7TH IAS CONFERENCE ON HIV PATHOGENESIS, TREATMENT AND PREVENTION

EVALUATION REPORT

IAS 2013
7th IAS CONFERENCE ON HIV PATHOGENESIS, TREATMENT AND PREVENTION
30 June - 03 July 2013 - Kuala Lumpur, Malaysia

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ACKNOWLEDGEMENTS

The evaluation of the conference was undertaken by Karina Razali, an independent consultant and Director of HART Consultancy, with the support of Alma van Woudenberg, consultant at HART Consultancy.

Thanks are extended to all the individuals who completed the survey and/or participated in focus group discussions and interviews during the conference as part of the evaluation. Without their contributions, it would not have been possible to analyse the process and outcomes of IAS 2013 in such great detail.

The IAS 2013 Evaluation Team would also like to thank the staff of the IAS 2013 Conference Secretariat and the conference evaluation volunteers, who provided assistance in producing this evaluation.

LIST OF ACRONYMS AND ABBREVIATIONS

ART	Antiretroviral therapy
ICAC	Inter-Country Advisory Committee
CROI	Conference on Retroviruses and Opportunistic Infections
HPTN 052	HIV Prevention Trials Network 052
IAS	International AIDS Society
IAS 2009	5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (South Africa, 2009)
IAS 2011	6th IAS Conference on HIV Pathogenesis, Treatment and Prevention (Italy, 2011)
IAS 2013	7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (Malaysia, 2013)
MSM	Men who have sex with men
NGO	Non-governmental organization
PAG	Programme-at-a-Glance
PMTCT	Prevention of mother-to-child transmission
POC	Point of care testing
PrEP	Pre-exposure prophylaxis
TasP	Treatment as prevention
WHO	World Health Organization

EXECUTIVE SUMMARY

The 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013) was held in Kuala Lumpur, Malaysia, from 30 June to 3 July 2013, attracting 5,167 participants, including 3,609 delegates[1] from 132 countries. The objective of the IAS 2013 evaluation was to identify strengths and weaknesses of the conference and to assess its immediate outcomes in order to improve planning and delivery of future, similar conferences. The evaluation will also provide accountability for delegates, non-delegates, donors, sponsors and other stakeholders.

The leading data collection instrument was an online survey sent to all individually registered delegates with a valid email address, at the end of the conference. The survey itself received a response rate of 33%, with 700 surveys completed. In addition to the online delegate survey, individual interviews with delegates and focus group discussions were conducted both during and after the conference.

How was the scientific programme rated?

The majority of surveyed delegates reported that the content of the scientific programme was of “good” or “excellent” quality. Respondents were especially satisfied with the content in terms of key topics covered and the relevance of the content to today’s challenges - 90% rated these items as “good” or “excellent”.

How successful was the conference in achieving its objectives?

The vast majority of surveyed delegates reported to “strongly agree” or “agree” (as opposed to “disagree” and “strongly disagree”) in IAS 2013 achieving the following objectives. Figures in brackets indicate the percentage of respondents who strongly agreed and agreed that the conference:

- Highlighted the state of the HIV epidemic and the progress made in HIV research and prevention in the Asia-Pacific region (96%)
- Reviewed the implementation of science research that addresses challenges by scaling up research and prevention, especially in resource limited settings and in policy constraint environments (94%)
- Increased the advocacy of delegates to keep the HIV issue on top of the global agenda (93%)
- Strengthened the evidence of successful HIV/AIDS programmes (93%)
- Increased public awareness of the impact of HIV/AIDS with a focus on the implications of new scientific research on the global response (86%)

Did the conference contribute to strengthening the skills and/or expanding the knowledge of delegates?

The majority of respondents (86%) answered that the conference had contributed in strengthening their skills and/or expanded their knowledge. 89 respondents (13%) answered that the conference did not contribute to this, and 2% did not answer the question.

[1] This classification includes regular delegates, student/youth/post-docs, speakers, media representatives and scholarship recipients. It excludes staff, organizers, volunteers, hostesses, exhibitors, accompanying persons and faculty (one-day attendees).

How do delegates anticipate using what they gained at the conference?

The most frequently anticipated use of benefits gained from the conference by delegates, were to share information with colleagues, peers and/or partner organizations (88%); motivate colleagues, peers and/or partners (51%); build capacity within the respondent's organization (47%) and influence work focus/approach of the respondent's organisation (44%).

What motivated delegates to attend IAS 2013?

Just over half of the surveyed delegates indicated that their main motivation for attending IAS 2013 was to acquire new information/updates (52%), followed by the networking and collaboration opportunities (19%) and presenting work (18%).

What could be done (better) to help delegates gain more from attending the IAS conference?

The most frequently listed suggestions for the IAS 2013 programme included allowing greater interaction with speakers, providing more opportunities for discussion and networking and mitigating the overlap of sessions in the programme. Delegates also made suggestions on themes and topics that should be (better) covered. In general, delegates wanted to see more on basic and clinical sciences. Some delegates wanted more focus on the translation and practical implementation of science and research, what works under what conditions and how this can be implemented at a regional or country level.

What were the main impacts of the previous IAS conference (IAS 2011)?

The majority of surveyed delegates who had attended the previous IAS conference, IAS 2011 in Rome, Italy (n=193), reported that they had kept contact with people they had met for the first time at IAS 2011 (66%) and that the conference had influenced their individual and/or organizations' work (84%).

The three most frequently noted influences that IAS 2011 has had on delegates' individual and/or organizations' work and follow-up actions were: 1) affirming current work focus/strategy (57%); 2) motivating self, colleagues, managers or partners in the work done on HIV (41%); and 3) sharing information, best practices or skills gained at the conference with colleagues, managers and/or partners (38%).

Delegates were also asked if they were aware of IAS 2011 influencing HIV work, policies or advocacy at a local, national, regional or global level. More than half, 57%, replied "yes", 17% replied "no" and 27% did not know.

In conclusion, while there are some minor areas for improvement, findings from the evaluation indicate that the IAS Conference on HIV Pathogenesis, Treatment and Prevention continues to be an important platform for a wide range of people and organizations involved in the response to HIV/AIDS, to share and gain new knowledge, discuss challenges in their current work on HIV, get motivation and inspiration and to create and reinforce partnerships and alliances, thus boosting the response to HIV/AIDS at global, regional, national and local levels.

In order to ensure that the IAS conference remains one of the key events in the HIV response and ensure continued motivation and interest, it is important that the organizers of the IAS Conference on HIV Pathogenesis, Treatment and Prevention strive to continue with providing an innovative and dynamic programme against an arena of other well-known HIV-related conferences. Existing mechanisms can be strengthened to select the best science, focusing on high-quality, new and promising scientific research.

Specific recommendations are listed on page 35.

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EVALUATION CONTEXT

The 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013) was held in Kuala Lumpur, Malaysia from 30 June to 3 July 2013. Held every two years, the conference is a unique opportunity for the world's leading scientists, clinicians, public health experts and community leaders to examine the latest developments in HIV-related research and to explore how scientific advances can – in very practical ways – inform the global response to HIV/AIDS.

The main goal of the seventh conference in this series was to provide new insights into HIV disease development, prevention and clinical care that can lead to new research directions and help translate theoretical advances into clinical and prevention practice, while building evidence for successful programme operations and implementation.

The conference had defined objectives to contribute to this goal. These were:

1. Focus on the latest biomedical HIV science and its applications for clinical practice and prevention worldwide.
2. Provide new insights into HIV vulnerability, disease progression and prevention interventions worldwide.
3. Review implementation science research that addresses challenges by scaling up research and prevention**,** especially in resource limited setting and in policy constraint environments.
4. Provide opportunities for professional development, scientific collaboration, debate and dialogue among HIV professionals.
5. Increase public awareness of the impact of HIV/AIDS with a focus on the implications of new scientific research on the global response
6. Increase the capacity of delegates to advocate for keeping the HIV issue on top of the global agenda.
7. Highlight the state of the HIV epidemic and the progresses made in HIV research and prevention in the Asia-Pacific region.

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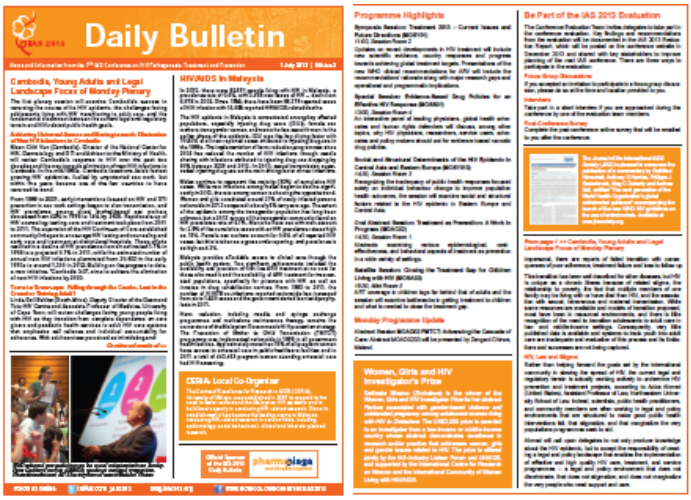
The conference programme featured daily abstract-driven sessions, classified into four tracks, and non-abstract driven sessions that included plenary sessions, bridging sessions, symposia, special sessions, a rapporteur summary session and a series of professional development workshops. The conference also featured an exhibition space, satellite sessions, engagement tours and independent affiliated events.

IAS 2013 was the fifth conference of this series to be systematically evaluated.

The objective of the IAS 2013 evaluation was to identify strengths and weaknesses of the conference and to assess its immediate outcomes in order to improve planning and delivery

of future similar conferences. Results of the evaluation will be used by the organizers of the next IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2015), which will be held in Vancouver, Canada, in July 2015, and by the various IAS 2015 committees during the planning and programme-building phases. The IAS 2013 evaluation is also expected to be used as an accountability tool by all conference participants, online followers, donors, sponsors and other stakeholders to get a consolidated overview of what happened at IAS 2013.

Promotion


Daily Bulletin

Cambodia, Young Adults and Legal Landscape Focus of Monday Plenary

HIV/AIDS in Malaysia

Programme Highlights

Be Part of the IAS 2013 Evaluation

Women, Girls and HIV Investigator's Prize

Promotion of the evaluation exercise was conducted to inform delegates of the purpose of the evaluation and to encourage them to complete the post-conference online survey and for a group of pre-selected delegates to take part in the interviews and/or in the focus group discussions to which they had committed. This included an email prior to the start of conference with information about the evaluation, advertisements in the printed Daily Bulletin (second and fourth editions), which was distributed to all delegates throughout the conference, as well as announcements at the opening and closing of different sessions.

The online survey was active for just over three weeks, and two reminders were sent out before the response deadline.

A financial incentive was also offered to delegates who completed the post-conference online delegate survey, with a prize of US$200 for five respondents randomly chosen through a draw.

Data collection instruments

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 IAS 2013 documentation, website and previous conference evaluation reports
- Post-conference online delegate survey
- Focus group discussions with delegates
- Individual interviews with delegates
- Review of statistical data relating to registration, abstracts, programme and website
- Review of monitoring data from previous IAS conferences to allow comparison over time.

The primary data collection instrument was an online survey[2] sent to all individually registered delegates[3] with a valid email address at the end of the conference. The survey was available only in English and contained about 25 questions, including open-ended ones

[2] A copy of the delegate survey is available in Appendix 1.
[3] As opposed to delegates registered as part of a group.

to give respondents the opportunity to fully articulate their opinions. Unlike previous conference evaluations, which mainly focused on the overall organization and facilities offered by the conference and the conference programme, this year's evaluation was mainly focused on the overall quality of the scientific programme as perceived by delegates, including the main outcomes and impacts of the conference to delegates and the impact of the conference on the response to HIV/AIDS. Similar to the IAS 2011 evaluation, this survey also included five questions for delegates who had attended the previous IAS conference (in this case IAS 2011) in order to assess the influence that the conference had had on their work and their organizations/affiliations.

A total of 2,132[4] survey invitation emails were sent out on 4 July 2013. After two reminders, a total of 700 surveys were completed, giving a response rate of 33% (vs. 28% in 2011 and 34% in 2009).

Other data collection instruments include focus group discussions and individual interviews administered throughout the conference:

- Focus group discussions (total 15 participants in three sessions)
- Individual interviews (60 respondents randomly picked throughout the conference venue)

Results of the focus group discussions and relevant details are reported separately in Appendix 2.

Survey administration and result analysis

The online survey was created and administered using Cvent, Inc., a web survey programme.

Data analysis 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, statistical differences have been found with a significance level of 0.05. The information collected was triangulated and cross checked to illuminate similarities and differences in the perspectives offered and to highlight key issues. To allow comparison over time, monitoring data from previous conferences were also reviewed. The analysis of qualitative responses (i.e., to open-ended questions) was performed by coding the responses to broad thematic categories.

Limitations

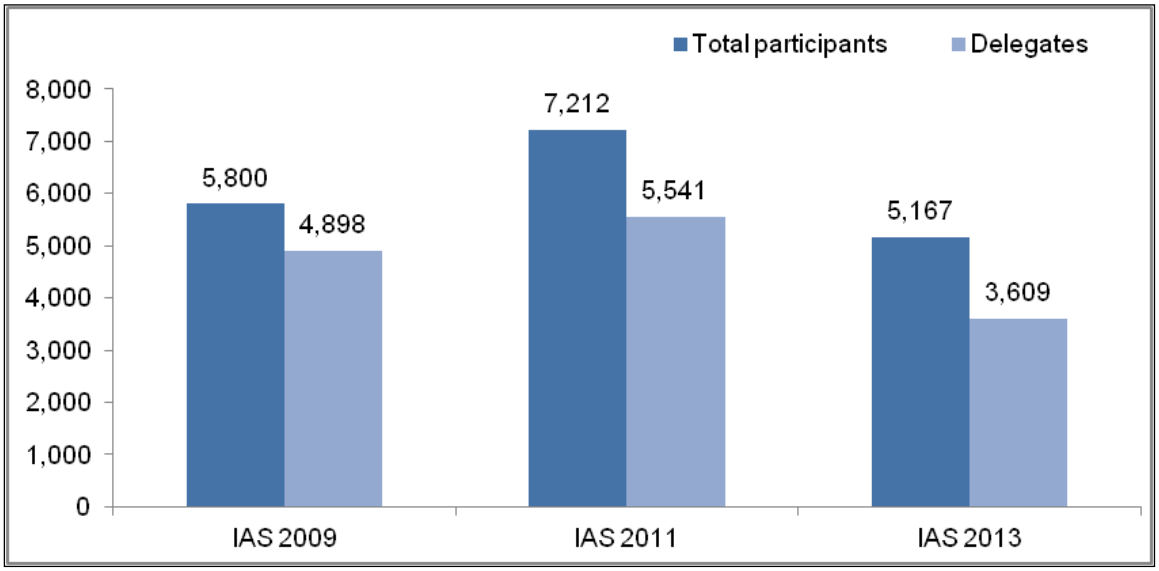
Some results need to be interpreted with caution since the understanding of questions and answers proposed in survey forms is likely to differ from one respondent to the other depending on his/her country of residence, gender, age, language, HIV status, work experience, professional and personal background and expectations of the conference. In addition, the 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.

