CONFERENCE
Impact Report

AIDS 2014

20th International AIDS Conference
Melbourne, Australia
July 20-25, 2014
WWW.AIDS2014.ORG

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ACKNOWLEDGMENTS

The author of this report is Laetitia Lienart, Evaluation Consultant, who conducted the AIDS 2014 follow-up survey.

We wish to thank the 527 delegates who completed the online survey and the 11 individuals who kindly agreed to be interviewed by Skype/phone.

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS 2008	XVII International AIDS Conference (Mexico City, Mexico, 2008)
AIDS 2010	XVIII International AIDS Conference (Vienna, Austria, 2010)
AIDS 2012	XIX International AIDS Conference (Washington, D.C., USA, 2012)
AIDS 2014	20th International AIDS Conference (Melbourne, Australia, 2014)
ART	Antiretroviral therapy
ARV	Antiretroviral
CCM	Country Coordinating Mechanism
CSW	Commercial sex worker/s
EMTCT	Elimination of mother-to-child transmission
HCV	Hepatitis C virus
IAC	International AIDS Conference
IAS	International AIDS Society
IDU	Injecting drug user
JIAS	*Journal of the International AIDS Society*
LGBT	Lesbian, gay, bisexual and transgender
MNCH	Maternal, neonatal and child health
MoH	Ministry of Health
MSM	Men who have sex with men
NGO	Non-governmental organization
PEP	Post-exposure prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
PrEP	Pre-exposure prophylaxis
STI	Sexually transmitted infection
TasP	Treatment as prevention
TB	Tuberculosis
TG	Transgender
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USA	United States of America
WHO	World Health Organization (United Nations)
YPLHIV	Young people living with HIV

EXECUTIVE SUMMARY

The 20th 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. As in 2008, 2010 and 2012, a comprehensive evaluation of AIDS 2014 was conducted after the conference. In order to collect feedback from a wide range of delegates on the medium- to long-term influence of the conference, an independent evaluation consultant conducted an online follow-up survey in June 2015. A total of 527 conference delegates completed the survey, the majority of whom were health care workers/social services providers and researchers who worked mainly in Oceania, sub-Saharan Africa, South and South-East Asia and North America. In addition, interviews were conducted with 11 key stakeholders selected for their role in the conference planning and delivery process.

The majority of survey respondents indicated that AIDS 2014 had influenced their individual and/or organizations' work (79%). As for AIDS 2010 and AIDS 2012, the three most frequently noted influences were: 1) motivating people in their work on HIV; 2) affirming current work focus/strategy; and 3) sharing information, best practices and/or skills gained at the conference (each were selected by more than 60% of respondents). It is encouraging to note that 51% of respondents indicated that they had improved/refined work practices and/or methodologies, and that 44% had created new partnerships as a result of attending AIDS 2014.

In addition, about 25% of surveyed delegates reported that they were aware of the impact/influences that AIDS 2014 has had on other delegates and non-attendees. The diversity of examples cited by survey respondents is a clear indication that the International AIDS Conference has the potential to influence local, national, regional and global HIV responses in different areas. The conference serves as a catalyst for: the launch of key campaigns and strategies; policy change; updating of protocols and guidelines; better access to HIV-related services; increased awareness and advocacy; increased engagement of key leaders; increased funding of HIV-related programmes; better collaboration between national, regional and international stakeholders; new research and initiatives; and increased attention to the rights of most-at-risk populations.

This impact assessment is consistent with the results of the AIDS 2008, 2010 and 2012 follow-up surveys, again showing that far more than being simply a five-day event, the International AIDS Conference is a key forum for those working in HIV and AIDS, influencing both delegates and their organizations and reaching many non-attendees to accelerate local, national, regional and global responses to HIV.

However, feedback from interviewees suggested that the momentum gained at the conference lapses very quickly and that many good intentions and initiatives are left behind. This is mainly due to lack of time, combined with financial, logistical and political constraints faced by delegates once they are back in their country; it is also a result of the lack of concrete action plans to move key conference messages forward.

Interviewees therefore recommended that organizations/delegations attending the conference be invited to develop action plans with adequate follow-up mechanisms. These action plans would not only enhance the impact of the International AIDS Conference, but

would also help assess the extent to which new targets announced at the conference are translated into concrete actions at the country and community levels.

Although it is very challenging to get a comprehensive picture of the real impacts of the conference through a single online follow-up survey, it is recommended that similar surveys and interviews be conducted for future International AIDS Conferences. If budget and time permit, it would also be ideal to set up a team of key experts who would be responsible for tracking the implementation status of key commitments made at the conference (at the financial, policy and programmatic levels) and reporting on their progress at the next conference.

INTRODUCTION

Context

The 20th 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. A comprehensive evaluation of AIDS 2014[1] was done, mainly through an online survey sent to delegates a few days after the conference had ended. This survey was completed by 2,017 delegates (a 25% response rate), most of whom were first-time attendees (56%). A number of other instruments were used to gather information on specific conference activities, areas and services. This included focus group discussions conducted during the conference.

The immediate objective of the evaluation was to collect feedback from delegates on the conference programme and support provided by the International AIDS Society (IAS[2]) on site and online. The evaluation also focused on the main benefits gained by delegates and the way that they anticipated using them. It was found that, similar to the previous International AIDS Conferences (IACs) that were evaluated (AIDS 2006, AIDS 2008, AIDS 2010 and AIDS 2012), almost 100% of survey respondents reported that they had benefited from participating in the conference. The most frequently reported benefits were new knowledge (75%) and new contacts and/or opportunities for future collaboration (58%). As in 2008, 2010 and 2012, most respondents anticipated using what they had gained at the conference by sharing information with colleagues or peers (85%).

In June 2015, the AIDS 2014 Evaluation Coordinator, an independent consultant, emailed a follow-up survey to about 1,400 delegates[3]. The main objective of this survey was to assess the medium-term impact of the conference on delegates' attitudes and practices in their HIV work (a copy of the survey form is available in Appendix 1). A total of 527 survey forms were completed (response rate of 38% vs. 17% for AIDS 2012). A similar survey was administered for the three previous conferences (AIDS 2008, AIDS 2010 and AIDS 2012)[4]. In addition to the online survey, interviews were conducted with 11 key stakeholders selected for their role in the conference planning and delivery process. Most of these interviews were conducted through Skype in June 2015.

[1] The AIDS 2014 evaluation report is available on the IAS website, as well as on the AIDS 2014 website.
[2] The International AIDS Society hosts the International AIDS Conference Secretariat.
[3] The survey was sent to all AIDS 2014 delegates who completed the post-conference survey in August 2014 and who replied "yes" to the following question (displayed at the end of the survey): "As it is too early to assess the medium-term impact of the conference on your attitude 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)?" Out of 1,714 respondents, 1,415 replied "yes" (83%).
[4] The summary reports are available on the IAS website through the Publications page, under the section, "Reports" (AIDS 2012 Conference Impact Report, AIDS 2010 Follow-up Survey Report, AIDS 2008 Follow-up Survey Report).

