EVALUATION REPORT

16th International Conference on
AIDS & STIs in Africa

16th ICASA

ADDIS ABABA ETHIOPIA

4-8 December 2011

2011

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ACKNOWLEDGMENTS

The evaluation of the conference was undertaken by Laetitia Lienart, ICASA 2011 Evaluation Coordinator and Planning, Monitoring and Evaluation Expert at the International AIDS Society (IAS).

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* Conference delegates
* Members of the conference committees
* Staff of the Conference Secretariat.

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* Annabel Guinault, intern at the IAS, who supported the evaluation work before the conference.

LIST OF ACRONYMS AND ABBREVIATIONS

ARV   Antiretroviral

IAS   International AIDS Society

ICASA 2008   15th International Conference on AIDS and Sexually Transmitted Infections in Africa (Senegal, 2008)

ICASA 2011   16th International Conference on AIDS and Sexually Transmitted Infections in Africa (Ethiopia, 2011)

LGBT   Lesbian, gay, bisexual and transgender

MDGs   Millennium Development Goals

M&E   Monitoring and evaluation

MSM   Men who have sex with men

NGO   Non-governmental organization

PEPFAR   US President's Emergency Plan for AIDS Relief

PLHIV   People living with HIV

SAA   Society for AIDS in Africa

STI   Sexually transmitted infection

TB   Tuberculosis

WHO   World Health Organization

EXECUTIVE SUMMARY

The 16th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA 2011) was held in Addis Ababa, Ethiopia, from 4 to 8 December 2011, attracting more than 10,000 participants. The objective of the ICASA 2011 evaluation was to identify strengths and weaknesses of the conference and to assess its immediate impact (outcomes) on the response to HIV/AIDS and sexually transmitted infections (STIs). Results of the evaluation will be used by the Society for AIDS in Africa (SAA), the custodian of ICASA, to improve planning and delivery of future ICASAs, which should continue to play a key role in strengthening the response to HIV/AIDS and STIs in Africa.

The leading data collection instrument was a bilingual survey distributed to all delegates as a printed form during the conference or by email immediately after the conference. The survey received a response rate of 19%, with 1,050 surveys completed. In addition, three focus group interviews were conducted with delegates at the conference to supplement survey results.

The main findings of the evaluation include:

Did the conference reach the right stakeholders?

* Delegates were living or working in 106 countries, mainly in sub-Saharan Africa.
* Almost 60% of delegates were younger than 41 years.
* There were more male than female participants (60% were male vs. 40% females).
* The majority of surveyed delegates indicated that HIV/AIDS was their main work area (89%). The second most frequently cited area of work was STIs (41%).
* The majority of surveyed delegates were health care workers/social service providers and researchers, or they worked in the policy/administration sector.
* For 72% of surveyed delegates, ICASA 2011 was their first ICASA.

How well did the conference organizers support delegates in their preparation for and participation in the conference?

Feedback on the support provided to delegates before and during the conference was positive overall, with 91% of surveyed delegates indicating that the way the conference was organized had met their needs with respect to their work focus, expertise level and role at the conference.

A total of 545 scholarship applications were awarded to individuals who are important contributors to the African AIDS response, but who would not have been able to attend the conference without financial assistance. Western Africa was the region that benefited the most from the scholarship programme, with a total of 182 scholarships awarded.

Although delegates' feedback was positive overall, suggestions for improvement were made on some organizational aspects (see the section, "What did not work so well and could be improved at the next ICASA?").

Which type of sessions/activities did delegates most attend and find the most useful?

Delegates had the choice of a wide range of sessions and activities, including 52 oral abstract sessions, 12 oral poster discussion sessions, 12 late-breaker sessions, 37 non-abstract-driven sessions (round tables/panels and symposia sessions), four plenary sessions, seven special sessions, 36 skills-building workshops and 52 satellite symposia, as well as the opening, rapporteur and closing sessions. In addition, the programme featured a poster exhibition where 892 posters presenting abstracts were displayed, an exhibition hall where 51 commercial and non-commercial organizations had booths, and a Community Village.

The latter, the only space that was open to the public, offered 36 sessions in the community dialogue space, 38 exhibition booths, four networking zones and four community site visits.

The five most popular sessions and activities were plenaries, exhibition booths, oral abstract sessions, the poster exhibition and the Community Village: more than 90% of surveyed delegates reported having attended/visited them.

Plenaries were considered to be the most useful sessions (92% rated them as "very useful" or "useful"), while late-breaker sessions were considered to be the least useful (less than two-thirds of survey respondents rated them as "very useful" or "useful").

How many abstracts were submitted and accepted?

ICASA 2011 attracted 3,165 abstracts from 93 countries. Abstracts were mainly submitted in Track D and C (33% and 27%, respectively, of all abstract submissions).

A total of 1,561 abstracts, submitted from 70 countries, were selected for the conference programme.

Although more abstracts were submitted by men (63% vs. 37% of women), the proportion of female authors whose abstracts were accepted was almost equal to the proportion of successful male abstract authors.

In which track did delegates attend the most sessions?

Surveyed delegates attended the most sessions in Track D, followed by Track C and B (29%, 25% and 19%, respectively). Interest in Track E has increased from 10% in 2008 to 17% in 2011, while interest in Track A has remained stable (5% in 2011 vs. 6% in 2008).

The delegates' professions influenced their main tracks of interest. For example, researchers were more likely than delegates in other professions to be interested in Track A (16%).

How was the quality, coverage and usefulness of the conference programme rated?

Overall, the quality of presentations and discussions/debates, as well as the range of topics covered and the usefulness of the information covered by the programme, were well rated, with more than 80% of surveyed delegates reporting that they were "good" or "excellent". The most highly rated programme element was the usefulness of information (50% said that it was "excellent").

How successful was the conference in achieving its objectives?

The majority of surveyed delegates considered the conference to be "very successful" or "successful" in achieving its objectives. These were to:
* Provide a forum for exchange of knowledge, skills and consolidation of experiences and best practices in Africa and around the globe to scale up evidence-based responses to HIV/AIDS/STIs, TB and malaria to achieve the Millennium Development Goals (89%)
* Serve as an advocacy platform to mobilize African leaders, partners and the communities to increase ownership, commitment and support to the response (76%)
* Create opportunities to define priorities and set policy and programme agenda to enhance mobilization and effective utilization of resources (73%)

    ✱   Link and hold accountable political and national leaders, the scientific community, practitioners, communities, civil societies, the private sector and partners in scaling up and sustaining the response (68%).

Did the conference offer something different from similar well-known scientific/health conferences?

More than two-thirds of surveyed delegates indicated that ICASA 2011 offered something that they did not get from other well-known scientific/health conferences.

The focus on Africa, the relevance of programme content to current challenges of the HIV response in Africa, and the international dimension were considered to be the top three main added values of ICASA 2011 compared with other HIV-related conferences attended in the past two years.

Another indicator of ICASA's professional value is that 97% of surveyed delegates would recommend attending the next ICASA to a colleague or peer.

What did delegates gain from attending the conference?

The three most frequently noted benefits gained at ICASA 2011 were: an increased understanding of the HIV epidemic in Africa (67%); new contacts and opportunities for partnership and collaboration (66%); and an increased understanding of the challenges to achieving treatment access in Africa (66%). The following three benefits were also well ranked, with more than half of respondents selecting them: motivation/renewed energy and/or sense of purpose (55%); new knowledge/insights into HIV and STI prevention (54%); and ideas/directions for new projects (53%). Only nine delegates indicated that they did not gain anything at the conference.

How do delegates intend to use what they gained from the conference?

Almost 90% of surveyed delegates reported that they would share information with colleagues, peers and/or partner organizations. The following three actions were also well ranked, with more than half of respondents selecting them: build capacity within the respondent's organization/network (63%); motivate colleagues, peers and/or partners (60%); and influence work focus/approach of the respondent's organization (52%).

What did not work so well and could be improved at the next ICASA?

The most frequently noted complaints about the conference organization related to the cost of food inside the conference venue and the lack of interpretation equipment in session rooms, as well as the quality, cost and distance of accommodation facilities. Comments were also made on the scholarship programme, the communications between the conference organizers and delegates, and the profile of speakers and delegates.

With respect to the programme, most recurrent complaints related to the time conflict between sessions and the poor quality of some presentations and abstracts.

What are the main impacts of ICASA 2008?

The majority of surveyed delegates who had attended ICASA 2008 reported that they had kept in contact with people they had met for the first time at ICASA 2008 (87%) and that the conference had influenced their individual and/or organizations' work (84%).

The three most frequently noted long-term influences of ICASA 2008 were: 1) affirming current work focus/strategy; 2) sharing information, best practices and/or skills gained at the conference with colleagues, managers and/or partners; and 3) motivating delegates, their colleagues, managers and/or partners on the work they do on HIV.

Delegates were also asked if they were aware of ICASA 2008 influencing HIV work, policies or advocacy at the local, national, regional or global levels. Although almost one-third did not know (32%), 42% replied "yes" and 27% "no".

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In conclusion, the evaluation demonstrated that the conference continues to be a key forum for thousands of stakeholders engaged in the response to HIV/AIDS and STIs in Africa to share and gain new knowledge and best practices, discuss challenges in their current work, get motivation and inspiration, and create and reinforce partnerships and alliances, thus boosting the response to HIV/AIDS and STIs in Africa.

In order to maintain the high profile of the conference and robust levels of attendance in a competitive environment, organizers of ICASA will have to address the challenges highlighted in this report and implement its recommendations. Specific recommendations are listed on pages 59 and 60.

EVALUATION CONTEXT

Background and rationale

The **16th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA 2011)** was held in Addis Ababa, Ethiopia, from 4 to 8 December 2011. Held every two to three years, the conference is a unique opportunity for scientists, health workers, policy makers, people living with HIV (PLHIV), community leaders and activists to take stock of the achievements and the challenges in the response to HIV/AIDS and sexually transmitted infections (STIs), as well as tuberculosis and malaria.

The ICASA 2011 theme, **_Own, Scale-up & Sustain_**, emphasized the importance for African governments, civil society organizations, private sector, communities and individuals to own and lead the response to HIV/AIDS at all levels, as well as the critical need to sustain what has been achieved while enhancing the scale up of all responses to the epidemic.

The following conference objectives were defined to address this theme.

Conference objectives

- Serve as an advocacy platform to mobilize African leaders, partners and the communities to increase ownership, commitment and support to the response.

- Provide a forum for exchange of knowledge, skills and consolidation of experiences and best practices in Africa and around the globe to scale up the evidence-based response to HIV/AIDS/STIs, TB and malaria to achieve the Millennium Development Goals (MDGs).

- Use the conference as a forum to link and hold accountable political and national leaders, the scientific community, practitioners, communities, civil societies, the private sector and partners in scaling up and sustaining the response.

- Create opportunities to define priorities and set policy and programme agenda to enhance mobilization and effective utilization of resources.

