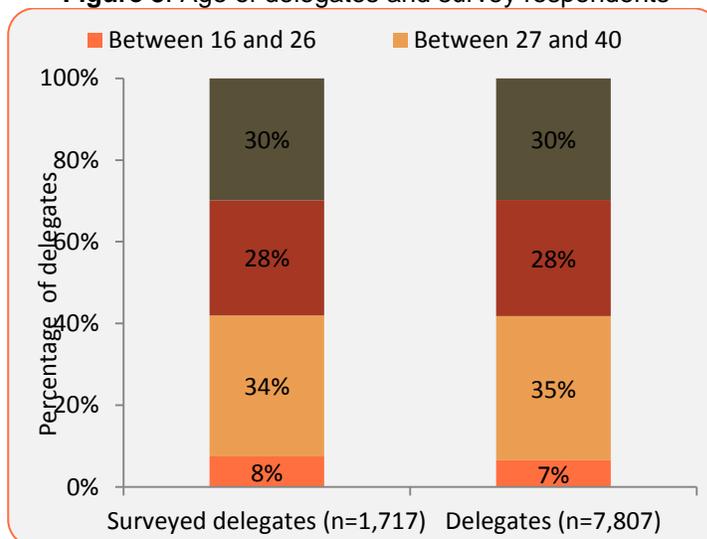
**Figure 2.** Breakdown of delegates and survey respondents by region<sup>14</sup>



## Age

As in 2012 and 2010, the majority of delegates and survey respondents were between 27 and 50 years of age, with almost one-third being older than 50 years and less than 10% being younger than 26 years (see Figure 3).

**Figure 3.** Age of delegates and survey respondents



<sup>14</sup> The geographical regions are based on the Joint United Nations Programme on HIV/AIDS classification, available in Appendix 7.

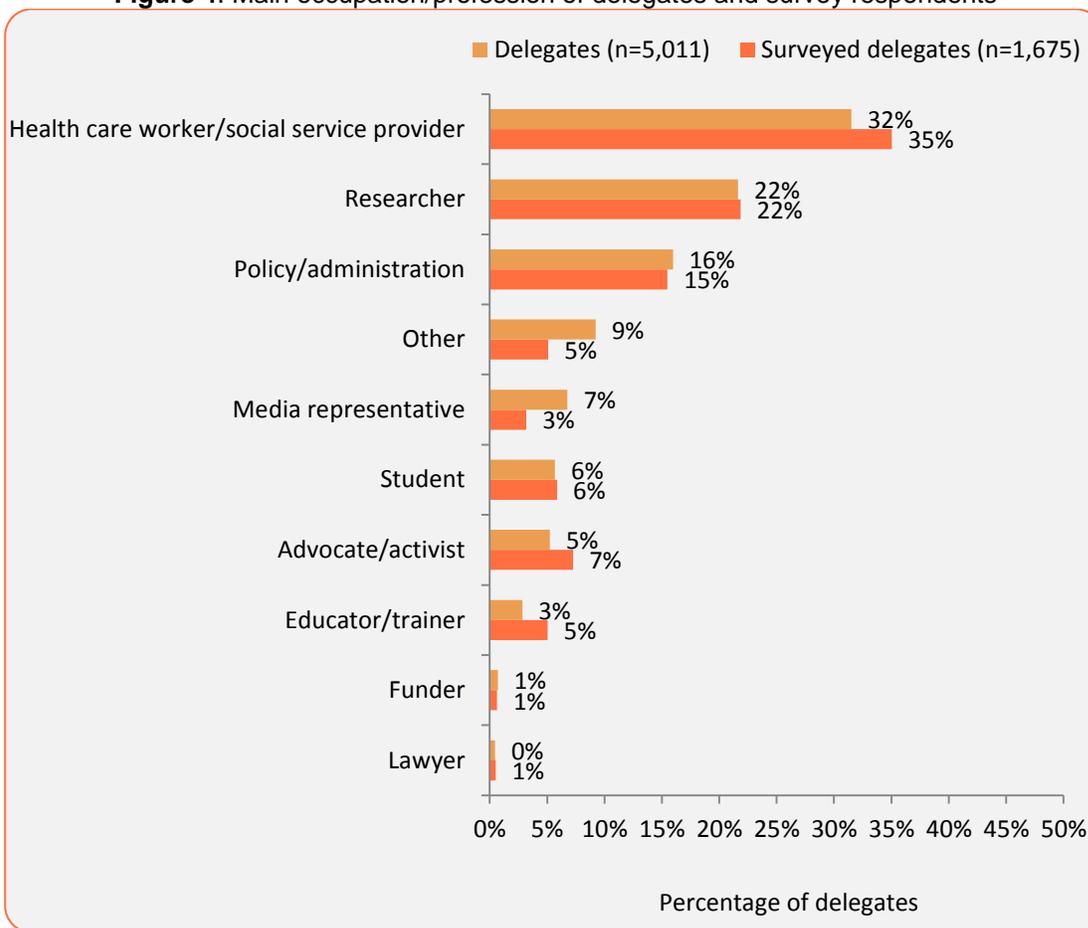
## Gender

AIDS 2014 attracted more males (46% vs. 40% females and 15% who did not specify their gender), unlike AIDS 2012, where the proportion of female delegates was higher (52% vs. 48% males and 0.3% transgender people). The survey sample almost reached a gender balance (49% females, 49% males, 1% transgender people and 1% who did not disclose, out of the 1,708 respondents who specified their gender).

## Main occupation and affiliation

As in 2012 and 2010, health care workers/social service providers and researchers were the most represented professions among delegates (see Figure 4).

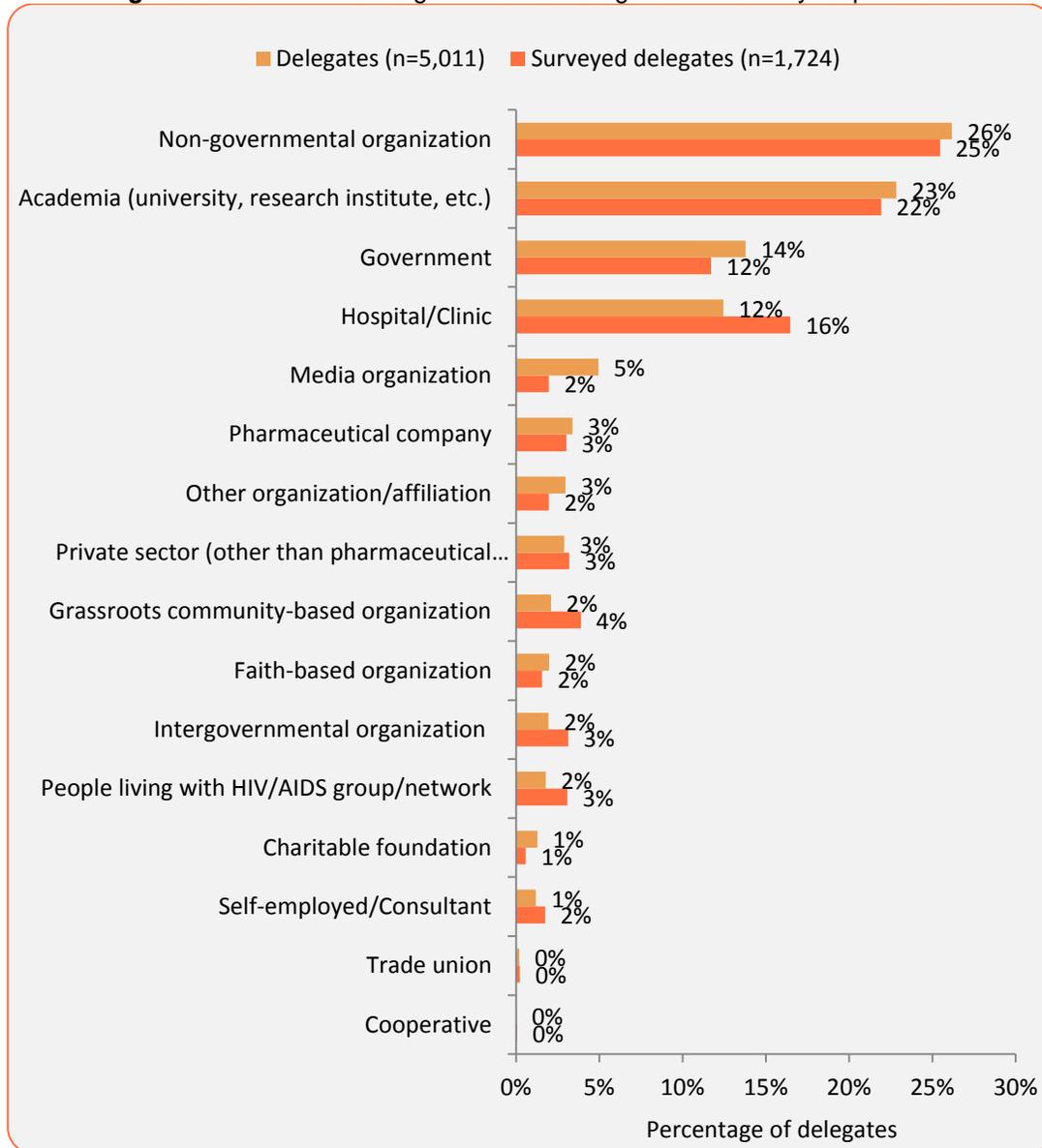
**Figure 4.** Main occupation/profession of delegates and survey respondents





As in 2012 and 2010, the majority of delegates reported being affiliated with and/or working in NGOs and the academic sector (see Figure 5).

**Figure 5.** Main affiliation/organization of delegates and survey respondents



### Professional experience in HIV

Of the 1,708 survey respondents who specified the number of years they had been working in the HIV field (full or part time), 12% had less than two years of experience, 20% between two and five years, 22% between six and 10 years, 17% between 11 and 15 years, and 28% of respondents more than 15 years' experience. This information was not available for delegates.

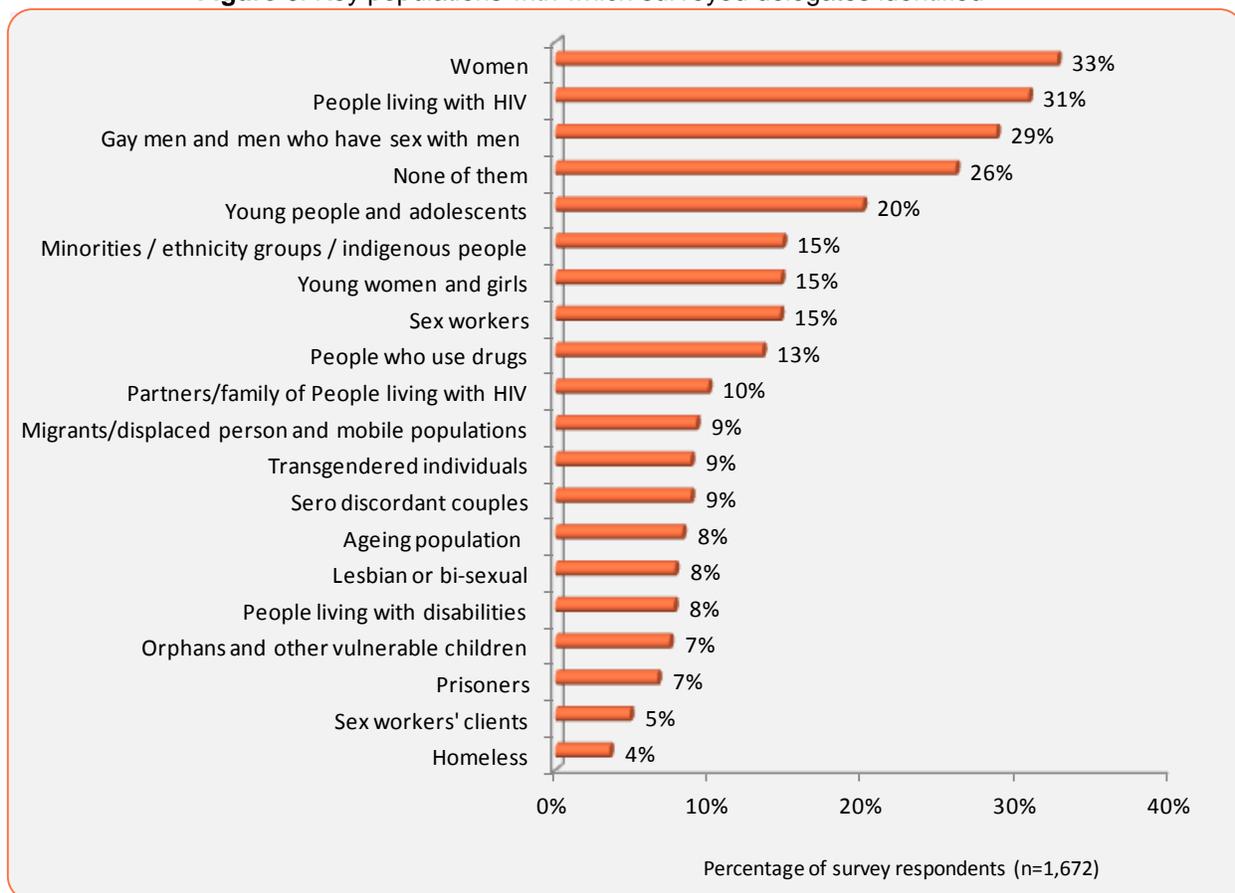
## Previous conference attendance

As in 2012, 2010 and 2008, the majority of survey respondents were attending the International AIDS Conference for the first time (56%). Of the 44% (n=764) who had already attended a previous conference, 42% had attended one IAC, 23% had attended two IACs, 13% had attended three IACs, 13% had attended four IACs and 9% had attended five IACs. Looking at which conference was attended, 69% had attended AIDS 2012, 50% AIDS 2010, 38% AIDS 2008, 36% AIDS 2006 and 32% AIDS 2004. The information on previous conference attendance was not available for delegates.

## Key populations

For the first time, surveyed delegates were asked to select, from a 19-option list<sup>15</sup>, which key populations they identified themselves being part of. As shown in Figure 6, the most represented populations (each selected by at least 20% of survey respondents) were women (33%), people living with HIV (31%), MSM (29%), young people and adolescents (20%).

**Figure 6.** Key populations with which surveyed delegates identified<sup>16</sup>



<sup>15</sup> List of populations provided by the Global Village Working Group.

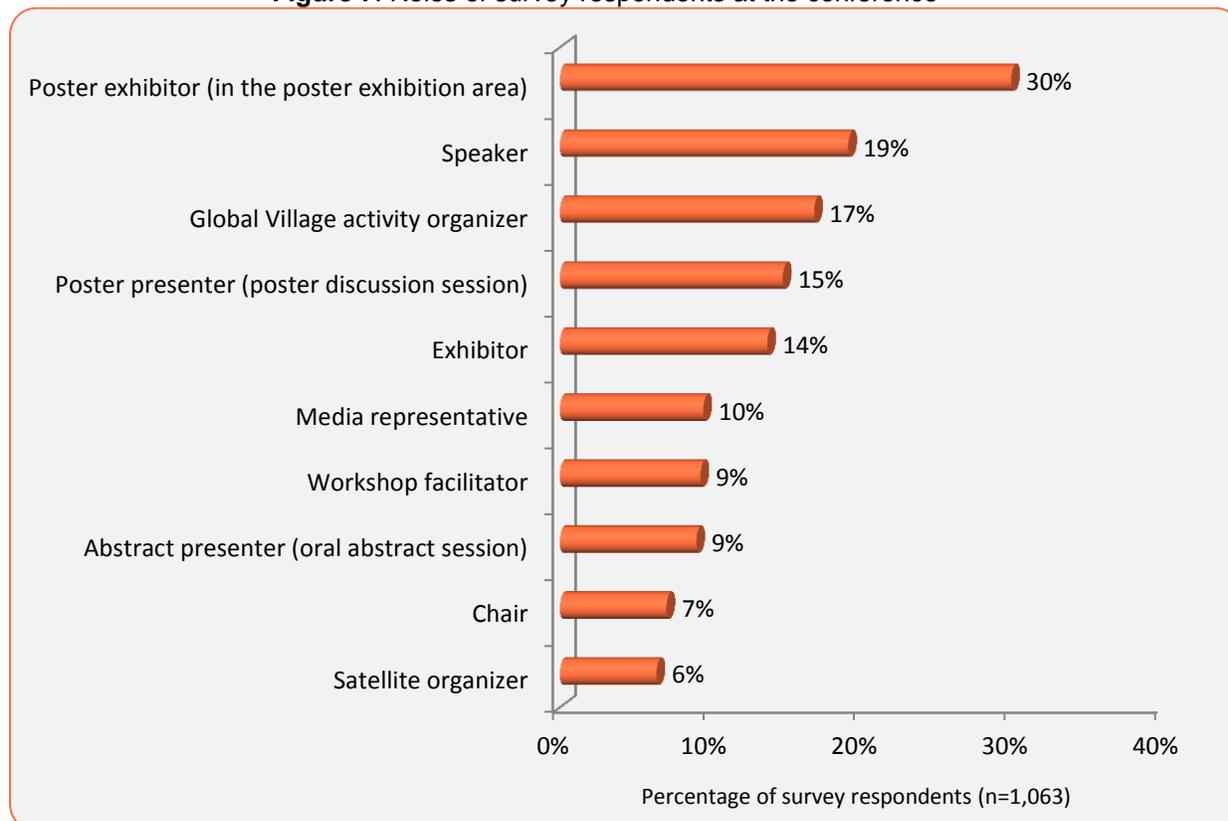
<sup>16</sup> Survey respondents were able to select several options.



## Roles in the conference

Although almost half of survey respondents were delegates attending the conference, the remaining half had different roles during AIDS 2014 (see Figure 7).

**Figure 7.** Roles of survey respondents at the conference



## Key Findings

### How did delegates hear about the conference?

Surveyed delegates were asked to select, from a 19-item list, the way they had first learnt about AIDS 2014. As in 2012 and 2010, the most frequently identified source of information about the conference was delegates' organizations, affiliations or work (27%). The second largest proportion of respondents reported that they knew about the conference through their attendance at a previous International AIDS Conference (18%). Other sources of information selected by more than 10% of respondents included the conference website (14%) and recommendations by a colleague or friend (10%).

### How useful were the online information and tools in supporting delegates' preparation and participation?

#### Conference website

Reflecting a commitment to make information presented at AIDS 2014 accessible to as many people as possible, organizers made a significant portion of the programme available online through the conference website. Abstracts, e-posters, PowerPoint presentations, rapporteurs' reports and webcasts were available through the Programme-at-a-Glance (PAG) website, and also through the AIDS 2014 mobile application.

The conference website saw an increase in the number of visits in July 2014 (by 3.5%) compared with the same period for AIDS 2012. During July 2014, users from 219 countries and territories (vs. 210 in 2012) visited the conference website 251,747 times (vs. 243,255 in 2012, 171,551 in 2010 and 130,393 in 2008). Not surprisingly, the majority of visits took place during the conference (73,057 visits from 20 to 25 July 2014 vs. 89,867 visits from 22 to 27 July 2012).