Methodology

The online survey remained active for three weeks. It was available only in English and contained six questions, including two open-ended questions to give respondents the opportunity to fully articulate their opinions. The online survey was created and administered using Cvent, Inc., a web survey programme.

Data analysis was 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 chi-square, were employed in the analysis of the data, although for clarity, the details of these are not included in this report. Where the term, "significant", is used in the report, differences have been found with a probability of, at most, 0.05.

Interviews were framed by five key questions that mainly focused on the impact of AIDS 2014 and any obstacles that limited or hindered the impact of the conference[5]. Only relevant feedback and suggestions to further enhance the impact of the IAC were included in this report.

Limitations

The views of delegates whose first language is not English or who do not have ready or reliable Internet access may be slightly under-represented due to the fact that the survey was offered only online and in English.

In addition, the fact that the survey was sent only to delegates who had previously agreed to complete a follow-up survey limited the number of respondents and probably introduced some bias (non-respondents may have had a less positive feedback on the conference and its impact than actual respondents).

Another challenge typically faced with this type of assessment is the extent to which any change or influence described by surveyed delegates is attributable to the conference itself or to other environmental factors.

These points should be taken into consideration when reading this report.

Profile of survey respondents

Demographic details of survey respondents were collected through the post-conference online survey, administered in August 2014. The survey sample was representative of the delegate population overall with respect to their main occupation/profession, their main affiliation/organization type and their age. Comparison of the survey sample with the delegate population for main country of work/residence was not possible due to differences in the type of data collected (e.g., country of work for survey respondents vs. country of

[5] A copy of the interview questions is available in Appendix 2.

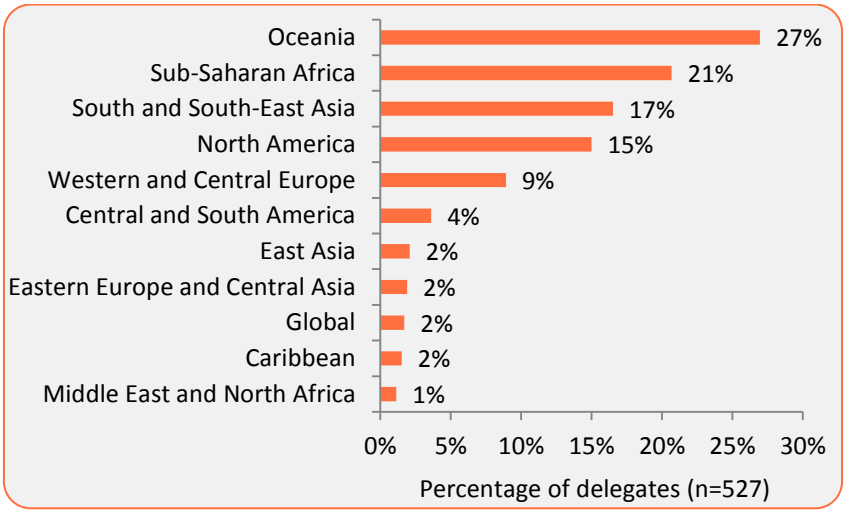
residence for delegates). With respect to gender, 15% of delegates chose not to disclose their gender when they registered for the conference, and therefore no comparison was possible with the survey sample.

The following sub-sections provide demographics for survey respondents. A summary of demographics for people who were interviewed is provided in Appendix 3.

Region of work[6]

Surveyed delegates represented a total of 134 countries. The largest number of survey respondents reported that they worked mainly in Oceania (27%), followed by sub-Saharan Africa (21%), South and South-East Asia (17%) and North America (15%) (see details in Figure 1). This trend was also observed in the post-conference delegate survey.

Figure 1. Survey respondents' main region of work (based on country of work)



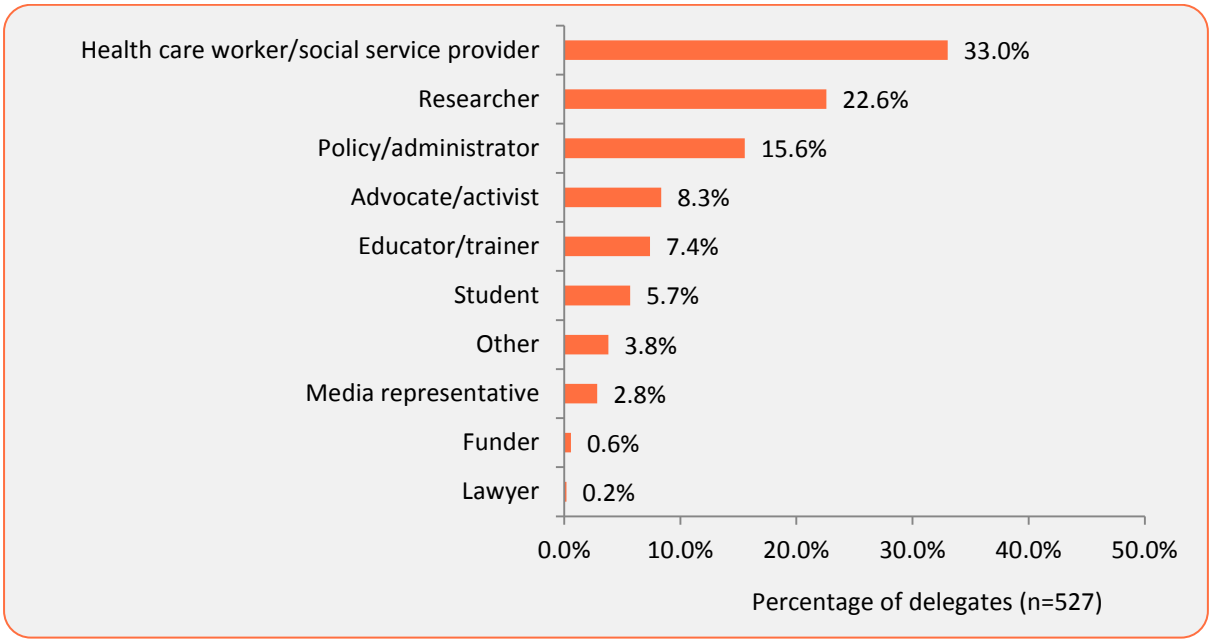
The countries represented by at least 10 survey respondents were: Australia (n=123), the USA (n=60), India (n=25), South Africa (n=17), Uganda (n=16), Canada (n=15), Nigeria (n=11) and Zimbabwe (n=11).

[6] The geographical regions are based on the Joint United Nations Programme on HIV/AIDS classification, available in Appendix 4.

Main occupation/profession

Health care workers/social services providers and researchers were the most represented professions among survey respondents (33% and 23%, respectively, see Figure 2).