The **conference programme** featured daily abstract-driven sessions in five tracks and non-abstract-driven sessions that included plenary sessions, round table sessions, symposia sessions, special sessions, skills-building workshops, satellite symposia and a rapporteur summary session. ICASA 2011 also featured an exhibition area, a poster display area, a Community Village and community site visits.

ICASA 2011 was the second conference of this series to be systematically evaluated. In order to engage key stakeholders involved in the conference organization, an evaluation plan was prepared using the ICASA 2008 evaluation report and the ICASA 2011 technical proposal as the basis. This plan was presented to and approved by the International Steering Committee in March 2011.

The **objective of the ICASA 2011 evaluation was to identify strengths and weaknesses of the conference and to assess its immediate impact** (outcomes) on the response to HIV/AIDS and STIs. Results of the evaluation will be used by the Society for AIDS in Africa (SAA), the custodian of ICASA, to improve planning and delivery of future ICASAs, which should continue to play a key role in strengthening the response to HIV/AIDS and STIs in Africa. The ICASA 2011 evaluation is also expected to be used as an accountability tool by all conference participants, online followers, donors and sponsors to get a consolidated overview of what happened at the conference.

Methodology

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 ICASA 2011 documentation and website
* Review of the ICASA 2008 evaluation report
* Consultation with members of the ICASA 2011 International Steering Committee and with staff of the Conference Secretariat
* Surveys of key informants, including conference delegates, conference committee members and staff of the Conference Secretariat
* Focus group interviews with delegates
* Review of statistical data relating to ICASA 2011 registration, scholarships, abstracts, programme and website
* Review of ICASA 2008 statistics to allow comparison over time.

The primary data collection instrument was a survey[1] **distributed to all delegates** as a printed form during the conference or by email immediately after the conference. Delegates who completed the printed survey were instructed not to complete the online survey and vice versa.

The survey was **available in English and French**, and contained about 30 questions, including open-ended ones to give respondents the opportunity to fully articulate their opinions. Survey questions mainly focused on the conference planning and organization, the programme (main track of interest, attendance and usefulness), and the main outcomes of the conference. Some questions related to specific features, such as the media centre, the speaker centre, the poster display area, the exhibition area, the Positive Lounge, the Community Village and the scholarship programme. This survey also included four questions for delegates who had attended ICASA 2008 in order to assess the influence that the conference had had on their work and their organizations/affiliations.

A total of **1,050 surveys were completed** (vs.1,161 for ICASA 2008), of which 682 were completed online[2] (554 in English and 128 in French). Given the number of registered delegates (n=5,590), this means that 19% of participants who attended ICASA 2011 provided evaluative feedback about the conference (vs. 17% for ICASA 2008).

Focus group interviews were conducted during the conference to supplement survey results. These group interviews were also used to understand: 1) delegates' views on the main added values of ICASA compared with similar well-known scientific/health conferences; and 2) delegates' perception of ICASA as an accountability platform and an opportunity to define concrete and measurable action plans aimed at improving the response to HIV/AIDS and STIs in Africa. Results of the focus group interviews and relevant details are reported separately in Appendix 2.

Members of the conference committees and staff of the Conference Secretariat were also surveyed online after the conference, mainly to get their feedback on the conference programme building process and to collect their suggestions for improvement of future ICASAs. Results of these two surveys are not presented in this report.

In order to assess the long-term impacts of the conference, ICASA 2011 delegates will be surveyed in 2013. This will consist of four questions aimed at measuring the influence that the conference would have had on their work and their organizations/affiliations. Similar to the approach

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[1] A copy of the delegate survey is available in Appendix 1.
[2] The survey was sent on 13 December 2011 to 3,244 delegates who had a valid email address and were registered at the conference as individuals (delegates registered as part of a group did not receive the survey invitation email). A total of 65 emails were undeliverable.

used to assess the long-term impacts of ICASA 2008, these questions will most probably be included in the ICASA 2013 delegate survey.

Survey administration and result analysis

All online surveys were created and administered using Cvent, Inc., a web survey programme.

Data entry for printed surveys administered on site was undertaken by volunteers under the supervision of the ICASA 2011 Evaluation Coordinator.

Data analysis was prepared and conducted using statistical analysis software that included frequencies and cross tabulations for closed questions. Total numbers vary in some instances because non-responses were excluded from valid data. **Statistical comparisons, including the chi-square test, were employed in the analysis of the data**, although for clarity, the details of these are not included in this report. Where the term, "statistically significant", is used in the report, differences have been found with a probability of, at most, 0.05. The information collected was triangulated and cross checked to illuminate similarities and differences in the perspectives offered and to highlight key issues[3]. To allow comparison over time, data from the previous ICASA were also reviewed. The analysis of qualitative responses (i.e., to open-ended questions) was conducted by a consultant. The consultant coded the responses according to broad thematic categories, which were reviewed and approved by the ICASA 2011 Evaluation Coordinator.

Promotion

Evaluation promotion was conducted to inform delegates of the purpose of evaluation and to encourage them to complete the various surveys and/or to take part in the focus group interviews to which they had committed. This included **advertisements in the printed *Daily Bulletin*** (third edition, 6 December), which was distributed to all delegates throughout the conference, and **posts on the conference Facebook page and Twitter account** (on 30 November and 7 December), as well as an **announcement on the conference website**. A **dedicated slide** was also displayed during sessions.

The online delegate survey was active for almost three weeks, and a reminder was sent out a few days before the response deadline.

A **financial incentive** was also offered to those who completed the delegate survey, with a prize of US$200 randomly allocated to 10 respondents.

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

Limitations

Given the evaluation timeframe and resources, it has not been possible to assess the real impacts of the conference at individual, country, regional and global levels. However, the follow-up survey that will be conducted in 2013 with ICASA 2011 delegates who attend ICASA 2013 is expected to yield information about the long-term impacts of the conference.

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 or work, gender, age, HIV status, HIV 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 resources limitations.

The trend analysis from ICASA 2008 to ICASA 2011 was limited by the difference in type of data collected.

KEY FINDINGS

Did the conference reach the right stakeholders?

Approximately **5,800 registered participants** attended the conference (vs. 6,500 at ICASA 2008), including 5,590 delegates, 120 members of the organization staff and 57 accompanying persons. The category, "delegates", includes 437 media representatives and 177 exhibitors. When adding non-registered people who attended the opening and closing ceremony and/or visited the Community Village during the conference, the total number of participants was about 10,300, according to the Conference Secretariat.

The delegate survey sample was representative overall of the delegate population with respect to gender, age, nationality and country/region of residence/work. Comparisons between the survey sample and the delegate population was not possible for the occupation/profession and the main affiliation/organization type because the proposed lists of options were slightly different. In addition, 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).

Country/region

Delegates represented a total of 116 countries (based on their nationality) and 106 countries (based on their country of residence/work), the majority of which are in sub-Saharan Africa. The two other regions most represented were Western and Central Europe and North America[4] (see details in Figure 1). Not surprisingly, the same trend was observed at ICASA 2008 (82% of the 3,607 paid, regular delegates came from Africa).

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[4] The two countries represented by delegates in North America were the United States of America and Canada.

Figure 1. Delegates' nationality and country of residence/work
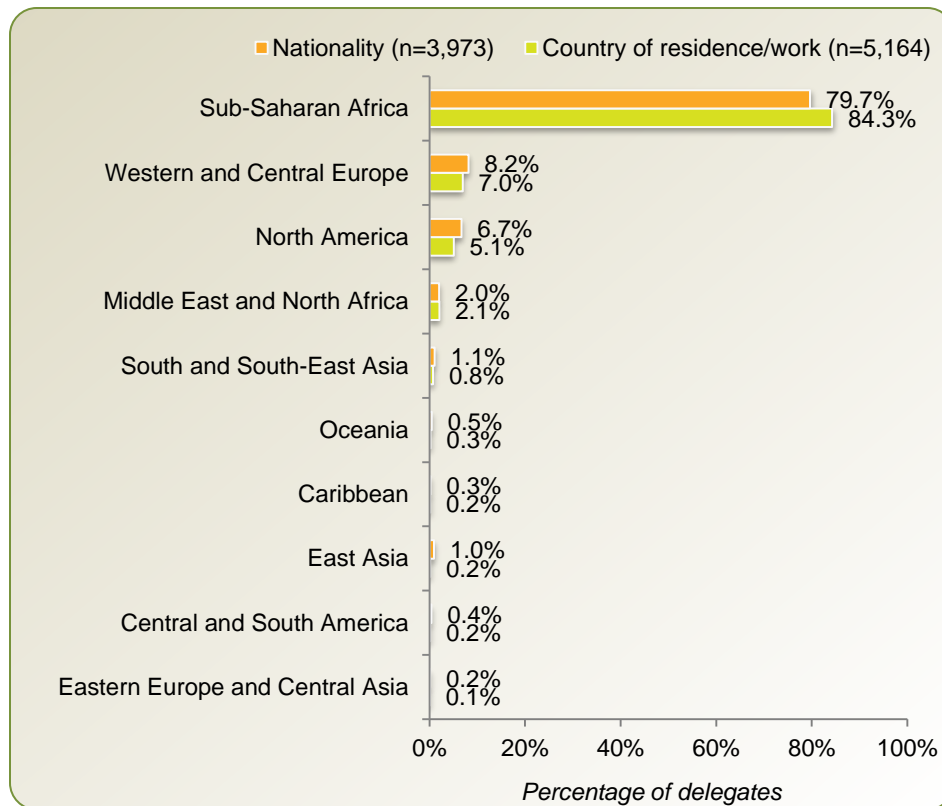
As illustrated in Figure 2, the **most represented sub-region was Eastern Africa**; Western Africa was most represented at ICASA 2008. This clearly shows the influence of the location of the host country on delegates' attendance.

Figure 2. Breakdown of delegates' countries of residence/work in Africa[5]

Cape Verde 0
Tunisia 4
Morocco 9
Algeria 6
Libya 3
Egypt 5
Mauritania 14
Mali 39
Niger 30
Chad 37
Sudan 27
Eritrea 0
Djibouti 9
Ethiopia 1838
Somalia 28
Senegal 101
Gambia 10
Guinea 5
Guinea-Bissau 7
Sierra Leone 15
Liberia 16
Ivory Coast 54
Burkina Faso 82
Ghana 74
Togo 34
Benin 29
Nigeria 350
Cameroon 107
Cent African Rep 20
Uganda 141
Kenya 322
Rwanda 65
Zanzibar
Burundi 25
Seychelles 3
Gabon 13
Congo 63
São Tomé and Principe 4
Equatorial Guinea 9
Dem. Rep. of Congo 43
Tanzania 135
Comoros 6
Angola 5
Zambia 129
Malawi 61
Madagascar 12
Mauritius 7
Namibia 34
Zimbabwe 64
Mozambique 47
Botswana 51
Swaziland 30
South Africa 209
Lesotho 12

Legend:
>200
100-200
1-99
0

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[5] The number of delegates based in South Sudan (n=4) does not appear on this map due to visibility problems.