[4] Email addresses were not available for delegates registered as part of a group.

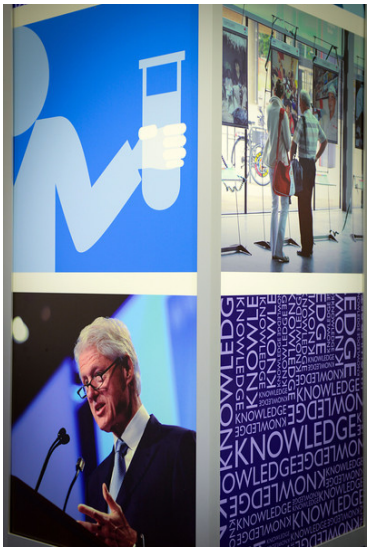
PROFILE OF DELEGATES AND SURVEY RESPONDENTS

IAS 2013 was attended by 5,167 participants (vs. 7,212 at IAS 2011). Of these participants, 3,609 were classified as delegates[5], a decrease from IAS 2011 and IAS 2009 (see Figure 1). Other participants included 224 exhibitors, 69 accompanying persons and children, 576 faculty (one-day pass), 281 volunteers, 69 staff, 53 organizers and 286 suppliers.

Figure 1. Total participants and delegates for IAS 2009, IAS 2011 and IAS 2013[6]



The delegate survey sample was representative overall of the delegate population with respect to gender, age, main occupation and affiliation type. It should be noted that the comparison can only be considered 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).



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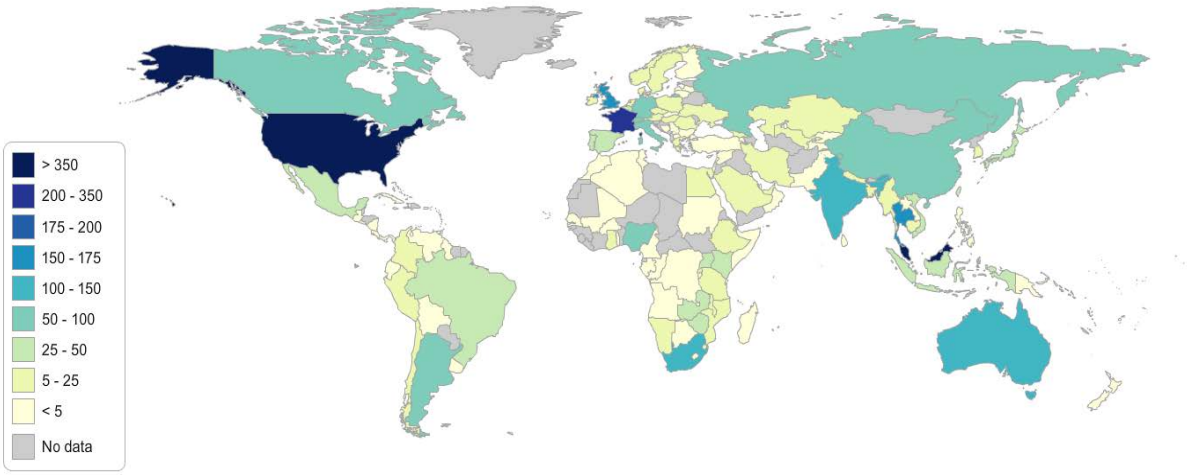
[5] This classification includes regular delegates, student/youth/post-docs, speakers, media representatives and scholarship recipients. It excludes staff, organizers, volunteers, hostesses, exhibitors, accompanying persons and faculty (one-day attendees).

[6] These figures are based on data from previous IAS evaluation reports.

Country and region

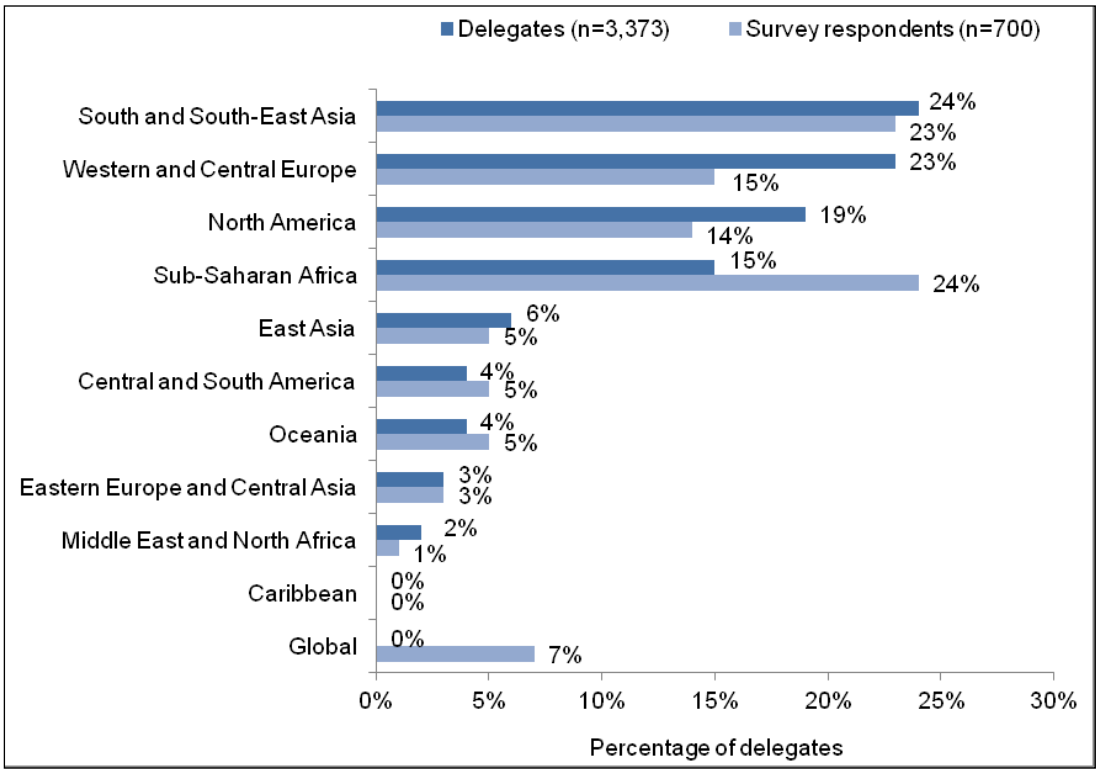
Delegates represented a total of 132 countries[7] (vs. 127 in 2011). Based on 3,373 delegates who reported their country, the ten countries most represented were the United States of America (n=486), the host country Malaysia (n=354), France (n=216), the United Kingdom (n=160), Thailand (n=154), India (n=146), Australia (n=138), South Africa (n=119), Canada (n=89) and Nigeria (n=82).

Figure 2. Delegates by country (n=3,373)



Not surprisingly, the largest number of delegates lived in the conference host region, i.e., South and South-East Asia (24%). The second most represented region was Western and Central Europe (23%), as shown in Figure 3.

Figure 3. Delegates and survey respondents by region[8]



[7] Country refers to the country home address of the delegate.
[8] The regions are based on the Joint United Nations Programme on HIV/AIDS classification available in Appendix 4.

Comparisons between delegates and survey respondents require caution since the survey respondents' region is based on the country of work as opposed to the country of residence.

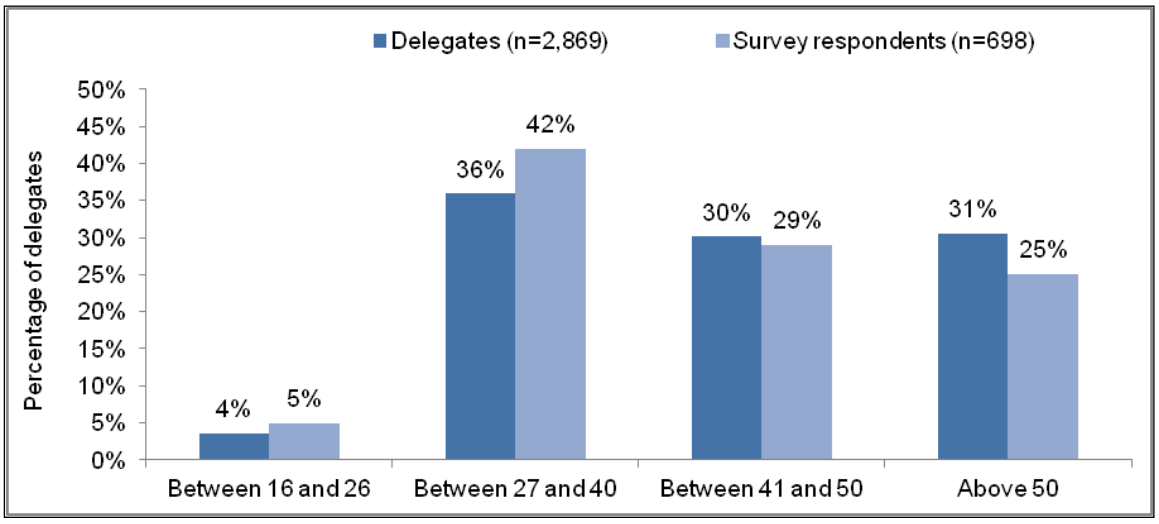
Gender

As in 2011 and 2009, the proportion of females among the conference delegates was smaller than the proportion of male delegates (of the 3,409 delegates who specified their gender, 40.9% were female and 59.1% were male). The proportion of females represented in the survey was also smaller than males (43.5% vs. 56.5%).

Age

As in 2011, the majority of delegates and survey respondents were between 27 and 50 years of age, about one-fourth were older than 50 years, and less than 5% were younger than 26 years (see Figure 4).

Figure 4. Age of delegates and survey respondents



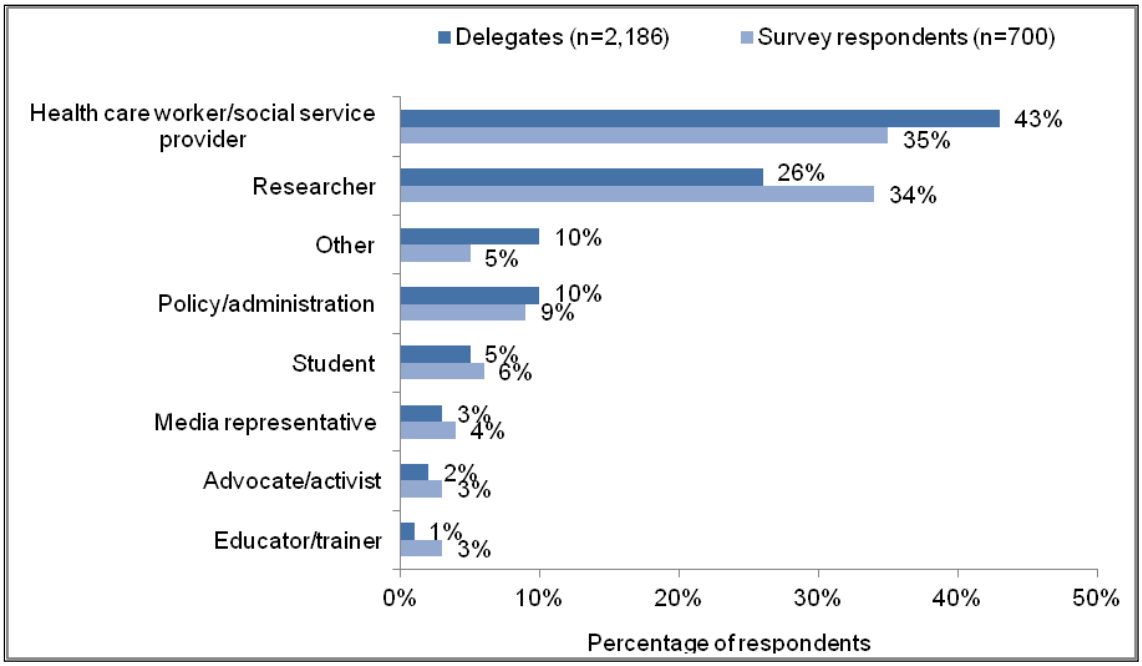
Professional experience in HIV

Of the 696 survey respondents who specified the number of years they had been working in the HIV field (full or part-time), 7.5% had less than two years of experience, 20.1% between two and five years, 29.6% between six and 10 years, 17% between 11 and 15 years, and 25.9% of respondents more than 15 years' experience. This information was not available for delegates.

Occupation and affiliation

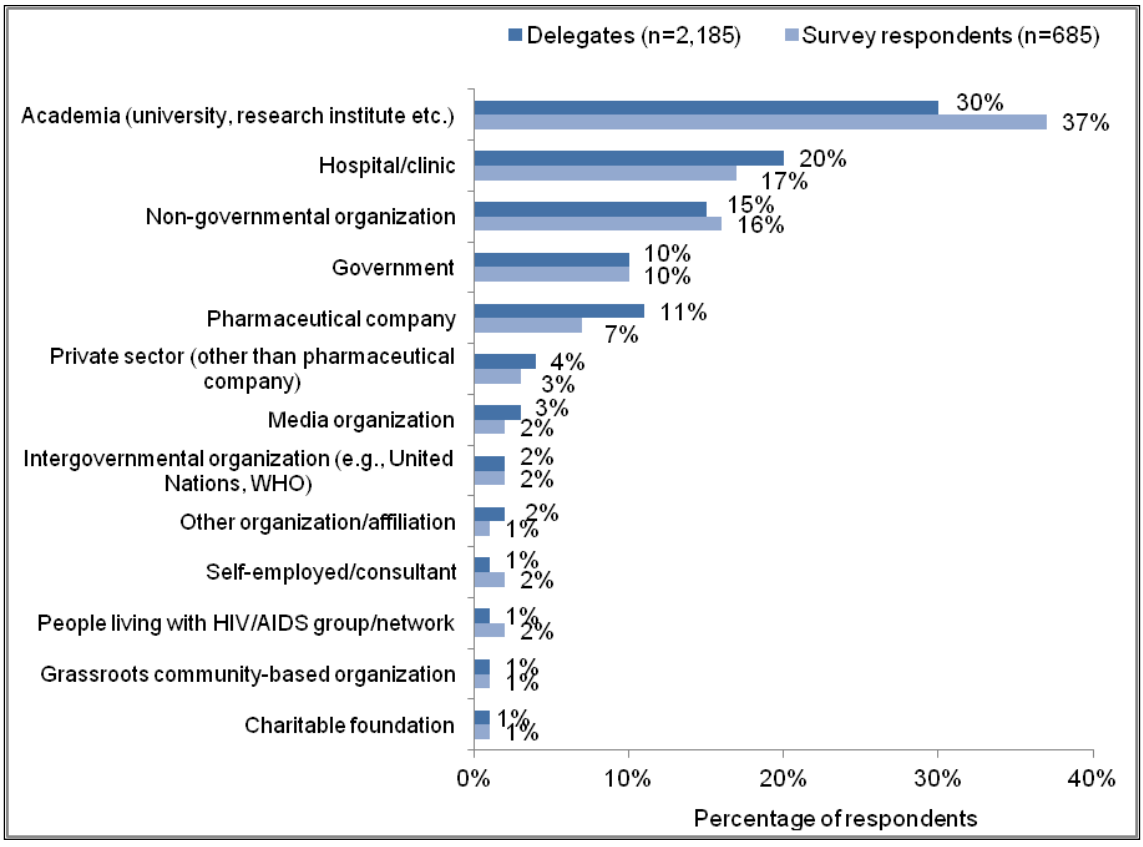
As in 2011, health care workers/social service providers and researchers were the most represented professions among delegates (see Figure 5).