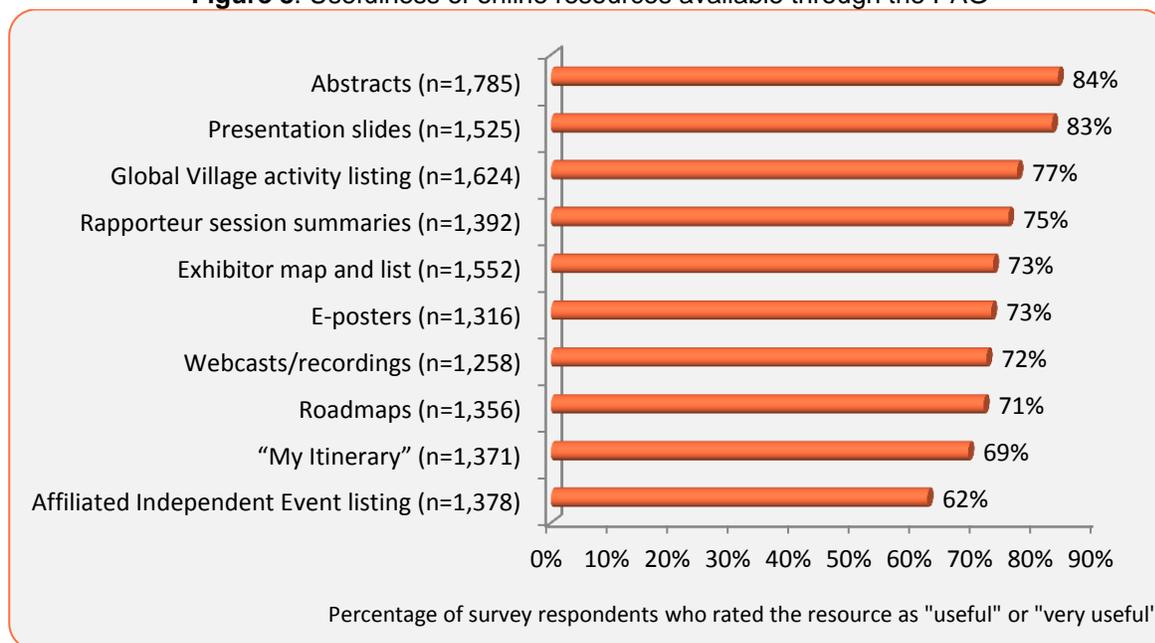
Surveyed delegates were asked to rate the usefulness of the conference website, as well as 10 resources available on the PAG. Of the 1,974 respondents who had used the website, 42% rated it as "very useful", 40% as "useful", 14% as "somewhat useful" and 3% as "not very useful".

The four resources available on the PAG that were most frequently used were abstracts (90%), Global Village activity listing (83%), exhibitor map and list (80%) and presentation slides (77%). As shown in Figure 8, these four resources were also considered the most useful, along with rapporteur session summaries.





**Figure 8.** Usefulness of online resources available through the PAG



A number of comments and suggestions for improvement were made on the website. Most delegates reported that the conference website, the PAG and the online itinerary were very difficult to navigate/use and were not intuitive. A few delegates would have liked to see more details on the conference venue location and how to get CME credits.

Looking at the PAG application for mobile phones, it was downloaded 4,390 times (compared with 5,516 for AIDS 2012). On average, users have used the application almost eight times, for an average of five minutes per session, and they mostly used the sessions feature (44%). A total of 43% of surveyed delegates reported having used the application. When asked to select, from a 10-option list, up to three features of the application that they found the most useful during the conference, "session listing" was the first ranked (77%), followed by the "my itinerary function" (33%) and "abstract listing" (31%). All other features were selected by less than 20% of respondents.

Data on usage of the online PAG and the mobile application demonstrate that these tools are used differently from each other and should be developed further to serve the actual needs for the next IAC.

Surveyed delegates also identified problem areas and made some suggestions for improvement of the PAG mobile application. Problems included the following: the application was not user friendly and kept crashing; the programme was difficult to navigate with so much information; and the search function did not work properly and delegates got frustrated because they could not click through to abstracts. Suggestions for improvement included the following: add a calendar function in the application to help delegates easily see where and when they should be; add a note-taking function where notes can be taken on each session visited; and use text messaging or push notification services to update delegates on any changes, reminders of events, etc. The conference secretariat recognizes the need to further improve the PAG mobile application and will take into consideration the recommendations made in the development of the AIDS 2016 version.

# STEPPING UP THE PACE

20th international AIDS conference July 20-25 2014 Melbourne, Australia

## Email updates

In addition to the information available online, registered delegates received monthly email updates from the AIDS 2014 secretariat prior to the conference. The email updates contained information on important deadlines, such as abstract submission, registration and scholarships, as well as programme updates and general information about the conference organization and Melbourne activities. The majority of respondents (90%) reported having used them, 28% of whom rated this resource as “very useful”, 40% as “useful”, 24% as “somewhat useful”, 6% as “not very useful” and 1% as “not useful at all”.

## Social media

A range of social media were available to delegates and individuals interested in the conference. Tools included [Facebook](#), [Twitter](#), [LinkedIn](#) and the [conference blog](#), which were used to communicate on issues debated during the conference and to share concerns and hopes among delegates’ personal and professional networks. In addition, 749 conference-related videos were uploaded on the [YouTube](#) channel attracting more than 17,000 views (by September 2014).

The AIDS 2014 Facebook page registered a total of 17,574 “likes” by the end of July 2014, and 4,800 of these occurred in July. Looking at user profiles, most people who used or made reference to the conference Facebook page were between the ages of 25 and 34 years with slightly more female than male users (54% vs. 46%, respectively).



The AIDS 2014 Twitter account attracted 11,400 followers, from 151 countries. Twitter followers could follow the conference profile (@AIDS\_conference), created in July 2012, and/or use the official hashtag of the conference (#AIDS2014). A total of 117,500 tweets containing the official hashtag (#AIDS2014) were made in July, and 87,700 of these were made during the week of the conference (vs. 85,608 during the week of AIDS 2012). Looking at the user profiles, most people who used the AIDS 2014 Twitter account were between the ages of 25 and 44 years and 53% of users were male vs. 47% female.

The [AIDS 2014 LinkedIn group](#) was established in December 2013 with the goal of creating a networking space for delegates and non-delegates who work in the HIV field. In eight months, 202 members joined the group, which will be maintained for future International AIDS Conferences.

The conference blog hosted a total of 40 posts from September 2013 to July 2014, 19 of which were published during the conference week.

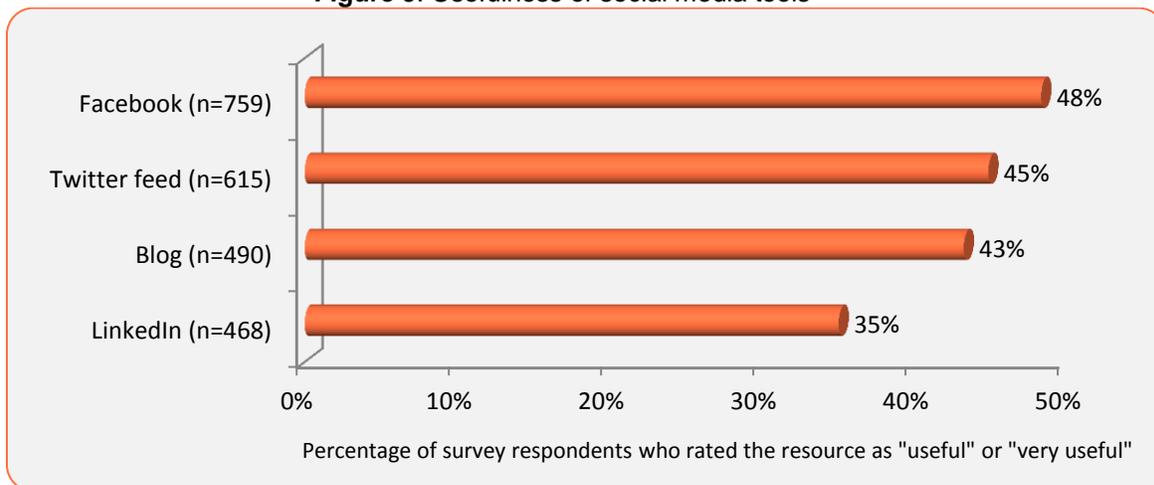


These statistics show that social media tools were widely used and encouraged a high level of virtual participation. While the data demonstrates strong social media involvement in the lead up to the conference, it should be acknowledged that increased activity may have been generated by the MH17 plane crash disaster.

In contrast to these statistics, results of the delegate survey revealed that less than 40% of respondents had used social media. Among those delegates who did use social media, Facebook was the most used tool (39%), followed by Twitter (32%), the conference blog (26%) and LinkedIn (24%).

Of these tools, Facebook was considered to be the most useful (see Figure 9).

**Figure 9.** Usefulness of social media tools



As part of their comments about the conference and suggestions for improvement, some surveyed delegates indicated that social media connectivity at AIDS 2014 was poor. Other comments and suggestions on the social media tools included: the need for Twitter to become more active and collegiate (many AIDS 2014-related tweets were not retweeted); the need for the YouTube channel to be better promoted and more user friendly (an index and "latest posts" would be helpful); and the need to maximize the presence of media delegates, especially online bloggers and social media users.

## Webinars

The IAS organized the AIDS 2014 Webinar Series with support from conference partners. The series provided timely updates related to AIDS 2014 and covered a variety of topics aimed at strengthening the participation and engagement of young individuals, communities, leaders and scientists at the conference. A total of 12 seminars were delivered from mid-November 2013 to mid-July 2014. All webinar recordings and materials were available for download from the conference [website](#) following each webinar.

Although webinar attendance was not as high as expected (mainly due to technical issues and confusion with time zones), the feedback received was very positive and the majority of attendees increased their level of knowledge after attending the online webinar(s).

## Abstract Mentor Programme

The Abstract Mentor Programme (AMP) was first introduced at the 15<sup>th</sup> International AIDS Conference (AIDS 2004). The programme provides an opportunity for early-career researchers to receive feedback from experienced abstract submitters. It is aimed at increasing the quality of the abstracts, thereby strengthening the chance of young and/or less-experienced abstract submitters having their abstracts accepted for presentation. The programme is completely independent of the conference abstract review and selection process. In 2014, 95 mentors reviewed 405 draft abstracts (vs. 115 mentors reviewing 582 abstracts in 2012 and 65 mentors reviewing 500 abstracts in 2010). On average, mentors were expected to provide feedback for seven abstracts. In total, 63% (n=254) of the mentored abstracts were subsequently submitted to the conference programme for consideration. Out of the 254 submissions, 77 were accepted into the conference programme, two as oral abstracts, three as poster discussions and the remaining 72 in the poster exhibition. The overall acceptance rate for mentored abstracts was 30% (vs. 31% for all conference abstracts). This compares well with the AIDS 2012 programme, which saw 23% of the submitted mentored abstracts accepted into the programme versus 30% of regular submissions accepted.

The vast majority of surveyed mentees<sup>17</sup> indicated that their expectations of the programme had been met (98%), and that the programme had indeed helped them improve the presentation of their abstracts (87%). More than half the surveyed mentees also reported that the programme helped them improve their self-confidence (53%) and improve their understanding of scientific writing (56%).

## What did the conference programme offer and how was it rated by delegates?

This section provides a description of the programme, abstract statistics and key findings of the delegate survey. Comments and suggestions for improvements that were made by surveyed delegates on specific elements are available in the respective sub-sections (i.e., quality of science, workshops, Global Village and poster exhibition) while general comments on the programme, including on speakers/chairs/moderators, are summarized in Appendix 5.



Opening Session  
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<sup>17</sup> As in 2012 and 2010, abstract mentors and mentees were surveyed after the conference abstract submission deadline. Survey results are summarized in [Appendix 4](#).



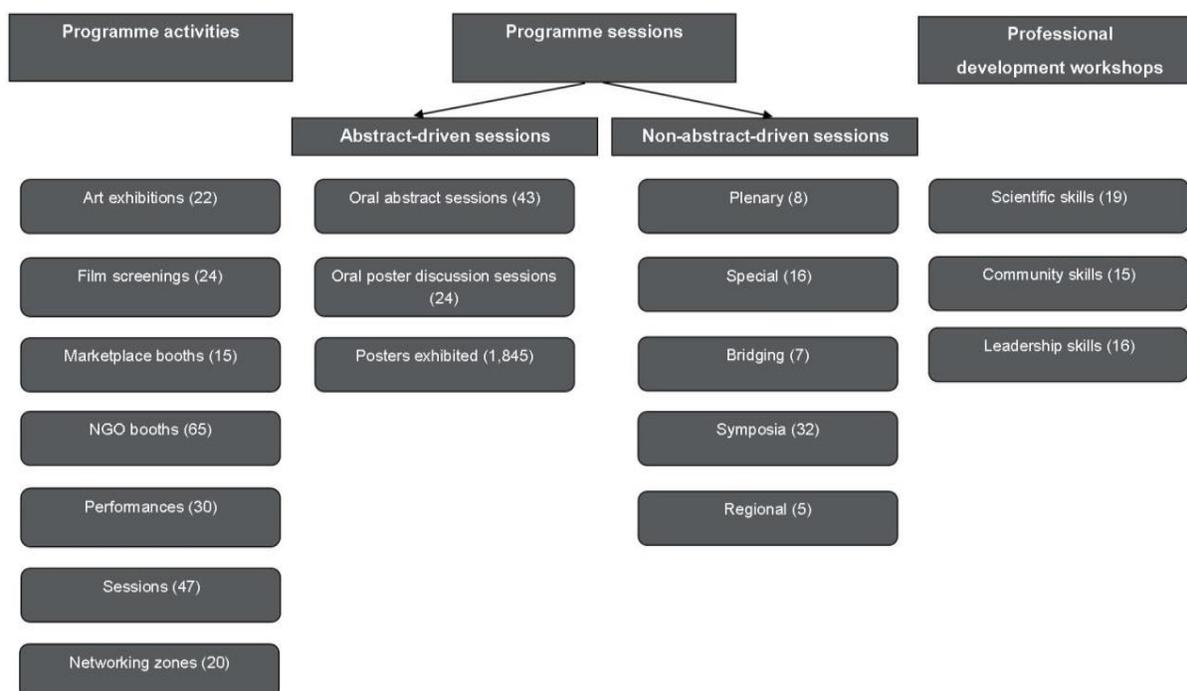
## Overview of the programme

The AIDS 2014 programme was developed by the following committees:

- The Conference Coordinating Committee (CCC)<sup>18</sup>
- The Community Programme Committee
- The Leadership and Accountability Programme Committee
- The Scientific Programme Committee
- Five track committees:
  - Track A: Basic and Translational Research
  - Track B: Clinical Research
  - Track C: Epidemiology and Prevention Research
  - Track D: Social and Political Research, Law, Policy and Human Rights
  - Track E: Implementation Research, Economics, Systems and Synergies with other Health and Development Sectors

The AIDS 2014 programme included a range of sessions and activities (see summary in Figure 10).

**Figure 10.** Overview of the conference programme



AIDS 2014 also featured an exhibition, 97 satellite sessions, 16 engagement tours (to 12 organizations) and 55 affiliated independent events.

The conference programme featured daily abstract-driven sessions in five tracks, 43 of which were oral abstract sessions and 24 were oral poster discussions. Daily non-abstract-driven sessions included eight plenary sessions, 16 special sessions, seven bridging sessions, 32 symposia and five regional sessions.

<sup>18</sup> The CCC is the conference's highest governing body. It is comprised of an international group of experienced HIV professionals and researchers, including representatives of civil society. This committee has the mandate to oversee the conference organization.

Surveyed delegates were asked to rate the quality of presentations and/or discussions made during the conference sessions. Of 1,837 respondents, the vast majority gave a rating of “excellent” or “good” (33% and 57%, respectively, vs. 9% “fair” and 1% “poor”).

The figures in the rest of this section are specific to abstract-driven sessions.

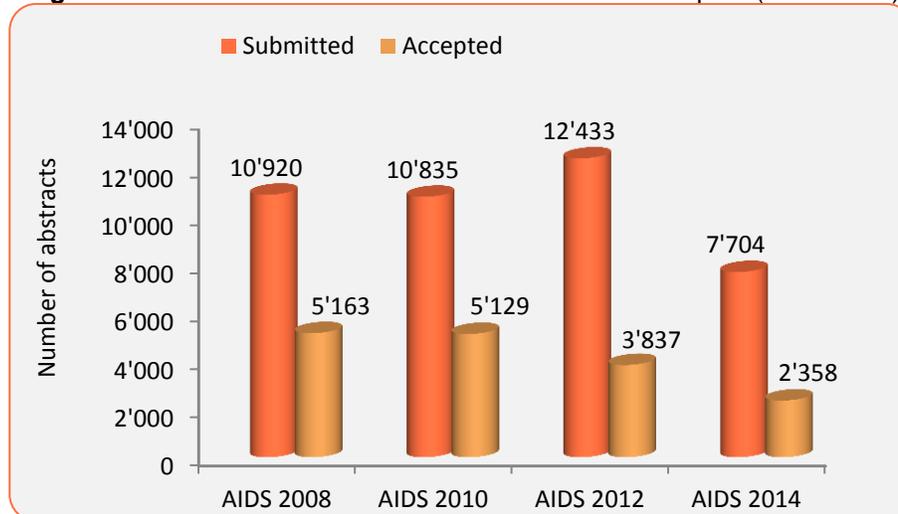
## Abstract statistics

AIDS 2014 received 7,704 submissions, 385 of which were late-breaker submissions. After an intensive review process, 2,358 abstracts (31% of submissions, as in 2012), including 80 late breakers, were accepted for inclusion in the AIDS 2014 programme.

Abstracts were initially reviewed and scored by a team of 1,400 peer reviewers from 89 countries using a double-blind, peer-review process. Each abstract was scored by at least three reviewers. In April, members of the Scientific Programme Committee (SPC) and the track committees met to review and select the highest-scoring abstracts for inclusion in the programme, grouping them into oral abstract sessions and oral poster discussion sessions. Co-chairs of the Community Programme Committee and the Leadership and Accountability Programme Committee also participated in the process, along with observers from several of the conference organizing partners. SPC members selected late-breaker abstracts in June 2014 for oral presentation or poster exhibition.

A comparison of the total number of abstracts submitted and accepted (including both regular submissions and late breakers) from 2008 to 2014 is provided in Figure 11.

**Figure 11.** Total number of abstracts submitted and accepted (2008-2014)

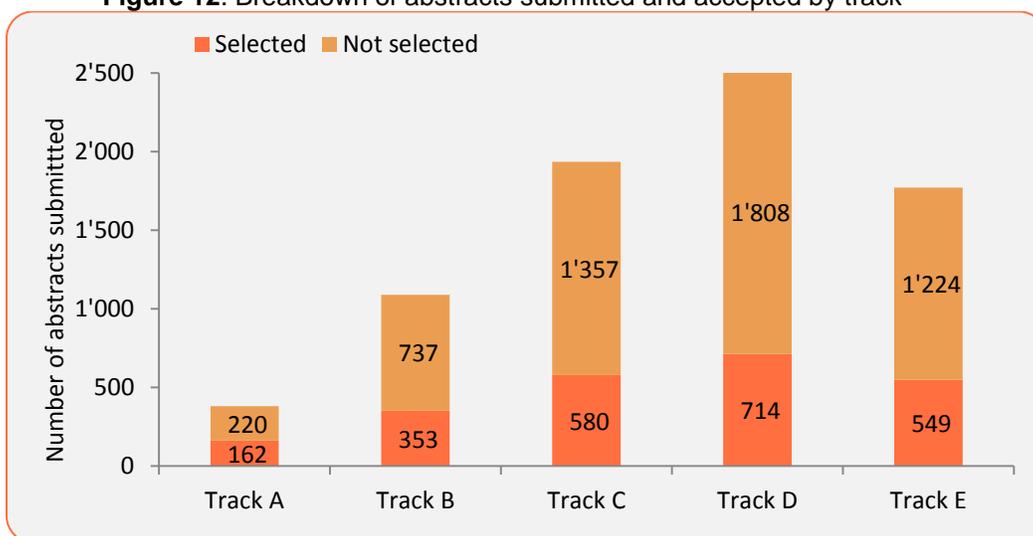


For AIDS 2012 and AIDS 2014, the conference and programme committees made a conscious effort to showcase high-quality or top-scoring research by reducing the number of abstracts accepted into the programme.