Age

As shown in Figure 3, **almost 60% of delegates were younger than 41 years**, just over 40% were between 41 and 60 years of age, and 3% were older than 60 years. Only 0.1% were younger than 20 years. The same trend was observed at ICASA 2008 for survey respondents (no age information was available for delegates).

Figure 3. Age of delegates and survey respondents
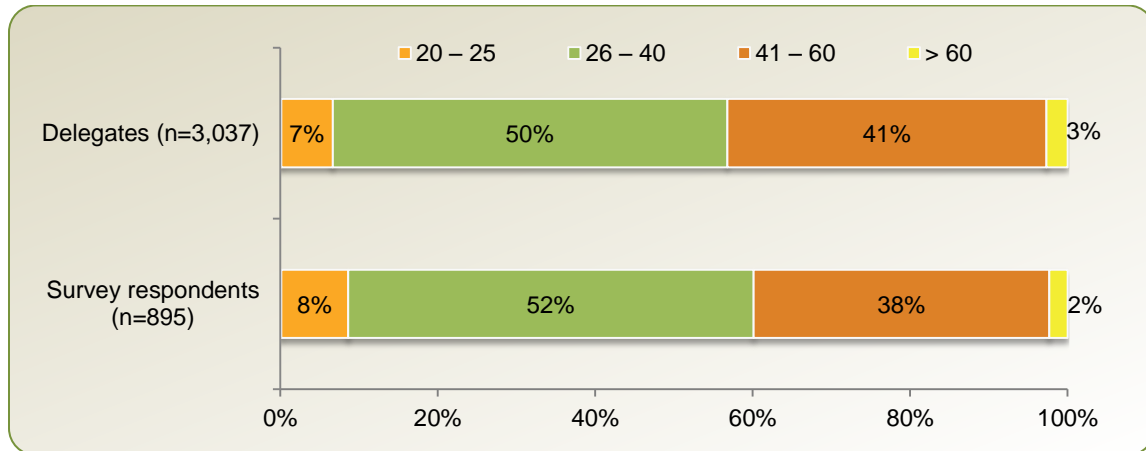
Gender

As shown in Figure 4, **the proportion of male delegates was higher than the proportion of female delegates** (**60% vs. 40%**). At ICASA 2008, this trend was the opposite for survey respondents (no gender information was available for delegates).

Figure 4. Gender of delegates and survey respondents
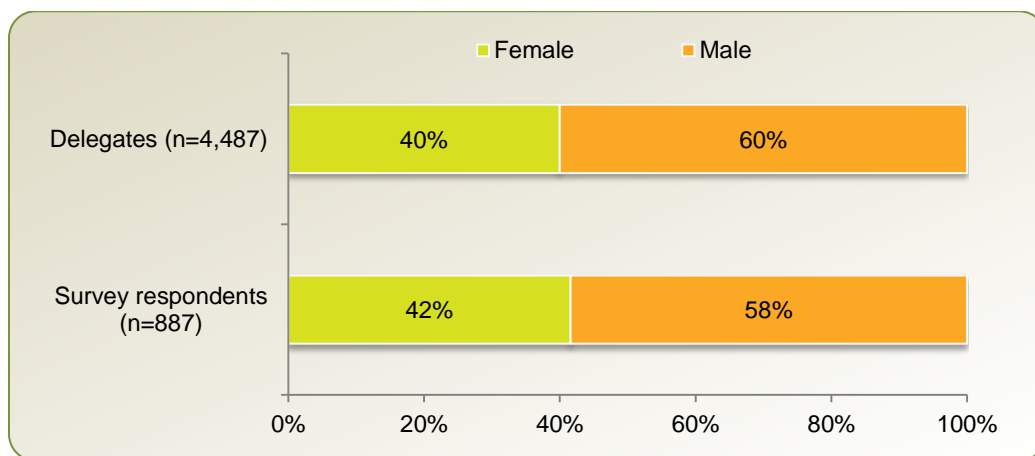
Main area of work and professional experience

The majority of surveyed delegates indicated that HIV/AIDS was their main work area (89%). The second most frequently cited area of work was STIs (see Figure 5).

Figure 5. Main areas of work of survey respondents [6]
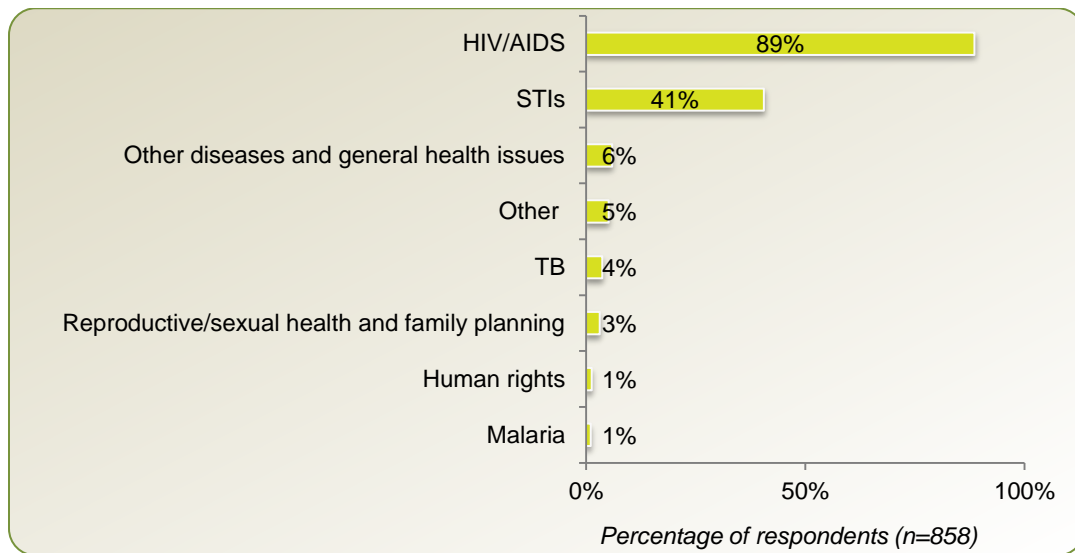
Of the 878 survey respondents who specified the number of years they had been working in the HIV/AIDS and/or STI field (full or part time), **12% had two years of experience or less** (vs. 11% at ICASA 2008), **26% between three and five years** (vs. 27% at ICASA 2008), **32% between six and 10 years** (same proportion as in 2008), **17% between 11 and 15 years** (same proportion as in 2008), and **13% more than 15 years' experience** (same proportion as in 2008). This information was not available for delegates.

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[6] Total exceeds 100% because many delegates had more than one work area.

Main type of occupation/profession

The majority of surveyed delegates were health care workers/social service providers and researchers, or they worked in the policy/administration sector[7] (see details in Figure 6). The same trend was observed at ICASA 2008.

Figure 6. Main type of occupation/profession of survey respondents[8]

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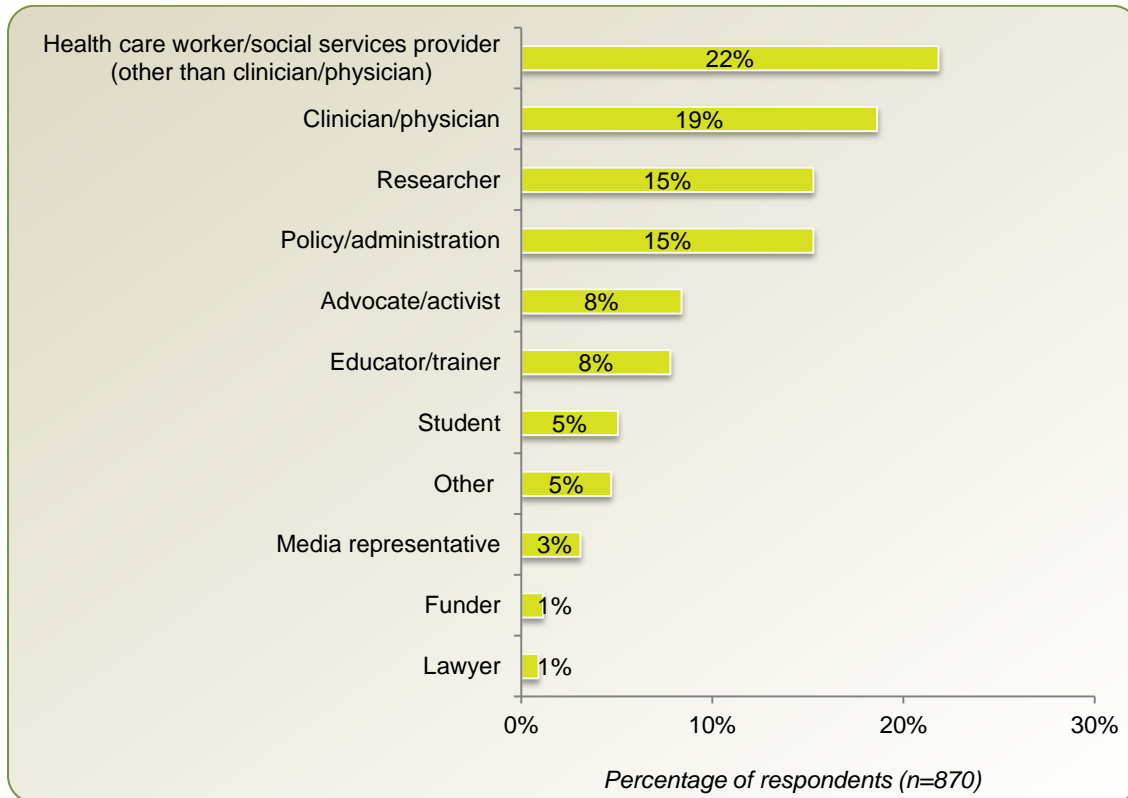
[7] This includes the following categories: project/programme manager, coordinator, officer; monitoring and evaluation officer; advisor; NGO manager/director.
[8] Total exceeds 100% because some delegates who completed the printed survey form selected more than one profession type.

Main type of affiliation/organization

The majority of surveyed delegates were affiliated with or worked in NGOs or in the academia sector (see details in Figure 7). The same trend was observed at ICASA 2008.