Figure 5. Main occupation/profession of delegates and survey respondents



As for IAS 2011, the majority of delegates were affiliated with and/or working in the academic sector and in hospitals/clinics (see Figure 6).

Figure 6. Main affiliation/organization of delegates and survey respondents



Previous IAS conference attendance

Similar to results collected in the IAS 2011 and IAS 2009 evaluations, the majority of survey respondents were attending an IAS Conference on HIV Pathogenesis, Treatment and Prevention for the first time (60%). Of those who had attended a previous IAS Conference on HIV Pathogenesis, Treatment and Prevention, 28% had attended IAS 2011 (Italy), 19% IAS 2009 (South Africa), 17% IAS 2007 (Australia), 10% IAS 2005 (Brazil), 12% IAS 2003 (France) and 5% IAS 2001 (Argentina).

Looking at the number of IAS Conferences on HIV Pathogenesis, Treatment and Prevention attended before IAS 2013, 5% of surveyed non-first time delegates had attended all past conferences (since 2001), 8% had attended five conferences, 9% had attended four conferences, 11% had attended three conferences, 24% had attended two conferences, and 43% had attended only one conference. This information was not available for delegates.

KEY FINDINGS

How were delegates and non-attendees supported to access the conference programme and other information?

Conference website

Reflecting a commitment to make information presented at IAS 2013 accessible to as many people as possible, the organizers made a significant portion of the programme available online through the conference website.

Slide presentations, abstracts, digital posters and daily rapporteur reports, as well as video recordings of daily sessions, were available through the Programme-at-a-Glance (PAG).

During the conference, the conference website was visited more than 11,000 times (about half the traffic volume compared to the 22,145 visits during IAS 2011). The PAG for mobile phones was downloaded 2,000 times. Delegate access to the programme through the PAG and mobile PAG could explain the reduced traffic to the website directly (see information below on the PAG application). Furthermore, a virtual mirror of the website was set up on a 'cloud' in order to have a more responsive website in different regions of the world.

Social networking tools

Delegates and non-attendees were also able to use Facebook and Twitter to communicate and advocate on issues debated during the conference, and to share concerns and hopes with their personal and professional networks.

The IAS 2013 Facebook registered a total of 12,298 fans by the end of the conference (a substantial increase compared to 1,746 in 2011 and 1,145 in 2009).

A total of 2,287 tweets were made about the conference (with the twitter reference hashtag "#IAS2013") from 30 June to 3 July. In addition, 16 conference-related videos were uploaded on YouTube during and after the conference. As of November 2013, these videos attracted 9,820 viewers in total.

Programme-at- a-Glance application

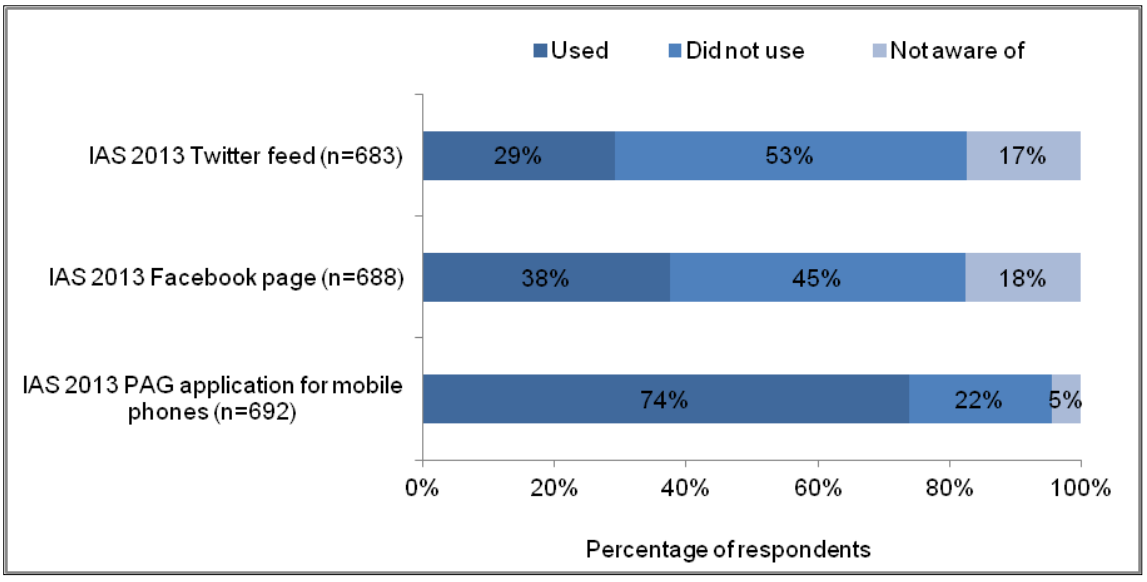
The Programme-at-a-Glance application or App is a mobile App version of the PAG downloadable from the Apple Store for iOS devices and Google Play ® for Android devices, free of charge and available everywhere in the world.

How used and useful were the social media, online and PAG application?

Results of the online delegate survey showed that 29% of surveyed delegates reported accessing the Twitter feed, and 38% reported visiting the Facebook page (see Figure 7). The percentage of delegates not aware of these tools is slightly higher compared to 2011 (10% were not aware of the conference Twitter feed and 11% of the Facebook page in 2011). However, the percentage of delegates visiting the Facebook page has increased, from 24% in 2011 to 38% in 2013. The percentage of delegates using the Twitter feed decreased slightly (31% in 2011).

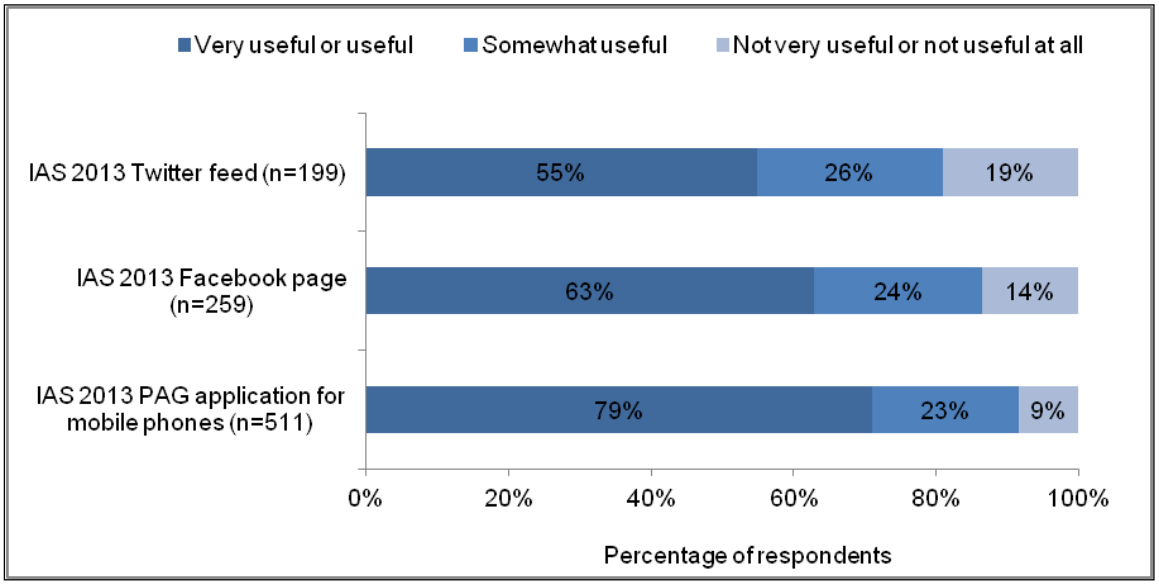
As shown in Figure 7, it is encouraging to note that the mobile app, a new feature of the conference, was used by 74% of survey respondents.

Figure 7. Use of social media tools and mobile application



Of the two social media tools, the Facebook page was considered to be the most useful, with 63% of those who had used the Facebook page considering it to be “useful” or “very useful” (see Figure 8).
Concerning the PAG application for mobile phones, the majority of surveyed delegates who used this new feature rated it as “useful” or “very useful” (79%), which substantiates the investment made by conference organizers on this new technology.

Figure 8. Usefulness of social media tools and mobile application



A total of 229 delegates provided additional feedback on the use of these tools, with most comments being related to the PAG application for mobile phones (n=213) and the majority (n=139) providing positive comments. The application was considered easy to use and helpful in planning delegates’ itinerary. In addition, a few delegates commented positively on the contribution of the application to a paperless approach.

Although the PAG application was considered useful by most users, a substantial number of issues were mentioned by delegates (n=103). The main issues concerned the instability of the PAG application, such as problems in downloading the application, crashing/failing of the application, unwanted automatic updates, inconveniences in accessing “My Itinerary” (need to re-enter e-mail address) and failures in storing/operating the (prepared) itinerary in “My itinerary”. Some delegates also mentioned that the application showed incorrect information. Other delegates raised concerns about privacy issues, as the feature “My Itinerary” could be accessed by any email address without a password. A few delegates commented on the absence of poster information and the absence of a search option in the application.

Delegates made several suggestions on how PAG app could be improved, such as making the application fully downloadable and compatible on all mobile devices, improving the “My Itinerary” feature and having it send out reminders with information about saved sessions, adding a manual refresh feature for updates, adding a time-out function, including a search option feature and creating a workable offline version of the application.

Other delegates (n=12) commented that they would have preferred a paper programme, in addition a few of these delegates (n=4) raised concerns about the increasing level of

technological advancement used and the accessibility by delegates from resource limited countries.

A number of delegates (n=15) commented on the usefulness of Facebook and Twitter during the run-up to the conference for information and updates. A few delegates mentioned that the Facebook page and Twitter could have been more active and better advertised. Other delegates would have liked to see more stories covered in Facebook and more photos. One delegate suggested creating separate Facebook groups for researchers sharing the same interest.

In addition, one delegate suggested using the PAG application or a Twitter platform to generate discussion after sessions/presentations (by being able to send questions to speakers/presenters, of which two-three questions would be selected for discussion).

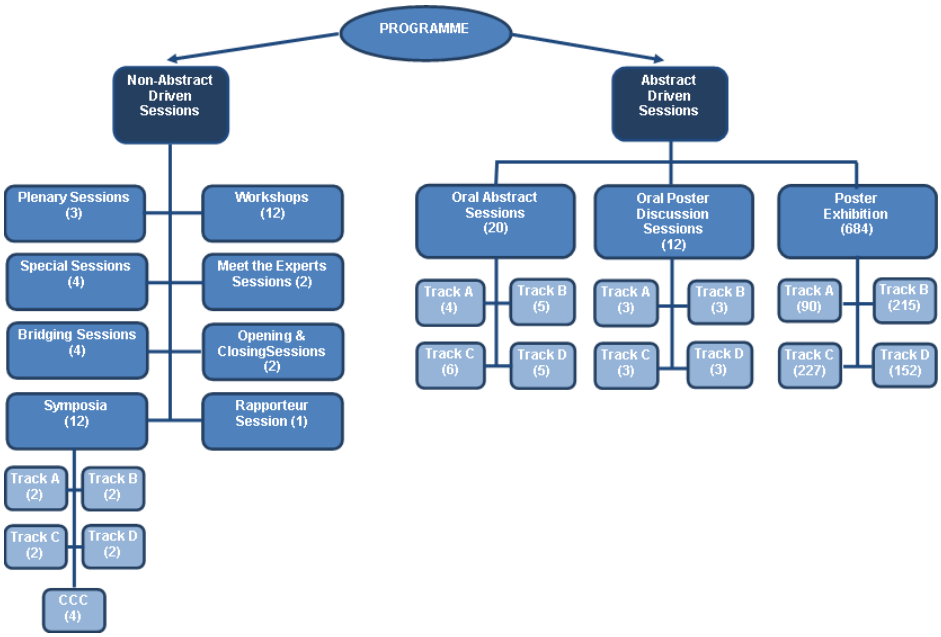
What programme sessions were available to delegates?

The IAS 2013 programme was developed by the following committees:

- The Conference Coordinating Committee[9]
- The Scientific Programme Committee
- Four track committees:
  - Track A: Basic Sciences
  - Track B: Clinical Sciences
  - Track C: Prevention Science
  - Track D: Operations and Implementation Research
- The Community Advisory Group

The IAS 2013 programme included a range of sessions and activities, as summarized in Figure 9.

Figure 9. Overview of the conference programme



[9] The CCC is the conference's highest governing body, which 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.

The IAS 2013 programme also featured an exhibition area, hosting 35 booths (vs. 39 in 2011), as well as 17 satellite meetings (vs. 32 in 2011), four engagement tours (same as in 2011) and a number of affiliated independent events.