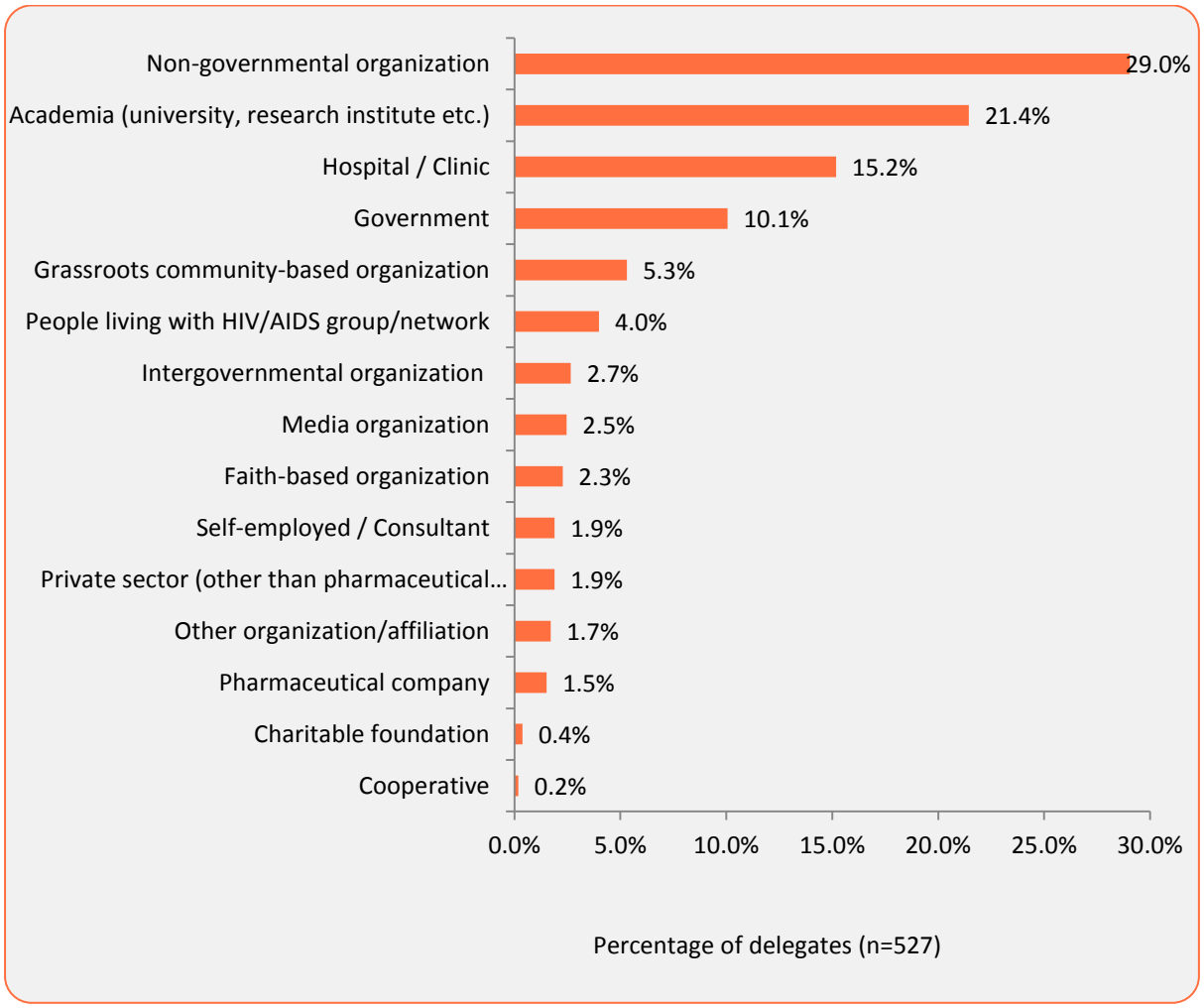
Figure 2. Main occupation/profession of survey respondents



Main affiliation/organization

The majority of survey respondents reported being affiliated with and/or working in non-governmental organizations (NGOs) and the academic sector (29% and 21%, respectively, see Figure 3).

Figure 3. Main affiliation/organization of survey respondents



HIV work experience

Survey respondents were asked (in the post-conference survey) to specify the number of years they had been working in the HIV field (full or part time): 10% had less than two years of experience, 22% between two and five years, 20% between six and 10 years, 19% between 11 and 15 years, and 29% of respondents had more than 15 years' experience. Delegates were not asked to provide this information at the time of registration.

Previous conferences attended

For more than half of surveyed delegates, AIDS 2014 was their first International AIDS Conference (54% vs. 46% who had attended at least one similar conference in the past).

Gender and age

The survey sample was almost evenly balanced in terms of gender, with a slightly higher female proportion (50% females, 47% males, 2% transgender people and 1% who did not disclose).

The majority of delegates and survey respondents were between 27 and 50 years of age, almost one-third were older than 50 years, and almost 10% were younger than 26 years.

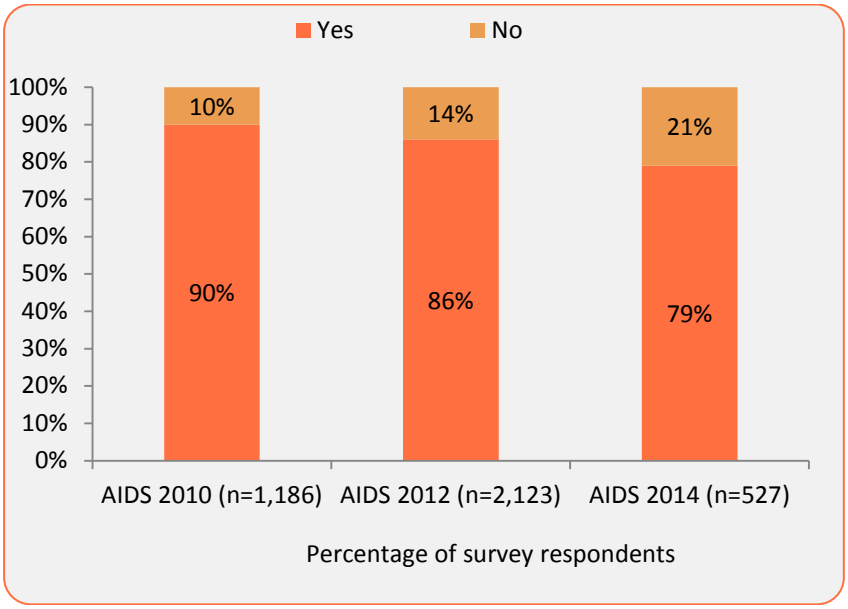
MAIN FINDINGS

Did the conference influence delegates' individual and/or organization's work?

Overview of results

Surveyed delegates were asked if AIDS 2014 had influenced their individual and/or organizations' work in any way. As shown in Figure 4, the majority of survey respondents (79%) reported that this had been the case, a slight reduction compared with previous conferences (86% of AIDS 2012 delegates and 90% of AIDS 2010 delegates replied "yes" to the same question).

Figure 4. Did the conference influence delegates' individual and/or organization's work?



WHO WAS MORE LIKELY TO INDICATE THAT THE CONFERENCE HAD INFLUENCED HIS/HER INDIVIDUAL AND/OR ORGANIZATION'S WORK?