Figure 7. Main type of affiliation/organization of survey respondents[9]

Non-government organization (NGO) — 41%
Academia (research institute, university) — 14%
Government — 11%
Hospital/clinic — 8%
Intergovernmental organization — 7%
Grassroots community-based organisation — 5%
Faith-based organization — 3%
PLHIV network/organization — 3%
Media organization — 2%
Other — 2%

Percentage of respondents (n=888)
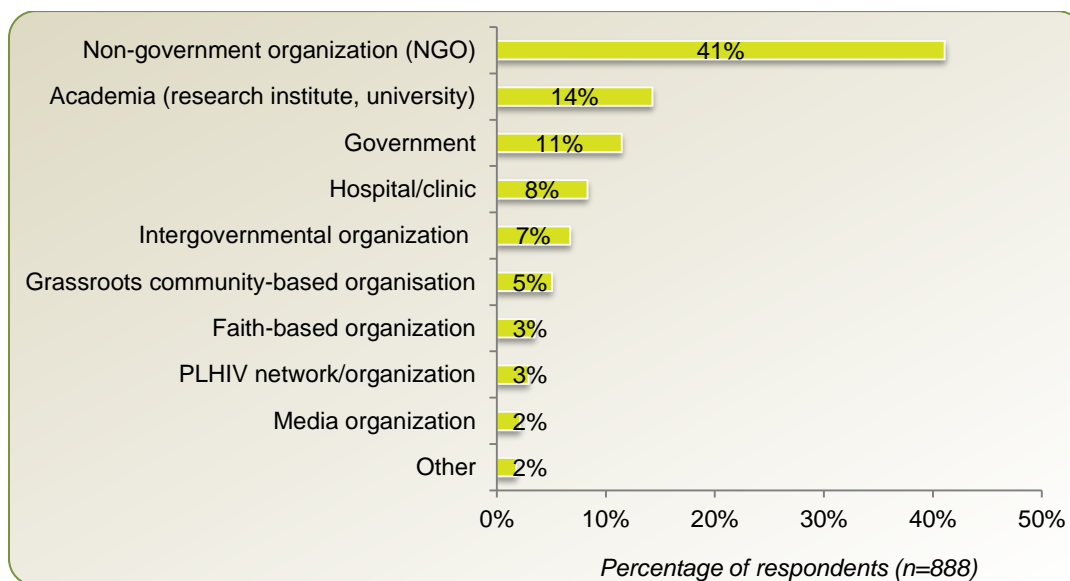
Previous ICASAs attended

Surveyed delegates were asked whether they had attended any of the four previous ICASAs. **For the majority of survey respondents, ICASA 2011 was their first ICASA** (72% vs. 70% of first-time attendees at ICASA 2008), while 15% had attended ICASA 2008 and one in 10 were at ICASA 2005 (see details in Figure 8).

Figure 8. Previous ICASAs attended by survey respondents

Did not attend a previous ICASA — 72%
15th ICASA (Dakar, 2008) — 15%
14th ICASA (Abuja, 2005) — 10%
13th ICASA (Nairobi, 2003) — 7%
12th ICASA (Ouagadougou, 2001) — 5%
An ICASA not listed above — 5%

Percentage of respondents (n=887)

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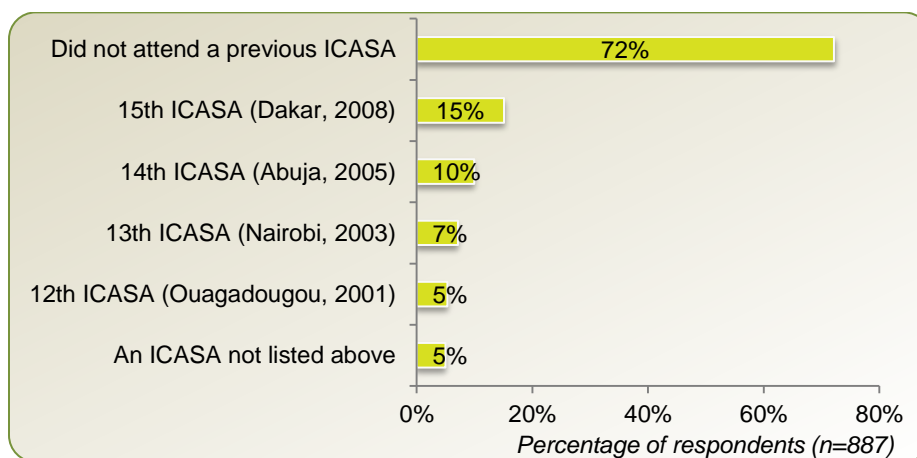
[9] Total exceeds 100% because some delegates who completed the printed survey form selected more than one affiliation type. The graph excludes affiliation types that were selected by less than 2% of survey respondents.

Delegates' roles at the conference

Surveyed delegates were asked to select from an 11-item list their role(s) at the conference. As shown in Figure 9, the majority of survey respondents identified themselves as regular delegates while 20% were poster exhibitors, 16% were speakers and 11% were abstract presenters (at oral sessions).

Figure 9. Role of survey respondents at ICASA 2011[10]
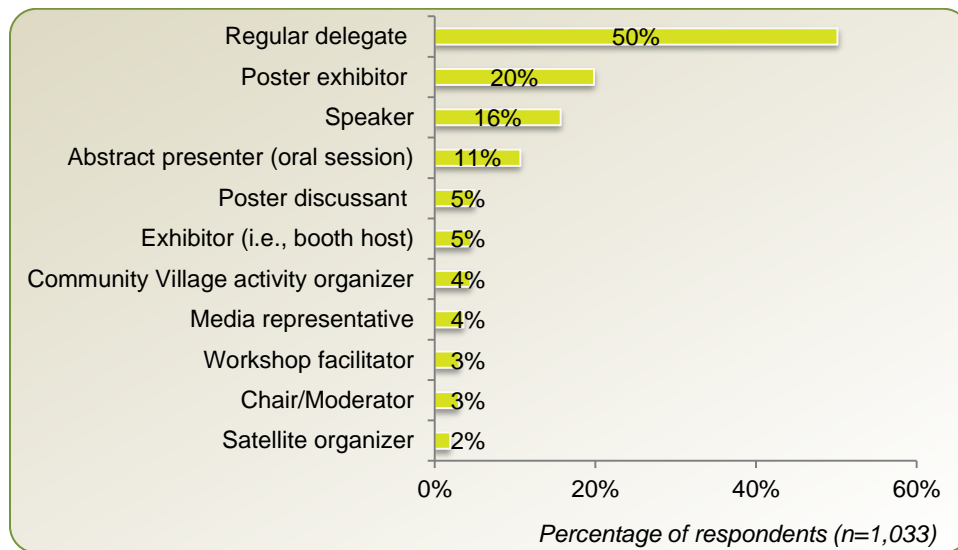
SAA membership

Surveyed delegates were asked if they were a member of the Society on AIDS in Africa (SAA). Of 885 respondents, 84% said "no" (vs. 86% at ICASA 2008), 10% said "yes" (9% at ICASA 2008) and 6% were unsure.

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[10] Total exceeds 100% because respondents could select more than one role.

How did delegates hear about the conference?

Surveyed delegates were asked to select from an 18-item list the way they had first learnt about ICASA 2011. **The most frequently identified source of information about the conference was the delegate's organization, affiliation or work** (29%). The second largest proportion of respondents reported that the conference was recommended to them by colleagues/friends (16%). The same proportion indicated that they first heard about the conference through its website (see details in Figure 10).

Figure 10. Main sources of information about ICASA 2011

Source	Percentage
Through my organization/affiliation/work	28.5%
Recommended by a colleague/friend	16.4%
ICASA 2011 website	16.2%
Through a partner organization	7.2%
Email from conference organizers	7.0%
At a previous ICASA	6.1%
At another HIV or health-related conference/workshop/meeting	4.0%
Website of the Society for AIDS in Africa	3.0%
Other websites, including Google research	2.8%
Printed conference promotion materials	2.8%
Through a donor/donor invitation	2.0%
Other	1.1%
Advertisement on TV	1.1%
Facebook, Twitter, blogs or other social networking/media tools	0.5%
Not sure	0.4%
Advertisement on the radio	0.4%
Advertisement in a scientific journal or magazine	0.4%
Article in the newspaper	0.2%

Percentage of respondents (n=1,031)

How well did the conference organizers support delegates in their preparation for and participation in the conference?

Surveyed delegates were asked to think about the way the conference was organized and indicate if it had met their needs with respect to their work focus, expertise level and role at the conference. Out of 877 respondents, **the vast majority replied "yes"** (91% vs. 9% "no").

Support before the conference

Surveyed delegates were asked to assess the ease of using the online conference registration process, the accommodation booking, the submission of abstracts and proposals, and obtaining information. As shown in Figure 11, **the majority rated these actions as "very easy" or "easy"**. The two actions that were considered to be the most difficult were booking accommodation and submitting a proposal for the Community Village.

Figure 11. Ease of registering, booking accommodation, submitting abstracts and proposals, and finding information before the conference[11]
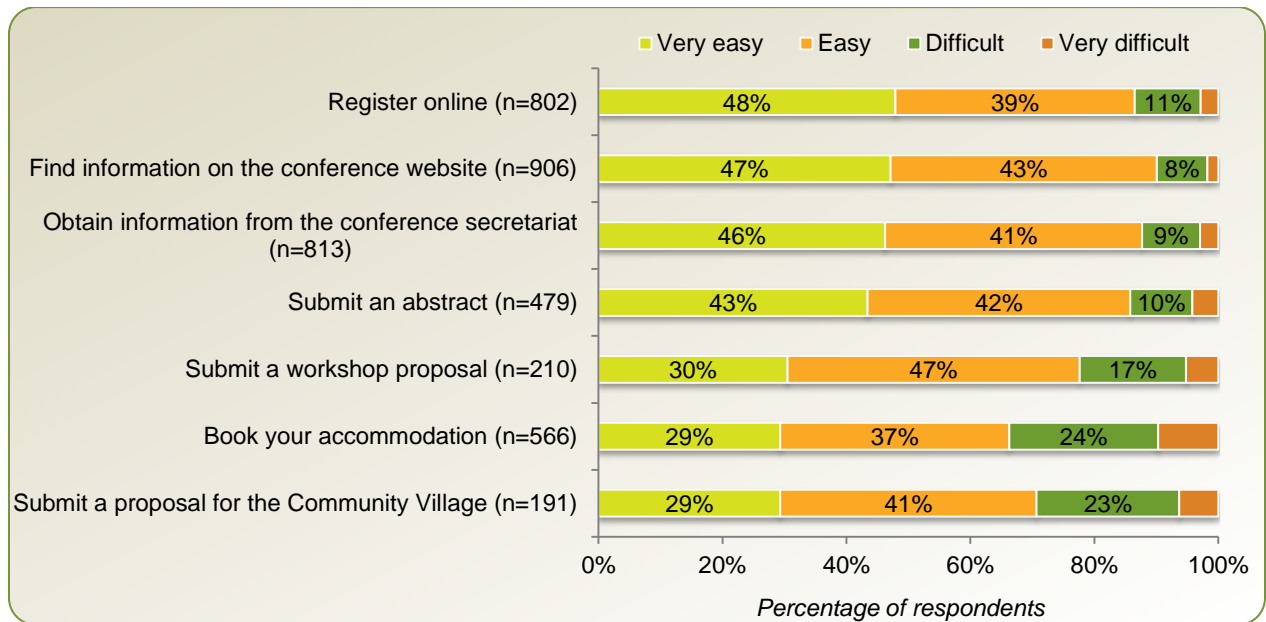
Improvements were made compared with ICASA 2008, with the proportion of surveyed delegates who gave a rating of "very easy" or "easy" increasing in all cases.