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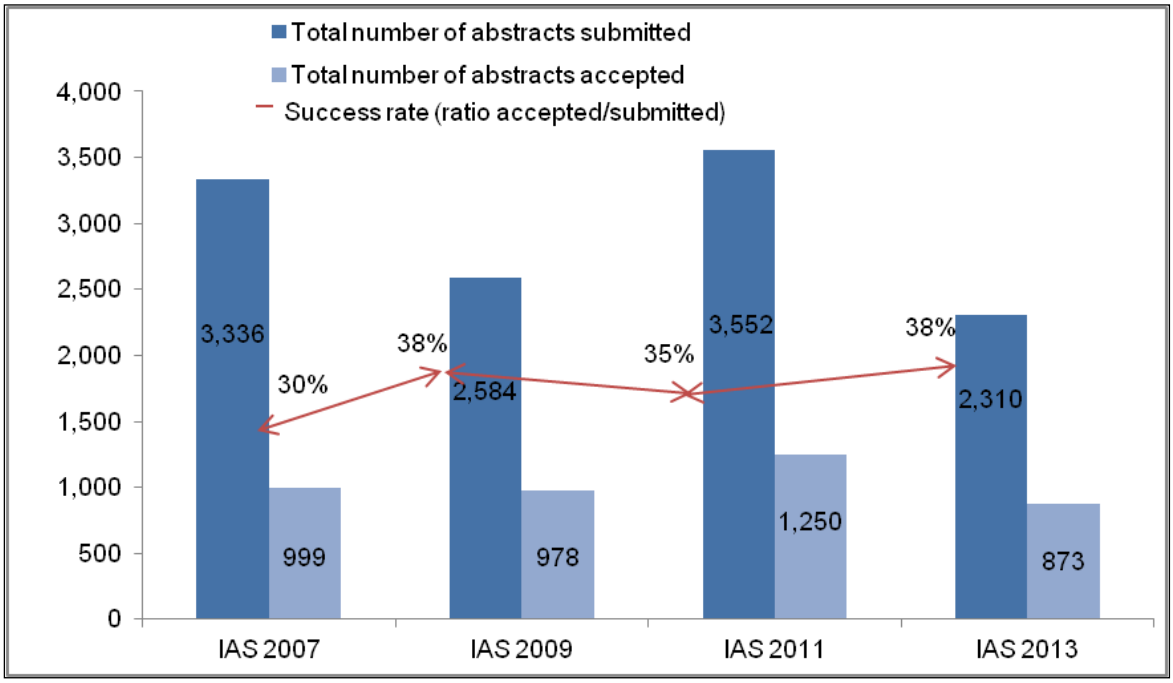
Abstract statistics

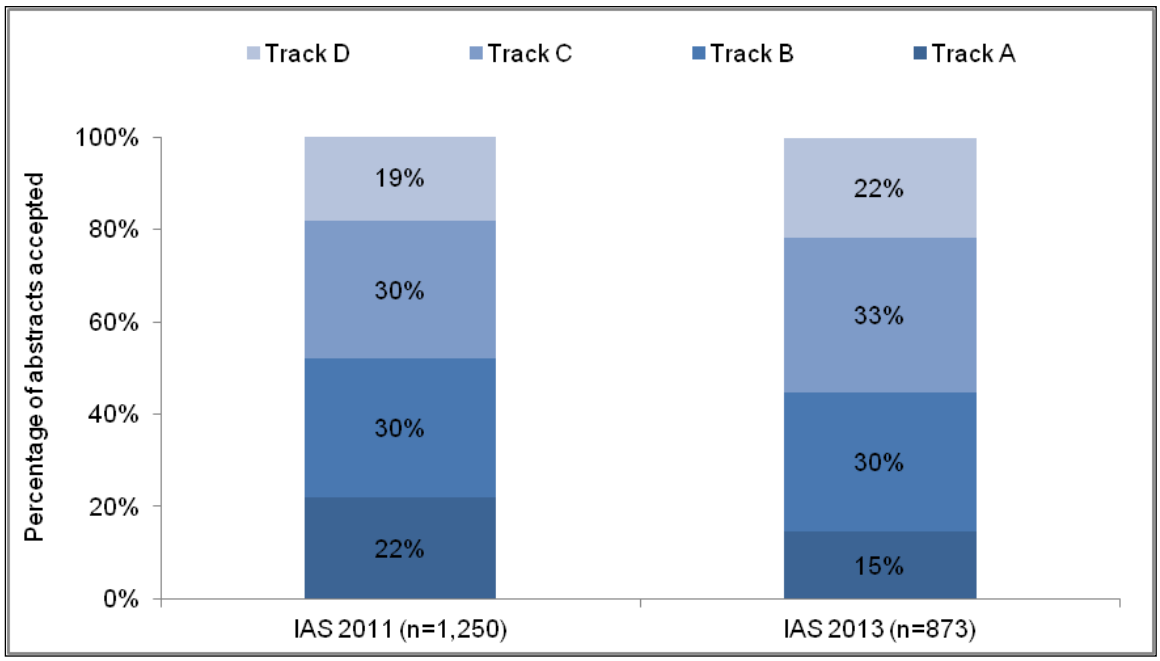
IAS 2013 attracted 2,310 abstract submissions, a decrease of 35% from 2011. However, the success rate (ratio of abstracts accepted versus those submitted) has increased slightly (38% in 2013 vs. 35% in 2011) (see Figure 10).

Figure 10. Total number of abstracts submitted and accepted (2007 to 2013)



The following graphs (Figures 11 to 14) show acceptance trends across tracks and presentation types for 2011 and 2013.

Figure 11. Breakdown of abstracts accepted, by track (2011 and 2013)



As shown in Figure 11, the proportion of abstracts accepted in Track A decreased from 22% in 2011 to 15% in 2013, while the proportion of abstracts accepted in Track C and D increased slightly (3% each).

Figure 12. Breakdown of abstracts accepted by type of presentation (2011 and 2013)

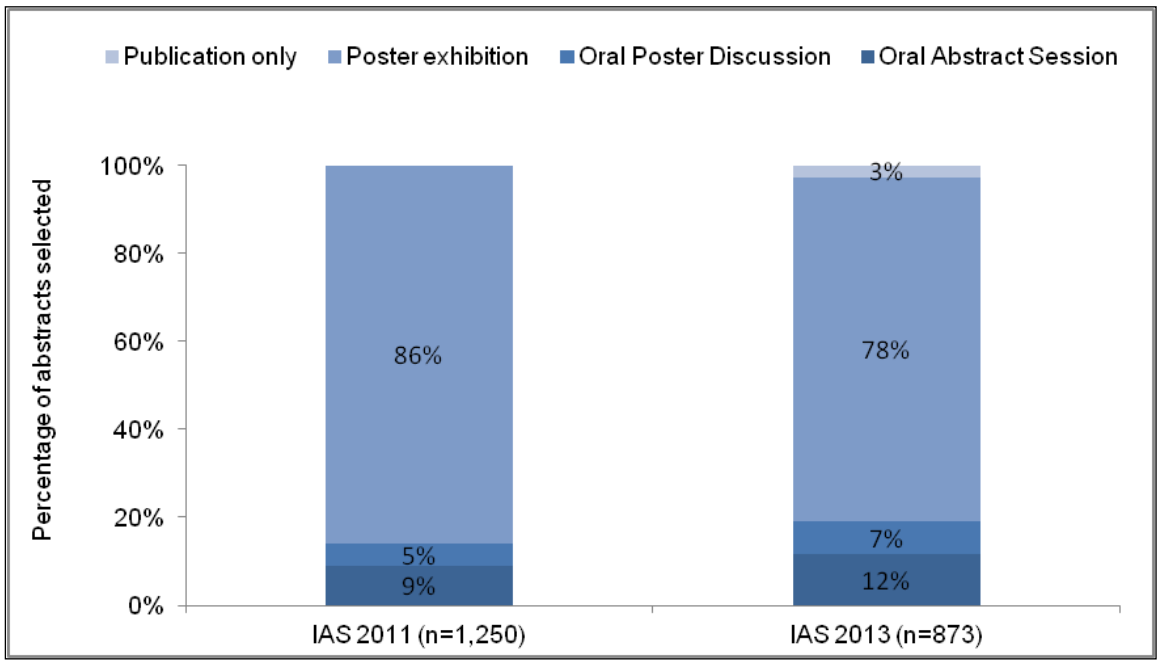
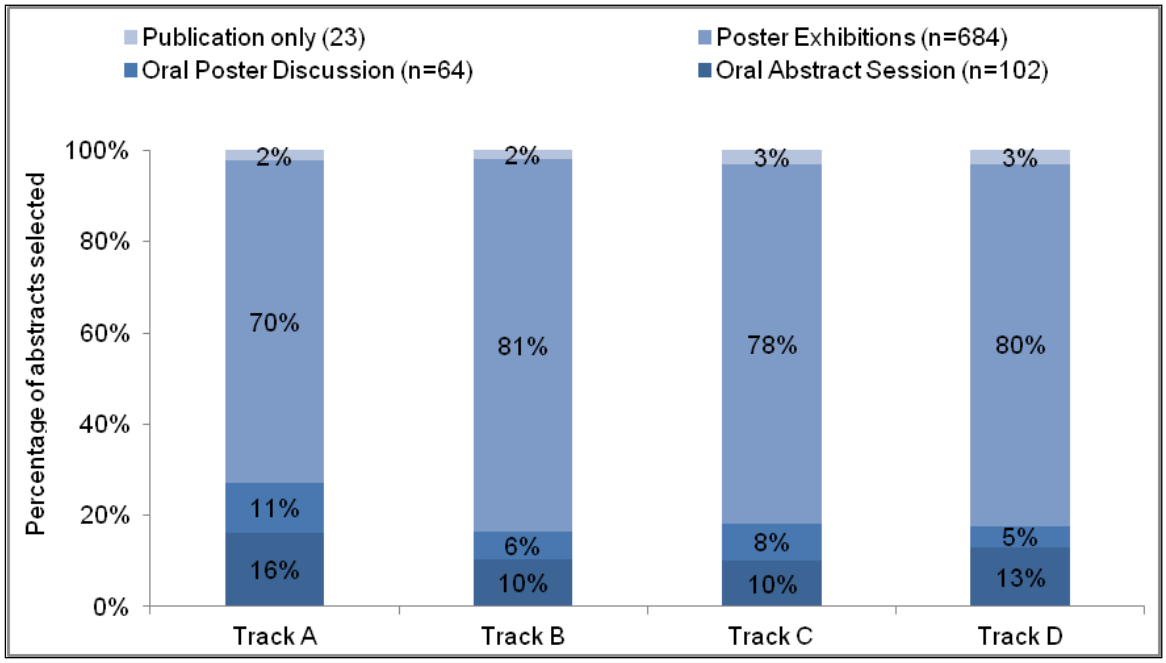
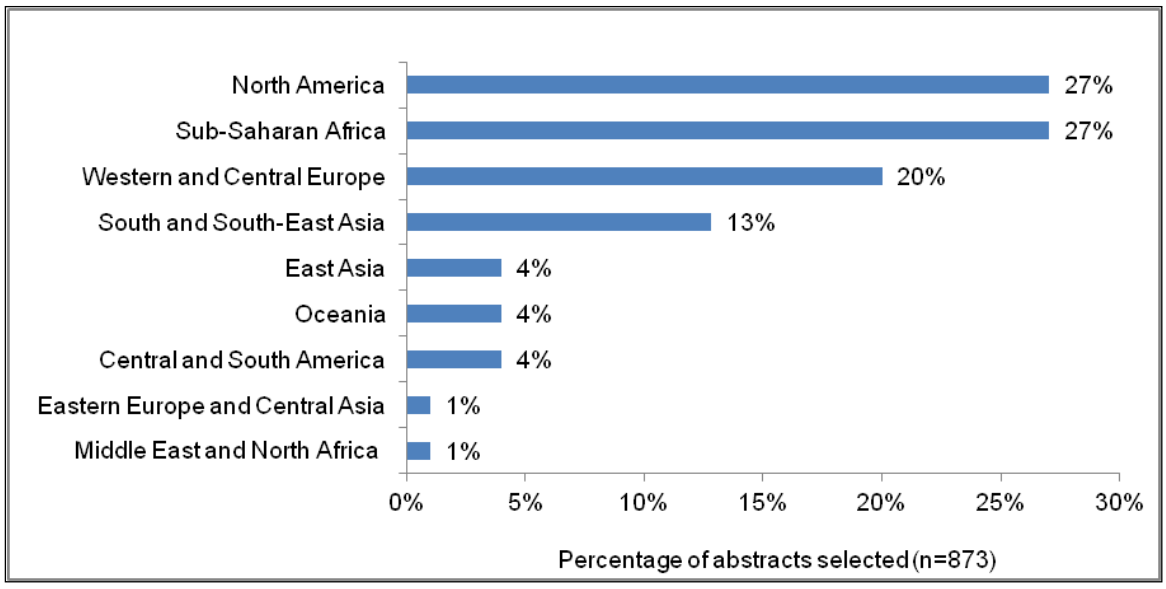


Figure 13. Breakdown of abstracts accepted (track by type of presentation)



Sub-Saharan Africa and North America accounted for most (27%) of the abstracts selected, followed by Western and Central Europe (20%) (see Figure 14).

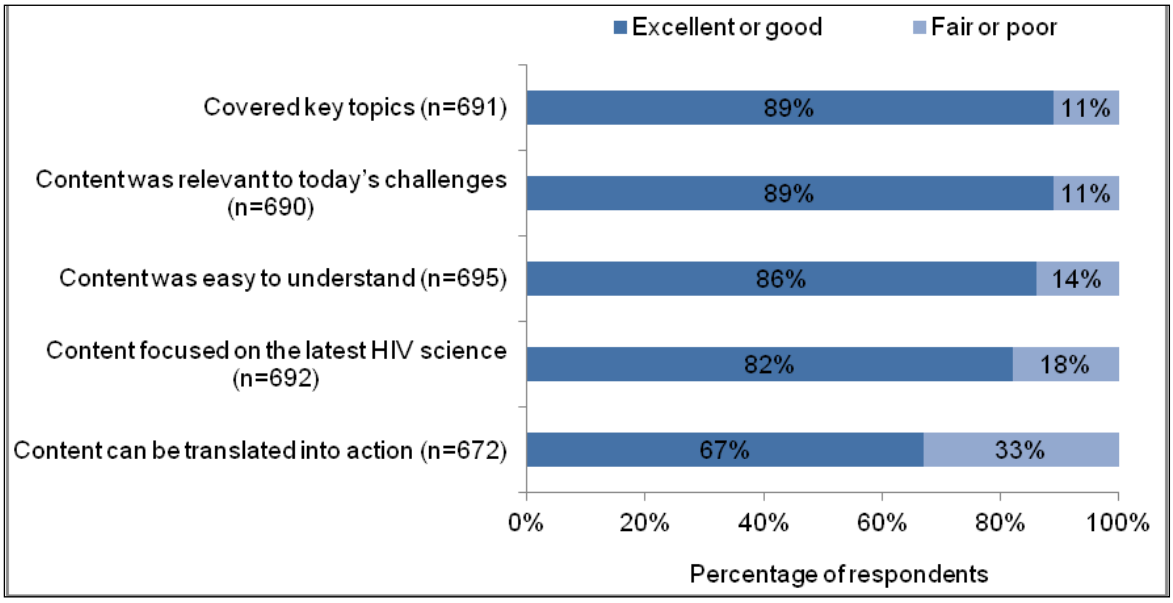
Figure 14. Breakdown of abstracts accepted by region



How was the scientific programme rated?

Surveyed delegates were asked to rate the overall quality of the scientific programme with respect to five items listed in Figure 15. The majority (more than 80%) reported that the quality was “good” or “excellent” on four out of five content items. The two items which were best rated were the programme coverage and relevance to today’s challenges, with almost 90% of respondents reporting it was “good” or “excellent”. The item which ranked lowest in terms of quality was: the content (of the programme) can be translated into action (see details in Figure 15).