- Delegates working in/affiliated with NGOs (89%) and governments (85%) compared with those working in hospitals/clinics (71%) and academia (62%, $p < 0.05$)[7].
- First-time attendees (84%) compared with delegates who had attended at least one previous International AIDS Conference (73%, $p < 0.05$)
- Delegates working in South and South-East Asia (88%), sub-Saharan Africa (86%) and Oceania (80%) compared with those working in North America (67%, $p < 0.05$)[8].

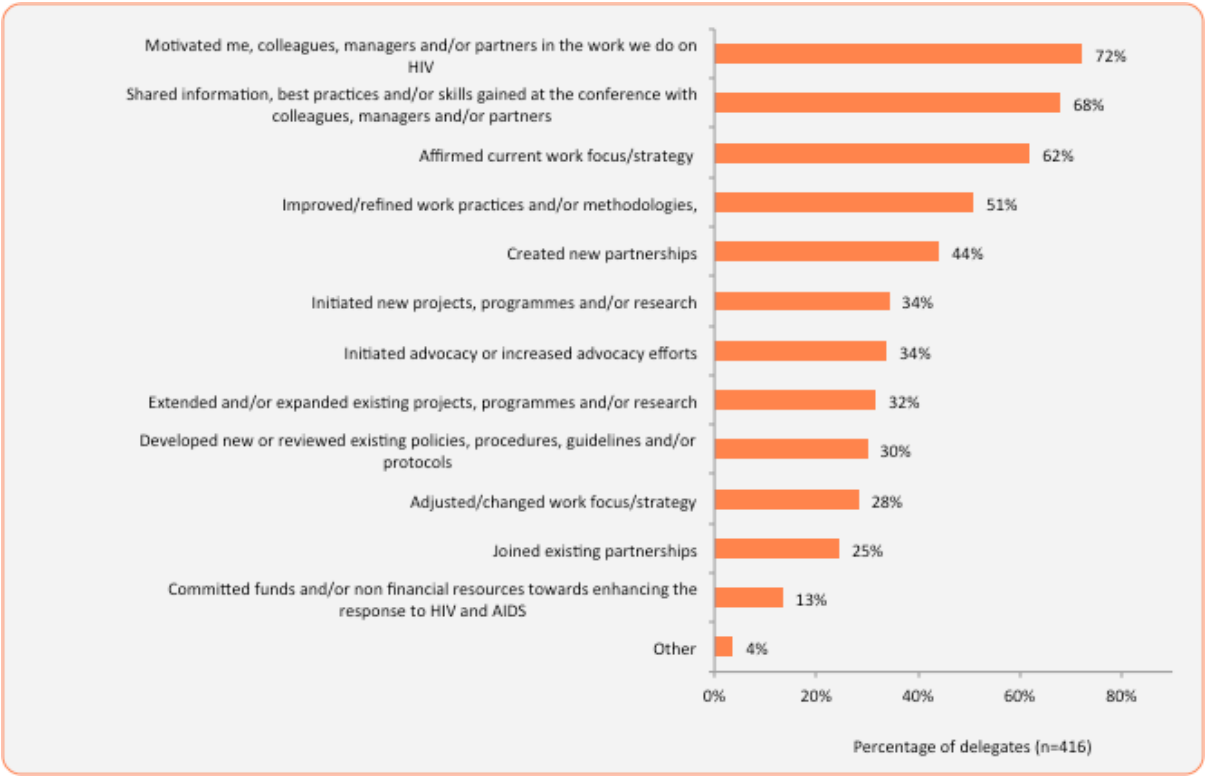
No statistically significant correlation was found between the likelihood that the conference had influenced delegates' individual and/or organization work and the following delegates' attributes: HIV work experience, main occupation/profession, age and gender.

Respondents whose work was influenced by the conference were requested to elaborate on the type of influence from a 13 item-list. The three most frequently noted influences were: 1) motivating people in their work on HIV; 2) affirming current work focus/strategy; and 3) sharing information, best practices and/or skills gained at the conference (each were selected by more than 60% of respondents).

These responses are consistent with AIDS 2012 and AIDS 2010. It is worth noting that 51% of respondents indicated that they had improved/refined work practices and/or methodologies, and that 44% had created new partnerships as a result of attending AIDS 2014 (see details in Figure 5).

[7] Only the affiliation/organization types represented by at least 50 survey respondents were included in the analysis.
[8] Only the regions (where delegates work) represented by at least 50 survey respondents were included in the analysis.

Figure 5. Types of conference influences on individual and/or organization's work[9]



Surveyed delegates were also asked if they had kept in contact with people they met for the first time at AIDS 2014. Of 527 respondents, 67% said "yes" (vs. 65% in 2012 and 72% of AIDS 2010 delegates). This finding is consistent with the fact that almost half of surveyed delegates reported that they had created new partnerships as a result of attending the conference.

Examples of how the conference has influenced work on HIV – voices of surveyed delegates

Survey respondents who indicated that the conference had influenced their individual and/or organizations' work were asked to provide a concrete example or to describe how they used what they had gained at the conference. A sample of (verbatim) responses illustrating the top seven themes is provided in the following sub-sections. It should be noted that many examples contain several different themes; they are cited only once to avoid redundancy across sections[10].

[9] Total exceeds 100% because respondents were able to select more than one item.
[10] The section titles are slightly different from the main themes listed in Figure 5 and the first section merges two themes in order to better reflect the content of examples.

Increase in motivation/commitments and affirmation of current work focus and/or strategy

- "Being at the conference allowed me to talk with other HIV-positive people about my status and how it changed my life. It has given me strength whereas before I had fear and anxiety when talking to people about the issues surrounding HIV and my status. I have since then done three workshops with the Queensland Positive Speakers Bureau and I am passionate about doing more." (advocate, organization unknown, Australia)
- "I realized how much we (Positive Women) matter. In the Far North Queensland (Cairns), we are not well represented and as such we tend to feel overlooked. The conference made me feel like I was part of something bigger and as a result I am building a community or sisterhood of PLHIV women here in Queensland to make sure we remain connected." (student, hospital/clinic, Australia)
- "After Melbourne, our delegates were motivated to expedite our existing programme in Bangladesh, [including taking] up the scope of Hepatitis C treatment for infected IDUs in Bangladesh." (manager/director, NGO, Bangladesh)
- "I developed a proposal for USAID asking for their support to run a radio station in Siam Reap. The station is focused on LGBT topics and [is] expected to become the first radio station for LGBTs in Cambodia." (media representative, NGO, Cambodia)
- "The substantial shift towards HIV viral load testing as the preferred monitoring approach for ARV patients has accelerated my organization's work in this field." (manager/director, private sector, Germany)
- "After the conference I was motivated to write a proposal on HIV/AIDS service delivery challenges among mobile communities in Tanzania. The project was funded by the Global Fund … we have now finished data collection and we are working on the data management and analysis." (researcher, academia, Tanzania)
- "Given the emphasis that was put on HIV-infected adolescents at the conference, we have affirmed our current strategy of improving care and well-being in that group by providing, for instance, psycho-social support groups and schooling. We are also starting professional training for children who are not in the schooling [system]." (physician, NGO, Haiti)