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[11] Respondents who selected "don't know/not applicable" are excluded from this graph.

Support at the conference

How easy was it to register, collect bag and badge, and find information?

Surveyed delegates were asked to assess the ease of use of the on-site conference registration, the collection of badge and bag, finding session rooms, and finding information at the conference venue and on the conference website. As shown in Figure 12, **the majority rated these actions as "very easy" or "easy"**. The action that was considered to be the most difficult was finding information on the conference website.

Figure 12. Ease of registering, collecting bag and badge, and finding information during the conference[12]
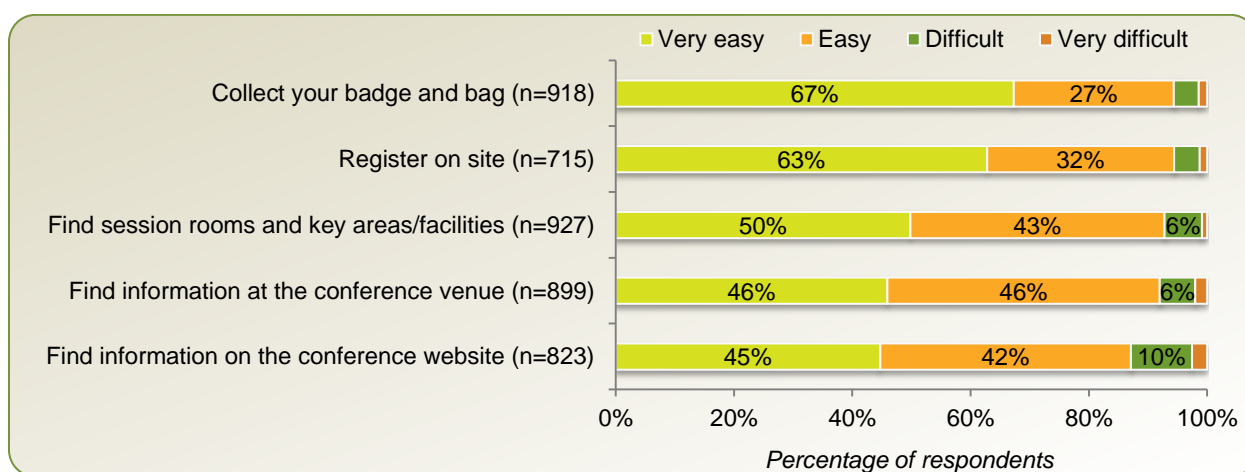
How well organized were on-site services and areas?

Surveyed delegates were asked to rate the organization of the following services and areas at the conference venue: Positive Lounge, poster display area, exhibition area, Community Village, media centre and speaker centre. As shown in Figure 13, **the majority rated them as "excellent" or "good"**.

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[12] Respondents who selected "don't know/not applicable" are excluded from this graph.

Figure 13. Rating of the organization of on-site services and areas
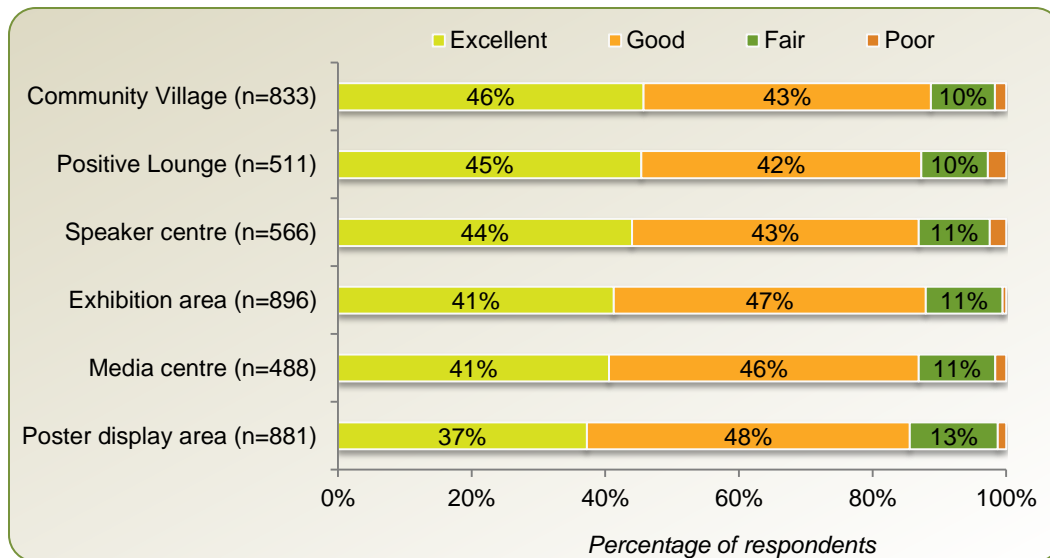
Improvements were made compared with ICASA 2008, with the proportion of surveyed delegates who gave a rating of "excellent" or "good" increasing for the Community Village, the Positive Lounge and the exhibition area. Comparison with ICASA 2008 was not possible for the media and speaker centres and for the display area because the delegate survey did not cover the area in question or the proposed rating was different from the one used for ICASA 2011.

Positive Lounge

Media centre

Community Village

Although delegates' feedback was positive overall, suggestions for improvement were made on some organizational aspects (see the section, "What did not work so well and could be improved at the next ICASA?").

Scholarships

Who benefited from the scholarship programme?

The aim of the ICASA 2011 Scholarship Programme **was to bring to the conference individuals who are important contributors to the African AIDS response, but who would not have been able to attend the conference without financial assistance**. Scholarship applicants were able to request full or partial scholarships.

A full scholarship included:
* Registration for the conference
* Economy-class return airfare
* Accommodation
* Modest daily allowance.

A partial scholarship includes any combination of these aspects.

A total of 545 scholarship applications were awarded (vs. 870 at ICASA 2008), of which 66 were allocated to Ethiopian delegates. As shown in Figure 14, **Western Africa was the region that benefited the most from the scholarship programme**, with a total of 182 scholarships awarded.

Figure 14. Breakdown of scholarships by region
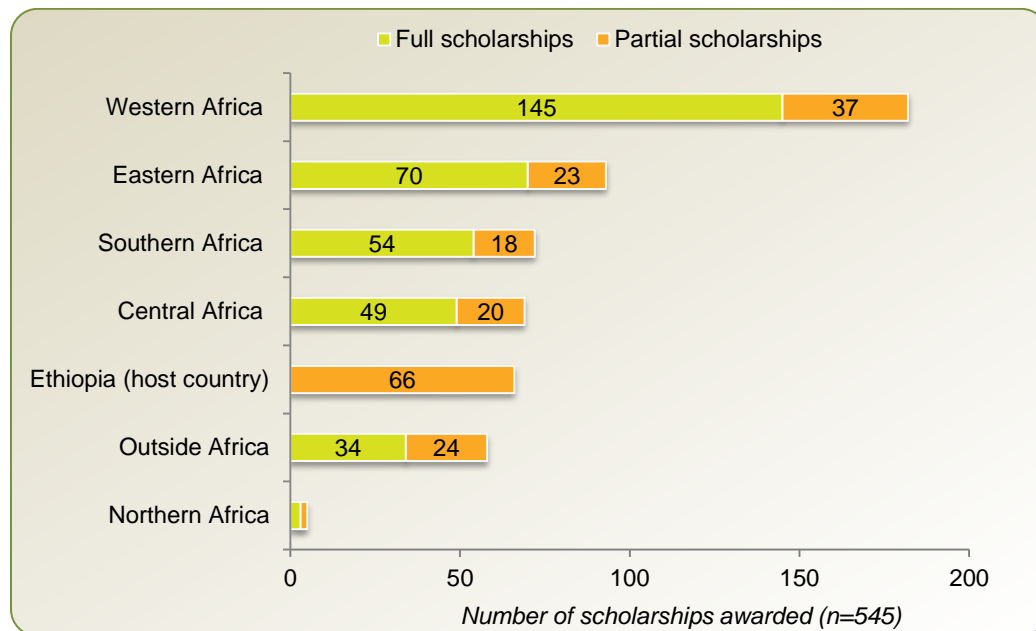
As shown in Figure 15, **most scholarships were awarded to delegates who presented an abstract at the conference and to** those in the category, "**general delegates**" (i.e., those who were just attending the conference).

Figure 15. Breakdown of scholarships by region and category

Number of scholarships awarded (n=545)
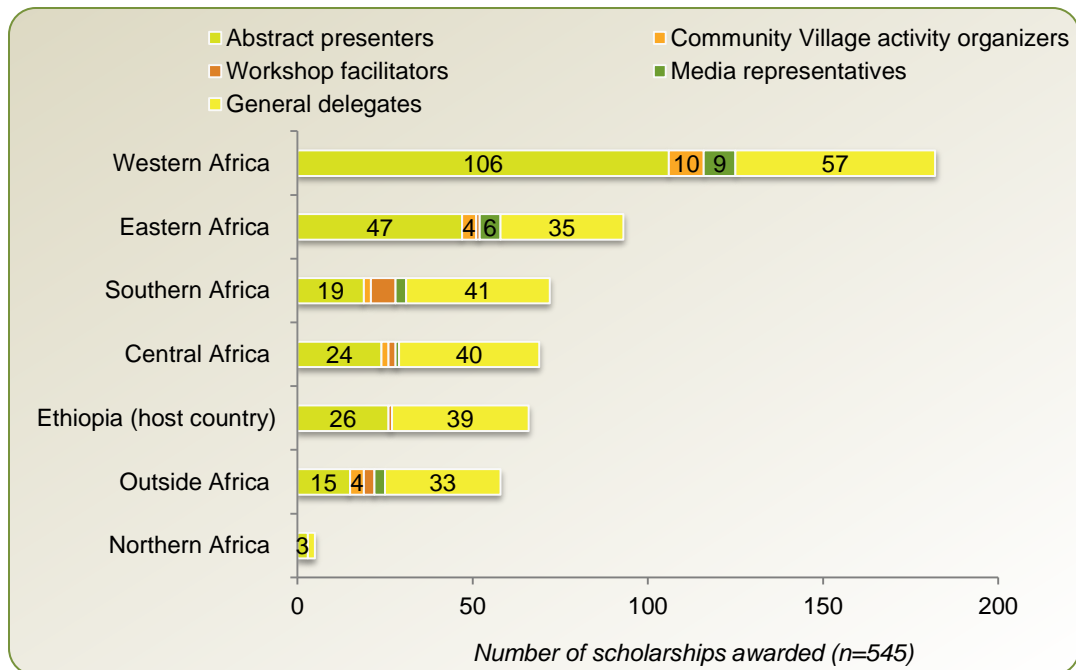
In addition to the scholarship programme, a total of **385 delegates from all over Ethiopia benefited from a local sponsorship**.