Figure 15. Quality of the scientific programme



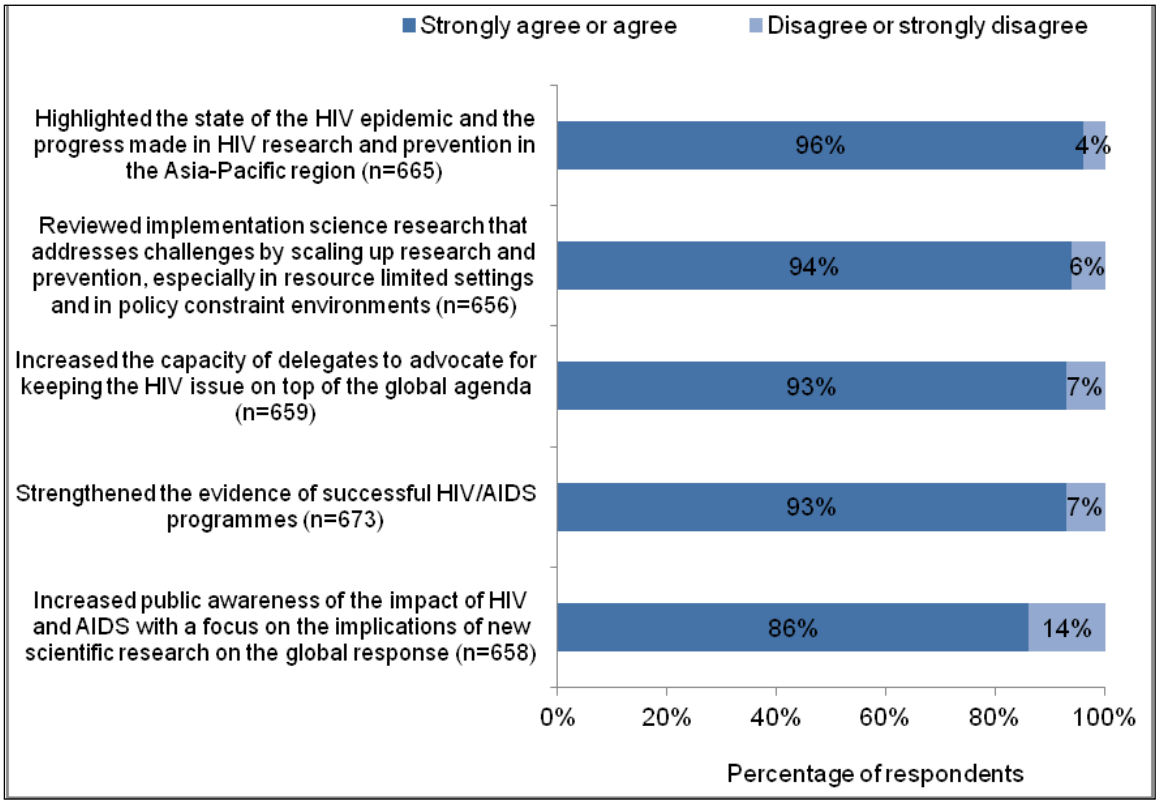
How successful was the conference in achieving its objectives?

Surveyed delegates were asked to indicate how successful IAS 2013 was in achieving its objectives, by rating their agreement to the following statements.
The conference:

- Highlighted the state of the HIV epidemic and the progress made in HIV research and prevention in the Asia-Pacific region
- Reviewed implementation science research that addresses challenges by scaling up research and prevention, especially in resource limited settings and in policy constraint environments
- Increased the capacity of delegates to advocate for keeping the HIV issue on top of the global agenda
- Strengthened the evidence of successful HIV/AIDS programmes
- Increased public awareness of the impact of HIV/AIDS with a focus on the implications of new scientific research on the global response

The vast majority of survey respondents (more than 86%) reported to “strongly agree” or “agree” in the conference achieving each of these objectives (see Figure 16).

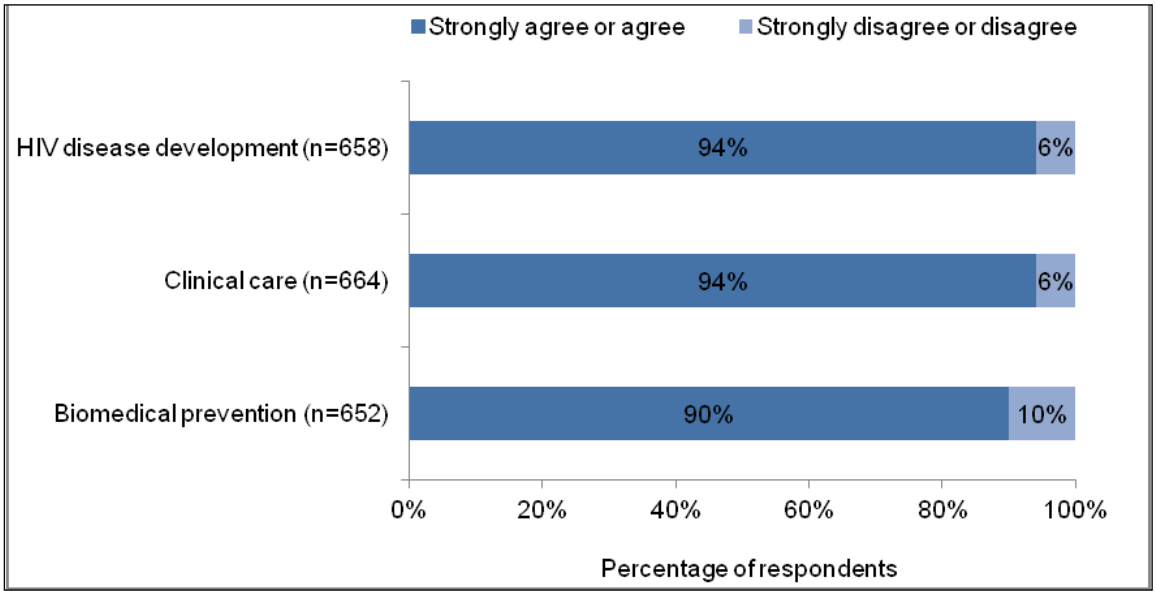
Figure 16. Achievement of conference objectives



Did the conference provide new insights into HIV disease development, biomedical prevention and clinical care?

Surveyed delegates were asked to which extent they agreed with the conference having provided new insights into HIV disease development, biomedical prevention and clinical care.

Figure 17. Agreement that the conference provided new insight



As shown in Figure 17, the vast majority (90% and over) reported to “strongly agree” or “agree” with the conference providing new insights in these topics.

It is encouraging to note that when asked whether these new insights will lead to new research directions, 76% of respondents answered “very likely" or “likely”, 23% considered this was “somewhat likely” and only 1% considered this “not very likely”.

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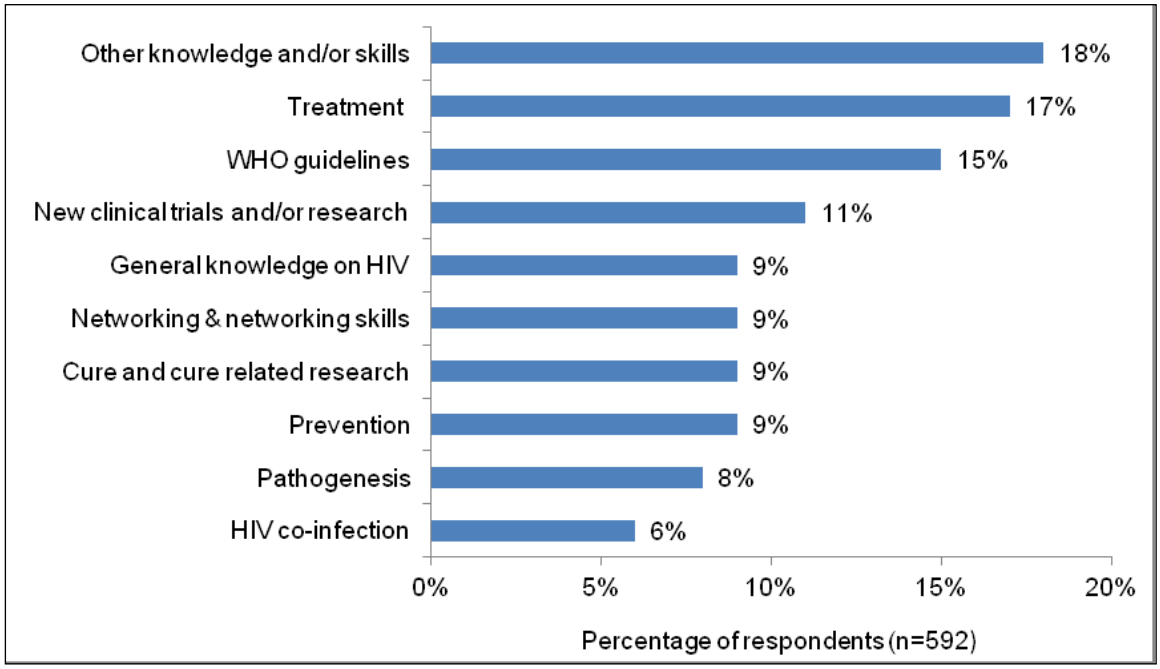
Did the conference contribute to strengthening the skills and/or expanding the knowledge of delegates?

Surveyed delegates were asked whether the conference contributed to strengthening their skills and/or expanding their knowledge, when thinking of the benefits they gained from attending IAS 2013. The majority of respondents (86%) answered "yes". Looking at the delegates’ region of work, statistical analysis showed that delegates from Sub-Saharan Africa were more likely to reply “yes” (98%) compared to delegates from other regions ($p<0.01$). This graph is available in Appendix 3. Other characteristics of delegates such as affiliation/organization type and length of HIV work experience, showed no significant differences in terms of the percentage of those who responded “yes” to gaining benefits from IAS 2013.

Surveyed delegates who replied "yes" were then asked to provide an example to illustrate their response. A total of 592 delegates provided examples which were analyzed and classified into categories (see Figure 18). Examples that were given by respondents of expanded knowledge were related to treatment (n=83), of which 19 delegates mentioned ART management specifically, the WHO guidelines (n=72), overall knowledge gained on HIV (n=46), research and new clinical trials (n=52), cure or cure related research (n=44), prevention (n=42), of which 15 respondents specifically mentioned treatment as prevention (TasP) and 9 mentioned PrEP, pathogenesis (n=37), HIV co-infection (n=30) and clinical care (n=24) Delegates also increased their network/networking skills (n=46). Eighty-seven delegates reported to have gained other knowledge and/or skills, such as knowledge on lesbian, gay, bisexual and transgender community issues in prevention programmes, HIV and people who inject drugs, HIV and immigrants, lab technologies, implementation research, advocacy, increased motivation and facilitation skills. Other categories mentioned by less than 5% of delegates were: paediatrics, skills in writing and presenting, vaccine development and research, new research ideas, HIV drugs, MSM, economics, knowledge on

point of care testing (POC), prevention of mother-to-child transmission (PMTCT) option B and stigma.

Figure 18. Categories of strengthened skills and/or expanded knowledge[10]



How do delegates plan to use what they gained at the conference?

Surveyed delegates were asked to select from a 15-point action list how they would use the benefits they gained from the conference. As in 2011, the majority of respondents (88%) would share information with colleagues, peers and/or partner organizations (e.g., through discussions, presentations, dissemination and/or translation of materials, writing papers).

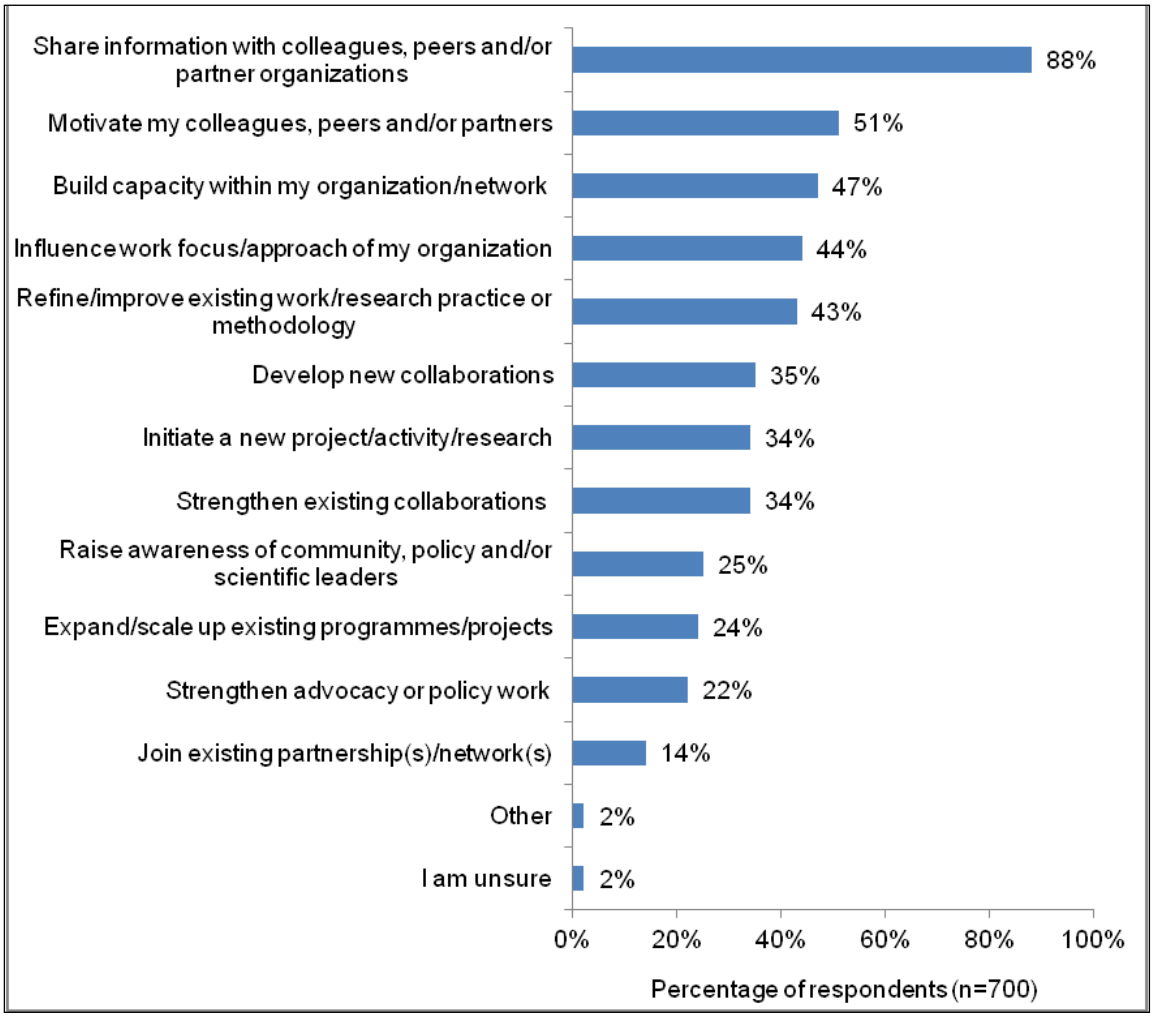
The four following actions were also well ranked, with more than 40% of respondents selecting them:

- motivate colleagues, peers and/or partners (51%);
- build capacity within the respondent's organization/network (e.g., through training, development/update of guidelines, procedures, manuals, other materials) (47%);
- influence work focus/approach of the respondent's organization (44%); and
- refine/improve existing work/research practice or methodology (43%).

As shown in Figure 19, respondents selected many other actions and only 0.4% (3 respondents) reported that they did not gain anything from the conference.

[10] This graph only includes themes stated by 5% of respondents or more.

Figure 19. Anticipated use of benefits gained by delegates



Surveyed delegates were also asked what they plan to do with new and/or existing contacts made at the conference. A total of 300 delegates answered this question[11], with the most frequent citations being: initiate collaborations (n=188), exchange expertise/share experience (n=74) and strengthen existing collaborations (n=21). Other delegates stated they will stay in contact, but are not sure yet of any future plans (n=25). Five delegates mentioned they will apply for funding while three other delegates mentioned they enjoyed meeting new colleagues.