Dissemination of knowledge

- "We initiated a post-exposure prophylaxis (PEP) programme for the local outer city area. This involved sharing information with ... the Alfred Hospital/Burnett Institute and local Peninsula Health/Frankston Hospital Staff. A trial programme has been established with a local general practitioner assisting the project. This came from my [attending] as many TasP sessions as I could at the conference." (advocate/activist, hospital/clinic, Australia)
- "After the conference, I have shared information and knowledge [gained at AIDS 2014] with the current implementing partners who received funding from my agency and made plans to integrate new activities. In addition, I actively participated in the development of the Cambodia National HIV Strategic Plan for 2016-2020." (manager/director, NGO, Cambodia)

- "In Melbourne, we had a chance to visit the harm reduction services and talk to people about the situation concerning drug use, access to services and to treatment for IDUs, and national drug policy issues. As a result we published an article about HIV and drug policy issues in Australia and about our experience in Melbourne to highlight it as a best practice which is not well known in Russia." (policy/administration officer, grassroots community-based organization, Eastern Europe and Central Asia)
- "Returning from the conference, we organized a youth health reading and computer training during a one-week camp as a way to bring the conference to rural communities … Together with other young persons who attended AIDS 2014, we mobilised The Global Network of Young People Living with HIV (Y+ Network) and … we conducted four community consultations with adolescents and young people living with HIV (YPLHIV) in the districts of Gulu, Busia, Hoima and Kampala. The consultations were intended to gather voices and experiences of YPLHIV [so as to have them] taken into account by stakeholders attending the 7th National Paediatric AIDS Conference." (activist, grassroots community-based organization, Uganda)
- "We managed to produce print materials to raise awareness about rights and safer sexual practices of commercial sex workers. We are currently involved in a partnership with another organisation in a funding proposal that will look at addressing the issue of cervical cancer, especially among the sex workers." (manager/director, NGO, Zimbabwe)
- "We published an article on the conference with the team of rapporteurs that has been [well] read: The current state of play of research on the social, political and legal dimensions of HIV. We [also] organised many sessions on the conference … at the University of Sao Paulo, at the National Commission of Health." (researcher in prevention science, academia, Brazil)
- "I shared my conference experience with various stakeholders at Broward and Palm Beach Counties which culminated in formulating new strategies for care and treatment." (policy researcher, academia, USA)

New and improved work policies, strategies, methodologies and practices

- "We have adopted the 90-90-90 strategy into our operational planning, and created a partnership with the BC Centre for Excellence." (peer educator, NGO, Australia)
- "We introduced rapid testing in many places and trained all staff and volunteers for this. I have undertaken research assessing suitability of rapid testing for elimination of MTCT of syphilis and HIV. A company (which participated in AIDS 2014) supports me, providing test kits." (physician, hospital/clinic, Sri Lanka)
- "I started using salivary tests for HIV screening of people, using a bus to reach them in streets or places near schools or the university. All individuals who undertook the test received two condoms. We have met many young MSM who were very glad to have information and condoms ... Now I am planning to extend the use of salivary testing to other fields." (physician, hospital/clinic, Italy)
- "My organization used lessons learned from the conference to help our Government review its guidelines on ARV use and for the development of strategies for working with adolescents and young people. We also conceptualized another research

project on MNCH/PMTCT integration based on lessons learnt from the conference." (researcher, intergovernmental organization, Nigeria)

- "The conference helped our organization be quickly informed on new HIV policies and guidelines which we use to develop projects to reduce mother to child transmission (for example, the 90-90-90 goal …). The information about the new goals helps me in contributing to Cameroon's HIV/TB concept note for the Global Fund." (post-doctoral student, NGO, Cameroon)
- "Given all the new research presented at AIDS 2014, we started incorporating a lot more HCV programming in our work. We've included HCV research in our webinars, in-person trainings and informational pamphlets." (educator/trainer, NGO, USA)
- "My project focusing on molecular interactions between HIV productive infection has been reoriented to focus on the priorities described during the AIDS 2014 conference, i.e., the understanding of molecular mechanisms associated with latency and the maintenance of viral reservoirs." (post-doctoral student, academia, Canada)

New and strengthened partnerships

- "We are establishing a large consortium of over 30 organisations to address the youth sexual health and HIV practices. We also 'reinvigorated' testing with incorporation of HIV point of care testing at large target population festivals." (manager/director, hospital/clinic Australia)
- "I have built new partnerships with individuals and organizations based in Australia and the rest of the world, particularly in our social entrepreneurship thrust in HIV prevention, treatment and care among neglected key populations (male sex workers and MSM)." (skills building trainer, grassroots community-based organization, Philippines)
- "We have established the Asia-Pacific Media Network comprising editors, senior journalists and media people to come forward with ideas, articles, joint collaborations in making HIV/AIDS clearly visible in every media outlet in the Asia Pacific region and … a high priority in the regional governments' public health policy." (journalist, media organization, Indonesia)
- "Through the conference, we were able to start new partnerships and we have even been able to get new donors who have committed to supporting our HIV/AIDS programs." (teacher/lecturer, grassroots community-based organization, Kenya)
- "We have gotten the official registration of the regional organization, 'Eurasian Women's Network on AIDS', which represents 12 countries from the Eastern Europe and Central Asia region. We also got funding to develop services for HIV-positive women and girls in Ukraine." (manager/director, people living with HIV/AIDS group/network, Ukraine)
- "As a nurse in HIV care, the conference strengthened our national organization (Association of Nurses in AIDS Care – ANAC) in building partnerships with New Zealand and Australia's associations of nurses in STI and HIV care. In addition the session I attended … introduced me to an excellent training curriculum that I have used domestically here in the USA and abroad in South America and the Caribbean." (nurse, organization unknown, USA)

New projects, programmes and research

- "We have implemented a new programme tailored specifically for sex workers. This was inspired by one of the seminars that I attended, and reaffirms our commitment to vulnerable communities. The pilot programme has been very successful, and we continue to monitor and improve where necessary." (social worker, NGO, New Zealand)
- "My main focus as a clinical virologist was HIV antiretroviral drug resistance. The shared experiences [at AIDS 2014] motivated us to establish an HIV resistance testing laboratory. The programme is progressing very well … initially we started with participating in external quality assessment schemes … and later, we compared our results with globally known systems like the Stanford HIV Drug Resistance Database." (epidemiologist/clinical virologist, academia, Oman)
- "I was part of the team who started a new project addressing the needs of children and adolescents living with HIV. It's the first of its kind in Egypt. The project will provide training for parents and support groups for children." (physician, NGO, Egypt)
- "I used information gained at the conference to conduct two studies – one on early infant male circumcision and one on active surveillance of the male circumcision device." (researcher in social/behavioural science, academia, Zimbabwe)
- "We have initiated several youth-friendly health services in different health facilities. We have also found new strategies to encourage couples and youths to access HIV testing so that we can put more on treatment and promote prevention issues among HIV-negative people. The testing is done in the churches after church services and in the community." (health care worker/social service provider, faith-based organization, Malawi)
- "Based on evidence that was shared at the conference and the good practices learnt from the networking at the conference, we were able to design new projects that were innovative and have proven to be effective in reaching the population we served. For example, we implemented a peer home visit strategy where our main objectives were behaviour change and adherence using multiple secondary prevention strategies instead of only one. We did education along with treatment literacy, condom and lube distribution, nutritional package and academic scholarships. We were able to be successful in achieving high levels of adherence." (social worker, NGO, Belize)
- "During the conference, we met with trans activists to discuss their concerns with PEPFAR (me) and Global Fund representatives. Following the meeting, we funded guidance for trans Asia pacific guidance, as well as global guidance, and initiated a JIAS special supplement on trans research." (administrator, government, USA)