Following the previous conference trends, abstracts submitted to AIDS 2014 were categorized most often into Track D, C and E, respectively. The acceptance rate differed slightly between the five tracks, ranging from 28% in Track D to 42% in Track A, with an overall acceptance rate of 31%.

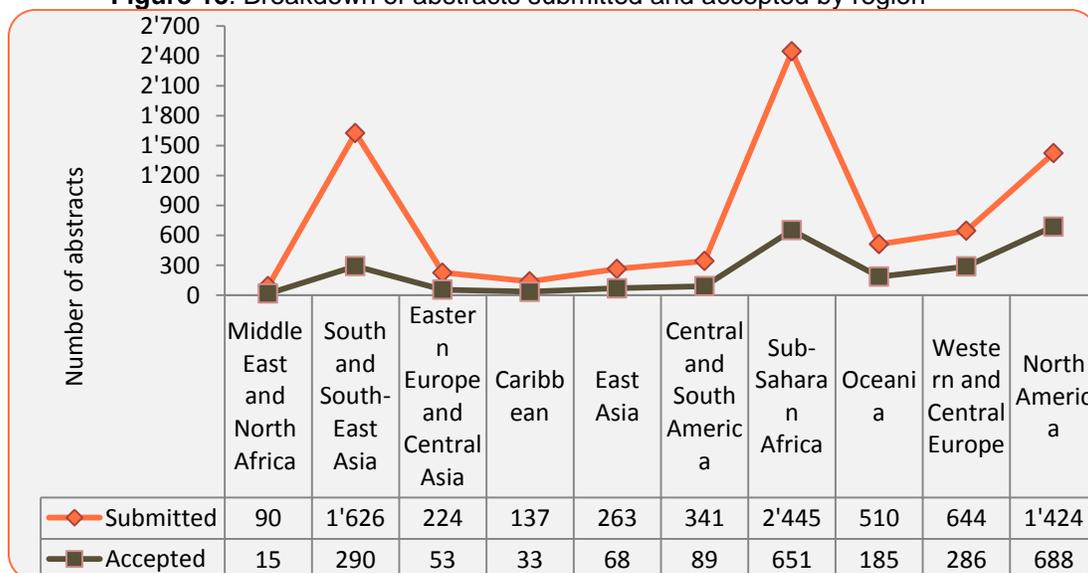


**Figure 12.** Breakdown of abstracts submitted and accepted by track



Looking at gender balance for AIDS 2014, although the number of abstracts submitted<sup>19</sup> by men was slightly higher (53% vs. 46% from women and 1% from transgender), the proportion of female and male authors whose abstracts were accepted was almost the same (50.3% for men, 49.4% for women and 0.4% for transgender).

**Figure 13.** Breakdown of abstracts submitted and accepted by region<sup>20</sup>



Abstracts were submitted from authors of 158 countries (vs. 170 in 2012)<sup>21</sup>. Submissions from 100 countries (vs. 119 in 2012) were successful. As shown in Figure 13, abstracts from North America had the

<sup>19</sup> The gender refers to the presenting author, not the submitter.

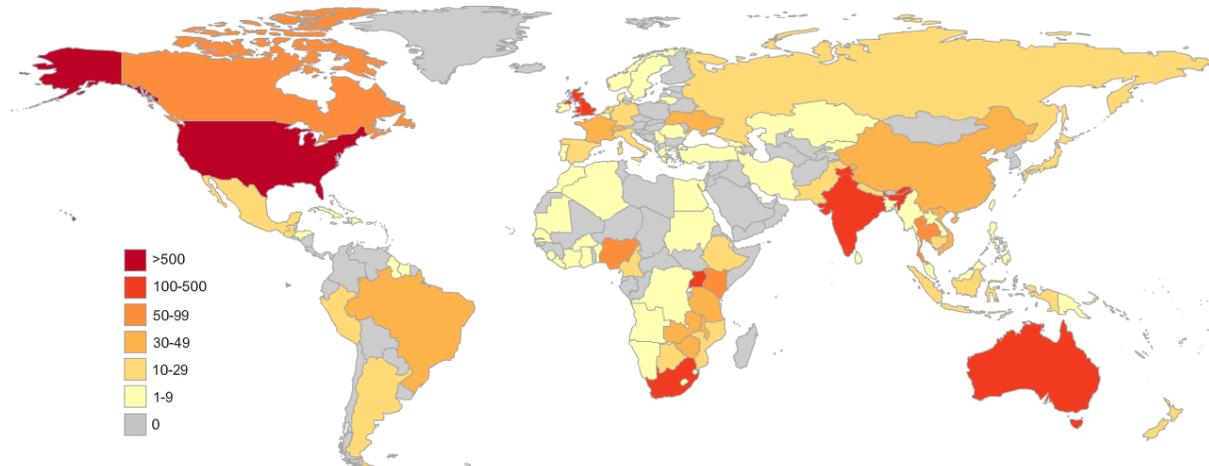
<sup>20</sup> Statistics are presented from the lowest success rate (ratio accepted/submitted) on the left side of the graph to the highest success rate on the right side.

<sup>21</sup> The country refers to the country of affiliation/organization of the presenting author. The geographical regions are based on the Joint United Nations Programme on HIV/AIDS classification, available in [Appendix 7](#).

highest ratio accepted/submitted (48%) while those submitted from the Middle East and North Africa had the lowest ratio (17%).

As shown in Figure 14, the countries with the highest number of abstracts accepted were: United States of America (573), Australia (168), South Africa (116), India (107), United Kingdom (105) and Uganda (101). The number of abstracts submitted and accepted by country is available in [Appendix 3](#).

**Figure 14.** Breakdown of abstracts accepted by country<sup>22</sup>



## Poster exhibition

The poster exhibition covered a wide variety of topics and included more than 1,800 posters, organized by day and by track. Each poster was displayed for one day and authors were asked to stand by their posters during lunch time on their assigned day of presentation to answer questions and provide further information on their study results.

Just over 90% of surveyed delegates indicated that they had visited the poster exhibition, 39% of whom visited it between three and five times and 20% more than five times. The majority of survey respondents rated the overall organization of that area (i.e., its location, space, number of posters displayed, posters identification, etc.) as “good” or “excellent” (55% and 25%, respectively, vs. 17% “fair” and 2% “poor”). The main reason for not visiting that area was lack of time (selected by 71% of survey respondents who did not visit the area).

A number of comments/suggestions for improvement were made on the poster exhibition. The most recurrent are summarized here:

- Time conflict of poster presentations (i.e., when the author was expected to stand by his/her poster) with other sessions, location (long distance to walk from session rooms), and lack of visibility (“putting the poster exhibition behind the main exhibition area means that it feels de-prioritised and is often overlooked”) influenced attendance.
- The layout was not optimal: posters were set up with the late breakers isolated, making it difficult for delegates to find them; smaller geometrical unit displays (e.g., polygonal with 20-30 posters each) would mitigate against the overpowering linear format used; the splitting of posters to very different ends of the exhibition area resulted in some delegates discovering the second set of posters too late.
- Poster authors/presenters were not always at their posters at the scheduled time. It would be helpful to ask them to post timetables next to their posters so that delegates know when they are available. It

<sup>22</sup> The country refers to the country of affiliation/organization of the presenting author.



would also be useful to provide delegates with emails of poster presenters for catch up and/or follow up.

- There were many empty poster stands. A few delegates proposed solutions for this: print and place abstracts on the poster board so that delegates can see what should have been there; and have e-posters displayed on screens. On the other hand, a few delegates thought there were too many posters.
- The quality of posters was not equal: while several delegates noted the high quality of some posters that would have deserved an oral session, other delegates reported that some posters were of such low quality that they should not have been accepted to any scientific conference.

Conference secretariat recommendations for addressing suggestions and comments:

- Continue working with the committees on the programme schedule.
- Critically look at the spaces available in the AIDS 2016 venue to ensure the poster exhibition is well placed.
- Look into proposed solutions on how to deal with empty poster boards.
- Encourage the SPC to maintain a high quality of posters presented in the exhibition.

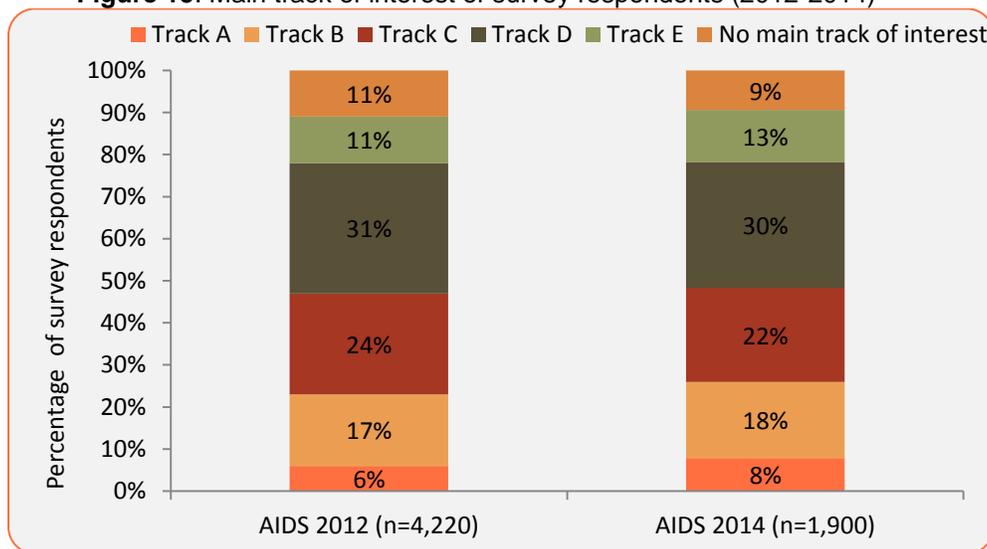
*Click on the video links/images below to hear some poster exhibitors' experience:*



## Main tracks of interest

Surveyed delegates were asked what their main scientific track of interest was at AIDS 2014 (i.e., the track in which they attended most sessions). As in 2012, Track D was of interest to the greatest number of delegates. The interest in other tracks has remained stable (see Figure 15).

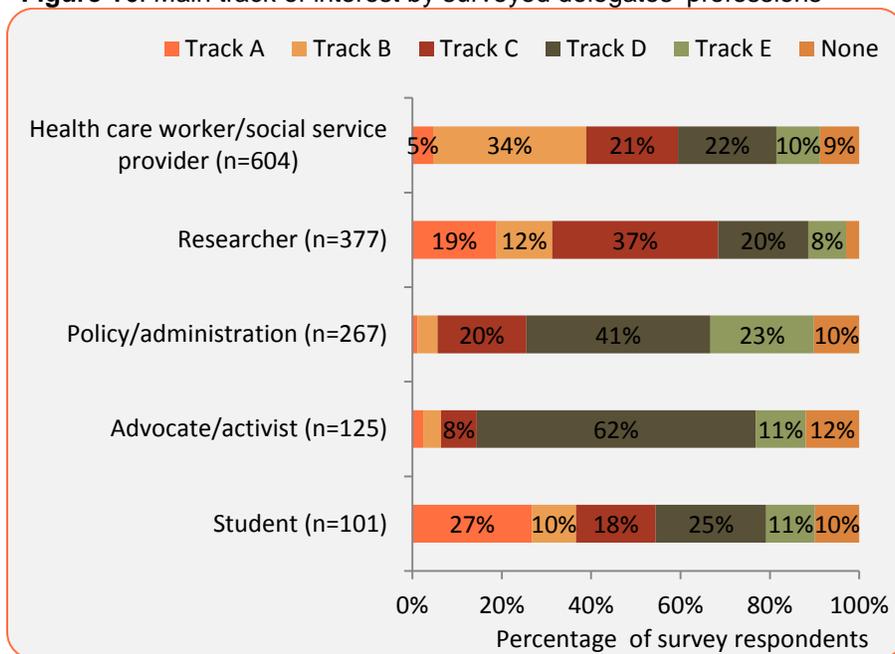
**Figure 15.** Main track of interest of survey respondents (2012-2014)



Unsurprisingly, statistical analysis showed that there was a significant relationship between the profession/occupation of delegates and their main track of interest, with researchers and students being more likely to be interested in Track A (19% and 27%, respectively) than health care workers/social

service providers (5%), advocates/activists (2%) and those working in the policy/administration sector (1%, see details in Figure 16).

**Figure 16. Main track of interest by surveyed delegates' professions<sup>23</sup>**



## Other tracks of interest

Survey respondents who had selected one main track of interest were then asked if they had attended sessions that did not belong to their main disciplines (i.e., sessions in tracks other than their main track of interest). Of the 1,682 respondents, the majority answered “Yes” (83%, same as in 2012).

Main track of interest	Second track of interest		Third track of interest		Fourth track of interest		Fifth track of interest	
	Track	%	Track	%	Track	%	Track	%
Track A (n=150)	B	52%	C	45%	D	35%	E	18%
Track B (n=343)	C	59%	A	43%	D	36%	E	31%
Track C (n=425)	D	55%	E	47%	B	43%	A	32%
Track D (n=566)	E	48%	C	48%	B	28%	A	22%
Track E (n=238)	C	55%	D	53%	B	36%	A	26%

<sup>23</sup> This chart only includes professions that were represented by at least 100 survey respondents.

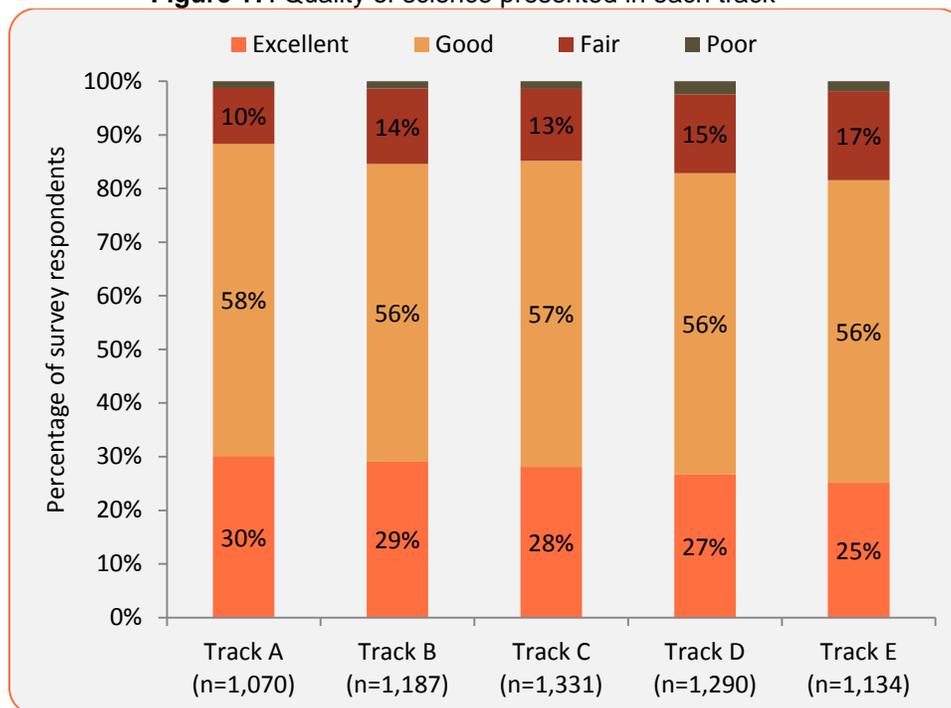


Looking in more detail at the association between tracks, i.e., which tracks attracted people mainly interested in another track<sup>24</sup>, more than half of those whose main track of interest was Track A also attended Track B sessions. Those whose main track of interest was D or E were less likely to attend Track A sessions (see details in the following table).

## Quality of science

Surveyed delegates were asked to rate the quality of science presented in each track. As in 2012, the vast majority (more than 80%) reported that the quality was “good” or “excellent” in all tracks, with Track A being ranked the highest (see Figure 17).

**Figure 17.** Quality of science presented in each track



Surveyed delegates were also asked to indicate their level of agreement with the following statement: “Overall, the conference programme presented innovative and high-quality science.” Of 1,846 respondents, the majority “strongly agreed” or “agreed” with the statement (32% and 45%, respectively), 18% “somewhat agreed”, 4% “did not agree” and only 2% “did not agree at all”.

As part of their comments about the conference and suggestions for improvement, in contrast to these findings, a small number of delegates complained about the low quality of science at AIDS 2014. Most common complaints included the following: too little new science presented at this conference; lack of information on relevant clinical studies/trials and lack of sessions presenting directly applicable clinical content; not enough new researchers with innovative ideas; and need for more rigorous screening of abstracts.

<sup>24</sup> Survey respondents were asked if they attended sessions that did not belong to their main discipline, i.e., sessions in tracks other than their main track of interest. Those who replied “Yes” were then asked to select which one(s) from the five tracks. Detailed responses are presented in the above table.

The conference secretariat will continue to work with the SPC and the CCC to ensure that the conference continues to attract and present the highest quality science possible.

*Click on the video link/image below to hear a delegate's opinion about science at AIDS 2014:*



## Workshops

The conference programme featured 50 workshops<sup>25</sup> (vs. 60 in 2012). Covering all tracks and including several cross-cutting issues and themes, the workshops were aimed at increasing the capacity of delegates to implement and advocate for effective, evidence-based HIV policies and interventions in their respective communities and countries. Twenty of the workshops were designed by the programme committees (five each from the Scientific Programme Committee, Community Programme Committee, Leadership and Accountability Programme Committee and CCC) and 30 were selected from 236 public submissions. The final programme consisted of 19 Scientific Development Workshops, 16 Leadership and Accountability Development Workshops and 15 Community Skills Development Workshops.

Of 1,835 surveyed delegates who completed the section on workshops, half indicated that they did not attend any workshops. Of the 925 delegates who attended at least one workshop, 26% attended between three and five workshops and 11% attended more than five. The majority rated the workshop(s) they attended as “useful” or “very useful” (47% and 37%, respectively) and indicated that they were “very likely” or “likely” to recommend to a friend/or colleague that they attend a professional development workshop at the next conference (48% and 38%, respectively).

Statistical analysis showed that there was a significant relationship between the profession/occupation of delegates and their attendance, with educators/trainers, advocates/activists, health care workers/social service providers and students being more likely to have attended at least one workshop (62%, 61%, 56% and 53%, respectively) than those working in the policy/administration sector (45%), researchers (42%) and media representatives (33%).



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The number of years worked in the HIV field was also a parameter that significantly influenced the attendance of workshops at the conference. Most surveyed delegates with two to five years' experience attended at least one workshop (58%). This was followed by surveyed delegates with six to 10 years of experience (56%) and those with less than two years' experience (51%). A smaller proportion of surveyed delegates with more than 11 years' experience attended one or more workshop (49% with 11 to 15 years' experience and 40% with more than 15 years' experience). These figures suggest that the workshop programme appealed mostly to delegates with an intermediate level of knowledge.

<sup>25</sup> Workshops are held in rooms with small capacities, which are better suited to the transfer of practical skills, group discussions and development-focused sessions.



Neither of these two parameters (delegates' profession/occupation and HIV work experience) significantly influenced the usefulness rating given by surveyed delegates to the workshop(s) they attended.

As part of comments/suggestions for improvement provided by delegates on workshops, the most recurrent themes were to increase the number of advanced-level workshops, to make them more interactive, and to allocate enough time to allow effective learning and feedback following group working sessions.

This feedback will be shared with the AIDS 2016 committees and Workshop Working Group.

## Global Village

The AIDS 2014 Global Village was a diverse and vibrant space that covered an area of 6,500m<sup>2</sup>. Here, communities from all over the world gathered to meet, share and learn from each other. It was a space that showed conference participants how science translates into community action and intervention. The Global Village was open to conference delegates and to the general public, and admission was free.