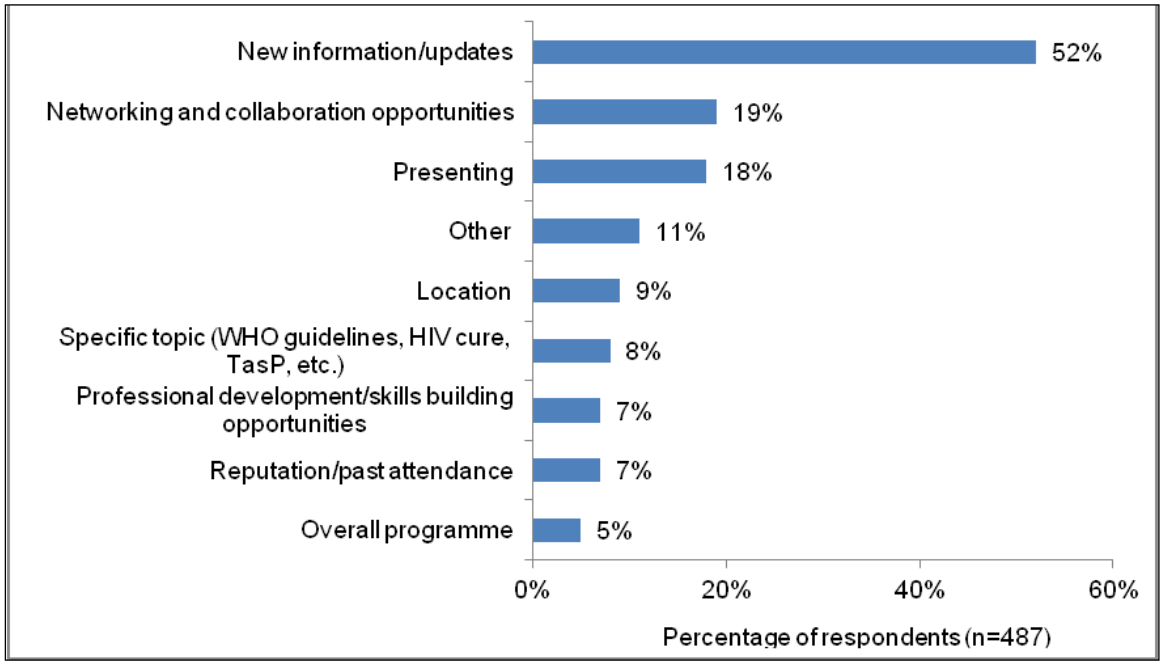
What motivated delegates to attend IAS 2013?

Surveyed delegates were asked what their motivation was to attend IAS 2013. A total of 487 delegates gave examples that were classified into themes. As shown in Figure 20, the main motivation of delegates for attending IAS 2013 was to acquire new information/updates (52%). Delegates were also motivated by the opportunities for networking/collaboration (19%) and for presenting their work/research (18%). Delegates also commented on the convenience of the conference location (9%), stressing the fact that the conference being held in Asia made it possible for many delegates, especially those from South-East Asia, to attend. Other frequent motivations for attending included: specific topics in the programme, of which most delegates mentioned the WHO guidelines, HIV cure and TasP (8%),

[11] Some delegates made comments that were classified into more than one theme. Those who did not answer skipped the question thus could either be unwilling to answer and/or have not made any contacts.

professional development/skills building opportunities (7%), reputation/past attendance (7%) and the overall programme (5%). Other motivations mentioned by less than 5% of delegates included: scientific focus/quality of science (4%), international dimension (4%), speeches/presentations by worldwide political leaders/well known leaders/experts (2%), variety of session types (2%), overall organization (2%), interactive sessions and debates (1%), advocacy opportunities (1%) and scholarship (1%).

Figure 20. Motivation to attend IAS 2013[12]



The respondents whose answer was classified in the theme "other" (11%) cited reasons such as required/essential for work, the noble cause behind the conference, general interest/empathy in HIV/AIDS and a recommendation by a colleague/friend.

What could be done (better) to help delegates gain more from attending the IAS conference?

Results presented in this section are a summary of the responses of delegates to two open questions and includes suggestions of delegates to gain more from the conference and suggestions on what could be improved at the next IAS conference to enhance the impact of the conference on the response to HIV/AIDS. All suggestions were analyzed and classified into the following themes (the number of responses for each main theme is in brackets[13]).

Programme content (n=175)

Delegates made suggestions on themes and topics that should be (better) covered at the next conference. In general, delegates wanted to see more on basic and clinical sciences (n=26), more focus on the translation and practical implementation of science and research, what works under what conditions and how this can be implemented at the regional or country level (n=17).

[12] This graph only includes themes stated by 5% of respondents or more.
[13] Some delegates made comments that were classified into more than one theme.

The following topics and themes were proposed by four to seven delegates (as indicated):

- HIV policy (n=7)
- HIV pathogenesis and HIV cure update (n=7)
- More innovative research (n=7)
- Prevention and practical management of HIV in resource limited settings (n=6)
- Opportunistic infections and side effects (n=5)
- Professional development session on (operational) research (n=5)
- More workshops during the conference (on key themes) (n=5)

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- Exchange of best practice experiences from the field (n=4)
- Focus on Africa (n=4)
- HIV prevention and more scientific evidence for prevention (n=4)
- Better quality of research and presentations (n=4)
- Community aspect and response to HIV (n=4)

> *"Increase slots allocated to 'implementation science' or 'operations research', and create forums for discussion of 'translation of research findings into policy and practice'. In most cases, we listen to the science and are excited about what was done, but there are challenges regarding translating the science into programs and practice. A discussion of ground-breaking operations research studies, preferably mid-way through the conference is something you could do." (prevention science researcher, academia, Uganda)*

> *"If possible include more unique case studies which will give [a] clearer picture about [the] disease and its prevention." (biology and pathogenesis researcher, government, India)*

Programme format and schedule (n=100)

Delegates complained about the time conflict between sessions that were of interest to them, the lack of opportunities to network and the lack of interaction opportunities during sessions. Other comments included the following: insufficient time to view posters; better mix between clinical and non-clinical sessions during the days; schedule late breaker earlier; focus plenary sessions on one topic; schedule small topics as satellite sessions; schedule high impact research and important topics in own tract and increase the number of days of the conference. Some delegates suggested making the exhibition area more attractive.

> *"Same as I said above: I think that somehow basic researcher and community-based researcher should be 'put together', i.e. decrease the number of concurrent sessions, in particular in different research tracks." (post-doctoral, academia, Canada)*

"More time for questions and comments after presentations. Also, plenaries should be topical around one area, rather than force-feeding many topics that may or may not be of interest." (community-based researcher, government, South Africa)

"More debate between experts on key issues." (researcher, academia, Canada)

Communications (n=75)

Most delegates commented that they would like (more) access to webcasts of sessions, PowerPoint presentations and/or poster presentations (n=33). Delegates also wished for a continuous communication with IAS and to receive updates on the latest developments. A few delegates commented on the need of translation of presented materials to other languages. Four delegates would like to have received a paper copy of the programme. One delegate mentioned that the conference highlights should be released before the start of the conference.

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"Downloads of abstracts/webcasts/posters?" (epidemiology researcher, academia, Western and Central Europe)

"To keep contact by emails with the participants [to] provide them the most important developments related [to] the issue." (clinical science researcher, academia, Syria Arab Republic)

Speakers and delegates' profile (n=47)

There were conflicting opinions among delegates regarding the profile of speakers at the conference. Some delegates stressed the need for new speakers, i.e. not having the same speakers who had presented at previous IAS conferences, while other delegates commented they wanted to hear more from experienced, knowledgeable speakers. Delegates also stressed the need to have more politicians and policy people present, more delegates and speakers from developing and/or high HIV prevalence countries, and more community delegates.

"Need to ensure active participation of scientists, researchers and advocates from resource-limited countries in other for them to highlight the challenges of their environment, guiding efforts more appropriately towards higher impact measures in the fight against HIV/AIDS worldwide." (physician, academia, United States of America)

"I thought that many speakers at the sessions were the same... Although they were good, they should be chosen among a bigger pool of scientists..." (researcher, government, Thailand)

Poster exhibition (n=18)
Delegates wanted more interaction during the poster discussions in order to have more time allocated to view the poster exhibition and not have the poster viewing time clash with the main programme of the conference and/or oral poster sessions.

Registration fees (n=17)
Delegates suggested offering more scholarships to delegates from resource limited countries and reducing the registration fees.

> *"We need more representation from low income countries, transport and accommodation is obviously a problem and health care providers out there do not get opportunity to meet with experts in the field. So if possible would be good to have more full scholarships for participants from these countries." (physician, NGO, United republic of Tanzania)*

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Publicity (n=14)
Delegates suggested promoting the conference and the main outcomes of the conference more extensively as well as promoting it to the general public.

> *"More publicity in local and international media." (lab technician, government, Kenya)*

> *A media report using social media platforms on the outcome of the conference would greatly benefit the community, science and laymen alike." (biology and pathogenesis researcher, academia, Malaysia)*

Advocacy (n=9)
Delegates commented there is a need for advocacy programmes, to raise awareness and to positively influence policies and leadership. Some delegates suggested that IAS to communicate recommendations and/or highlights of the IAS conference to respective governments. In addition, three delegates commented on the need for advocacy programmes to raise awareness in the general public.

> *"I think the message is clear to all stake holders in the fight against HIV/AIDS. I think a lot still needs to be done on implementing some of these policies by respective governments. There is the need for advocacy programs to be enhanced in this direction." (postgraduate, Academia, Nigeria)*

Collaboration and support (n=9)
Delegates commented on the need for collaboration, support and follow-up from IAS to be able to implement and/or strengthen HIV programmes. Some delegates mentioned the need for forums to allow discussion of treatment and programme issues.

> *"Deepen collaboration and interaction between IAS and various country AIDS agencies in order to translate brilliant findings of [the] IAS conference into implementation." (physician, people living with HIV/AIDS group/network, Nigeria)*

Funding (n=8)
Delegates urged the need for funding for research and post-conference projects.

> *"The conference follow up is essential! I wish [for] supporting post-conference projects, even those projects at low scale - not those related to research - could help to enhance the response to HIV/AIDS pandemic. The IAS should launch a call for proposals, even ranging from 1000 - 5000 USD, to allow delegates do something different upon return from such events (national restitution, mini forum, youth forum, workshops, local projects, etc?." (undergraduate, NGO, Burundi)*

Location (n=6)
A few delegates commented that the location of the conference should be chosen more carefully to optimize attendance and participation, a few delegates considered Malaysia too far from many continents. Two delegates thought the next conference should be organized in a high prevalence country. One delegate would like to see IAS 2017 being held in Africa.

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"I'm sorry to say it, but location does matter. The distance of the conference venue from Europe, North America and Africa meant that a lot of delegates from these regions could not attend, or chose not to. (Lots of people's budgets are under pressure). As a result, I felt that this year's programme was less rich than I was expecting - some of the researchers who could be presenting were not there; there were fewer delegates to contribute to discussions. Clearly, there was more participation from Asian delegates - it was the most interesting aspect of the meeting for me - but I feel that it would have been more interesting to hold AIDS 2012 or AIDS 2014 in an Asian country, as the contribution of local activists and community members is more vital to those conferences." (community-based journalist, NGO, Global)

Other (n=15)
Other suggestions, made by two delegates, were to help HIV drugs be made more available and affordable and to accept qualitative studies in the programme. Other suggestions, each

made by one delegate, were to: reduce competition of thematic topics between IAS and AIDS, differentiate IAS from CROI and ICAC (e.g. more focus on implementation of guidelines, clinical implications and implementation arising from new data), put focus back in the programme, be transparent, gradually address the problem, encourage research from donor free countries, provide speakers with guidelines on appropriate use of statistics, less interruption by activists, more involvement of developing countries in IAS leadership and in the preparation of future programmes and congresses, more delegation of tasks to IAS members and have the conference annually.

In addition, some delegates made positive remarks about the conference (n=18).

> *"The media coverage was excellent and the conference did an excellent job of highlighting the advancements the host region (Asia) has accomplished in HIV disease management and prevention." (postgraduate, academia, Australia)*

> *"IAS has played a pivotal role in shaping HIV/AIDS policies and has influenced and expanded universal access to treatment and care. It has helped improve the reach of new diagnostics [and] has helped sharing best quality evidence with the world. It has created partnerships and spurred a change in countries that needed to catch up in their control efforts. All these incremental efforts over time have catalyzed a change in the trajectory of HIV in many countries. :-) Way to go IAS!" (researcher, academia, Canada)*

> *"IAS conference is tight in terms of materials and scientific facts about HIV/AIDS, all I could say is more grease to your elbow and keep doing what you guys are doing, it's really a great job and I assure you the impact is touching the whole world at large." (postgraduate, academia, Malaysia)*

Feedback from delegates who participated in focus group interviews during the conference supported many of these comments and suggestions (see Appendix 2).

What were the main impacts of the previous IAS conference (IAS 2011)?

In order to assess its long-term impacts of an IAS conference on delegates' work and their organizations, as well as at the local, national, regional and global level, the IAS 2013 post-conference survey contained a series of questions dedicated to delegates who attended IAS 2011. The 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2011) was held in Rome, Italy in July 2011. Comparisons with the IAS 2009 impact assessment (which was done in the same way through the IAS 2011 post-conference online survey) are provided in this section where applicable.

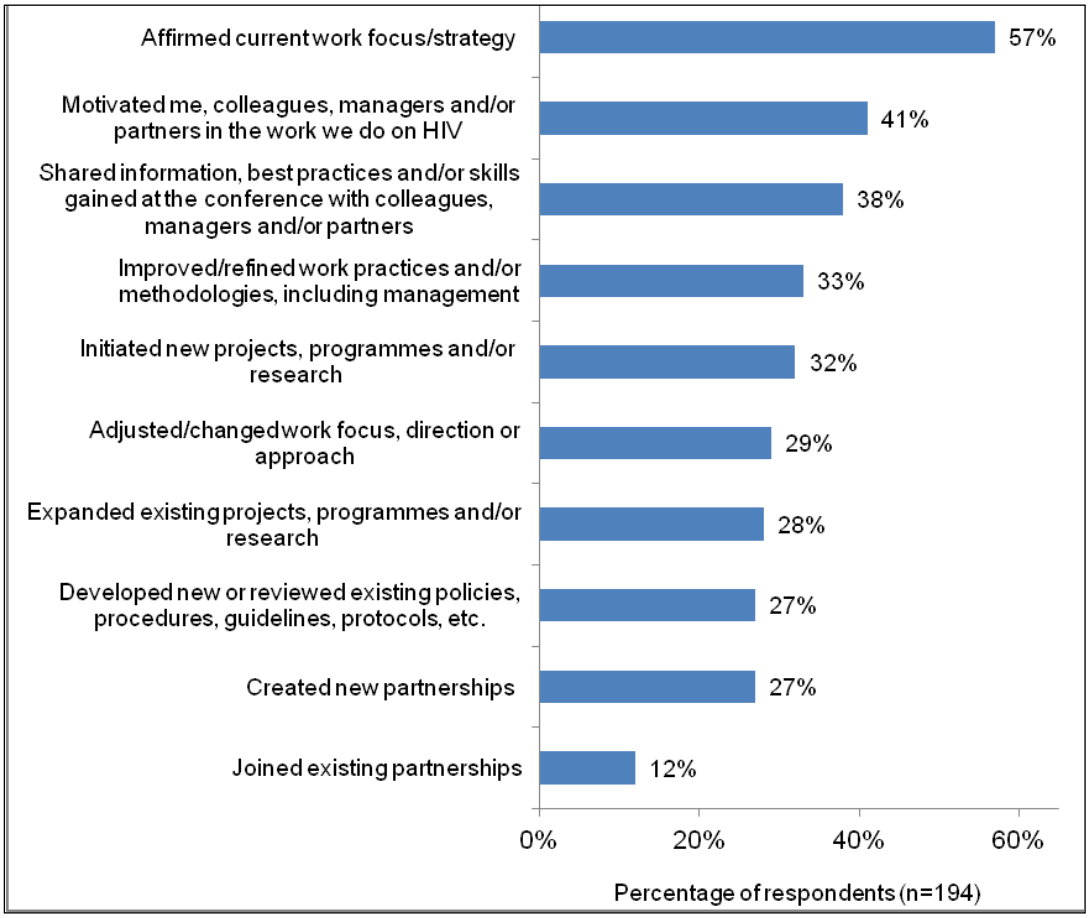
A total of 194 surveyed delegates indicated that they had attended IAS 2011 (i.e., 28% of delegates who replied to the question about previous IAS conferences attended).