How well organized was the scholarship programme?

Surveyed delegates who reported that they had benefited from a conference scholarship were asked to rate the organization of the scholarship programme. As shown in Figure 16, **the majority of respondents rated it as "excellent" or "good"** (57% and 33%, respectively).

Figure 16. Rating of the organization of the scholarship programme

Percentage of respondents (n=340)
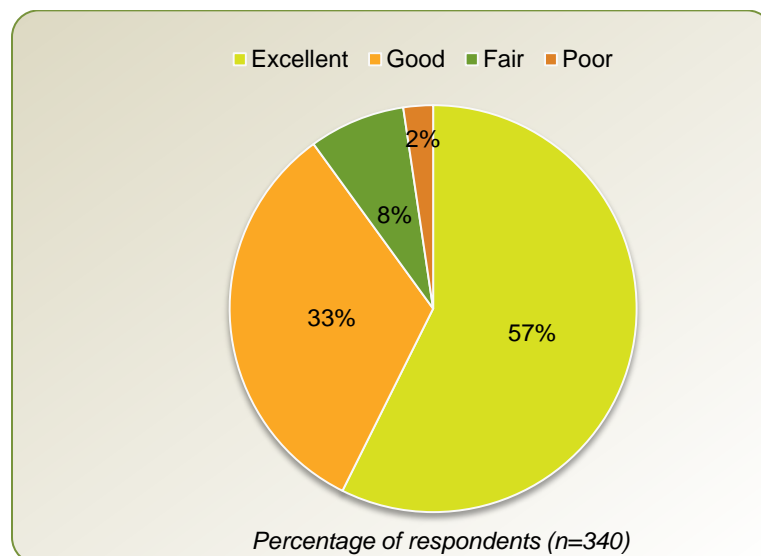
Although scholarship recipients' feedback was positive overall, suggestions for improvement were made on some aspects (see the section, "What did not work so well and could be improved at the next ICASA?").

Which type of sessions/activities did delegates most attend and find the most useful?

The ICASA 2011 programme was developed by the following committees:
* The International Steering Committee
* The Scientific Programme Committee
* The Leadership Programme Committee
* The Community Programme Committee.

The ICASA 2011 programme included a range of sessions and activities, as summarized in Figure 17.

Figure 17. Overview of the conference programme (ICASA 2008 & ICASA 2011)
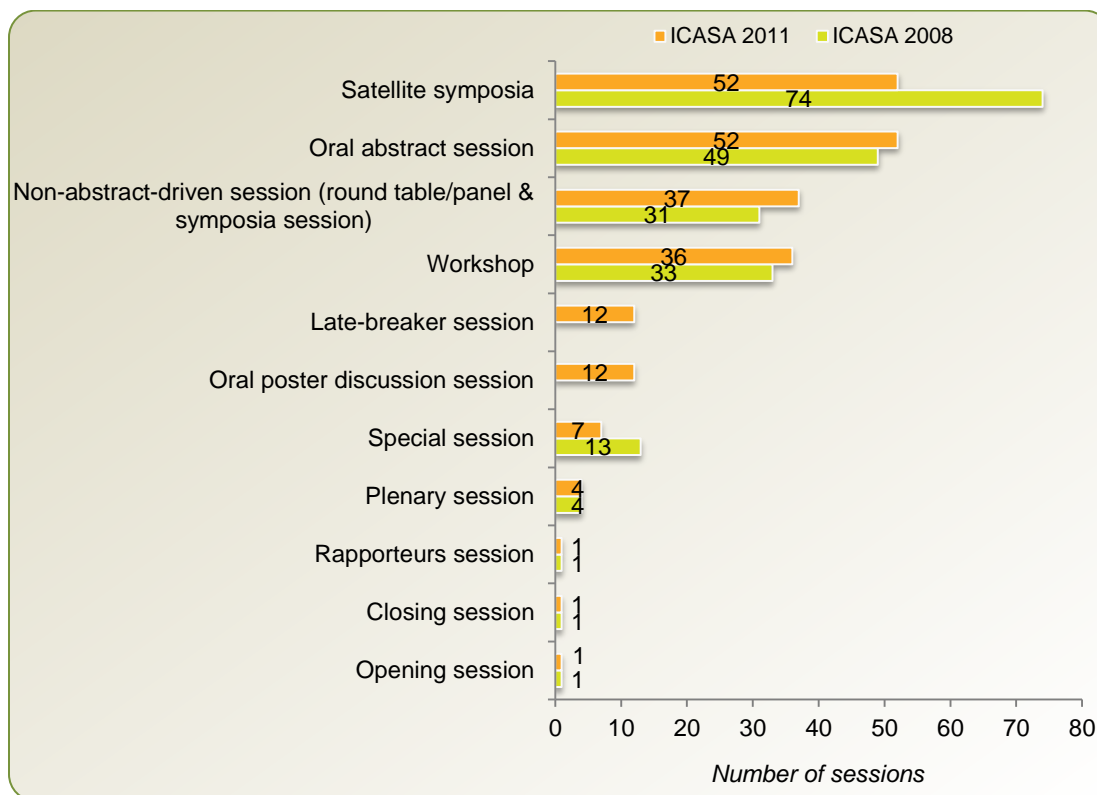
The programme also featured:

* A poster exhibition where 892 posters presenting abstracts were displayed (vs. 606 at ICASA 2008)

* An exhibition hall where 51 commercial and non-commercial organizations had a booth (vs. 83 at ICASA 2008).

Poster display area

Exhibition booths

In addition, delegates could benefit from the Community Village, a space open to the public that included:

* 36 sessions in the community dialogue space (two rooms were allocated to that space)
* 38 exhibition booths
* 4 networking zones
* 4 community site visits (one-hour visits to local civil society organizations working in HIV).

Community Village (dialogue space, booth and registration desk for community site visits)

In order to deliver this programme, conference organizers mobilized the following human resources:

* 120 speakers[13]
* 91 discussants/panelists
* 8 rapporteurs
* 27 chairs
* 178 co-chairs
* 62 standby chairs
* 20 moderators
* 36 co-moderators
* 72 skills-building workshop facilitators
* 40 session point persons.

Surveyed delegates were asked to rate the usefulness of sessions and activities provided at the conference. As shown in Figure 18, all types of sessions and activities were well attended. Not surprisingly, **plenary sessions and the exhibition booths were the most attended** types of sessions and activities proposed in the conference programme.

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[13] Speakers represented a total of 34 countries based on their nationality (see details in Appendix 4). This figure excludes speakers of satellite symposia.

Figure 18. Attendance rate (by type of session/activity)

Plenary session (n=989) 97%
Exhibition booths (n=900) 97%
Oral abstract session (n=953) 95%
Poster exhibition (n=895) 94%
The Community Village (n=923) 94%
Oral poster discussion session (n=913) 86%
Skills-building workshop (n=880) 83%
Satellite symposia (n=874) 82%
Special session (n=866) 80%
Symposia session (n=870) 79%
Round table (n=900) 77%
Rapporteur session (n=834) 76%
Late-breaker session (n=866) 76%
Community site visits (n=886) 71%

Percentage of respondents

Plenary session

Plenaries were considered to be the most useful type of session (92% rated them as "very useful" or "useful"). The same trend was observed at ICASA 2008. Surprisingly, **late-breaker sessions were considered to be the least useful**, with less than two-thirds of survey respondents rating them as "very useful" or "useful" (see details in Figure 19).

Figure 19. Usefulness of sessions and activities[14]
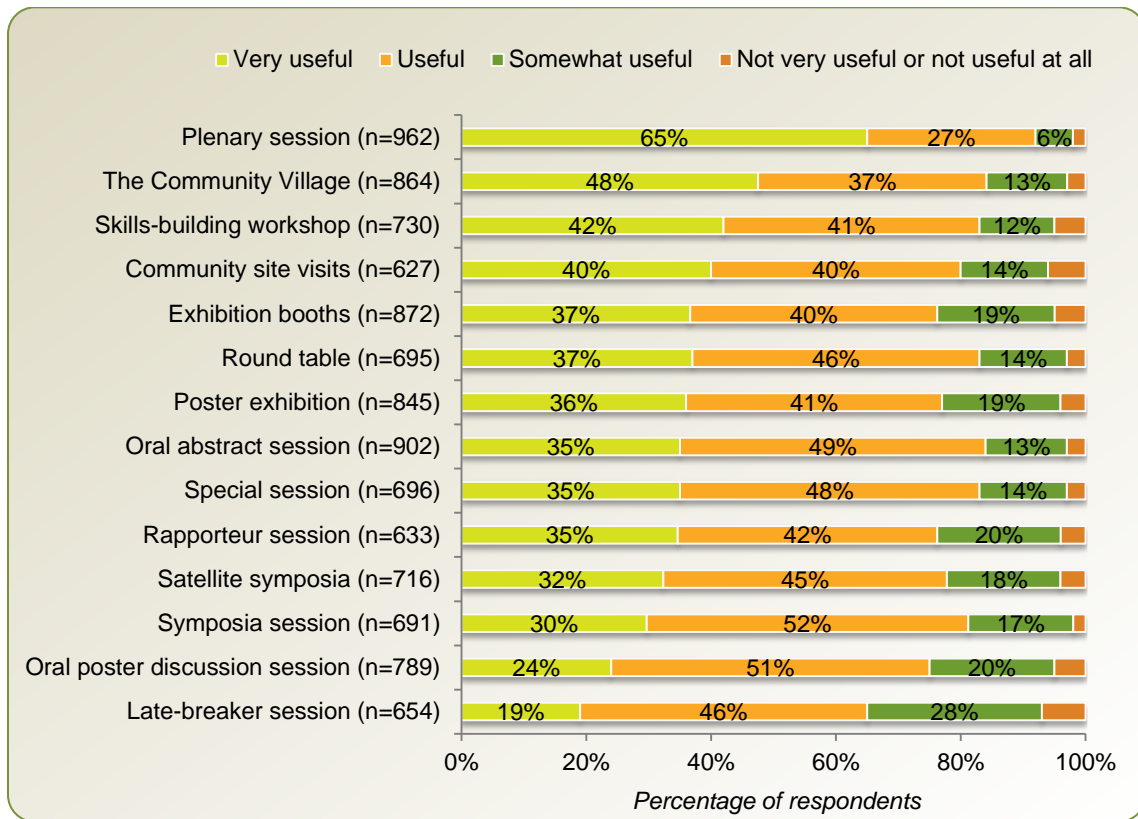
When the rating of the three sessions/activities considered to be the most useful was further analyzed in relation to delegates' professions[15], it was found that:

* Researchers and advocates/activists were significantly more likely to have reported that skills-building workshops were "not very useful or not useful at all" (14% and 13%, respectively) compared with other professions[16] ($p < 0.05$).
* Advocates/activists and physicians/clinicians were significantly more likely to have reported that the Community Village was "not very useful or not useful at all" (7% and 5%, respectively) compared with other professions[17] ($p < 0.05$).
* There was no statistically significant correlation between delegates' rating of plenaries and their main professions ($p = 0.10$).