New and increased advocacy initiatives

- "The *Lancet* session on Sex Work and HIV … and key advocate sessions drove the message home that decriminalisation is a best practice and an urgent requirement. It provided the evidence we need to back up our arguments for decriminalisation. Sex worker advocates are now taking the messages and evidence for decriminalisation into key meetings with the Government and key stakeholders." (advocate, grassroots community-based organization, Australia)

- "Among others, the conference provided the opportunity to further improve my knowledge about criminalization of HIV transmission and to strengthen networking with people/organizations dealing with this topic. This was very beneficial since my organization (the French National AIDS Council) was at that time about to launch an investigation and a reflection on HIV criminalization issues in France. This project has in the meantime been completed and a set of recommendations [was] recently delivered to the Government, judicial authorities and others stakeholders." (policy/administration officer, government, France)
- "The new training programme initiated by our organisation (Positive Runway) has allowed our trained fashion models to have the necessary skills and knowledge to disseminate information to young people in an innovative, fun, interactive and culturally appropriate manner … The programme has contributed to increased awareness and understanding of the benefits of early testing, thereby reducing new infections and improving the quality of life of young people who are already infected, resulting in healthier and more active young people in the communities in which we operate." (advocate, NGO, United Kingdom)
- "An advocacy campaign was conducted with the Ministry of Health in order to raise the matter of HCV prevention among at-risk populations, particularly drug users and sex workers." (manager/director, government, Tunisia)
- "Due to the conference, my organization decided to establish a network on HIV awareness in the Middle East and North Africa … region for refugees." (manager/director, NGO, Islamic Republic of Iran)
- "I have been able to tap into a wide range of people doing similar work with people living with HIV and disability. Together this network has increased advocacy efforts to get disability recognised by UNAIDS as a key population." (researcher, hospital/clinic, South Africa)
- "In São Paulo, research groups and NGOs met to discuss the works presented at the conference and included some of it (work showing the impact on number of HIV infection averted by structural interventions) in our advocacy actions." (epidemiologist, academia, Brazil)

These testimonies provide clear evidence that the work of many delegates and their organizations has been influenced by the conference, resulting in:

- Increased motivation to work towards an effective HIV response
- Affirmation of current work focus and/or strategy
- Sharing of information, best practices and/or skills gained at the conference
- Improvement of work practices and/or methodologies
- New partnerships and strengthened collaboration
- Launch and scale up of projects, programmes and research
- Increased advocacy and awareness
- Development and review of policies, procedures, guidelines and protocols.

Many delegates provided examples that included several work changes (as opposed to only one), suggesting that the conference had a substantive and far-reaching impact. Furthermore, most of the post-conference follow-up actions/changes are ongoing processes that have the potential to yield long-term results.

Did the conference have any impact/influences beyond delegates and their organization?

Surveyed delegates were asked if they were aware of any impact/influences that AIDS 2014 has had on other delegates and/or non-attendees. The question was used to gain insight into any influence or change at a wider level; it could include "new commitments (from donors, national governments and other key stakeholders), introduction or amendment of policies and regulations, launch or extension of HIV programmes and advocacy campaigns, change in behaviour/practice of key populations/groups, initiation of research projects at the local, national, regional or global level". Of 527 respondents, 27% said "yes" (vs. 25% of AIDS 2012 delegates), 18% said "no" (vs. 23% of AIDS 2012 delegates) and 55% did not know.

Survey respondents who were aware of the impact/influence that AIDS 2014 has had on other delegates and/or non-attendees were invited to give examples. Interviewees were also asked if they had observed or heard about any changes after the conference that could, in some way, be attributed to the conference.

All examples were analysed and classified into the following themes.

Changes in behaviour/attitudes towards HIV and AIDS

Survey respondents and interviewees reported that the conference resulted in changes in behaviours and attitudes towards HIV. Most examples indicated that PLHIV who attended the conference were now more open to disclose their HIV status, ready to undertake HIV testing, and motivated to advocate for their rights and participate in initiatives to improve their lives.

Some examples clearly illustrated how the conference was an eye opener for delegates who lacked a broad understanding of HIV and AIDS, which resulted in new initiatives to stop discrimination against PLHIV and key populations, to provide them with the necessary prevention, treatment and care services, and to involve them in decision-making processes. This is illustrated by the following quotes:

- "The [International] AIDS Conference received quite wide and solid media coverage. I think the tone of that coverage helped alter people's attitude towards HIV and understanding of HIV." (no country specified)
- "The conference provided participants with knowledge of the impact, issues and interventions related to key populations, especially the transgender (TG) community. TG communities are now stronger than ever in voicing … their specific needs which made it easier to lobby. The transgender community is now included in the Country Coordinating Mechanism (CCM) of the Global Fund (the Association of Transgender People in the Philippines was elected as a member of the CCM)." (Philippines)

Looking at the conference host country, many delegates from Australia commented that the conference and the city-wide cultural programme (e.g., festivals, concerts, exhibitions held throughout Melbourne in the lead up to and during the conference) contributed to a greater

awareness of HIV among the city's residents. This resulted in the following observations: PLHIV are feeling more comfortable with a greater level of HIV awareness and sensitivity among the general population; there is more active participation in the community response; and there are new initiatives and programmes.