The activities for the Global Village were overseen by the Global Village Working Group and were generated from proposals received from the public through an online application process. All proposals were reviewed and scored by a dedicated working group, composed of local and international experts. Of 508 proposals submitted (vs. 1,025 in 2012), a total of 223 activities were offered during the conference.



*Click on the image below to see videos of the Global Village:*



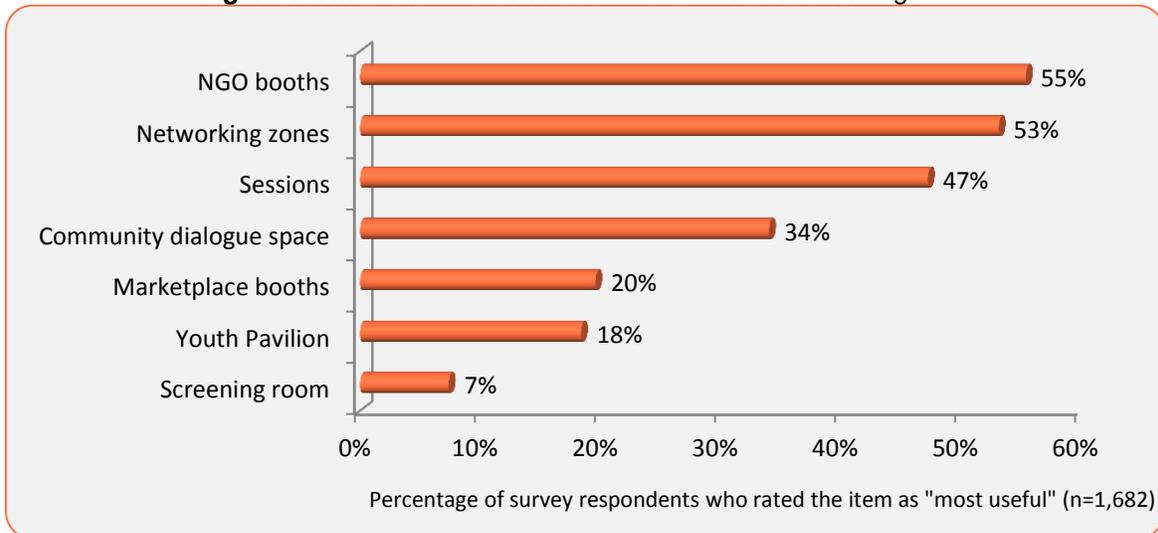
*Click on the video links/images below to hear about delegates' experience at the Global Village:*



The Global Village attracted many delegates who visited it several times: 93% of surveyed delegates reported having visited it, 29% of whom visited it between three and five times and 41% more than five times. Delegates who said that they did not visit the Global Village had the opportunity to explain why. The main reason for not visiting that area was lack of time (selected by 66% of survey respondents).

As shown in Figure 18, the three activities/features considered the most useful by surveyed delegates were NGO booths, networking zones and sessions.

**Figure 18.** Most useful activities/features in the Global Village



Survey respondents who selected the Youth Pavilion as most useful were asked to select, from a four-item list, what they did at the pavilion. Of 304 respondents, 73% attended sessions, 45% networked, 37% visited the Youth Positive Lounge and 5% took part in other activities. The same respondents were also asked to indicate how helpful the Youth Positive Lounge had been in supporting their participation in the conference. Of the 215 surveyed delegates who visited the Youth Positive Lounge, the majority rated it as “helpful” or “very helpful” (40% and 37%, respectively).

A small number of comments/suggestions for improvement were made on the Global Village. The most recurrent themes are summarized here:

- The Global Village was too squashed with a lot of concurrent events, which was extremely noisy and distracting. Even when major speakers were being broadcast from the screen (e.g. ,Bill Clinton), there were concurrent activities, which made it very hard to hear. However, some delegates appreciated its energy, as illustrated in the following quote: “The Global Village was vibrant and loud all the time – this was great.”
- There should be more promotion for the general public (residents in the conference host city) to visit the Global Village, including more advertising at the “street level”, public announcements outside the conference venue and more presence in the social and print media.
- The area allocated for the Global Village could have been in a much larger space. It was too compact and busy, making it difficult to walk around. Also, the main stage and the audience space were reported to be too small compared with the high number of attendees.
- Marketplace booths were isolated; they should be within the Global Village. Also, Marketplace exhibitors did not expect delegates to visit booths cashless with the intention of using their credit cards (it was suggested that a computer/e-portal at the Marketplace be made available so that delegates and visitors who wish to use their credit cards can opt to pay online or to have credit card machines available).
- There should be more linkages between the scientific programme and activities at the Global Village.

Conference secretariat recommendations for addressing suggestions and comments:

- Further efforts will be made to reduce noise levels in the Global Village.
- Additional promotion to the general public will be made in Durban, South Africa, for AIDS 2016.



- The size of the Global Village will be reviewed to ensure that there is adequate space for visitors.
- The AIDS 2016 Global Village Working Group will carefully consider placement of the Marketplace booth.
- Continued efforts will be made with the conference committees in increasing linkages between the scientific and Global Village programmes.

## Exhibition

The programme also featured an exhibition of 5,000m<sup>2</sup>, which hosted 101 booths<sup>26</sup> (vs. 217 in 2012 and 151 in 2010)<sup>2</sup>.

The vast majority of surveyed delegates (94%) reported having visited that area, 36% of whom visited it between three and five times and 33% more than five times. When asked what their main motivation was for visiting the exhibition area, the three most often selected options were: visit the poster exhibition (63%); visit an/some NGO booth(s) (57%); and learn more about a programme or product (47%). The main reason for not visiting that area was lack of time (selected by 54% of respondents).

## How successful was the conference in achieving its objectives?

### Overall programme achievements

Surveyed delegates were asked to indicate their level of agreement with the following statements aimed at assessing the extent to which the conference achieved its objectives.

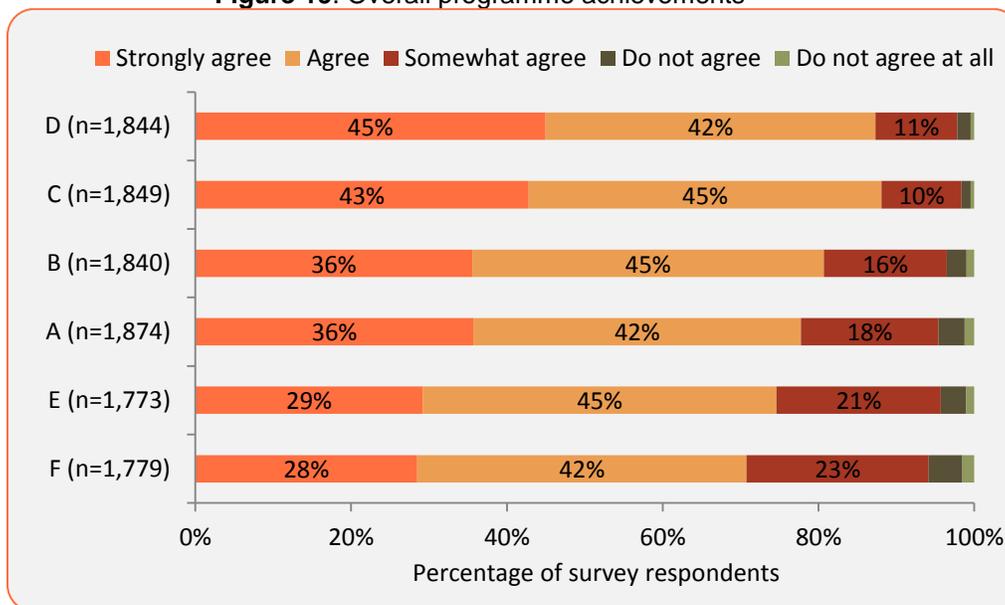
The conference programme ...

- A: Brought something new and relevant to today's challenges of the response to HIV and AIDS.
- B: Holistically addressed the social and economic drivers of the epidemic, such as repressive politics, discrimination and poverty.
- C: Raised awareness that despite successes in overcoming the epidemic, in many places, new infections continue to rise due to lack of funding, structural, policy and political challenges.
- D: Put focus on global HIV epidemic hotspots and scale-up efforts within key affected populations.
- E: Fostered the current debate around a post-2015 Millennium Development Goals (MDGs) scenario for HIV and AIDS and helped ensure that HIV remains a key focus of international development.
- F: Fostered involvement of a new generation of young scientists, community leaders, politicians and advocates and cross fertilization of experience and expertise from other disciplines.

As shown in Figure 19, more than two-thirds of survey respondents "agreed" or "strongly agreed" with all statements. The two statements with which they most agreed were: "the programme increased the focus on global HIV epidemic hotspots and scale-up efforts within key affected populations" and "the programme raised awareness that despite successes in overcoming the epidemic, in many places, new infections continue to rise due to lack of funding, structural, policy and political challenges". The two statements with which they least agreed were: "the programme fostered the current debate around a post-2015 Millennium Development Goals (MDGs) scenario for HIV and AIDS and helped ensure that HIV remains a key focus of international development" and "the programme fostered involvement of a new generation of young scientists, community leaders, politicians and advocates and cross fertilization of experience and expertise from other disciplines".

<sup>26</sup> This figure comprises 51 non-commercial booths, 44 commercial booths and 6 publisher booths, occupying 2,150m<sup>2</sup> of the space.

**Figure 19. Overall programme achievements<sup>27</sup>**



## Direct benefits gained by delegates from attending the conference

- ✓ “I learn[ed] more information in one week at the IAC than in one year as a result of the information concentration available at the IAC.” (researcher, hospital/clinic, Hungary)
- ✓ “Coming from a ‘conservative’ country where up-to-date scientific information is not available, AIDS 2014 [allowed me] to get new knowledge and to meet with key populations that are difficult to reach in my country because they don’t [dare to] disclose their status.” (physician, Egypt)
- ✓ “I got new funding and useful feedback for my research. It was also agreed [with partners attending the conference] that we will produce a summary of key findings on HIV cure.” (student and researcher, hospital/clinic, Denmark)
- ✓ “I learnt a lot at this conference ... including the connection between HIV and TB and the importance of national policies ... I will take away these key messages back home.” (programme manager, NGO, Canada)
- ✓ “I realized the urgency to provide sexual education to youth, parents and teachers [in my country and in the MENA region]. I will bring it up with our Ministry of Education.” (educator, NGO, Jordan)

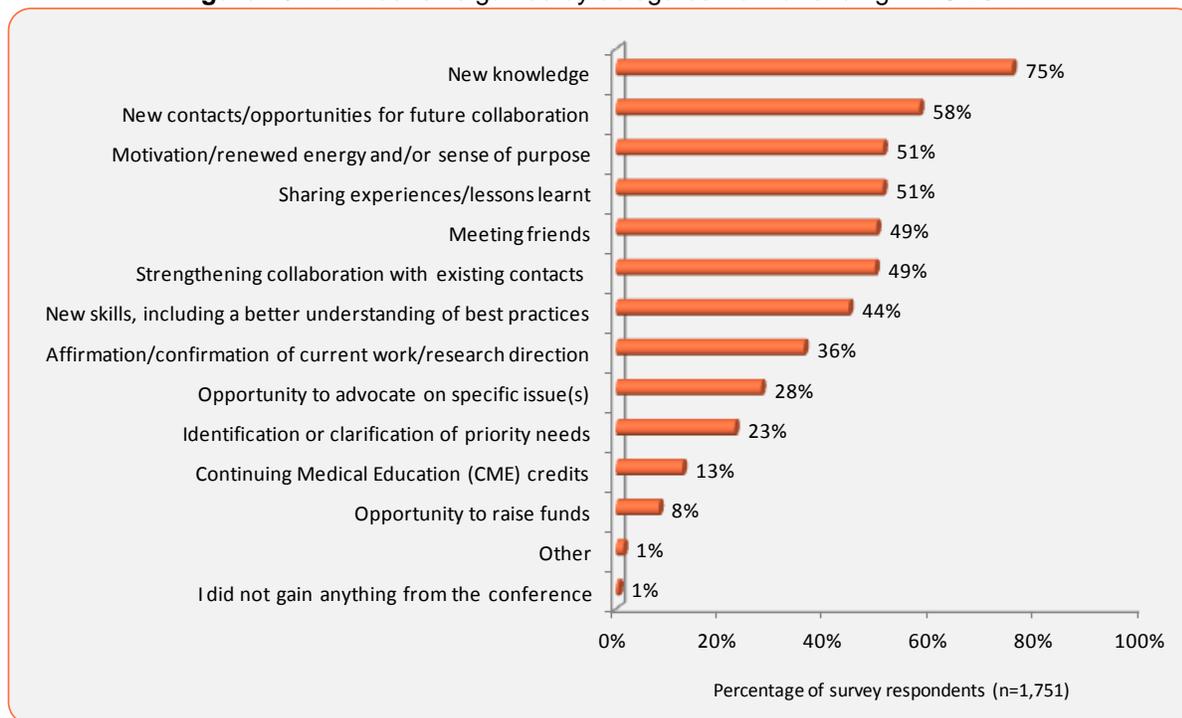
Surveyed delegates were presented with a list of potential benefits and were asked to identify those that they had acquired as a result of their participation in AIDS 2014. The two most frequently noted benefits were: new knowledge (75% vs. 73% in 2012 and 77% in 2010) and new contacts/opportunities for future collaboration (58% vs. 57% in 2012 and 65% in 2010).

It is also encouraging to note that between 49% and 51% of respondents selected the following benefits: motivation/renewed energy and/or sense of purpose; sharing experience/lessons learnt; meeting friends; and strengthening collaboration with existing contacts. Only nine out of the 1,751 respondents (i.e., 1%) indicated that they did not gain any benefit (see Figure 20).

<sup>27</sup> This figure excludes respondents who selected the answer “I don’t know”.



**Figure 20.** Main benefits gained by delegates from attending AIDS 2014



The fact that the main benefits focused on gaining/sharing new knowledge and contacts are confirmed by the following results:

Surveyed delegates were also asked to indicate their level of agreement with the following statement: “Overall, the conference programme increased my education or skills in the field of HIV.” Of 1,879 respondents, the majority “strongly agreed” or “agreed” with the statement (38% each), 20% “somewhat agreed”, 4% “did not agree” and only 1% “did not agree at all”.

With respect to networking, surveyed delegates were asked if, during the conference, they had the opportunity to network and/or discuss challenges in their current work on HIV with delegates/speakers working in different areas or those with different fields of expertise. The majority replied “Yes” (83% vs. 80% in 2012 and 83% in 2010), 11% said “No” (vs. 16% in 2012 and 11% in 2010), and 6% were “not sure” (vs. 4% in 2012 and 7% in 2010).

*Click on the video links/images below to hear delegates talk about the main benefits gained:*



## Experience of youth delegates

The Youth Programme included a variety of activities designed for and by young people, including cultural and educational performances, presentations, workshops and panel discussions. The Youth Pavilion and Youth Positive Lounge, both within the Global Village, provided spaces for young people to network, collaborate and showcase achievements from around the world. While the dedicated Youth Programme provided a platform for young people to participate in youth-specific activities at the conference, one of the key objectives of the programme was to promote the value of intergenerational exchange between older and younger populations of people involved in the global response to HIV. In this way, all young participants were encouraged to engage in all parts of the conference programme, as well as youth-specific activities.



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Surveyed youth delegates (aged under 26 years) were asked to explain their experience as a young person at AIDS 2014, including their understanding of how young people were/are engaged in dialogue on the global response to HIV. A total of 70 youth delegates provided inputs, of which 86% were positive, commending the “good sized” space provided for youth at the conference. This is illustrated by the following quotes:

- ✓ “Before the conference, I had limited knowledge on HIV. Thus, I would stigmatize, discriminate and isolate [friends] if they inform[ed] me that they tested positive for HIV. I am pretty sure a lot of young people especially migrants would do the same due to the lack of education on HIV. [As a result of AIDS 2014], I have gain[ed] a lot of knowledge on HIV and I [have] overcome my fears. Through the conference, I began to raise awareness in the community about HIV, share what I have learned with many people, and last but not least, educate my friends about the importance of HIV transmission and prevention.” (Australia)
- ✓ “My exposure to the AIDS 2014 conference showed me the seriousness of HIV/AIDS and its surrounding issues in the global context. It also challenged me as a social worker to step up in my work, with young people back in my country.” (Papua New Guinea)
- ✓ “It was a great experience for me. My advocacy priorities were access to medicines and HIV and AIDS within the Post-2015 framework. I was really glad to ... participate in some advocacy events in the Global Village. Overall, young people were given an excellent space .... The development of the Youth Action Plan and handing it over to the UNAIDS Executive Director was a great success and milestone for youth advocacy.” (Nepal)
- ✓ “The youth pre-conference was a big opportunity to communicate with young people from all over the world. Meeting youth from different regions and [sharing] experiences with them gave me the motivation to do more in this field. During the conference I attended many sessions that interested me and found [much] useful information related to my working area. I think YEAH and the Melbourne Youth Force did their best to prepare us [for] the conference. It was good to see so many young people as speakers, co-chairs of sessions.” (Azerbaijan)



*Click on the video link/image below to hear a youth delegate talk about his experience at AIDS 2014:*



Main suggestions for improvement included the following:

- The Youth Pavilion (an interactive and engaging space) should be larger and feature its own physical space adjacent to the Global Village.
- Many sessions had a youth voice, but more sessions (including plenaries) and panels should feature young leaders, workers, innovators and researchers.
- There should be more youth-specific sessions in the main conference area rather than just in the Global Village. This would allow for more interaction between the youth and older generations.
- There should be some sort of mentor programme where young/new delegates could be partnered with veterans as the conference is quite large and overwhelming/daunting.

Although most surveyed youth delegates gave positive feedback, a few were more critical, as shown in the following quotes:

- ✓ “There was a lack of basic scientific and virology sessions that educated young people on the basic science of HIV/AIDS and TB. Everything at the conference was aimed at tertiary level lab scientists and immunologists, not lay people.” (Australia)
- ✓ “While it was great to see a number of young people engaged in the conference – specifically young people living with HIV/AIDS – I was disappointed that many of the youth-focus sessions did not really explain to young people how they can engage further in the dialogue and response.” (Australia)
- ✓ “I got the impression that the youth involvement was tokenistic. And although passionate and concerned, I felt there was a youthful naivety within some sessions. Young people seemed to represent almost exclusively the community sector. It would have been really excellent to see some more young (<30yrs) researchers presenting, particularly in the life sciences and epi tracks. It would also have been a great opportunity to have some younger employees from the international governmental organisations (e.g., <30 yrs employees of WHO, PEPFAR, Global Fund, etc.). Although these young people would not necessarily be in very senior position in their organisations, it would be a great opportunity for them professionally (to develop the skills they will need as senior leaders one day) and for them to share their experiences from ‘inside’ these organisations.” (Australia)
- ✓ “To be frank, I don’t think young people were included in the main conference to even a satisfactory level ... There needs to be youth delegates in more sessions, alongside seasoned experts. While I appreciate this might not be so much the case for tracks such as basic research or clinical, what is the point in other tracks, having older people talk about how there is a HIV crisis in the adolescent age group when you do not include their perspectives and challenges? Granted, young people need to be taught the necessary skills to be able to navigate and successfully negotiate with the ‘adults’ in the room, so workshops addressing these needs could also be valuable.” (Australia)
- ✓ “I felt that youth were pushed to the side at this conference. Panels in the youth pavilion were hard to engage in due to the excess noise of the global village. It seems like youth are an afterthought and put into a corner just to appease the group. The youth space was not overly inviting or useful for network in my opinion. Everyone seemed a bit disengaged. Again, it was also in the corner of everything and not as visible for the conference. I received some new information but nothing sparked new interest in advocacy for me. Nor did I acquire much about youth in particular to make amends in my own youth organization.” (United States of America)

These messages are consistent with the inputs provided by youth delegates who participated in the focus group discussions that took place at AIDS 2014 (see summary in [Appendix 2](#)).