Watch an interview with a delegate (from Malawi) by clicking on the picture below…

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[14] Percentages in this graph exclude respondents who did not attend/visit the session/activity in question.
[15] Only professions represented by more than 40 delegates were included in this analysis. Responses of delegates who completed the printed survey at the conference were not included because they could select more than one profession.
[16] 7% of policy/administrators, 6% of clinicians/physicians and 0% of health care workers/social service providers (other than clinicians/physicians).
[17] 3% of researchers, 1% of policy/administrators and 0% of health care workers/social service providers (other than clinicians/physicians).

How many abstracts were submitted and accepted?

The conference programme comprised five tracks:
* Track A: Biology and pathogenesis of HIV
* Track B: Clinical research, treatment and care
* Track C: Epidemiology, prevention and prevention research
* Track D: Social and behavioural sciences
* Track E: Policy, program and health economics

Breakdown of abstracts by track

ICASA 2011 attracted 3,165 abstracts[18], of which 1,561 were selected for the conference programme. As shown in Figure 20, **abstracts were mainly submitted in Tracks D and C** (33% and 27%, respectively, of all abstract submissions).

Figure 20. Total number of abstracts submitted and accepted by track
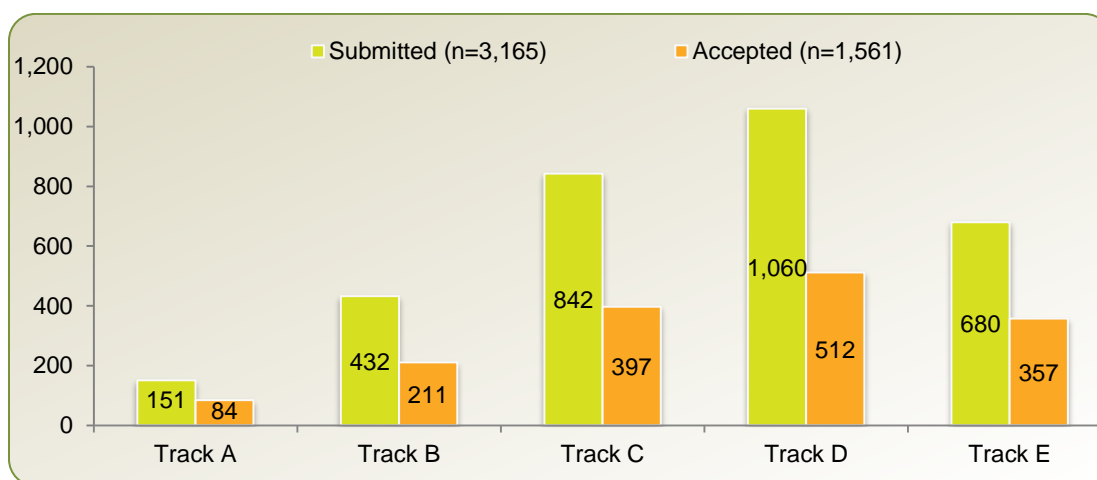
Out of the 3,165 abstract submissions, 309 were from late breakers[19]. As for regular submissions, Tracks D and C attracted the most abstract authors (37% and 24%, respectively; see Figure 21).

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[18] Submitted abstracts were reviewed by more than 300 experts.
[19] Late breakers refer to abstract authors who submitted their abstracts during a special, later submission process to report on late-breaking research.

Figure 21. Number of abstracts submitted and accepted by track (breakdown by type of submission: regular and late breakers)
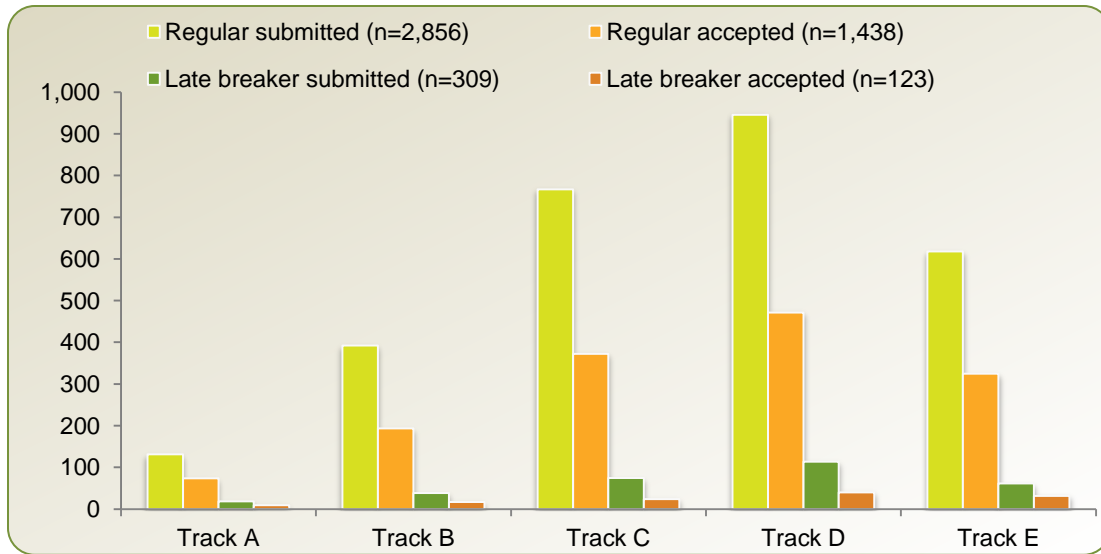
Breakdown of abstracts by gender

Although more abstracts were submitted by men (63% vs. 37% by women), **the proportion of female authors whose abstracts were accepted was almost equal to the proportion of successful male abstract authors** (48% and 50%, respectively).

Figure 22. Number of abstracts submitted and accepted by gender (breakdown by type of submission: regular and late breakers)
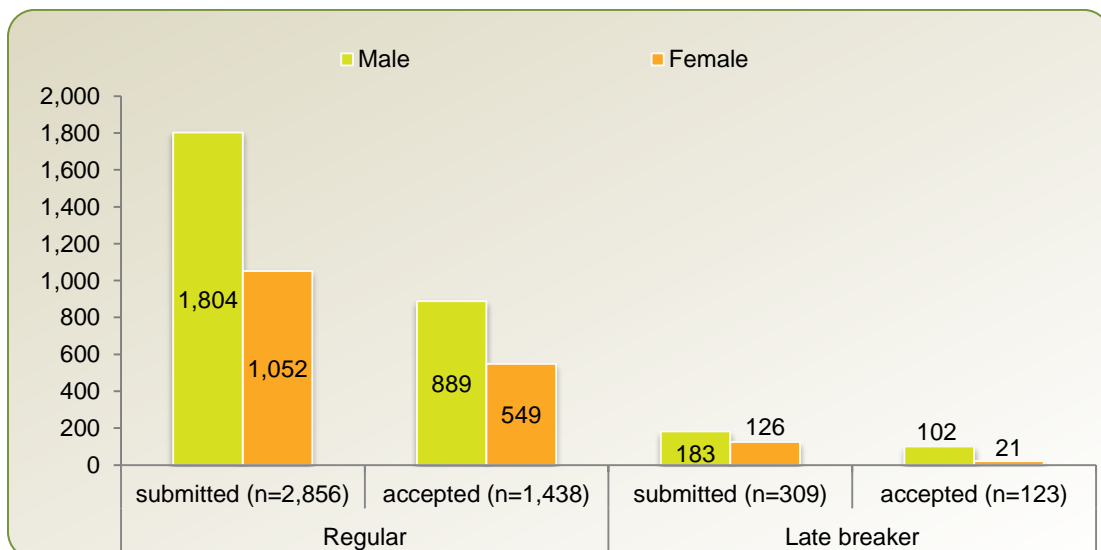
Breakdown of abstracts by country

Abstracts were **submitted from 93 countries[20]**, of which 46 had both regular and late-breaker submissions[21]. Not surprisingly, the majority of abstracts were submitted by authors from Africa (see Figures 23 & 24).

Figure 23. Breakdown of abstracts submitted by country
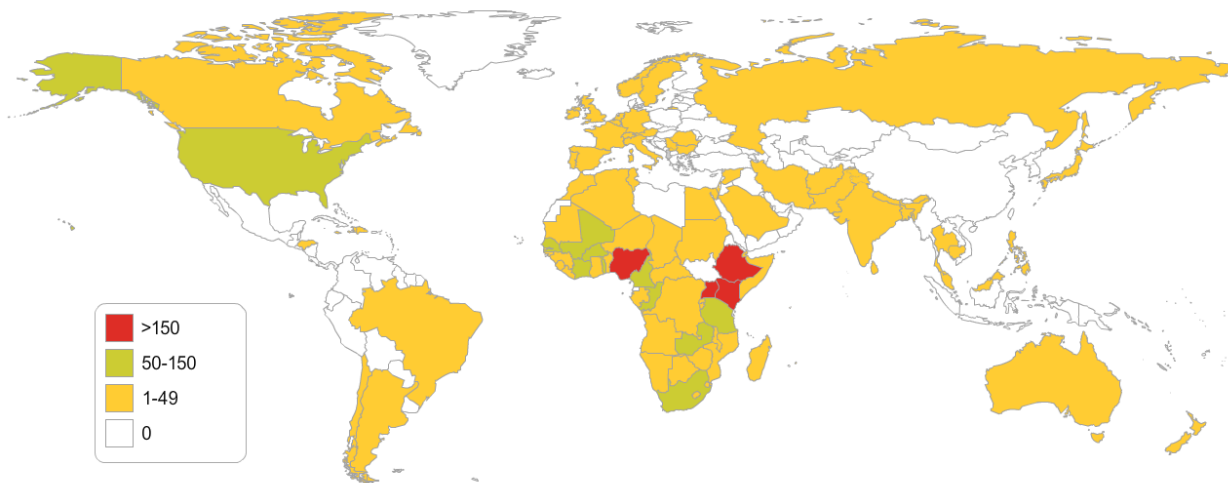
Figure 24. Breakdown of abstracts submitted by country (focus on Africa)