Similar observations were also noted in other regions of Australia, as illustrated by the following quote:

- "I have seen some PLHIV from small regional towns become empowered by attending the conference; they are now participating in health education within the community." (Australia)

Impact on national policies, strategies, protocols and guidelines

Many survey respondents reported changes in their respective country that were based on the evidence presented at the conference and fostered by follow-up (advocacy) actions taken directly by their organization or in partnership with like-minded organizations. Such changes mainly concerned the removal/change of laws that discriminated against PLHIV and key populations (especially LGBTs and sex workers), as well as national HIV/AIDS strategies (including budget and resource allocation), protocols and guidelines related to HIV prevention, treatment and care. This is illustrated by the following quotes:

- "In Australia, the advocacy platform provided by the conference contributed to the repealing of the law (section 19 A) that was criminalizing HIV transmission in the State of Victoria." (Australia)
- "In Papua New Guinea, UNAIDS is now working very closely with sex workers, MSM and TG. Some members of Parliament and Governors are supporting the decriminalisation of sex work. Our funder (the Australian Agency for International Development) has accepted ... [increasing] community mobilization activities in order to reach … further communities and advocate for new hidden sex workers to come out and access services." (Papua New Guinea)
- "During the conference, the Deputy Health Minister and the Myanmar delegation, ranging from parliamentarians to community health workers, toured various programmes at the conference, including the Global Village Youth Pavilion. It was a rare opportunity … to view the photos displayed at the Myanmar Youth Star Exhibition which featured young key populations, including sex workers and TG. Though it's hard to tell how much this experience might have changed the individual attitudes of the observers, it was obviously an eye-opening experience on … young key populations for most of them … The Deputy Health Minister reaffirmed the commitment of the Government of Myanmar on its new HIV strategy while delivering a speech during the regional session, 'Momentous Change in Southeast Asia', and afterwards back home." (Myanmar)
- "In Tanzania, the HIV Monitoring Guideline has been reviewed to accommodate, among other things, monitoring HIV patients using viral load tests …The Tanzania Commission of AIDS … has included CSW and MSM in the national indicators on prevention of HIV through the Tanzania Output Monitoring System of HIV/AIDS … This system is obligatory to all ... sectors who are working towards zero HIV/AIDS." (Tanzania)

- "Kenya's Ministry of Health (MoH) has committed to providing services to various key affected populations; this I believe has been partly influenced by the attendance of MoH officials at AIDS 2014." (Kenya)
- "We learnt that LGBTs must not be left out in the struggle against HIV. During the conference, everyone was criticizing my country, Uganda, for the anti-gay legislation signed into law in February 2014. Since the conference and [thanks to] the advocacy we made, my country is changing … and Uganda's Constitutional Court annulled that law." (Uganda)
- "Our government is now putting more effort on the treatment of children who are HIV positive by providing proper medication as they were being treated with adult medication … In addition, the Ministry of Health and Child Care is now beginning to show interest in some key populations, such as sex workers. For example, sex work clinics have been established at static and mobile sites throughout the country to increase access to health services by sex workers." (Zimbabwe)
- "The Ministry of Health has taken the decision to include new drugs for HIV third-line treatment as part of the regular procurement of ARVs. Some of the partners working with us in the Ministry of Health have [increased their] efforts to support and fund activities for key populations." (Swaziland)
- "Delegates from the National Agency for the Control of AIDS … came back from the conference and launched the EMTCT of HIV programme in Nigeria which has kicked off in all the States." (Nigeria)
- "ART initiation has considerably changed (in the national protocol) and been aligned with the WHO new guidelines/recommendations." (Burundi)
- "The conference has contributed toward changing attitudes towards PrEP in advocacy organisations in Norway." (Norway)

With respect to the key information/evidence presented at the conference that contributed to the above-mentioned changes, survey respondents and interviewees made specific references to the following tools and themes:

- WHO consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations
- *Lancet* special series on sex workers (launched at the conference[11])
- UNAIDS 90-90-90 targets (launched at the conference)
- Global "20 by 20" campaign
- PrEP.

Some interviewees reported that despite the evidence presented at the conference and the endorsement of key strategies by attending governments, many countries that were expected to take follow-up actions had not done so. Examples include: India, which is yet to introduce viral load monitoring programmes; South Africa, which is yet to adopt PrEP; and the Caribbean, which is yet to implement the 90-90-90 strategy.

[11] Delegates commented that this series contributed to improving research on sex workers, developing new programmes tailored specifically to their needs and characteristics, and providing evidence to justify the urgent need for decriminalization of sex work in the global effort to tackle the HIV epidemic.

Impact on youth

Youth and non-youth survey respondents and interviewees commented that as a result of the significant involvement of youth in the conference and their recognition during AIDS 2014, many youth partnerships have been created and/or strengthened since then. In addition, initiatives have been taken to better include youth and address their needs in existing programmes, along with new programmes fully dedicated to them. This is illustrated by the following quotes:

- "Many youth partners felt incredibly inspired at AIDS 2014 compared with previous conferences and really appreciated the recognition of youth issues in the rapporteur session and many other key sessions. Many new youth partnership were created following the conference and the existing ones have grown, such as the Youth Voices Count."
- "During the conference, we were able to make sure that figures of young people are included in the 90-90-90 strategy and joint regional platforms were formed. We now have a newsletter which is covering all the organisations that were able to come together and share their work with others."
- "During a meeting with UNICEF at the conference, Youth LEAD discussed the possibility of developing guidelines to assist and support young key populations and national stakeholders' capacity in making the case to focus on young key populations' issues using data. UNICEF then developed a comic book and Youth LEAD was also engaged in disseminating this book to several platforms, notably the 3rd Global Surveillance Summit held in May 2015, in Bangkok, Thailand."

CONCLUSION and RECOMMENDATIONS

Results of the online survey completed by more than 500 conference delegates 10 months after AIDS 2014 demonstrate that the conference has had a marked positive impact on HIV knowledge, attitude, behaviour, practice and work of a wide range of stakeholders at different levels.

The life and work of many delegates has been clearly influenced by the conference. Many non-attendees were also able to benefit from AIDS 2014 thanks to the media coverage of the conference, conference online resources, and information shared by delegates during and after the conference with their constituencies, partners and colleagues.

The diversity of concrete examples (about the conference's influences) provided by survey respondents is a clear indication that the International AIDS Conference has the potential to continue to influence local, national, regional and global HIV responses in different areas, and serves as a catalyst for: the launch of key campaigns and strategies; policy change; updating of protocols and guidelines; better access to HIV-related services; increased awareness and advocacy; increased engagement of key leaders; increased funding of HIV-related programmes; better collaboration between national, regional and international stakeholders; new research and initiatives; and increased attention to the rights of most-at-risk populations.

This impact assessment confirmed the results of the AIDS 2008, 2010 and 2012 follow-up surveys, proving that far more than being simply a five-day event, the International AIDS Conference is a key forum for those working in HIV and AIDS, influencing both delegates and their organizations and reaching many non-attendees, thus accelerating the local, national, regional and global response to HIV.

However, feedback from interviewees suggested that the momentum gained at the conference lapses very quickly and that many good intentions and initiatives are left behind. This is mainly due to lack of time, combined with financial, logistical and political constraints faced by delegates once they are back in their country; it is also a result of the lack of concrete action plans to move key conference messages forward.

Interviewees therefore recommended that organizations/delegations attending the conference be invited to develop action plans with adequate follow-up mechanisms. These action plans would not only enhance the impact of the International AIDS Conference, but would also help assess the extent to which new targets announced at the conference are translated into concrete actions at the country and community levels.

Although it is very challenging to get a comprehensive picture of the real impacts of the conference through a single online follow-up survey, it is recommended that similar surveys and interviews be conducted for future International AIDS Conferences. If budget and time permit, it would be also ideal to set up a team of key experts who would be responsible for tracking the implementation status of key commitments made at the conference (at the financial, policy and programmatic levels) and reporting on their progress at the next conference.