The conference secretariat, along with the Conference Coordinating Committee and Global Village and Youth Working Group, will look at ways of further integrating the youth programme within the overall conference programme for AIDS 2016.

## Scholarships

The aim of the AIDS 2014 International and Media Scholarship Programme was to bring to the conference individuals who are most able to transfer the skills and knowledge acquired there to the work they undertake in their own organizations and communities. Delegates and media representatives were able to request full or partial scholarships.



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A full scholarship includes:

- Registration fee for the conference (including access to all sessions and exhibitions)
- Travel (pre-paid airfare at the lowest fare available, from the nearest international airport)
- Accommodation (shared in a budget hotel or dorm for the days of the conference)
- Modest daily allowance for the duration of the conference (20-25 July 2014, US\$55 per day).

A partial scholarship includes any combination of these aspects.

The CCC established selection criteria, taking into account residence region, HIV status, age (young people received priority), key affected populations, gender, occupation, type of organization, attendance at previous conferences, type of involvement in the conference (e.g., abstract presenter, programme activity organizer, workshop facilitator, general delegate or media representative), and applicant's motivation and ability to disseminate knowledge gained at the conference.



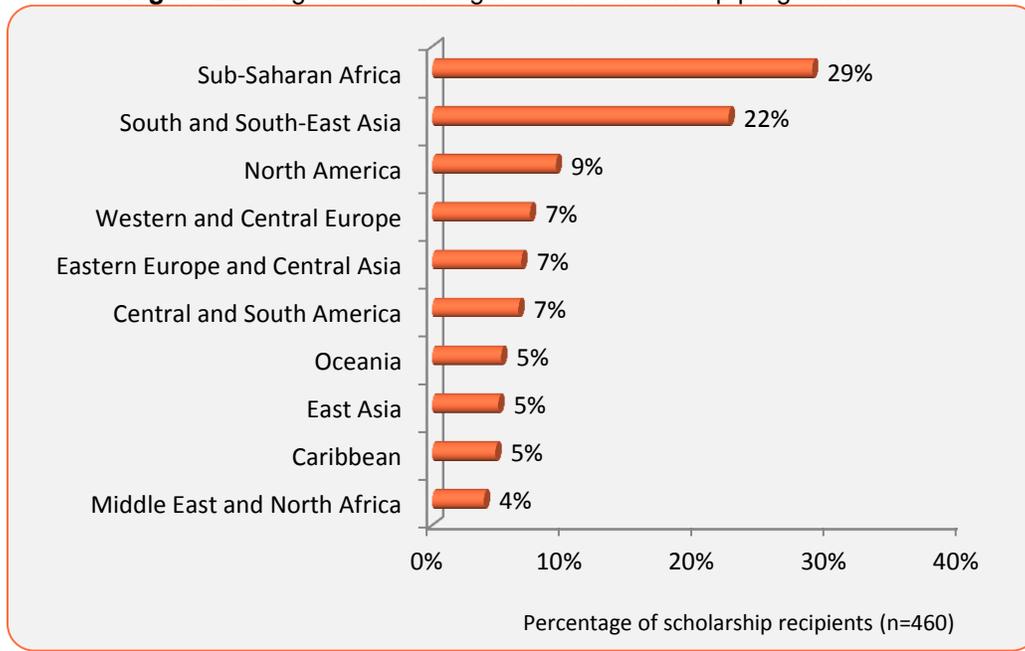
A total of 7,203 scholarship applications were received from 181 countries, mainly from Africa and Asia and the Pacific Islands, and 460 scholarships were awarded to applicants from 128 countries, as illustrated in Figure 21.

**Figure 21.** Profile of scholarship recipients (2006 to 2014)

Attribute	AIDS 2006 (n=872)	AIDS 2008 (n=810)	AIDS 2010 (n=875)	AIDS 2012 (n=851)	AIDS 2014 (n=460)
<b>Type of scholarship</b>					
Non contributing/general	53%	45%	47%	45%	38%
Abstracts	40%	34%	31%	36%	30%
Programme activities		13%	15%	14%	25%
Media	7%	4%	5%	4%	4%
Skills building/workshop	12%	4%	2%	1%	2%
<b>Gender</b>					
Male	49%	48%	50%	47%	50%
Female	50%	51%	49%	52%	47%
Transgender	1%	1%	1%	1%	2%
<b>HIV status</b>					
HIV+	42%	31%	29%	38%	25%
<b>Age</b>					
Between 16 & 26	11%	21%	19%	25%	27%
Between 27 & 40	64%	54%	55%	49%	49%
Between 41 & 50	18%	18%	18%	19%	16%
Above 50	7%	8%	7%	7%	7%
<b>Affiliation</b>					
Non-governmental organization	39%	45%	49%	45%	47%
People living with HIV/AIDS group/network	29%	22%	17%	20%	19%
Academia (university, research institute etc.)	8%	16%	15%	16%	14%
Grassroots community-based organization	11%	7%	6%	9%	7%
Government	1%	3%	3%	3%	4%
Media organization	7%	3%	3%	3%	4%
Hospital/clinic	4%	2%	2%	2%	2%
Faith-based organization	1%	1%	1%	1%	0%
<b>Occupation</b>					
Health care worker/social service provider	41%	21%	27%	26%	22%
Advocate/activist	13%	23%	16%	23%	18%
Student	1%	16%	14%	12%	14%
Policy/administration	2%	7%	12%	11%	9%
Researcher	10%	11%	11%	13%	15%
Educator/trainer	31%	11%	8%	7%	11%
Other	2%	5%	6%	4%	4%
Media representative	7%	4%	5%	3%	5%
Lawyer	0%	1%	2%	0%	1%
Funder	0%		0%	0%	0%

The majority of scholarship recipients were living in sub-Saharan Africa (28.7%) and South and South-East Asia (22.4%). See details of the regions in Figure 22.

**Figure 22.** Regions benefitting from the scholarship programme



Experience of scholarship recipients:

- ✓ “This is a wonderful programme. The scholarship office and staff are helpful and responsive. It is a pleasure to work with them. Keep up the great work. I look forward to the conference being in my hometown – Durban – in 2016!” (South Africa, manager/director, academia)
- ✓ “Thank you so much for awarding me this scholarship. You really have changed my life and I am ever so grateful. It would be great to get more people scholarships, but in general I think the help offered to us throughout this process has been amazing. Thank you so so so so much!” (undergraduate, NGO, Uganda)
- ✓ “I am very grateful for having received this scholarship as I would otherwise not have been able to go.” (post-doctorate, academia, United Kingdom)
- ✓ “Without the international scholarship programme, CFYDDI and many other recipients wouldn’t have made it to AIDS 2014 and experience[d] a new wave of research, activism and passion to step up their intervention to scale down HIV/AIDS but you make this possible for those who would not have had any slightest opportunity. Thanks for enabling a rural voice [to] be heard and participate at an international level. We appreciate your effort and support towards us and we request you to carry on with the norm.” (activist, grassroots community-based organization, Uganda)
- ✓ “The 2014 conference is my first ever. I just can’t express how much I have gained from all the sessions I attended. I felt empowered and thoroughly informed. I love the handful of networks particularly for us working at grass root level. Learning from others who have been in the HIV fieldwork for a long time. Everything was well organised. It would be good to have photo session of [country] delegates at some stage. We can remember the name and face. Helps in remembering and networking as well.” (advocate/activist, PLHIV group/network, Fiji)

Following AIDS 2014, the conference organizers reached out to the scholarship recipients to assess actions taken and planned as a result of their involvement in the conference. A total of 170 survey forms were completed giving a response rate of 39.91%.



Results showed that:

1. The International and Media Scholarship Programme has an impact on scholarship recipients' careers in the HIV field.
2. Most of the scholarship recipients plan to: start new collaborations; engage in communication and dissemination of information on the topic; undertake new responsibilities; and apply for specific grants.
3. The IAC is an important platform for scholarship recipients, who go back to their countries with new ideas, projects, benefits and recognitions. Some of the respondents plan to start and/or implement projects they heard about at the conference with a particular focus on key affected populations, such as youth, people who use drugs and people living with HIV; others plan to share the information garnered at the conference on new development and lessons learned by hosting meetings, workshops and training within their communities. The scholarship recipients also had the opportunity to interact with top scientists and experts and to share experiences with international delegates on different topics. In addition, some of them may undertake new responsibilities and receive support for future research.

A total of 131 scholarship recipients provided comments about the International and Media Scholarship Programme and/or suggestions on how to improve it for the next conference. Of these, 52 recipients made positive remarks, thanking the conference organizers, and in particular the scholarship team. Delegates' comments were classified into the following themes (the number of responses is provided in brackets<sup>28</sup>):

- Get together (n=15): Scholarship recipients suggested having time scheduled for them to network among each other and to introduce first-time comers to the conference programme, which can be overwhelming.
- Accommodation (n=11): A recurring comment was on the quality of accommodation for recipients. According to recipients, some rooms of the hotel were mixed and people did not feel comfortable with it. The accommodation was also a considerable distance from the conference venue and a number of recipients mentioned that breakfast should change throughout the week and/or allow more choice. Several scholarship recipients also suggested providing more single rooms, especially for those contributing to the programme (i.e., abstract presenters), and covering the last day of the conference.

Conference secretariat recommendations for addressing suggestions and comments:

- Look into opportunities to hold a networking or mentoring event for scholarship recipients.
- Continue to ensure the best possible accommodation options in regards to facilities and distance from the venue, while respecting stringent budget restrictions.

### Anticipated use of benefits gained at the conference

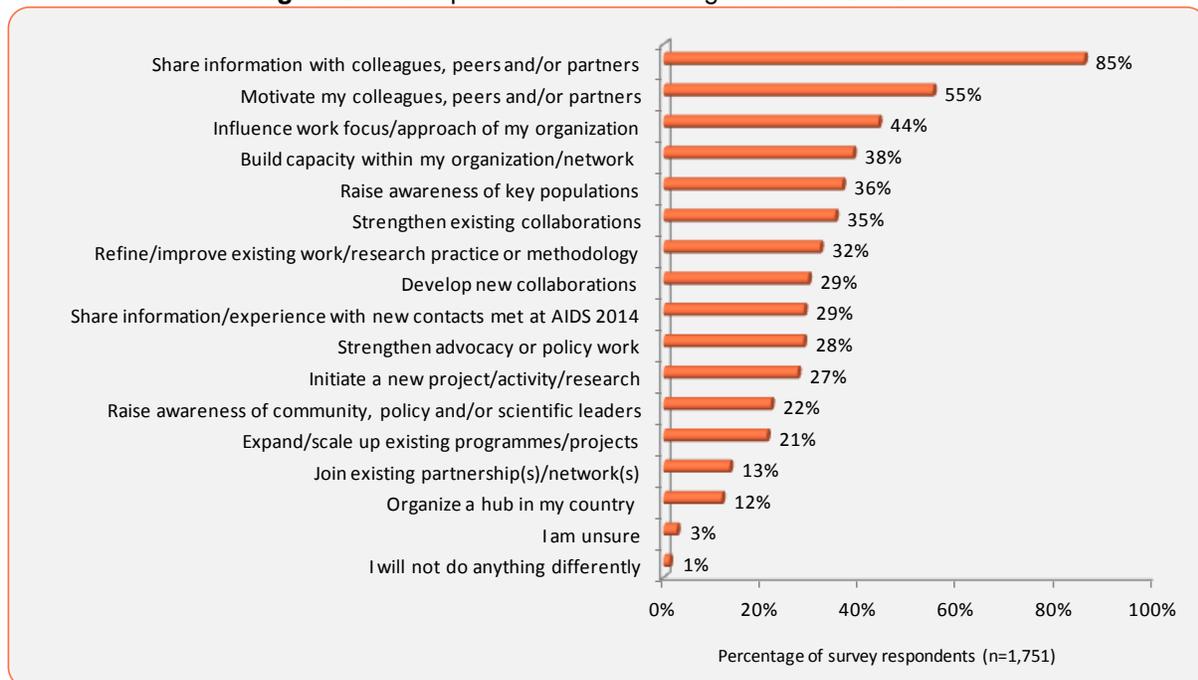
- ✓ "I will integrate in my work safe sex education for disabled communities [such as] blind and deaf people. [Thanks to AIDS 2014], I realized how important it was to integrate these populations in our work." (physician, Egypt)
- ✓ "Thanks to the experience shared at the conference, we will change our communication and sensitization strategies to include religious leaders in the fight against HIV and AIDS. We also plan to conduct sex education workshops for youth and better educate staff of the three health care centres. Lastly, we will give hope to HIV patients about the ongoing progress related to ARVs." (programme manager, NGO, Benin)
- ✓ "We will apply [in Philippines] best practices on transgender and HIV that are being used in other countries. We will also stay connected with delegates we met at the conference." (advocate, NGO, Philippines)
- ✓ "We are planning to develop an online learning tool for youth about HIV prevention; we have got that idea from a US-based organization." (community health worker, NGO, New Zealand)

<sup>28</sup> Many delegates made comments that were classified into more than one theme.

- ✓ “As a result of the conference, a Y-PEER network will be created in Australia. Once it is established, we will partner with them to do theatre-based training courses [aimed at educating youth about sexual and reproductive health].” (educator, NGO, Jordan)

Surveyed delegates were asked to select, from a 17-point action list, how they would use the benefits they gained from the conference. As in 2012 and 2010, the majority of respondents (85%) would share information with colleagues, peers and/or partner organizations (e.g., through discussions, presentations, dissemination and/or translation of materials, and writing papers; see details in Figure 23). It is encouraging to note that only 1% of respondents would not do anything differently.

**Figure 23.** Anticipated use of benefits gained at AIDS 2014



Click on the video links/images below to hear delegates talk about what they intend to do as a result of the conference:



## What were the perceived added values of the conference compared with other scientific/health conferences?

- ✓ “As a scientist, it is really important to be in touch with affected people, which is not possible in other scientific conferences. It is very enriching to learn more about the real application of science and theory.” (researcher, Latin America)
- ✓ “Unlike the EECAAC conference, it is possible to meet and talk to policy-makers in a friendly atmosphere.” (policy/administration, NGO, Russia)
- ✓ “It is the safest place for PLHIV and key populations (nobody is discriminated here) ... we are like a big family. The GV is a great opportunity for the local community to get involved and learn about HIV.” (activist, PLHIV group, Finland)

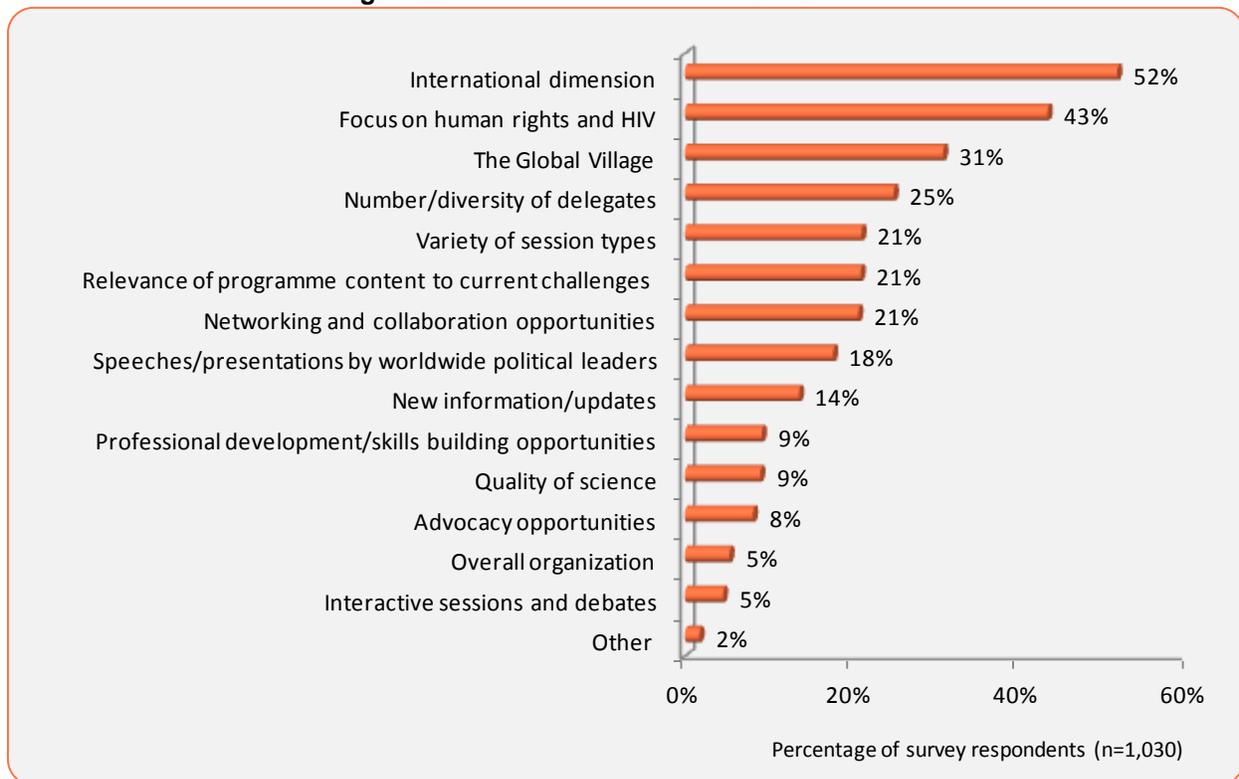


- ✓ “There are more passionate people than in other conferences, thus allowing us to make contacts with PLHIV and to increase our learning.” (student, United States of America)

Surveyed delegates were asked if AIDS 2014 offered something that they did not get from other well-known scientific/health conferences. Of 1,765 surveyed respondents, 59% replied “Yes” (vs. 61% in 2012 and 75% in 2010), 13% said “No” (vs. 20% in 2012 and 12% in 2010) and 28% did not know (vs. 19% in 2012 and 13% in 2010).

Respondents who replied “Yes” were asked to select, from a 15-item list, up to three main added values that they attributed to AIDS 2014 (i.e., what they got out of the International AIDS Conference that they did not get from the other conferences). As in 2012 and 2010, the international dimension, the focus on human rights and HIV and the Global Village were the three most frequently selected added values (see Figure 24).

**Figure 24.** Main added values of AIDS 2014



*Click on the video links/images below to hear delegates' opinion about the added values of the conference:*



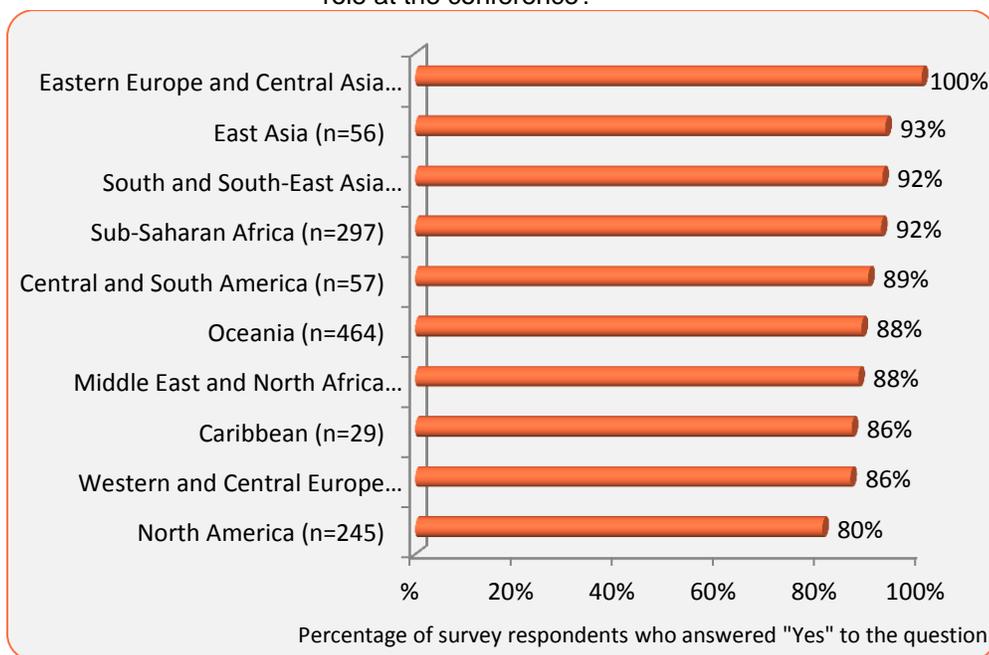
## How was the overall organization rated and what could be improved for the next conference?