Delegates were asked if they had kept contact with people they had met for the first time at IAS 2011. Of the 194 respondents, 66% replied "yes" (vs. 73% of IAS 2009 delegates).

When asked if IAS 2011 had influenced their individual and/or organizations' work in any way, 84% of surveyed delegates replied "yes" (vs. 16% who said "no"). Respondents who

reported that this had been the case were asked to select from an 11-item list the types of influences that the conference had had on their individual and/or organizations' work and/or concrete actions taken as a result of attending IAS 2011.

Figure 21. IAS 2011 influences on individual and/or organization's work



As shown in Figure 21, the three most frequently noted influences were: 1) affirming current work focus/strategy (the conference provided evidence that the delegate or his/her organization was doing the right thing and in the right way); 2) motivating self, colleagues, managers and/or partners in the work done on HIV; and 3) sharing information, best practices and/or skills gained at the conference with colleagues, managers and/or partners (e.g. through meetings, workshops, seminars, production and/or dissemination of reports/papers, emails, online forum, Facebook, Twitter, blogs, etc.). Delegates who participated in the IAS 2009 impact assessment also ranked first the following influence of the IAS conference: affirming current work focus/strategy (59%). The second top influence was: improving or refining work practices and/or methodologies, including management (41%).

Delegates were also asked if they were aware of IAS 2011 influencing HIV work, policies or advocacy at the local, national, regional or global level. More than half (57%), replied "yes" (vs. 28% of IAS 2009 delegates), 17% replied "No" (vs. 15% of IAS 2009 delegates) and 27% did not know (vs. 56% IAS 2009 delegates). Those who replied "yes" were then asked to provide an example. A total of 72 delegates did so, while 38 delegates skipped the question.

Most delegates made comments on the significance of the results of the HPTN 052 study[14], the concept of HIV treatment as prevention (TasP) and ART for future research directions, HIV treatment and prevention. Other comments were made about the incorporation of knowledge gained from IAS 2011 into daily practice, the formulation of guidelines, advocacy and new research. The most relevant examples are listed here:

Influences at local, national and regional level:

- *"IAS guidelines are taken into account in preparing our own protocols." (Australia)*
- *"Development and research into POC, Early Infant Diagnosis and Viral load." (Zimbabwe)*
- *""The IAS conference helped reaffirm our focus on research in acute HIV infection. On my return, we set up a study protocol to identify patients in acute HIV infection." (Australia)*
- *"The treatment as prevention and pre-exposure prophylaxis are currently being used to implement prevention interventions." (Kenya)*
- *"It influenced the HIV work through advocating for the special groups like the MSM, commercial sex workers, injecting drug users so that they are not marginalised and at the same time improving access to treatment for their own health." (Zimbabwe)*
- *"After attending the IAS 2011 we established the new organization All-Ukrainian Union Positive women. The main goals of our initiatives are: human rights, care and support and advocacy." (Ukraine)*
- *"After the conference my organization established on our recommendation a Wellness clinic outside the regular clinic which manages communicable and non communicable diseases only." (Nigeria)*
- *"We added more PMTCT sites." (Nigeria)*
- *"Preparation and advocacy for new treatment guidelines." (Ghana)*
- *"At the national level, because of the evidence on Treatment as Prevention which was shared at the conference, we were motivated to move in the direction of option B+ for pregnant women, which is now a national policy in Zambia." (Zambia)*
- *"Locally we have increased free HIV testing and raised awareness for the need to be tested." (United States of America)*
- *"Early infant diagnosis guidelines and practical implementation." (South Africa)*

Influences at global level:

- *"Results of studies were used for WHO guidelines." (United States of America)*
- *"Data from trials announced at the IAS was further implemented in updating the European AIDS Clinical Society, Department of Health and Human Services and WHO treatment guidelines." (Bulgaria)*

Other types of influences:

- *"Several. Universal access to treatment, awareness about biomedical prevention, new guidelines. Key role in showcasing best research that trickles to policy organizations. Forum for sharing and showcasing!" (Canada)*
- *"Treatment as Prevention as a feasible strategy to end the epidemic." (South Africa)*

[14] The HPTN 052 study: Preventing sexual transmission of HIV with anti-HIV drugs.
M.S. Cohen et al., (2011). Prevention of HIV-1 Infection with Early Antiretroviral Therapy. N. Engl. J. Med. 365(6), 493-505.

- *"Dr. Cohen's HPTN 052 study has influenced HIV work/policy everywhere, uniting HIV treatment and prevention. This leads to the importance of identifying, linking and caring for all HIV infected persons for their own health as well as that of the community." (United States of America)*
- *"IAS 2011 was the key in explaining TasP." (Global)*
- *"The results of HPTN 052 were announced at IAS 2011, which had a significant influence over HIV policy." (United States of America)*
- *"The issue of ART treatment as prevention was the backbone of the conference and is now shaping policy both regionally and globally." (Kenya)*

CONCLUSION

Despite financial constraints, location and other limitations to attend such conferences, as well as competition with other well-known scientific conferences, IAS 2013 was well attended and attracted a range of scientific experts, health care workers/social service providers and other stakeholders engaged in the response to HIV/AIDS from around the world.

The evaluation demonstrated that the IAS 2013 programme was overall highly rated and was successful in achieving the conference objectives and in providing new insights into HIV disease development, prevention and clinical care that can lead to new research directions. Responses from surveyed delegates also showed that IAS 2013 contributed to strengthening their skills and/or expanding their knowledge and that most delegates anticipated using what they gained from the conference in many different ways citing information sharing with colleagues, peers and/or partner organizations, as the most common one. The latter combined with the free online access to the conference website and social networking tools (mainly Facebook and Twitter) suggest that IAS 2013 reached far more than those who attended the conference.

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The evaluation also demonstrated that the previous IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2011) had a positive impact on HIV work at different levels.

Most suggestions for improvement made by delegates 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. For example, concerns were raised about the overlap of the conference programme which resulted in time conflicts between sessions and activities, thus preventing delegates from attending key sessions of their interest, viewing posters, networking and participating in

other worthwhile sessions and meetings. However, reducing the number of sessions is a significant challenge for organizers of such a broad conference because of the importance of covering a variety of key topics related to HIV/AIDS and the need to satisfy thousands of delegates with different and specific expectations.

In conclusion, the evaluation demonstrated that the IAS Conference on HIV Pathogenesis, Treatment and Prevention continues to be a key forum for thousands of researchers, health care workers/social service providers and other key stakeholders engaged in the response to HIV/AIDS to share and gain new knowledge, discuss challenges in their current work on HIV, create and reinforce partnerships and collaborations, thus boosting the response to HIV/AIDS at global, regional, national and local levels.

In order to maintain the high profile of the conference and robust levels of attendance in a competitive environment, organizers of the IAS Conference on HIV Pathogenesis, Treatment and Prevention will have to continue being innovative, avoid redundancy against other well-known HIV-related conferences, and strengthen existing mechanisms to select the best science, focusing on high-quality, new and promising scientific research.

RECOMMENDATIONS

Based on the key findings presented in this report, the following recommendations were formulated to enhance the outcomes and impacts of future similar conferences, starting with IAS 2015:

Programme

- Keep a strong focus on basic science and clinical sciences.
- Maintain a strict abstract selection process to ensure that only high-quality and new scientific findings are presented at the conference.
- Make further efforts to ensure gender, age and regional diversity of speakers.
- Provide more opportunities for dialogue, debate and networking among HIV professionals.
- Look at expanding the conference's scope to include HIV co-infections and co-morbidities.
- Find and implement solutions to limit time conflicts between sessions addressing similar topics or fields of research.

Poster exhibition

- Allocate more time to view the poster exhibition and avoid having clashes with the main programme and oral poster sessions.
- Review the set-up of the poster display area, make it more attractive for people to visit the poster area and go to the poster sessions.
- Create more interaction opportunities during poster discussions.

Conference venue, organization and staff

- Improve the mobile application of the conference programme.
- Provide fast internet access throughout the conference venue.
- Have a good balance between paper-based materials and technology.
- Better evaluate the allocation of rooms based on their size to avoid having empty rooms while others are overcrowded.
- Ensure that volunteers are also knowledgeable about the directions outside the conference venue e.g. hotels, taxi's and safety issues.

Information and communication

- Better inform potential delegates about the key differences between the IAS Conference on HIV Pathogenesis, Treatment and Prevention and the International AIDS Conference to avoid misunderstanding and wrong expectations.
- Further promote the Facebook page and Twitter account dedicated to the conference.
- Provide more information on the conference host city and its transportation services, including maps.

APPENDIX 1: Online delegate survey

*All questions marked with * are compulsory*

1. During the conference, were you a ….?

Select all that apply

- Speaker
- Chair/co-chair/moderator
- Abstract presenter (oral session)
- Poster discussion presenter (oral poster discussion session)
- Poster exhibitor (in the poster exhibition area)
- Workshop facilitator/co-facilitator
- Media representative
- Delegate not fitting into the above categories

2. The conference organizers introduced new technology tools to help you access the conference programme and other information. How useful were the following tools? (Very useful; Useful; Somewhat useful; Not very useful; Not useful at all; Did not use; Not aware of)

2.1 Programme-at-a-Glance application for mobile phones
2.2 IAS 2013 Facebook page
2.3 IAS 2013 Twitter Feed

2.4. Please insert in the text box below any comments you may have on these tools, including on how easy it was for you to use them.

3. Looking at the scientific programme, how would you rate its overall quality with respect to the following items? (Excellent; Good; Fair; Poor; Don't know)

The content...

3.1 Covered key topics
3.2 Was relevant to today's challenges (of the response to HIV/AIDS)
3.3 Focused on the latest HIV science (i.e. results of the most recent research vs. repeated presentation of findings over time)
3.4 Was easy to understand
3.5 Can be translated into action

4. To which extent do you agree with the following statements? The conference provided new insights into: (Strongly agree; Agree; Disagree; Strongly disagree; Don't know)

4.1 HIV disease development
4.2 Biomedical prevention
4.3 Clinical care

4.4. In your opinion, how likely will these new insights (mentioned above) lead to new research directions?
(Very likely; Likely; Somewhat likely; Not very likely; Not likely at all; Don't know)

5. Looking at the other conference objectives, to which extent do you agree with the following statements? (Strongly agree; Agree; Disagree; Strongly disagree; Don't know)
The conference:

5.1 Highlighted the state of the HIV epidemic and the progress made in HIV research and prevention in the Asia-Pacific region.
5.2 Reviewed implementation science research that addresses challenges by scaling up research and prevention, especially in resource limited settings and in policy constraint environments.
5.3 Increased public awareness of the impact of HIV/AIDS with a focus on the implications of new scientific research on the global response.
5.4 Increased the capacity of delegates to advocate for keeping the HIV issue on top of the global agenda.
5.5 Strengthened the evidence of successful HIV/AIDS programmes.

6. Thinking of the benefits you gained from attending IAS 2013, did the conference contribute to <u>strengthening</u> your <u>skills</u> and/or expand your knowledge?
Yes *(please give one example);* No

7. Please insert in the text box below any suggestions you have to gain more from the IAS conference? In other words, what could be done to <u>help delegates benefit more</u> from the IAS conference?

8. How will you use what 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.)
- 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 community, policy and/or scientific leaders
- Strengthen advocacy or policy work
- Develop new collaborations (e.g. creation of a partnership/network)
- Strengthen existing collaborations
- Join existing partnership(s)/network(s)
- Other
- I am unsure
- I did not gain anything from the conference

9. What do you plan to do with new and/or existing contacts met at the conference?
Please skip this question if you did not meet new and/or existing contacts at the conference.
□ I did not meet any new and/or existing contacts

10. What <u>motivated you</u> to attend this IAS conference? If you have ever attended other well-known scientific conferences on HIV, please also include in your response the main differences you perceive between the IAS and these conferences *(we are interested to know what the IAS conference "does better" or "could do better")*.

11. Which IAS Conference(s) did you attend before IAS 2013? *

Select all that apply

- IAS 2001 (Buenos Aires, Argentina)
- IAS 2003 (France, Paris)
- IAS 2005 (Rio, Brazil)
- IAS 2007 (Sydney, Australia)
- IAS 2009 (Cape Town, South Africa)
- IAS 2011 (Rome, Italy)
- None of the above

The following questions are focused on the last IAS conference, held in 2011 (Rome, Italy). Your responses will help us assess the long-term impact of this conference.

12. Did you keep contact with anyone that you met for the first time at IAS 2011?

Yes; No

13. Did the conference influence your individual and/or organization's work in any way?

Yes; No (forwarded to q.15)

14. Please select from the list below the types of influences the conference has had on your individual and/or organization's work and/or concrete actions taken as a result of attending IAS 2011.

Select all that apply

- Affirmed current work focus/strategy (e.g. the conference provided evidence that I or my organization was doing the right thing and in the right way)
- Adjusted/changed work focus, direction or approach
- Improved/refined work practices and/or methodologies, including management
- Developed new or reviewed existing policies, procedures, guidelines, protocols, etc.
- Initiated new projects, programmes and/or research
- Expanded existing projects, programmes and/or research
- Created new partnerships
- Joined existing partnerships
- Shared information, best practices and/or skills gained at the conference with colleagues, managers and/or partners (e.g. through meetings, workshops, seminars, production and/or dissemination of reports/papers, emails, online forum, Facebook, Twitter, blogs, etc.)
- Motivated me, colleagues, managers and/or partners in the work we do on HIV
- Other (please specify)

15. Are you aware of IAS 2011 influencing HIV work, policies or advocacy at the local, national, regional or global level?

Yes; No *(forwarded to q.17);* Don't know *(forwarded to q.17)*

16. Please give an example of IAS 2011 influencing HIV work, policies or advocacy at the local, national, regional or global level.

[all respondents]

17. Please insert in the text box below any suggestions you have to enhance the impact of the IAS conference on the response to HIV/AIDS.

FINALLY, A FEW DETAILS ABOUT YOU…

18. What is your gender?

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

19. What is your age?

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

20. What is your main occupation/profession? *[selection from list]*

21. In which country do you mainly work? *[selection from list]*

23. With which type of organization or profession are you mainly affiliated? *[selection from list]*

24. 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

25. 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. Five 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 second time, focus group discussions were conducted during the conference to better understand what delegates think about the IAS conference, including the reasons that motivated them to attend, their comparison of IAS to other HIV conferences and the impact that the conference had on their practices. The discussion also allowed delegates to make suggestions for improvement.