APPENDIX 1 – AIDS 2014 follow-up survey form

1. Did you keep in contact with people you met for the first time at AIDS 2014?

□ Yes
□ No

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

□ Yes
□ No (skip next 2 questions – go to Q3)

2.1 Please select from the list below the types of influence the conference has had on your individual and/or organization's work and/or concrete actions taken as a result of attending AIDS 2014.

Select all that apply

□ Affirmed current work focus/strategy (e.g., the conference provided evidence that my organization's activities are aligned with the latest thinking/practices in HIV research)
□ Adjusted/changed work focus/strategy
□ Improved/refined work practices and/or methodologies
□ Developed new or reviewed existing policies, procedures, guidelines and/or protocols
□ Initiated new projects, programmes and/or research
□ Extended and/or expanded existing projects, programmes and/or research
□ Initiated advocacy or increased advocacy efforts
□ 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.)
□ Committed funds and/or non-financial resources towards enhancing the response to HIV and AIDS
□ Motivated me, colleagues, managers and/or partners in the work we do on HIV
□ Other

2.2 In the text box below, please provide a concrete example of how the conference has influenced your individual and/or organization's work, and specifically how you used what you gained at the conference.

Min 50 characters - Max 1,000 characters

3. *Are you aware of any impact/influence AIDS 2014 has had on delegates and/or non-attendees?

For example, this could include new commitments (from donors, national governments and other key stakeholders), introduction or amendment of policies and regulations, launch or extension of HIV programmes and advocacy campaigns, change in behaviour/practice of key populations/groups, initiation of research projects at the local, national, regional or global level.

□ Yes
□ No (skip Q3.1)
□ Don't know (skip Q3.1)

3.1 In the text box below, please provide a concrete example of what impact/influence AIDS 2014 has had on delegates and/or non-attendees. We would be grateful if you could avoid general statements such as "the conference allowed us to increase advocacy efforts".

Min 50 characters - Max 1,000 characters

APPENDIX 2 – Interview questionnaire

1. What changes, if any, did you observe or hear about after the conference that can, in some way, be attributed to the conference?
Changes can be at different levels (policies, regulations, programmes, research, funding, etc.), at different scales (local, national, regional, global) and concern various components of the response to HIV and AIDS.

2. Did you observe or hear about any unexpected negative impacts of the conference? If so, please elaborate.

3. What could be done and by whom to further enhance the impact of the International AIDS Conference (IAC)?

4. Are you aware of any obstacles that limited or hindered the impact of the conference? If so, please elaborate/explain.

This includes the following short- to medium-term impacts:
- application of new information/skills and lessons learnt
- knowledge transfer
- implementation of new guidelines, protocols, etc.
- implementation of new policies, regulations, etc.
- implementation of new initiatives, projects, collaborations that came out at the conference or to which the conference contributed
- translation of new commitments/pledges to reality

5. Have you attended any previous IACs before AIDS 2014?
If Yes, could you please specify the year and/or city of the IAC(s) you attended before AIDS 2014:

- If you attended only one IAC before AIDS 2014: Can you specify any change that can be attributed in some way to that conference?

- If you attended at least two IACs before AIDS 2014: Can you specify any change that can be attributed in some way to one of these conferences? Please specify the conference(s) you are referring to.

APPENDIX 3 – Profile of interviewees

Gender	
Female	6
Male	5
Region	
Oceania	4
Asia	3
Europe	2
Latin America/Caribbean	1
Africa	1

All interviewees had attended at least two IACs before AIDS 2014. No information was available on their age and number of years worked in the HIV field.

APPENDIX 4 – List of countries and corresponding regions

Sub-Saharan Africa
Angola
Benin
Botswana
Burkina Faso
Burundi
Cameroon
Cape Verde
Central African Republic
Chad
Comoros
Congo, the Republic of
Democratic Republic of Congo
Equatorial Guinea
Eritrea
Ethiopia
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Ivory Coast
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mauritius
Mayotte
Mozambique
Namibia
Niger
Nigeria
Rwanda
Sao Tome and Principe
Senegal
Seychelles
Sierra Leone
South Africa
Swaziland
Tanzania, United Republic of
Togo
Uganda
Zambia
Zimbabwe

Middle East and North Africa
Algeria
Bahrain
Djibouti
Egypt
Iraq
Islamic Republic of Iran
Jordan
Kuwait
Lebanon
Libya Arab Jamahiriya
Morocco
Oman
Palestinian Territory, Occupied
Qatar
Saudi Arabia
Somalia
South Sudan
Sudan
Syria Arab Republic
Tunisia
United Arab Emirates
Western Sahara
Yemen

Eastern Europe and Central Asia
Armenia
Azerbaijan
Belarus
Georgia
Kazakhstan
Kyrgyzstan
Moldova, Republic of
Russian Federation
Tajikistan
Turkmenistan
Ukraine
Uzbekistan

East Asia
China
Democratic People's Republic of Korea
Hong Kong
Japan
Macao
Mongolia
Republic of Korea
Taiwan, Province of China

South and South-East Asia
Afghanistan
Bangladesh
Bhutan
Brunei Darussalam
Cambodia
India
Indonesia
Lao People's Democratic Republic
Malaysia
Maldives
Myanmar
Nepal
Pakistan
Philippines
Singapore
Sri Lanka
Thailand
Timor-Leste
Vietnam

Oceania
American Samoa
Australia
Cook Islands
Federated States of Micronesia
Fiji
French Polynesia
Guam
Kiribati
Marshall islands
Nauru
New Caledonia
New Zealand
Niue
Norfolk Islands
Northern Mariana Islands
Palau
Papua New Guinea
Pitcairn
Samoa
Solomon Islands
Tokelau
Tonga
Tuvalu
Vanuatu
Wallis and Futuna

Central and South America

Argentina
Belize
Bolivia
Brazil
Chile
Colombia
Costa Rica
Ecuador
El Salvador
Falkland Islands (Malvinas)
French Guiana
Guatemala
Guyana
Honduras
Nicaragua
Panama
Paraguay
Peru
South Georgia & the South Sandwich
Suriname
Uruguay
Venezuela

Caribbean

Anguilla
Antigua and Barbuda
Aruba
Bahamas
Barbados
Bermuda
Cayman Islands
Cuba
Dominica
Dominican Republic
Grenada
Guadeloupe
Haiti
Jamaica
Montserrat
Netherlands Antilles
Puerto Rico
Saint Helena
Saint Kitts and Nevis
Saint Lucia
Saint Pierre and Miquelon
Saint Vincent and the Grenadines
Trinidad and Tobago
Turks and Caicos Islands
Virgin Islands, British
Virgin Islands, US

North America

Canada
Mexico
United States of America

Western and Central Europe

Albania
Andorra
Austria
Belgium
Bosnia & Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Germany
Greece
Holy See (Vatican)
Hungary
Iceland
Ireland
Israel
Italy
Kosovo
Latvia
Liechtenstein
Lithuania
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