Surveyed delegates were asked to think about the way the conference was organized and indicate if it had met their needs with respect to their work focus, expertise level and role at the conference. The majority of them replied “Yes” (88% vs. 84% in 2012). Statistical analysis showed that there was not a significant relationship between responses and the delegates’ profession or length of their work experience in HIV. However, a significant influence by delegates’ main region of work was found (see Figure 25).



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**Figure 25.** Were surveyed delegates’ needs met with respect to their work focus, expertise level and role at the conference?



Survey respondents were provided with a text box to share comments and suggestions for improvement of the next conference. A total of 1,160 surveyed delegates provided inputs, 125 of whom made positive remarks on the overall organization, the conference venue, volunteers (described as very friendly and helpful), the great support from the host city and the increased involvement of the local community in the conference (most positive comments were made by first-time attendees).

Most suggestions for improvement are similar to those expressed at previous conferences, which suggests that the conference organizers should invest more efforts in addressing the most frequent challenges faced by delegates. However, it seems that many of these challenges are inherent to all conferences of this size and nature.



Comments and suggestions were grouped by theme and are summarized in [Appendix 5](#).

Feedback from delegates who participated in focus group discussions during the conference support many of these comments and suggestions (see [Appendix 2](#)).

The conference secretariat and partners will take these considerations and recommendations on board for the planning and development of AIDS 2016.



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## Conclusions and recommendations

Despite the remoteness of the host country, the 20<sup>th</sup> International AIDS Conference was well attended. The conference continues to attract a range of people engaged in the response to HIV from around the world, including youth and other key populations. The feedback suggests that many key populations were better represented and engaged at this conference than at previous International AIDS Conferences. Results of the evaluation confirmed most trends observed at previous conferences.

The international dimension, the focus on human rights and HIV and the Global Village are still considered to be the main added values of the conference compared with other well-known scientific/health conferences, such as CROI (which was attended by almost one-third of survey respondents). Main benefits gained by delegates continue to be the acquisition of new knowledge and networking opportunities.

Delegates also expressed their satisfaction about the overall organization of AIDS 2014, with the majority (88%) indicating that it had met their needs with respect to their work focus, expertise level and role at the conference. They provided positive feedback on the online information and tools put at their disposal before and during the conference to help them prepare for the conference and participate in a meaningful way.



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The programme was well rated overall in terms of quality of presentations and/or discussions made during the conference sessions and quality of science. Feedback on workshops and the Global Village confirmed that these two features are important elements of the conference programme with respect to capacity building/strengthening, experience sharing and opportunities to see how communities cope with the HIV epidemic.

With respect to the content of the programme, feedback was not always consistent: some delegates suggested that additional topics be (better) covered at AIDS 2016, which would result in a larger programme, whereas others complained that the programme was too dense, with redundant sessions. Researchers and

physicians want more scientific/clinical content, less policy/advocacy and less focus on key populations; KAPs, meanwhile, want the opposite and expressed the wish to see more community representatives meaningfully engaged in the programme, including speaking in plenaries and other important sessions. The same type of “competition” occurs within the scientific community between those mainly interested in basic science/clinical science and social researchers.

Given the size of the conference, it will be always challenging to satisfy such a large and diverse audience with different expectations, background and experience. This suggests that organizers should consider refocusing and/or streamlining the conference programme to mitigate the risk of diluting the focus of the conference and affecting its credibility and image. Conference organizers should also consider (better) tailoring their conference outreach and promotion strategies to the various target groups that usually attend the conference to avoid “unrealistic” expectations by delegates.



In conclusion, the evaluation demonstrated that the International AIDS Conference continues to be a key forum that attracts thousands of key stakeholders engaged in the response to HIV and AIDS, and remains a unique event by combining both features of scientific/medical conferences and fora for/on key populations and human rights. It provides a strategic platform to: share scientific, programmatic and policy knowledge, as well as concrete experiences; raise awareness; advocate for key issues; create and reinforce partnerships and alliances; and increase motivation of those involved in the fight against the epidemic. The conference also plays an important role in keeping HIV and AIDS on the agenda of key national and global leaders and donors. Although it is too early to assess the medium- to long-term impact of AIDS 2014, it is reasonable to expect some influences on HIV research, policy, programmes, advocacy and funding at the global, regional, national and local levels.

## Acknowledgements

The evaluation of the conference was undertaken by Laetitia Lienart, Owner and manager of Boost-e consulting, with the support of Helen von Dadelszen, Conference Partnerships Manager, International AIDS Society (IAS).

Thanks are extended to all the individuals who completed surveys and/or participated in focus group discussions as part of the evaluation, namely:

- Conference delegates
- Abstract authors who used the Abstract Mentor Programme, abstract mentors and abstract reviewers
- Prize and award reviewers
- Webinar attendees
- Scholarship recipients

Without their contributions, it would not have been possible to analyze the process and outcomes of AIDS 2014 in such great detail.

Moreover, the organizers would like to thank the staff of the AIDS 2014 Conference Secretariat and the conference evaluation volunteers who assisted during the conference.

## Appendix 1: Online delegate survey form

### OUTREACH & SUPPORT

#### 1. How did you first learn about AIDS 2014?

- Conference website (www.aids2014.org)
- Online guide to Community Involvement in AIDS 2014 (www.aids2014community.org)
- IAS website (www.iasociety.org)
- Other websites, including Google research
- Facebook, Twitter, blogs, LinkedIn or other social networking/media tools
- Email from the conference secretariat (e.g., monthly e-update)
- Other IAS communication (e.g., newsletter, press release)
- Printed conference promotion materials (flyer, brochure, poster, newsletter, etc.)
- Advertisement in a scientific journal or magazine (please specify): .....
- Article in a newspaper
- Story on TV or the radio
- Recommended by a colleague/friend
- At a previous International AIDS Conference
- At another HIV or health-related conference/workshop/meeting
- Through my organization/affiliation/work
- Through a partner organization
- Through a donor/donor invitation
- Not sure
- Other (please specify): .....

#### 2. \*During the conference, were you a?

Select all that apply

- Speaker
- Chair
- Abstract presenter (oral abstract session)
- Poster presenter (poster discussion session)
- Poster exhibitor (in the poster exhibition area)
- Workshop facilitator
- Global Village activity organizer
- Media representative
- Exhibitor
- Satellite organizer
- Youth delegate (aged under 26)
- Delegate not fitting into the above categories

#### 3. Overall, how useful were the following features?

		Very useful	Useful	Somewhat useful	Not very useful	Not useful at all	Did not use	Not aware of
3.1	Conference website (information in general)							
3.2	E-updates (monthly email newsletter sent by the conference secretariat)							



3.3	Facebook								
3.4	Twitter feed								
3.5	LinkedIn								
3.6	Blog								

**4. How useful were the following resources, which are available through the online Programme-at-a-Glance (<http://pag.aids2014.org/>)?**

		Very useful	Useful	Somewhat useful	Not very useful	Not useful at all	Did not use	Not aware of	Don't remember
4.1	Abstracts								
4.2	Presentation slides								
4.3	E-posters								
4.4	Webcasts/recordings								
4.5	Rapporteur session summaries								
4.6	"My Itinerary"								
4.7	Roadmaps								
4.8	Affiliated Independent Event listing								
4.9	Exhibitor map and list								
4.10	Global Village activity listing								

**5. Did you use the Programme-at-a-Glance application for mobile phones?**

- Yes
- No

*Sub-questions 5.1 to 5.3 only displayed to those who selected "yes" in Question 5*

**5.1 How useful was the application to help you prepare for the conference?**

- Very useful
- Useful
- Somewhat useful
- Not very useful
- Not useful at all
- Did not use
- Not aware of

## 5.2 Which features of the application were most useful DURING the conference itself?

Select up to 3 options

- Session listing
- Latest news
- Abstract listing
- Exhibitor listing
- Roadmap
- Events listing
- Global village section
- My itinerary function
- Melbourne event function
- General search function
- Don't know/don't remember

## 5.3 How likely are you to use the application AFTER the conference?

- Very likely
- Likely
- Somewhat likely
- Not very likely
- Not likely at all

⇒ [Support to media representatives](#)

*Section only displayed to those selected "media representative" in Question 2*

## 6. How useful were the following online and on-site resources to build/enhance your knowledge about HIV and/or to cover the conference?

		Very useful	Useful	Somewhat useful	Not very useful	Not useful at all	Did not use	Not aware of
6.1	Online media guide							
6.2	Online Media Centre							
6.3	Electronic media kit							
6.4	Information desk							
6.5	Media centre facilities (printers, copiers, workstations etc)							
6.6	Press conference room							
6.7	Interview rooms							



		Very useful	Useful	Somewhat useful	Not very useful	Not useful at all	Did not use	Not aware of
6.8	Broadcast facilities (in session room 1)							
6.9	Official daily briefings (newsmakers of the day)							
6.10	Official daily press releases							
6.11	Twitter feed/Facebook and blog posts							
6.12	Online conference tools (YouTube channel, photo gallery (smugmug))							

If you have any suggestions for improvement of the Media Centre, please use the open text box in the section “Comments and suggestions” – that will come later in the survey – to provide your input.

### PROGRAMME

7. Please state your level of agreement with the following statements: Overall, the conference programme...

		Strongly agree	Agree	Somewhat agree	Do not agree	Do not agree at all	Don't know
7.1	Presented innovative and high-quality science.						
7.2	Brought something new and relevant to today's challenges of the response to HIV and AIDS.						
7.3	Increased my education or skills in the field of HIV.						

# STEPPING UP THE PACE

20th international AIDS conference July 20-25 2014 Melbourne, Australia

8. Looking into more details at the programme content, please state your level of agreement with the following statements: The conference programme...

		Strongly agree	Agree	Somewh at agree	Do not agree	Do not agree at all	Don't know
8.1	Holistically addressed the social and economic drivers of the epidemic, such as repressive politics, discrimination and poverty.						
8.2	Raised awareness that despite successes in overcoming the epidemic, in many places new infections continue to rise due to lack of funding, structural, policy and political challenges.						
8.3	Put focus on global HIV epidemic hotspots and scale up efforts within Key Affected Populations.						
8.4	Fostered the current debate around a post 2015 Millennium Development Goals (MDG) scenario for HIV and AIDS and helped ensuring that HIV remains a key focus of international development.						
8.5	Fostered involvement of a new generation of young scientists, community leaders, politicians and advocates and cross-fertilization of experience and expertise from other disciplines.						



**9. \*What was your main track of interest at AIDS 2014 (the track in which you attended most sessions)?**

Select one

- Track A: Basic and Translational Research
- Track B: Clinical Research
- Track C: Epidemiology and Prevention Research
- Track D: Social and Political Research, Law, Policy and Human Rights
- Track E: Implementation Research, Economics, Systems and Synergies with other Health and Development Sectors
- No main track of interest

*Question only displayed to those who selected one main track of interest in Question 9*

**9.1. \*Did you attend sessions that did not belong to your main discipline, i.e., did you attend sessions in other tracks than your main track of interest?**

- Yes
- No

*Question only displayed to those who selected "yes" in Question 9.1*

**9.2 Please select all tracks that apply**

- Track A: Basic and Translational Research
- Track B: Clinical Research
- Track C: Epidemiology and Prevention Research
- Track D: Social and Political Research, Law, Policy and Human Rights
- Track E: Implementation Research, Economics, Systems and Synergies with other Health and Development Sectors

**10. Overall, how would you rate the quality of science presented in each track?**

		Excellent	Good	Fair	Poor	I don't remember	I did not attend sessions in this track
10.1	Track A						
10.2	Track B						
10.3	Track C						
10.4	Track D						
10.5	Track E						

**11. Overall, how would you rate the quality of presentations and/or discussions made during the conference sessions?**

- Excellent
- Good
- Fair
- Poor

⇒ [Professional development workshops](#)

**12. \*How many professional development workshops did you attend during the conference?**

- I did not attend any professional development workshop
- 1-2
- 3-5
- More than 5

*Sub-questions 12.1 and 12.2 only displayed to those who attended at least 1 workshop*

**12.1 Overall, how useful did you find the professional development workshop(s) you attended?**

- Very useful
- Useful
- Somewhat useful
- Not very useful
- Not useful at all

**12.2 How likely are you to recommend a friend/or colleague to attend a professional development workshop at the next conference?**

- Very likely
- Likely
- Somewhat likely
- Not very likely
- Not likely at all

If you have any suggestions for improvement of the professional development workshop programme, please use the open text box in the section “Comments and suggestions” – that will come later in the survey – to provide your input.

⇒ [Poster Exhibition](#)

**13. \*How many times did you visited the poster exhibition area during the conference?**

- I did not visit it
- 1-2
- 3-5
- More than 5

*Sub-question only displayed to those who selected “I did not visit it” in Question 13*

**13.a Please select the main reason(s) from the list below:**

*Select all that apply*

- I did not have time
- I was not aware of the Poster Exhibition
- I was not interested
- Other (please specify): .....

*Sub-question only displayed to those who visited the Poster Exhibition*

**13.1 How would you rate the overall organization of the poster exhibition area (i.e., its location, space, number of posters displayed, posters identification, etc.)?**

- Excellent
- Good
- Fair
- Poor

If you have any suggestions for improvement of the Poster Exhibition, please use the open text box in the section “Comments and suggestions” – that will come later in the survey – to provide your input.

⇒ [Programme activities](#)



**14. \*How many times did you visit the Global Village during the conference?**

- I did not visit it
- 1-2
- 3-5
- More than 5

*Sub-question only displayed to those who selected "I did not visit it" in Question 14*

**14.a. Please select the main reason(s) from the list below:**

*Select all that apply*

- I did not have time
- I was not aware of the Global Village
- I was not interested
- Other (please specify): .....

*Sub-question 14.1 only displayed to those who visited the Global Village (i.e., did not select "I did not visit it" in Question 14)*

**14.1 Which of the following activities/features did you find the most useful?**

*Select up to 3 choices*

- Networking zones
- NGO booths
- Marketplace booths
- Community dialogue space
- Youth Pavilion
- Sessions
- Screening room

*Sub-questions 14.2 and 14.3 only displayed to those who selected "Youth Pavilion" in Question 14.1*

**14.2 What did you do at the Youth Pavilion?**

*Select all that apply*

- Attended sessions
- Networked
- Visited the Youth Positive Lounge
- Other (please specify): .....

**14.3 How helpful was the Youth Positive Lounge in supporting your participation in the conference?**

- Very helpful
- Helpful
- Somewhat helpful
- Not very helpful
- Not helpful at all
- I did not visit the Youth Positive Lounge

⇒ [Exhibition area](#)

**15. \*How many times did you visit the exhibition area during the conference?**

- I did not visit it
- 1-2
- 3-5
- More than 5

*Sub-question only displayed to those who selected "I did not visit it" in Question 15*

**15.a Please select the main reason(s) from the list below:**

*Select all that apply*

- I did not have time
- I was not aware of the Exhibition area
- I was not interested
- None of the exhibitors I was interested in was present
- Other (please specify): .....

*Sub-question only displayed to those who visited the exhibition at least 1 time*

**15.1 What was your main motivation for visiting the exhibition area**

*Select all that apply*

- To visit a/some pharmaceutical company stand(s)
- To visit an/some NGO booth
- To visit the Poster Exhibition
- To collect the giveaways/free things
- To learn more about a programme or product
- Other (please specify): .....

## CONFERENCE ACHIEVEMENTS

### ⇒ Overall organization

**16. Looking at the way the conference was organized, would you say it met your needs with respect to your work focus, expertise level and role at the conference?**

- Yes
- No (please use the open text box in the section "Comments and suggestions" – that will come later in the survey – to explain why)

### ⇒ Conference values

**17\*. Which of the following conferences do you regularly attend?**

*Select all that apply*

- African Society for Laboratory Medicine (ASLM)
- Annual Conference of the Consortium of Universities for Global Health (CUGH)
- Bangkok International Symposium on HIV Medicine
- Canadian Conference on HIV/AIDS Research
- Caribbean HIV Conference
- Central American Conference on HIV/AIDS and STIs (CONCASIDA)
- Conference on Retroviruses and Opportunistic Infections (CROI)
- Eastern Europe and Central Asia AIDS Conference (EECAAC)
- European AIDS Clinical Society Conference (EACS)
- Harm Reduction International Conference
- HIV Drug Therapy Glasgow
- HIV Drug Therapy in the Americas
- HIV Research for Prevention (HIV R4P) (previously Vaccine and Microbicide conference)
- IDWeek (IDSA)



- International Association for the Study of Sexuality, Culture and Society (IASSCS) Conferences
- International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA)
- International Conference on HIV Treatment and Prevention Adherence
- International Conference on Viral Hepatitis
- International Congress on AIDS in Asia and the Pacific (ICAAP)
- International Congress on Drug Therapy in HIV Infection
- International Congress on Infectious Diseases
- International HIV Social Sciences and Humanities Conference
- Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC)
- Keystone Symposia
- Latin American and Caribbean Forum on HIV/AIDS and Sexually Transmitted Infections (FORO)
- Middle East and North Africa Harm Reduction Association (MENAHR)
- Social Aspects of HIV/AIDS Research Alliance (SAHARA)
- Southern African HIV Clinicians Society (SAHIVSOC)
- Viral Hepatitis Congress
- None of them

**18. \*Generally speaking, did AIDS 2014 offer something that you do not get from other well-known scientific/health conferences?**

- Yes
- No
- I don't know

*Question only displayed to those who selected "Yes" in Question 18*

**18.1 Compared to other scientific/health conferences, what are the main added values of the International AIDS Conference (in other words, what do you get out of the International AIDS Conference that you do not get from the other conferences)?**

*Select up to 3 choices*

- International dimension
- Focus on human rights and HIV
- Relevance of programme content to current challenges of the HIV response
- Variety of session types
- Number/diversity of delegates
- New information/updates
- Quality of science
- The Global Village
- Interactive sessions and debates
- Networking and collaboration opportunities
- Advocacy opportunities
- Professional development/skills building opportunities
- Speeches/presentations by worldwide political leaders
- Overall organization
- Other (please specify): .....

⇒ **Main benefits and anticipated actions**

**19. \*What benefits did you gain from attending AIDS 2014?**

*Select all that apply*

- New knowledge
- New skills, including a better understanding of best practices
- Continuing Medical Education (CME) credits
- New contacts/opportunities for future collaboration, including professional development and career development
- Strengthening collaboration with existing contacts (i.e., people you already knew before the conference)
- Meeting friends
- Sharing experiences/lessons learnt
- Affirmation/confirmation of current work/research direction, approach and/or practice
- Motivation/renewed energy and/or sense of purpose
- Opportunity to advocate on specific issue(s)
- Opportunity to raise funds
- Identification or clarification of priority needs and the ways I can help meet them
- I did not gain anything from the conference
- Other (please specify): .....