A total of three group discussions were conducted from 1 to 3 July 2013. Each lasted for about an hour and each group included delegates from various backgrounds to avoid creating biased/invalid results. All group interviews were moderated by the IAS 2013 Evaluation Coordinator, who was also responsible for the transcription of recorded data and their analysis. Results of the focus group discussions were used, among others, to cross check findings from the main survey conducted as part of the IAS 2013 evaluation.

The focus group discussions were guided by the following questions:

- What motivated you to attend the IAS conference?
- What do you think of the overall content of the scientific programme?
- What were the highlights of this year's conference, for you?
- What is the impact of the IAS conference, what is it that you take away from a conference and does it actually influence any of your personal work and/or your organizations work?
- What could be done to help delegates gain/benefit more from the IAS conference?

A total of 15 delegates participated in these focus group discussions, and 13 people who had confirmed their attendance did not show up, which represents a fairly high no-show rate of 46%. The profile of participants is summarized in Figure A.

Figure A. Profile of focus group discussion participants

Country representation	
Number of countries represented	14
Breakdown by region	
Western and Central Europe	27%
Sub-Saharan Africa	13%
North America	7%
East Asia	7%
South and South-East Asia	33%
Oceania	13%
Profession area	
Biology and pathogenesis research	20%
Clinical Science	20%
Physician	20%
Social or behavioural Science	7%
Epidemiology	7%
Advocate	7%
Policy/programme analyst	7%
Manager/director	7%
Community-based research	7%
Organization type	
Academia	33%
NGO	33%
Intergovernmental organization	13%
Hospital/clinic	7%
Pharmaceutical company	7%
Government	7%
Gender	
Female	40%
Male	60%

Reasons for attending IAS 2013

- Its geographical location
- To gain knowledge
  - Build skills and capacity
  - Learn best practices
  - Learn trends and needs of the field
  - Obtain the latest/most updated information
- To disseminate knowledge
  - Present research, including presenting posters and being a speaker
- To advocate
  - Key populations and key issues
- To meet contacts
  - Re-connect with existing contacts
  - Meet with other specialists
  - Seek further collaboration

- The multi-disciplinary approach
  - Representation of different areas of the field
  - Opportunity to redirect focus of work
- Special interest in sessions and topics
  - Cure symposium
  - Pre-conference meeting on HIV in Islamic settings
  - Laboratory equipment/laboratory sciences
  - MSM issues

Main added values of the IAS conference compared with others focusing on HIV

- Multi-disciplinary approach
  - Representation of different disciplines
  - Better interchange between the different disciplines
- More accessible
  - To researchers of all levels and delegates from various disciplines
  - Sufficient time for presentations
- Opportunity to ask questions
- Olympics of HIV/AIDS research

Conference impact upon return

- Improve programmes and projects
  - Implement new guidelines based on WHO guidelines
  - Implement new prevention strategies and improve practices
  - Refine or improve existing work/research practices
  - Implement new equipment technologies into daily practice
- Networking
  - Develop new collaborations
- Share new knowledge
  - Recommend new treatment and equipment
- Raise awareness
  - Advocacy on how guidelines can be made implementable at a regional level
  - Advocacy on prevention, and how to actually get people on treatment
  - Advocacy to bridge the gap between clinical science and social science at the ground level

Suggestions for improvement to enhance the impact of the IAS conference

- Create more opportunity to stimulate research directions
  - Think tank as a big group; bring different disciplines of the field together to push different angles of solutions to problems
  - Highlight different perspectives of the same issue/topic
- Bring forward discussion during plenary sessions
  - Provide opportunity to ask questions and start discussion
  - Create ways of interaction; e.g. life-feed, experts from different disciplines to provide perspective on different angles
  - Real-time progression of subject matters, include a follow-up in the plenary sessions, provide opportunity to speakers to defend an idea instead of just sharing it
- Bridging sessions

  - Keep and expand the number of sessions
  - Use problem based approach, and explore different ways to tackle difficult problems
- Include the late breaker abstracts into the general programme
- Keep the balance in the selection of sessions and selection of abstracts

Comments and suggestions about the poster exhibition

- Review the set-up of the poster display area and make it more attractive for people to visit the poster area
- Some of the posters would have been better valued if presented as oral abstracts

Comments on the exhibition section of the conference

- Improve the set-up, make it more attractive for people to go there
- Essential part of running the conference to bring industry in and give them an opportunity to present their product or service

Organization of the conference

Participants were very positive about the overall organization of the conference, the location, management of sessions and the friendliness and helpfulness of the volunteers.

The following suggestions were made about the logistics and support provided to delegates before and during the conference:

- Better evaluate the allocation of rooms based on their size; mini rooms were often too small
- Better inform and educate volunteers in directions outside the conference venue; hotels, taxi and safety issues
- Include a map of the city and/or highlights in the conference welcome bag
- Make the agenda of the meeting accessible to delegates prior to the start of the conference
- Create a more extended version of the pocket programme
  - Information on the types of tracks and types of sessions (first-timers)
  - More information on the actual sessions; titles alone were not sufficient and led to different expectations
- Improve the mobile application of the conference programme
  - Problems occurred with downloading the app and updating the app, it took a long time and in the android version the programme was not shown correctly
- Although delegates agreed the mobile app needs to be improved, they were positive about the concept of the mobile app, its convenience and interactivity
- Get the balance right between paper and technology
  - Include a poster at the conference venue with information about the conference programme
- Develop a digital access system of all materials presented
  - Provide a hardcopy material and/or CD to those delegates from internet poor countries

Overall content of the programme

All of the participants were satisfied with the overall quality of the content of IAS 2013.

The following comments were made about the programme:

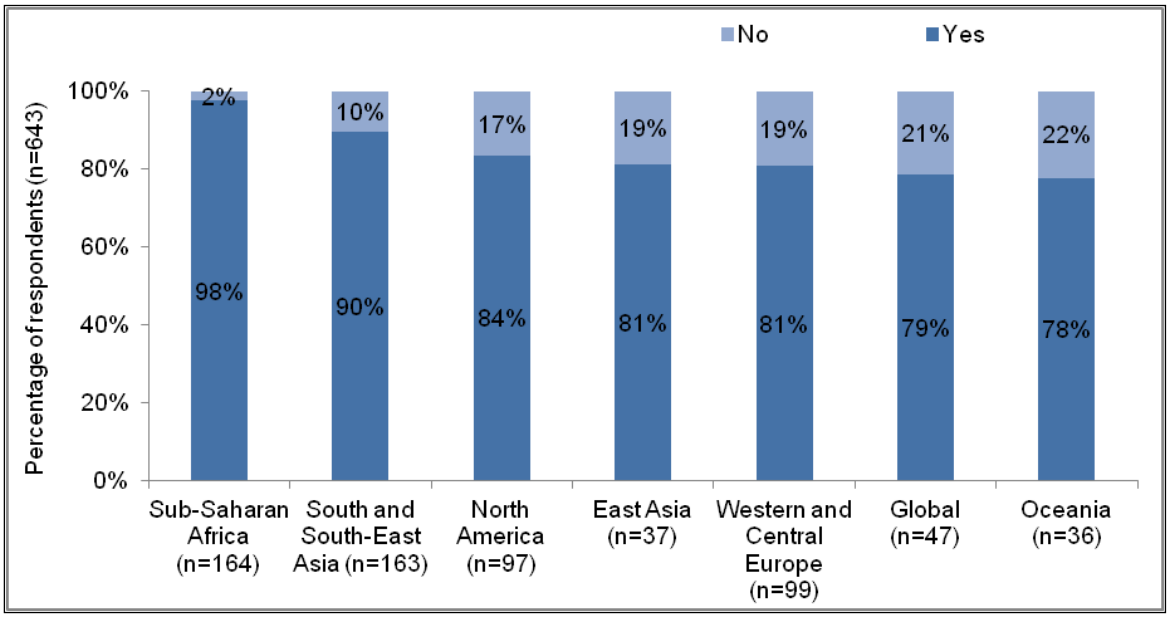
- Good mix between science and social content
- Good balance between basic and clinical science
- Excellent quality (particularly plenary and symposia speakers)
- World expert speakers
- Focus on treatment
- Focus on the WHO guidelines
- Ground breaking stuff on treatment and prevention.

Other comments about the programme were:

- A gap in representation of populations, majority of abstracts and presentations have dealt with very specific populations
- Field of children and adolescence and where they fall on the spectrum of HIV care was not addressed (at the conference)
- Include a session specifically on women from India
- Focus on the implementation of study results
- How to apply new technologies in society

APPENDIX 3: Perception of IAS 2013's contribution to delegates strengthening their skills and/or expanding their knowledge

Figure A. Did IAS 2013 contribute to strengthening delegates' skills and/or expanding their knowledge? (breakdown of responses by delegates' region of work[15])



P value <0.001

[15] This graph excludes regions represented by less than 20 surveyed delegates

APPENDIX 4: List of countries classified by main region

Sub-Saharan Africa (1)	Middle East and North Africa (2)	South and South-East Asia (5)	Central and South America (7)	North America (9)
Angola (AO)	Algeria (DZ)	Afghanistan (AF)	Argentina (AR)	Canada (CA)
Benin (BJ)	Bahrain (BH)	Bangladesh (BD)	Belize (BZ)	Mexico (MX)
Botswana (BW)	Djibouti (DJ)	Bhutan (BT)	Brazil (BR)	United States of America
Burkina Faso (BF)	Egypt (EG)	Brunei Darussalam (BN)	Bolivia (BO)	**Western and Central Europe (10)**
Burundi (BI)	Iraq (IQ)	Cambodia (KH)	Chile (CL)	Albania (AL)
Cameroon (CM)	Islamic Republic of Iran (IR)	India (IN)	Colombia (CO)	Andorra (AD)
Cape Verde (CV)	Jordan (JO)	Indonesia (ID)	Costa Rica (CR)	Austria (AT)
Central African Republic (CF)	Kuwait (KW)	Lao People's Democratic Republic (LA)	Ecuador (EC)	Belgium (BE)
Chad (TD)	Lebanon (LB)	Malaysia (MY)	El Salvador (SV)	Bosnia & Herzegovina (BA)
Comoros (KM)	Libya Arab Jamahiriya (LY)	Maldives (MV)	Falkland Islands (Malvinas) (FK)	Bulgaria (BG)
Congo, the Republic of	Morocco (MA)	Myanmar (MM)	French Guiana (GF)	Croatia (HR)
Democratic Republic of Congo (CD)	Oman (OM)	Nepal (NP)	Guatemala (GT)	Cyprus (CY)
Equatorial Guinea (GQ)	Palestinian Territory, Occupied	Pakistan (PK)	Guyana (GY)	Czech Republic (CZ)
Eritrea (ER)	Qatar (QA)	Philippines (PH)	Honduras (HN)	Denmark (DK)
Ethiopia (ET)	Saudi Arabia (SA)	Singapore (SG)	Nicaragua (NI)	Estonia (EE)
Gabon (GA)	Somalia (SO)	Sri Lanka (LK)	Panama (PA)	Finland (FI)
Gambia (GM)	South Sudan (SS)	Thailand (TH)	Paraguay (PY)	France (FR)
Ghana (GH)	Sudan (SD)	Timor-Leste (TL)	Peru (PE)	Germany (DE)
Guinea (GN)	Syria Arab Republic (SY)	Vietnam (VN)	South Georgia & the South Sandwich (GS)	Greece (GR)
Guinea-Bissau (GW)	Tunisia (TN)	**Oceania (6)**	Suriname (SR)	Holy See (Vatican) (VA)
Ivory Coast (CI)	United Arab Emirates (AE)	American Samoa (AS)	Uruguay (UY)	Hungary (HU)
Kenya (KE)	Yemen (YE)	Australia (AU)	Venezuela (VE)	Iceland (IS)
Lesotho (LS)	**Eastern Europe and Central Asia (3)**	Cook Islands (CK)	**Caribbean (8)**	Ireland (IE)
Liberia (LR)	Armenia (AM)	Federated States of Micronesia (FM)	Anguilla (AI)	Israel (IL)
Madagascar (MG)	Azerbaijan (AZ)	Fiji (FJ)	Antigua and Barbuda (AG)	Italy (IT)
Malawi (MW)	Belarus (BY)	French Polynesia (PF)	Aruba (AW)	Kosovo (KV)
Mali (ML)	Georgia (GE)	Guam (GU)	Bahamas (BS)	Latvia (LV)
Mauritania (MR)	Kazakhstan (KZ)	Kiribati (KI)	Barbados (BB)	Liechtenstein (LI)
Mauritius (MU)	Kyrgyzstan (KG)	Marshall islands (MH)	Bermuda (BM)	Lithuania (LT)
Mayotte (YT)	Moldova, Republic of (MD)	Nauru (NR)	Cayman Islands (KY)	Luxembourg (LU)
Mozambique (MZ)	Russian Federation (RU)	New Caledonia (NC)	Cuba (CU)	Macedonia, FYR (MK)
Namibia (NA)	Tajikistan (TJ)	New Zealand (NZ)	Dominica (DM)	Malta (MT)
Niger (NE)	Turkmenistan (TM)	Niue (NU)	Dominican Republic (DO)	Monaco (MC)
Nigeria (NG)	Ukraine (UA)	Norfolk Islands (NF)	Grenada (GD)	Montenegro (ME)
Rwanda (RW)	Uzbekistan (UZ)	Northern Mariana Islands	Guadeloupe (GP)	Netherlands (NL)
Sao Tome and Principe (ST)	**East Asia (4)**	Palau (PW)	Haiti (HT)	Norway (NO)
Senegal (SN)	China (CN)	Papua New Guinea (PG)	Jamaica (JM)	Poland (PL)
Seychelles (SC)	Democratic People's Republic of Korea (KP)	Pitcairn (PN)	Montserrat (MS)	Portugal (PT)
Sierra Leone (SL)	Hong Kong (HK)	Samoa (WS)	Netherlands Antilles (AN)	Romania (RO)
South Africa (ZA)	Japan (JP)	Solomon Islands (SB)	Puerto Rico (PR)	San Marino (SM)
Swaziland (SZ)	Macao (MO)	Tokelau (TK)	Saint Helena (SH)	Serbia (RS)
Tanzania, United Republic of (TZ)	Mongolia (MN)	Tonga (TO)	Saint Kitts and Nevis (KN)	Slovakia (SK)
Togo (TG)	Republic of Korea (KR)	Tuvalu (TV)	Saint Lucia (LC)	Slovenia (SI)
Uganda (UG)	Taiwan, Province of China (TW)	Vanuatu (VU)	Saint Pierre and Miquelon (PM)	Spain (ES)
Zambia (ZM)		Wallis and Futuna (WF)	Saint Vincent and the Grenadines (VC)	Sweden (SE)
Zimbabwe (ZW)			Trinidad and Tobago (TT)	Switzerland (CH)
			Turks and Caicos Islands	Turkey (TR)
			Virgin Islands, British (VG)	United Kingdom (GB)
			Virgin Islands, US (VI)	

IAS 2013
KUALA LUMPUR, MALAYSIA
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