**20. During the conference, did you have the opportunity to network and/or discuss challenges in your current work on HIV with delegates/speakers working in different areas or those with different fields of expertise?**

- Yes
- No
- Not sure

**21. How will you use the benefits you gained at the conference?**

*Select all that apply*

- Share information with colleagues, peers and/or partner organizations (e.g., through discussions, presentations, dissemination/translation of materials, writing papers, etc.)
- Organize a hub in my country to share the knowledge gained at the conference with others in my community (hub: screening of selected sessions of the conference followed by a moderated discussion)
- Build capacity within my organization/network (e.g., through training, development/update of guidelines, procedures, manuals, other materials, etc.)
- Motivate my colleagues, peers and/or partners
- Influence work focus/approach of my organization
- Refine/improve existing work/research practice or methodology
- Initiate a new project/activity/research
- Expand/scale up existing programmes/projects
- Raise awareness of key populations (e.g., women, youth, MSM, sex workers, people who use drugs, migrants, etc.)
- Raise awareness of community, policy and/or scientific leaders
- Strengthen advocacy or policy work
- Share information/experience with new contacts met at AIDS 2014
- Develop new collaborations (e.g., creation of a partnership/network)
- Strengthen existing collaborations
- Join existing partnership(s)/network(s)
- I am unsure
- I will not do anything differently



*Question only displayed to those selected "youth delegate" in Question 2*

**22. Please explain your experience as a young person at AIDS 2014, including your understanding how young people were/are engaged into dialogue on the global response to HIV:**

⇒ [Comments and suggestions](#)

**23. What would you like to see improved or changed at the next International AIDS Conference?** Please insert any recommendations for improvement about the features reviewed during this survey such as the conference programme (content and format), online tools (website, online programme and mobile application), the Global Village, the exhibition area, the poster exhibition, media facilities, etc.

Your comments on items not covered by this survey are also most welcome.

### A FEW DETAILS ABOUT YOU...

**24. \*Which International AIDS Conference(s) did you attend before AIDS 2014?**

*Select all that apply*

- AIDS 2004 (Bangkok, Thailand)
- AIDS 2006 (Toronto, Canada)
- AIDS 2008 (Mexico City, Mexico)
- AIDS 2010 (Vienna, Austria)
- AIDS 2012 (Washington D.C., USA)
- None of them

**25. \*What is your main occupation/profession?** (selection from a scrolling menu)

**26. \*In which country do you mainly work?** (selection from a scrolling menu)

**27. \*With which type of organization or profession are you mainly affiliated?** (selection from a scrolling menu)

**28. For how many years have you worked in the HIV field (full or part time)?**

- Less than 2
- Between 2 and 5
- Between 6 and 10
- Between 11 and 15
- More than 15

**29. What is your gender?**

- Female
- Male
- Transgender
- Do not want to disclose

**30. What is your age?**

- Between 16 and 26
- Between 27 and 40
- Between 41 and 50
- Above 50

## 31. Which of the following key populations do you identify with, if any?

*Select all that apply*

- Gay men and men who have sex with men (MSM)
- Minorities / ethnicity groups / indigenous people
- Migrants/displaced person and mobile populations
- People living with disabilities
- People living with HIV
- Sero discordant couples (where one partner is +, and the other is -)
- People who use drugs
- Prisoners
- Sex workers
- Transgendered individuals
- Lesbian or bi-sexual
- Women
- Young people and adolescents
- Young women and girls
- Partners/family of People living with HIV
- Sex workers' clients
- Orphans and other vulnerable children
- Ageing population (older or elderly people)
- Homeless

## YOUR EXPERIENCE OF MELBOURNE

The following questions are from the AIDS 2014 Destination Sponsor



## 32. Have you visited Melbourne before?

- Yes
- No

## 33. \*Did you do any of the following during your time in Melbourne?

*Select all that apply*

- Go shopping
- Visit parks and gardens
- Visit galleries and museums
- Experience the bars, entertainment and nightlife
- Explore the city and laneways
- Attend events from the AIDS 2014 cultural programme
- Attend sporting events
- Attend theatre/performances/concerts
- None of the above
- Other....(specify)



**34. Please rate the following features for Melbourne:**

		Excellent	Good	Fair	Poor	I don't remember
34.1	Conference centre facilities					
34.2	Accommodation					
34.3	Public transport					
34.4	Access to visitor information					
34.5	Cultural activities					
34.6	Safety					
34.7	Friendliness of people					
34.8	Shopping					
34.9	Value for money					

.....

**35. As it is too early to assess the medium-term impact of the conference on your approach and practice in your HIV work, we plan to conduct a follow-up survey in about 10 months' time. Would you agree to complete such a survey (it will contain maximum 10 questions)?**

- Yes
- No

.....

**36. You reached the end of the survey. Before closing, please indicate if you would like to enter the prize draw to win US\$200 for you, your organization or your nominated HIV/AIDS charity. Three of respondents will be randomly selected and will be notified by email (no link to survey answers).**

- Yes
- No

## Appendix 2: Focus group discussions

For the third time in the IAC evaluation, **focus group discussions**<sup>29</sup> with delegates were conducted during the conference as a way to triangulate data collected from the delegate survey.

A total of seven group discussions were conducted on 22, 23 and 24 July 2014. Of the seven groups, three were composed of youth<sup>30</sup> delegates only. Each lasted for about one hour and was composed of different participants to avoid having the perception of only one group, which would have posed the risk of biased/invalid results. Discussions were moderated by the AIDS 2014 Evaluation Coordinator and one of the evaluation volunteers.

A total of 44 delegates, representing 31 different countries, participated in these discussions. The profile of participants is summarized in Figure A.

**Figure A.** Profile of focus group discussion participants

Total number of participants	44	Gender	
		Female	18
Number of countries represented	31	Male	21
		Transgender	5
Main region of work		Main profession type	
Sub-Saharan Africa	7	Health care worker/social service provider	8
Middle East and North Africa	8	Researcher	9
Eastern Europe and Central Asia	2	Media representative	2
East Asia	1	Policy/administration	11
South and South East Asia	3	Advocate/activist	4
Oceania	7	Student	5
Central and South America	2	Lawyer	0
Caribbean	1	Funder	0
North America	8	Educator/trainer	1
Western and Central Europe	5	Other	4

The interview was guided by the following questions:

- What motivated you to attend AIDS 2014?
- What is the impact of the IAC, what is it that you take away from a conference and does it actually influence any of your personal work and/or your organization's work?
- What are the main added values of the IAC compared with other conferences focusing on HIV?
- What would you improve in terms of organization and programme to enhance the impact of the IAC?
- How useful was the youth pre-conference in preparing you for AIDS 2014? This question was only asked during the three youth focus group discussions.

<sup>29</sup> One of the distinct features of focus group interviews is its group dynamics; hence, the type and range of data generated through the social interaction of the group are often deeper and richer than those obtained from one-to-one interviews (see Thomas *et al* 1995).

<sup>30</sup> Youth delegates refer to delegates aged 26 and under.



The main findings are summarized here:

## 1. What motivated you to attend AIDS 2014?

The most common motivations and reasons to attend AIDS 2014 were:

- Unique opportunity to present research findings, learn from other research work conducted in all over the world, and identify “gaps” in research.
- Opportunity to present work (not research related) through booths, presentations and other activities featuring the conference.
- Useful space to find reliable information, learn and share experience among different communities and fields of work. Several delegates stressed the importance of sharing their work with and learning from delegates who do not work in their field. The presence of PLHIV, community workers, scientists, health care providers, programme managers, policy makers, donors and other actors of the fight against HIV and AIDS was considered as very important to get different perspectives on HIV and “open their eyes”. Several scientists emphasized the importance of getting in touch with people for whom they are doing research.
- Getting new ideas and solutions from different countries and settings.
- Networking opportunities (they are much wider and diverse than in other conferences).
- Connecting with those who are at the forefront and keeping contact with them when back home.
- Meeting colleagues and partners (one delegate said that it is easier to meet face-to-face to solve some issues than doing it by phone).
- Understanding the real challenges of PLHIV.
- Opportunity to do activism and advocate for specific issues and/or populations.
- Opportunity to revitalize motivation to continue working in the field, and to affirm that “the work we are doing is valuable”.
- Represent countries or regions that are severely affected by HIV (to compensate for the low attendance of delegates from these countries/regions).

Two delegates from New Zealand said that AIDS 2014 was a unique opportunity to raise awareness about the epidemic in the Pacific region. One of them highlighted the fact that vulnerable populations living in remote and small Pacific islands are much more vulnerable than elsewhere because they don't have access to essential services.

Several delegates indicated that the presence of a transgender networking zone in the Global Village (for the first time in an IAC) was very positive. Two youth delegates also praised the presence of transgender participants at the conference.

One delegate working in Jordan reported that one of her motivations to attend AIDS 2014 was to learn more about HIV prevention, treatment and care in humanitarian contexts in order to better support refugees, Internally Displaced Persons, migrants and other populations affected by humanitarian crises.

## 2. What is the impact of the IAC, what is it that you take away from a conference and does it actually influence any of your personal work and/or your organization's work?

Participants provided answers that both reflected what they gained at the conference and what they planned to do as a result of attending AIDS 2014.

- Acquiring/updating knowledge and getting familiar with new issues.
- Sharing experience and new knowledge gained at the conference with peers, colleagues and partners through face-to-face meetings/workshops and online tools, such as social media, YouTube and podcasts.

- Opportunities for new partnerships between organizations/companies working in the same field, as well as new collaboration among grassroots communities, academia, politicians, etc.
- New funding opportunities.
- New ideas and innovative ways to communicate. Several delegates highlighted the potential of social media to reach the youth.

*“The fact that there was a lot of focus on women at AIDS 2014 will affect the way I communicate with my research fellows and will probably result in changes in my research protocols. I will do more on research.”*

- New guidelines, methods, systems and techniques. One delegate indicated that the IAC is a good opportunity for big organizations, such as WHO, to launch/publish new guidelines/reports.
- Empowerment, motivation and inspiration. It was reported that the conference empowered many delegates with new knowledge and that this will help them raise their voices and start new or improve existing projects when back home.

*“The increased representation of transgender at AIDS 2014 may encourage transgender populations to get more engaged in future IACs.”*

*“After discussing with peers doing similar work, I realized I could do more with the existing resources and that I am not the only one to have to deal with ‘sometimes boring’ tasks.”*

- Increased awareness about priority actions:

*“AIDS 2014 allowed me to realize that there was not enough guidance to address key populations in humanitarian contexts. I will start applying simple things I learnt at the conference.”*

*“We need to better address prevention in Africa and to map hot spots.”*

- New evidence presented at the conference and media coverage are expected to facilitate advocacy, further engage communities and influence policy-making processes.
- Good time with friends during the conference will stay in delegates’ memory.

### **3. What are the main added values of the IAC compared with other conferences focusing on HIV?**

The most common added values cited by participants were:

- The global scope: opportunity to get global perspectives and meet global leaders, which is seldom the case in regional HIV conferences.
- The number and diversity of participants, encouraging the obtaining of different perspectives, sharing work/research results and interacting with people from different background and fields of work. The strong youth presence was also praised.
- The opportunity for real interaction between communities, advocates and policy makers.
- The IAC does not only focus on science, unlike many other conferences held at the national and regional levels. Several scientists really appreciated the opportunity to get in touch with HIV-affected delegates, which is not possible in purely scientific conferences.
- From a scientific point of view, the IAC does not only focus on basic and clinical science. It was also reported that the IAC offers more scientific rigour compared with regional HIV conferences.
- The Global Village is a very important space and the fact that it is open to the public is very positive.



- The opportunity to do and see activism inside the conference venue (although AIDS 2014 was considered to be very quiet compared with earlier IACs).
- The opportunity to speak about sensitive issues and engage key populations, such as LGBTs, which is not always possible in national or regional conferences, especially those held in the MENA region.
- Good media coverage, a key tool to support policy advocacy efforts.
- Local impact: empower local PLHIV and influence changes in the enabling environment (e.g., policy changes announced by the State of Victoria).

A delegate also appreciated the possibility of attending a pre-conference meeting, the conference and other meetings/workshops in the same location, thus saving time and money.

Regarding youth engagement, one participant appreciated seeing young speakers at AIDS 2014, which is not always the case in other conferences. However, another youth delegate questioned youth engagement at the IAC and recommended better defining it and making it more concrete. He thought that when youth are invited to participate in a session/meeting, they need to be well prepared and knowledgeable about the topics being discussed in order to make valuable contributions.

#### **4. What would you improve in terms of organization and programme to enhance the impact of the IAC?**

Overall, most participants praised the organization of the conference that they described as very smooth and helpful. They made the following suggestions for improving future IACs:

Attendance cost: Decrease the registration fees and find a location where it is affordable to stay and travel to (Melbourne was found to be really expensive, even for delegates living in high-income countries), thus allowing equal representation by all continents (Latin America was poorly represented at AIDS 2014) and attendance of people from resource-limited settings. One delegate regretted the fact that some delegates who got an abstract accepted could not attend for budget reasons.

Scholarship: In relation to the previous point, make efforts to grant full scholarships as partial ones are not enough (delegates cannot afford to cover the remaining costs).

Visa: Further support the process of obtaining visas (e.g., have more convincing/official invitation letters). Too many delegates could not attend AIDS 2014 and AIDS 2012 because their visa requests were rejected.

##### Broaden the delegate profile to include:

- ✓ more delegates from key populations
- ✓ less old people from Europe and North America
- ✓ more state officials from the EECA region
- ✓ more religious leaders and more communities from Muslim countries (to, among other things, speak about sexuality)
- ✓ more delegates from Latin America, the Caribbean and the MENA region.

##### Organize the programme to provide:

- ✓ more sessions where delegates from different ages, background and field work are mixed
- ✓ more capacity-building workshops and increased seating capacity for key workshops, such as those on abstract writing
- ✓ more social scientist-led presentations (to reflect the very strong social science research available, as well as social advocacy information)
- ✓ more sessions allowing sharing of practical field experience

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- ✓ group oral poster sessions on similar topics and ensure they do not compete with major presentations (“We should value them more”)
- ✓ more presentations from young researchers.

Global Village: Avoid grouping booths by region to encourage diversity. One youth delegate also suggested having a unique package of key messages to take away from the Global Village, instead of each booth conveying its own messages.

Mobile application: Continue improvements of this tool, which was much appreciated.

Online itineraries: Several delegates reported that this feature was much more user friendly in other conferences.

Poster exhibition: Try to prevent empty poster spaces (“sad to have blank spaces which presumably could have been used by others”).

Translation: Provide translation support for French- and Spanish-speaking delegates.

One delegate each made the following suggestions:

Abstract/workshop selection: Provide more guidance (on how to submit an abstract or workshop proposal) to delegates with limited experience.

Registration: Make the registration form friendlier for transgender delegates.

In addition, a delegate who had attended several IACs posed the following question: How can we make the IAC more impactful on governments? He reported that in earlier IACs, the greatest impact was on the pharmaceutical industry, which enabled a decrease in drug prices. Now that the focus is more on governments, it is challenging and time consuming to influence national policies as the latter have their own legislation and internal pressure (cultural, religious, budget, etc.). The fact that the IAC is attended by policy makers does not necessarily mean that they hear the key messages.

Youth delegates made the following suggestions:

Youth engagement: Better define and operationalize youth engagement through among other better preparation and guidance (see related comment in question #3). One youth delegate indicated that from a community perspective, the interaction between the Youth Force and the IAC has improved a lot over time. However, he thought that youth should be further involved in planning committees and have at least one seat in each committee (including scientific committees). Several youth participants also recommended ensuring that young speakers do not always speak at the end and that they are seated at the same level as other speakers during panel discussions.

Engagement of non-attendees: Use modern technologies to engage those who cannot attend. For example, a web platform with questions tweeted would allow for more collaboration and discussion at the global level.

Communication: Because delegates use different and sometimes very technical languages, it would be useful (for youth and delegates with limited knowledge on HIV) to have an introduction and/or refresher session (with presentation of basic information and meaning of key acronyms) to avoid confusion and intimidation (both were considered as barriers for meaningful engagement in the conference).



Programme: There should be more workshops for youth delegates, more intermediate level scientific sessions (it was too difficult for medical students to follow certain sessions) and more opportunities for interaction between drug companies and PLHIV communities (it was found that these two groups were too disjointed at AIDS 2014).

Youth Pavilion: Because it was an open space, in the middle of the Global Village, it was too noisy, thus disturbing discussions. It would be useful to have a closed space dedicated to youth discussions and meetings, such as the Positive Lounge.

Cultural programme: Better promote it at the conference, especially among youth delegates.

Conference scheduling: Offer more flexibility for those who cannot take a week off (e.g., have some sessions on the weekend and outside business hours).

Environmental impact: Reduce the amount of papers, flyers and other printed materials. There is not enough time to read all these papers.

Funding: Offer more youth scholarships (at minimum, cover flights and registration fees).

## **5. How useful was the youth pre-conference in preparing you for AIDS 2014?**

Only five youth delegates had attended the youth pre-conference. Most youth delegates reported that it was useful, especially to create networks and make friends. They felt that thanks to this event, they were less intimidated at the main conference.

They really appreciated the second day, when they were able to personally meet high-profile speakers in an intimate setting and listen to their presentations. They found the workshops, such as those about trade agreement and harm reduction, very informative and interesting.

One youth delegate noted that compared with the AIDS 2012 pre-conference (in Washington DC), this one was less informative. She recommended improving the diversity and quality of sessions and ensuring that transportation is available to reach the meeting venue. Another delegate found that the committee did not spend enough time explaining the difference between session types, posters and other activities featured at AIDS 2014.

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## Appendix 3: Number of abstracts submitted and accepted by country

	Submitted	Accepted		Submitted	Accepted		Submitted	Accepted
Afghanistan	8	0	Gambia	1	0	Pakistan	148	18
Algeria	5	1	Georgia	18	6	Panama	1	0
Angola	4	3	Germany	38	10	Papua New Guinea	43	3
Antigua and Barbuda	1	1	Ghana	46	4	Paraguay	3	0
Argentina	77	25	Greece	11	7	Peru	32	11
Armenia	29	1	Guadeloupe	1	0	Philippines	32	3
Australia	401	168	Guatemala	44	14	Poland	4	0
Austria	1	0	Guinea	10	0	Portugal	16	2
Azerbaijan	1	0	Guyana	8	2	Puerto Rico	10	3
Bahamas	2	0	Haiti	18	7	Qatar	2	1
Bangladesh	83	8	Honduras	5	1	Republic of Korea	4	0
Barbados	8	2	Hong Kong	28	7	Romania	10	1
Belarus	5	0	Hungary	1	0	Russian Federation	54	13
Belgium	19	7	India	596	107	Rwanda	34	7
Belize	1	0	Indonesia	246	23	Saint Kitts and Nevis	2	1
Benin	18	5	Iran, Islamic Republic of	33	1	Saint Lucia	1	0
Bolivia	4	0	Ireland	5	3	Saint Vincent and the	1	0
Botswana	38	14	Italy	37	14	Samoa	4	1
Brazil	138	35	Jamaica	48	14	Saudi Arabia	3	0
Brunei Darussalam	8	0	Japan	55	18	Senegal	22	1
Bulgaria	1	0	Jordan	5	0	Serbia	14	1
Burkina Faso	32	3	Kazakhstan	10	1	Sierra Leone	10	1
Burundi	8	0	Kenya	284	87	Singapore	11	2
Cambodia	58	14	Kyrgyzstan	8	1	Slovakia	3	0
Cameroon	67	13	Lao People's Democratic Republic	4	1	Solomon Islands	1	0
Canada	185	86	Latvia	1	0	South Africa	321	116
Cape Verde	1	0	Lebanon	8	3	South Sudan	1	0
Central African Republic	2	0	Lesotho	22	7	Spain	47	18
Chad	1	0	Liberia	5	1	Sri Lanka	22	2
Chile	7	0	Lithuania	6	1	St. Martin	1	0
China	147	39	Macedonia, The Former Yugoslav	3	0	Sudan	3	1
Colombia	6	0	Madagascar	1	0	Suriname	2	1
Congo, Democratic Republic of the	29	2	Malawi	81	38	Swaziland	21	9
Congo, Republic of the	3	0	Malaysia	30	9	Sweden	8	6
Costa Rica	4	0	Maldives	1	0	Switzerland	85	47
Cote D'Ivoire	16	3	Mali	10	0	Taiwan, Province of China	22	4
Croatia	4	0	Mauritania	2	1	Taiikistan	8	0
Cuba	8	1	Mauritius	3	0	Tanzania, United Republic of	106	40
Czech Republic	1	0	Mexico	103	29	Thailand	123	51
Denmark	13	5	Micronesia, Federated States of	2	0	Timor-Leste	3	0
Djibouti	1	1	Moldova, Republic of	3	0	Togo	16	0
Dominica	2	0	Mongolia	5	0	Tonga	4	0
Dominican Republic	23	3	Morocco	20	5	Trinidad and Tobago	9	1
Ecuador	5	0	Mozambique	33	16	Tunisia	1	0
Egypt	7	2	Myanmar	42	9	Turkey	4	1
El Salvador	4	0	Namibia	12	3	Uganda	402	101
Estonia	1	0	Nepal	154	12	Ukraine	91	31
Ethiopia	97	21	Netherlands	45	16	United Kingdom	181	105
Fiji	27	2	New Zealand	24	11	United States	1134	573
Finland	2	0	Niger	2	0	Uruguay	2	0
France	71	41	Nigeria	475	70	Vietnam	60	31
Gabon	2	0	Norway	5	1	Zambia	111	43
			Oman	2	0	Zimbabwe	105	42



## Appendix 4: Abstract Mentor Programme: survey results

As in 2012 and 2010, abstract authors who used the Abstract Mentor Programme (AMP) were surveyed after the conference abstract submission deadline. Of 313 emails delivered, a total of 175 responses were submitted, a response rate of 56%, which is slightly lower than for previous conferences (67% in 2012 and 70% in 2010).

The vast majority of surveyed mentees indicated that their expectations of the programme had been met (98%), and that the programme had indeed helped them improve the presentation of their abstract (87%). More than half of surveyed mentees also reported that the programme helped them improve their self-confidence (53%) and improve their understanding of scientific writing (56%).

The following citation of motivations for submitting a draft abstract shows that the AMP reaches its target population and, moreover, is well understood and appreciated.

- ✓ “It is the first time I wrote an abstract, and I had no colleagues or people with the right abilities to give me advice.” Clinical scientist, China
- ✓ “I come from [a] high epidemic and low resource setting. I have worked on HIV and AIDS for more than 10 years. My current environment is not well equipped to provide and access support for conference abstract writing from experienced senior researchers. I was very happy when I heard about the support organized by AIDS 2014 for young and inexperienced researchers. The opportunity provided support for my abstract and scholarship application.” Health care worker, Ethiopia
- ✓ “Several colleagues had their capacities built through the abstract mentor programme and today they write excellent abstracts for conferences.” Social worker, Nigeria

An important part of the programme is a preparatory abstract writing e-course, co-created by editorial staff of *the Journal of the International AIDS Society* (JIAS) and the Health[e]Foundation, which specializes in facilitating health care learning even in the most remote areas. As in 2012, the vast majority of surveyed mentees (95% vs. and 90% in 2012) found the e-course to be either “useful” or “very useful”. Given the acceptance rate of mentored abstracts, this indicates that the programme’s online distance education tool is cost effectively building capacity in researchers who lack access to opportunities for rigorous mentoring in scientific writing.

As in 2012, the vast majority of surveyed mentees (95% vs. 89% in 2012) also indicated that the feedback ultimately provided by their mentor was either “useful” or “very useful”, indicating that the mentor selection criteria and the allocation process are successful in ensuring that the mentees receive quality feedback.

Most surveyed mentees were first-time participants (83%), revealing that the programme benefits new people every time it is run. Looking at the sources of information about this programme, 68% of the mentees reported first having heard of the programme via the conference website and 14% via a friend or colleague.

Timeliness of the mentor feedback was rated as “good” or “excellent” by 91% of the mentees and “satisfactory” by 7%.

In conclusion, the programme met its goals and satisfies the expectations that mentees have of it. In the future, the secretariat could consider the following to ensure its continued success:

- Provide an incentive to survey respondents in order to increase the survey response rate.
- Efforts to reach key audiences should be concentrated on social media, especially the conference website and “recommend to a friend” applications.

- Reduce the amount of abstracts per mentor, i.e., by recruiting a larger amount of volunteer mentors, to ensure shorter turnover timelines.

## Feedback from mentors

All registered mentors, including those who had remained inactive during the programme, were invited to take part in the survey. Awarding of a mentor certificate was added to the survey in order to stimulate participation. A total of 76 mentors out of 109 reacted, a response rate of nearly 70% (vs. 80% in 2012). Concerning the facilitation of the process, 93% of surveyed mentors indicated that sufficient guidance was provided, and the suggestions field yielded much praise and some useful suggestions.

Praise for the Abstract Mentor Programme:

- ✓ “Basically, it is an amazing system for pulling together senior and junior scholars and I think it is great.” Economic researcher, USA
- ✓ “On the whole I thought this year’s program was very well administered. The structured feedback boxes are helpful, and when on one occasion I requested an abstract be re-assigned the team was very helpful.” Researcher, Zambia

Suggestions for next year’s programme:

- ✓ “The 5 day window is hard (essentially we lost a day in the USA), a week would be better. There should be a queue upon sign in that lists the abstracts you need to review to streamline the process further.” Epidemiologist, USA
- ✓ “The programme is excellent. Only suggestion is that users of the programme be encouraged to resubmit after making improvements, to further benefit and refine abstracts pre-submission (as would happen when supervising a PhD student or similar).” Physician, UK

Recruiting sufficient volunteer mentors is essential for reducing the workload and thus the turnover time and secretariat workload. This year, 16 mentors each provided feedback for more than six draft abstracts, while 33 mentors provided between one and three rounds of feedback. Ideally, each mentor should not be required to provide more than six rounds of feedback in order to prevent overload, missed deadlines and reassignment. It is interesting to note that 67% of surveyed mentors reported having volunteered for previous conferences and 100% indicated that they would be willing to volunteer again. Retaining these mentors is thus an important activity, to be addressed through communications via e-updates and the “previous mentors’ mailing list”. However, new volunteers must be sourced to keep the number of abstracts mentored per mentor to a minimum.

The most often selected motivation for volunteering to be a mentor was: “helping researchers in the developing world write better abstracts” (87%). This was followed by: “being involved in AIDS 2014”; “professional experience and development”; and “ensuring that research from all settings has a fair chance of representation” (58% for each).

When asked how long it had taken them to provide feedback for one abstract, 80% of surveyed mentors reported taking less than 40 minutes (vs. 21% taking 20 minutes or less and 20% taking more than 40 minutes).

These findings suggest that the programme satisfied mentors’ expectations. In the future, the secretariat could consider the following:

- Advertise mentor recruitment on university and research institute websites.
- Allow a whole week instead of five working days and include an abstract queuing feature to help busy volunteers keep track of feedback due.
- In this vein, increase automatization of the abstract assignment process (this would benefit both mentor and secretariat, and merits budgetary consideration).
- Grant mentors greater satisfaction by providing direct mentee feedback.



## Appendix 5: List of recommendations for improvements

### Organization and logistics

- Cost: Reduce the price of registration and offer more scholarships (especially for youth delegates and those from developing countries). One delegate recommended that those with an abstract accepted, as well as IAS members, get a discounted registration fee, as happens in other conferences.
- Food and drink: Provide more affordable food options inside and outside the conference venue.
- Translation/interpretation: Such services were missed at AIDS 2014, especially for French- and Spanish-speaking attendees.
- Pocket programme: Revise the format to make it more user friendly, with a summary/overview for each day, a clear distinction between tracks and between days (using colours for example), and a blank page for delegates to list sessions of interest. One delegate suggested highlighting sessions taking place at the same time.
- Seating capacity: Some sessions and workshops were impossible to attend due to limited seating capacity (for those involving celebrities, it was suggested that the plenary room be used).
- Location: The remoteness, high living cost of the host city and travel restrictions to Australia made the conference difficult to access for many people from the developing world.
- Wireless connectivity/Internet access: Many delegates complained that Internet access in the conference venue was unreliable and slow.
- Information: Release the full programme details earlier; find ways of announcing last-minute changes (e.g., time and location of sessions) more quickly; promote roadmaps and provide more to help delegates identify sessions of interest; improve the signage within the venue to help delegates find their way; and distribute maps of the conference venue to all delegates at the main entrance on the first day of the conference.
- Delegate bags: Provide more eco-friendly bags of better quality.
- Environment: Limit the use of printed materials distributed by exhibitors and presenters in consideration of the environment.

### Programme

- Content: Many delegates were critical of the perceived lack of ground-breaking science and innovative approaches, as well as an excess focus on key populations<sup>31</sup> (vs. generalized epidemics). As with previous conferences, delegates would like to see more sessions/posters in basic science, clinical research and social science. The full list of detailed topics delegates felt would like to see better covered at AIDS 2016 is available in [Appendix 6](#).
- Schedule: As with previous conferences, many delegates complained about: the time conflict between sessions that were of interest to them; the density of the programme (some reported being overwhelmed by the choice offered by the programme); and the timing of some sessions (which started too early or finished too late, thus resulting in low attendance). Some delegates would like to have more breaks for lunch, networking opportunities and visits to the poster exhibition, booths and the Global Village.
- Session format: Have more time for Q&As and offer sessions with real debates, either on controversial issues or on issues that all participants do not necessarily agree on, such as pre-exposure prophylaxis (PrEP), treatment as prevention (TasP) and mass HIV testing.
- Meaningful engagement of key groups and communities: Delegates would like to see more space for and more interventions/speeches (including in plenary discussions) from key groups, including youth, women, sex workers, LGBTI (lesbian, gay, bisexual, transgender and intersex), migrants and people who inject drugs, as well as nurses and faith groups. They also recommended offering more opportunities for communities to access leaders and policy makers. Youth delegates suggested

<sup>31</sup> One delegate from sub-Saharan Africa commented that in the discussions on key populations, there was too much emphasis on MSM and not enough on the other vulnerable groups, such as youth, truck drivers, migrants and those affected by poverty.

having a meet-the-experts session for junior researchers (and a young researcher award to motivate them).

- Other: Make the Opening Session more lively and shorter, provide more social/networking activities for delegates, better integrate and promote satellite events, and provide more engagement tours

## Speakers, moderators and chairs

- Diversity: Delegates complained about seeing the same people chairing and speaking year after year. They would like to see more new faces from developing countries and less consensual plenary speakers. Some delegates also noted that a few sessions were a bit disjointed and it was sometimes unclear why people were on the same panel.
- Preparation: Delegates recommended that the conference secretariat better prepare/brief presenters and moderators/chairs on the following needs: strict time management to ensure all speakers have adequate time to deliver presentations and allow for discussion; ensuring that speakers in scientific sessions present cutting-edge science (not just rhetoric talk) and that those using very technical words adapt their vocabulary so that non-scientists can understand; and ensuring that language that could be offensive to key populations is avoided.
- Other: Reduce the number of members serving in a panel (one panel had 10 members, too many for useful discussion) and ensure that the quality of presentations meets a minimum standard.

## Support for media representatives

- The Media Centre should be bigger and feature more computers as many journalists from around the world were working at the same time to meet deadlines. In the Media Centre, there was a shortage of reachable power plugs for charging phones; water coolers were not consistently full; and the absence of food and drink kiosks presented challenges for those working on deadlines.
- Transcripts or copies of all speeches of plenary sessions should be made available to media representatives.
- Provide more photos to media representatives, at least of each plenary speaker, and post them online more rapidly.
- Videos should be posted online in a more timely way.
- Information about what sessions would be broadcast into the Media Centre was not clear.
- Make sure that all the press releases (not just the conference releases) are posted on the conference website and that they come out in a timely way, particularly from sessions not covered by journalists (as it often affected the timely sending of stories).
- There should be more space for media representatives at the Opening Ceremony.
- Many journalists had issues finding conference speakers who they wished to interview.

## Other comments and suggestions for improvement

- Rapporteurs need proper training/briefing to ensure that rapporteur sessions summarize the take-home message rather than express the rapporteur's opinions.
- Encourage more government officials to attend, as well as the African Union and Regional Economic Communities in Africa. This would help secure and/or renew commitments to the fight against HIV and make them more accountable about their actions or indifference towards HIV.
- The conference leadership and agenda setting was dominated by developed nations, which have the resources to put HIV patients on treatment ("this makes little sense and sends the wrong message about AIDS leadership in the world").
- Better use artistic performances as they play a key role in reducing stigma and discrimination against PLHIV. The walls of the conference venue can be innovatively used (with more photography exhibitions) and offer a larger area to exhibit. Artists who are exhibiting can be given the role of speaking to the audience.
- The frequency of the conference should be reconsidered (maybe every three or four years is enough) given the change in the nature/profile of the conference (less science/more community).



- The duration of the conference could be shorter (cut by one day) since many of the sessions on the last day were less well attended.
- The Positive Lounge should be located nearer to the Global Village and the exhibition area.
- Recognition should be given to non-pharmaceutical sponsors during the Closing Ceremony.

Comments related to the conference website, PAG, mobile application, poster exhibition and the Global Village are available in the respective sections of this report.

## Appendix 6: List of key populations, topics and areas that delegates would like to see better covered at AIDS 2016

- Orphans and Vulnerable Children (OVC), paediatric and adolescents
- Facial lipoatrophy
- HIV-related opportunistic infections (TB, hepatitis, etc.)
- Management of HIV and associated complications to assist HIV clinicians
- Symptomatology and clinical identification
- Alternative health methods that can sit side by side with medical treatment
- Drug adherence and resistance
- New drug trials
- Impact of long-term ARV use, as well as mitigating the harsh side effects of first-line drugs
- HAART guidelines
- Nutrition and HIV (three themes: breast or formula for PMTCT; infant and child nutrition in HIV; role of nutrition for management of long-term conditions)
- Supply chain of HIV medication
- Elimination of mother-to-child transmission
- Lesbians and HIV
- Prisoners and HIV
- HIV and disability
- Indigenous people and HIV
- People involved in the social and behavioural aspects (recruitment and retention) of HIV vaccine clinical trials, particularly for studies involving PLHIV
- Innovative health system initiatives
- Dealing with HIV in poor settings with very limited resources
- Essential ancillary services, especially procurement and supply
- Economics and financial management of HIV/AIDS programmes, including pharma-economics issues
- Contributions of private companies towards the fight against HIV/TB
- Circumcision medical devices
- Nurse skills on research and care for patients
- Laboratory “medicine” (better laboratory approaches for implementation, scale up of laboratory diagnostic capacity at resource-limited community level)
- Palliative care
- New strategies for HIV cure (future plan of cure research with recent failure cases)
- Socio-cultural factors that increase HIV risk
- Behavioural change as a prevention<sup>32</sup>, condoms and sexuality
- Mental health and psychological issues relating to HIV
- HIV and central nervous system/neuroimaging research
- Harm reduction, risks faced by people who use drugs and by women in particular
- Online interventions, new social technologies and social media
- Education and intervention among general and key affected populations using electronic media
- Statistical methodology
- Programme evaluations, including cost evaluations and measuring attribution
- Lessons learnt through scaling up and cost effectiveness
- Mobilizing civil society, unions and organizations of women, farmers, youth, sports, etc.
- Intersection of faith, culture and religion towards HIV
- Cultural and political aspects of the response to HIV

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<sup>32</sup> Comment from delegate: “There was too much on treatment as prevention but not all countries are able to provide treatment to all PLHIV. We still need traditional behavioural change approaches for prevention.”



## Appendix 7: List of countries classified by main region

<b>Sub-Saharan Africa (1)</b>	<b>Middle East and North Africa (2)</b>	Taiwan, Province of China
Angola	Algeria	<b>South and South-East Asia (5)</b>
Benin	Bahrain	Afghanistan
Botswana	Djibouti	Bangladesh
Burkina Faso	Egypt	Bhutan
Burundi	Iraq	Brunei Darussalam
Cameroon	Islamic Republic of Iran	Cambodia
Cape Verde	Jordan	India
Central African Republic	Kuwait	Indonesia
Chad	Lebanon	Lao People's Democratic Republic
Comoros	Libya Arab Jamahiriya	Malaysia
Congo, the Republic of	Morocco	Maldives
Democratic Republic of Congo	Oman	Myanmar
Equatorial Guinea	Palestinian Territory, Occupied	Nepal
Eritrea	Qatar	Pakistan
Ethiopia	Saudi Arabia	Philippines
Gabon	Somalia	Singapore
Gambia	South Sudan	Sri Lanka
Ghana	Sudan	Thailand
Guinea	Syria Arab Republic	Timor-Leste
Guinea-Bissau	Tunisia	Vietnam
Ivory Coast	United Arab Emirates	<b>Oceania (6)</b>
Kenya	Western Sahara	American Samoa
Lesotho	Yemen	Australia
Liberia	<b>Eastern Europe and Central Asia (3)</b>	Cook Islands
Madagascar	Armenia	Federated States of Micronesia
Malawi	Azerbaijan	Fiji
Mali	Belarus	French Polynesia
Mauritania	Georgia	Guam
Mauritius	Kazakhstan	Kiribati
Mayotte	Kyrgyzstan	Marshall Islands
Mozambique	Moldova, Republic of	Nauru
Namibia	Russian Federation	New Caledonia
Niger	Tajikistan	New Zealand
Nigeria	Turkmenistan	Niue
Rwanda	Ukraine	Norfolk Islands
Sao Tome and Principe	Uzbekistan	Northern Mariana Islands
Senegal	<b>East Asia (4)</b>	Palau
Seychelles	China	Papua New Guinea
Sierra Leone	Democratic People's Republic of Korea	Pitcairn
South Africa	Korea	Samoa
Swaziland	Hong Kong	Solomon Islands
Tanzania, United Republic of	Japan	Tokelau
Togo	Macao	Tonga
Uganda	Mongolia	Tuvalu
Zambia	Republic of Korea	Vanuatu
Zimbabwe		Wallis and Futuna
		<b>Central and South America (7)</b>

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Argentina	Grenada	Finland
Belize	Guadeloupe	France
Bolivia	Haiti	Germany
Brazil	Jamaica	Greece
Chile	Montserrat	Holy See (Vatican)
Colombia	Netherlands Antilles	Hungary
Costa Rica	Puerto Rico	Iceland
Ecuador	Saint Helena	Ireland
El Salvador	Saint Kitts and Nevis	Israel
Falkland Islands (Malvinas)	Saint Lucia	Italy
French Guiana	Saint Pierre and Miquelon	Kosovo
Guatemala	Saint Vincent and the Grenadines	Latvia
Guyana	Trinidad and Tobago	Liechtenstein
Honduras	Turks and Caicos Islands	Lithuania
Nicaragua	Virgin Islands, British	Luxembourg
Panama	Virgin Islands, US	Macedonia, FYR
Paraguay		Malta
Peru		Monaco
South Georgia & the South Sandwich	<b>North America (9)</b>	Montenegro
	Canada	Netherlands
	Mexico	Norway
Suriname	United States of America	Poland
Uruguay		Portugal
Venezuela	<b>Western and Central Europe (10)</b>	Romania
<b>Caribbean (8)</b>		San Marino
Anguilla	Albania	Serbia
Antigua and Barbuda	Andorra	Slovakia
Aruba	Austria	Slovenia
Bahamas	Belgium	Spain
Barbados	Bosnia & Herzegovina	Sweden
Bermuda	Bulgaria	Switzerland
Cayman Islands	Croatia	Turkey
Cuba	Cyprus	United Kingdom
Dominica	Czech Republic	
Dominican Republic	Denmark	
	Estonia	

[www.aids2014.org](http://www.aids2014.org)



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