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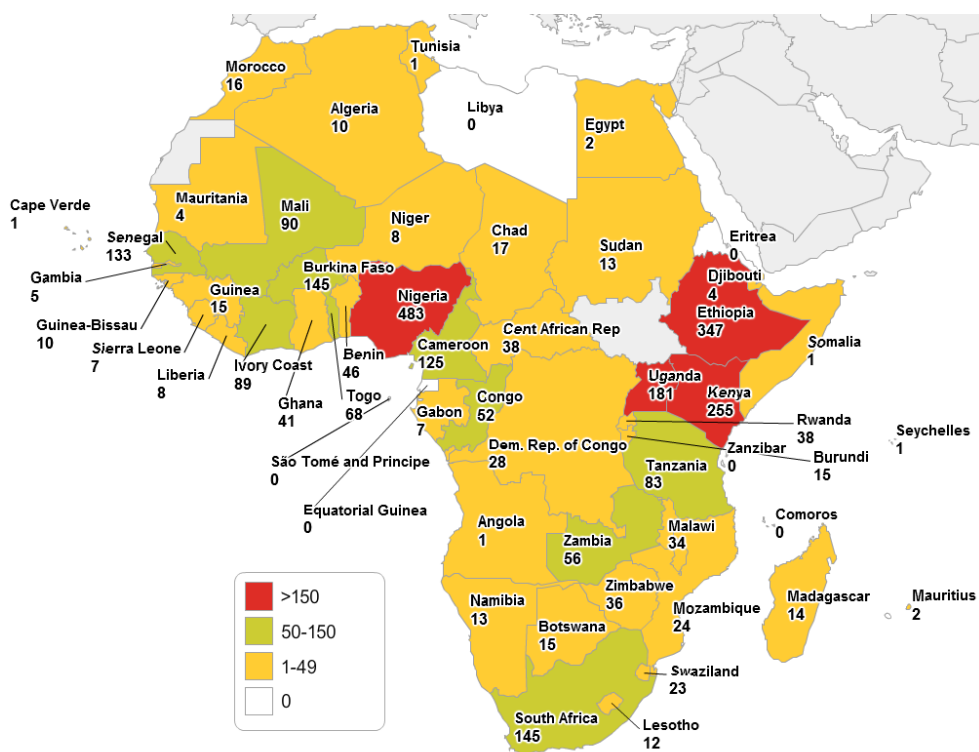
[20] The country refers to the country of origin (nationality) of the presenting author.
[21] Abstract authors who submitted regular abstracts represented 90 countries, while late breakers represented 49 countries. Three countries had late-breaker submissions only (Russia, Somalia and Thailand: one submission from each).

A total of **70 countries were represented by the accepted abstract authors**, of which 22 had both regular and late-breaker submissions[22]. As shown in Figures 25 and 26, Africa accounted for most of them.

Figure 25. Breakdown of abstracts accepted by country
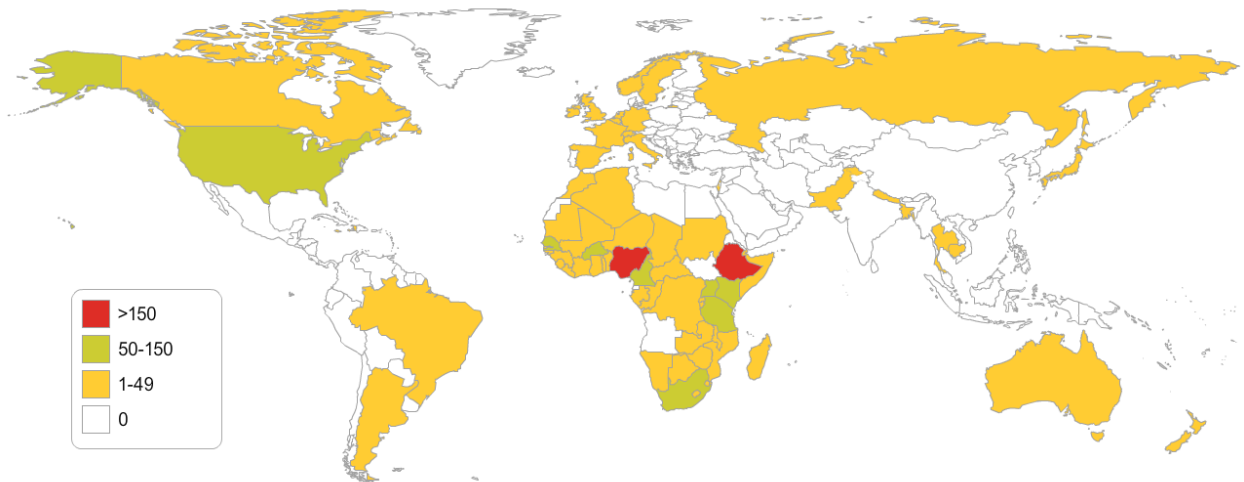
Figure 26. Breakdown of abstracts accepted by country (focus on Africa)

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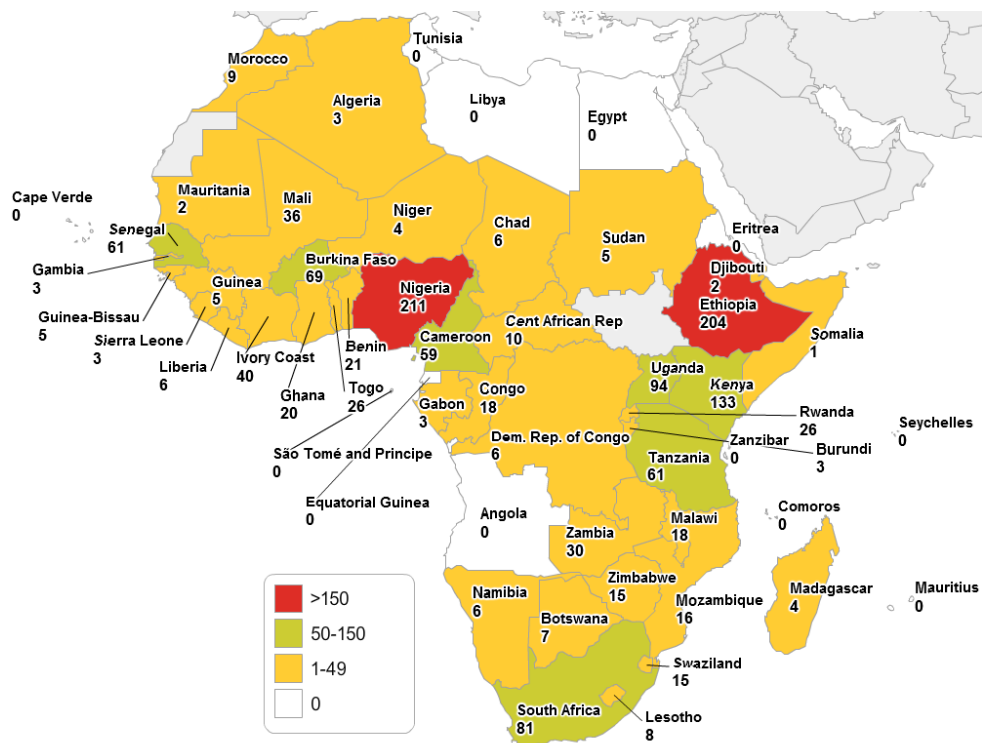
[22] Regular abstract authors whose abstracts were accepted represented 67 countries, while successful late breakers represented 33 countries.

The following countries were among the top 10 for abstract acceptance: **Nigeria, Ethiopia, Kenya, Uganda, South Africa, the United States of America, Burkina Faso, Senegal, Tanzania and Cameroon**. All of them were also among the top 10 for abstract submission, except for Tanzania, which was ranked in 12th place, after Mali (10th) and Ivory Coast (11th).

Comparing success rates (the ratio of abstracts accepted versus those submitted) of the top 10 countries for abstract acceptance, **Tanzania had the highest rate** (73%), followed by the United States (66%) and Ethiopia (59%). See details in Figure 27.

Figure 27. Top 10 countries for abstracts accepted

	Nigeria	Senegal	Cameroon	Burkina Faso	Uganda	Kenya	South Africa	Ethiopia	United States	Tanzania
Success rate	44%	46%	47%	48%	52%	52%	56%	59%	66%	73%
Accepted	211	61	59	69	94	133	81	204	81	61
Submitted	483	133	125	145	181	255	145	347	123	83
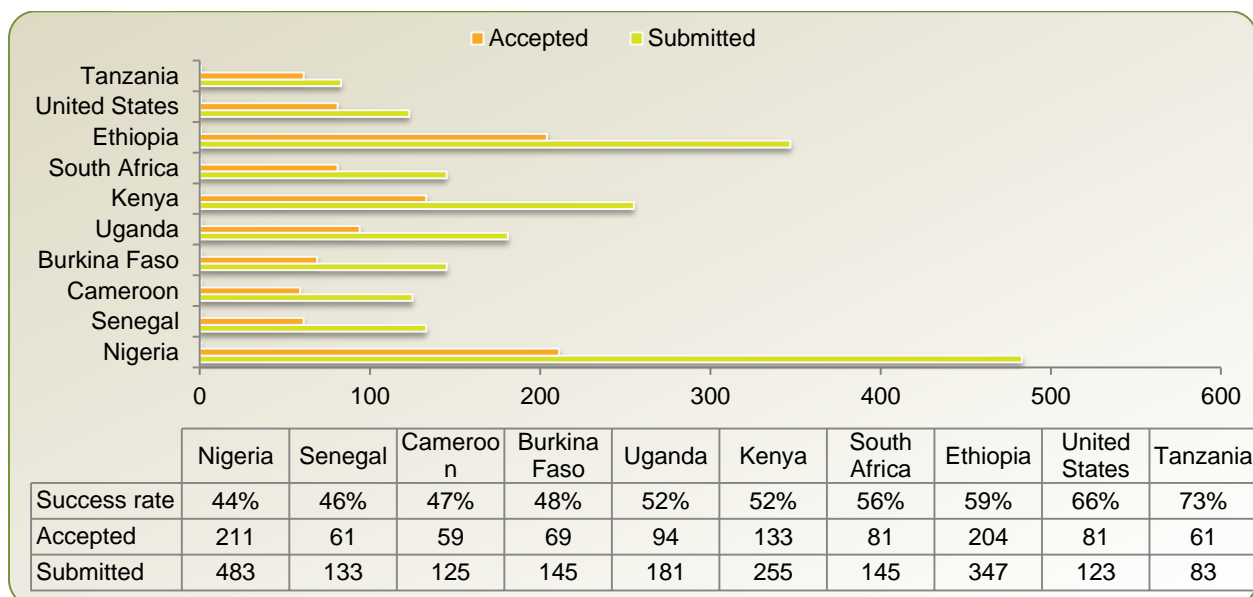
Detailed statistics on abstracts submitted and accepted by country are available in Appendix 3.

Breakdown of abstracts accepted by presentation type

Out of the 1,561 abstracts selected for the conference programme, 20% were selected for oral abstract sessions, 4% for oral poster discussion sessions and 57% for the poster exhibition. The remaining 19% were not presented, but were included in the abstract CD-ROM (see Figure 28).

Figure 28. Breakdown of abstracts accepted by type of presentation
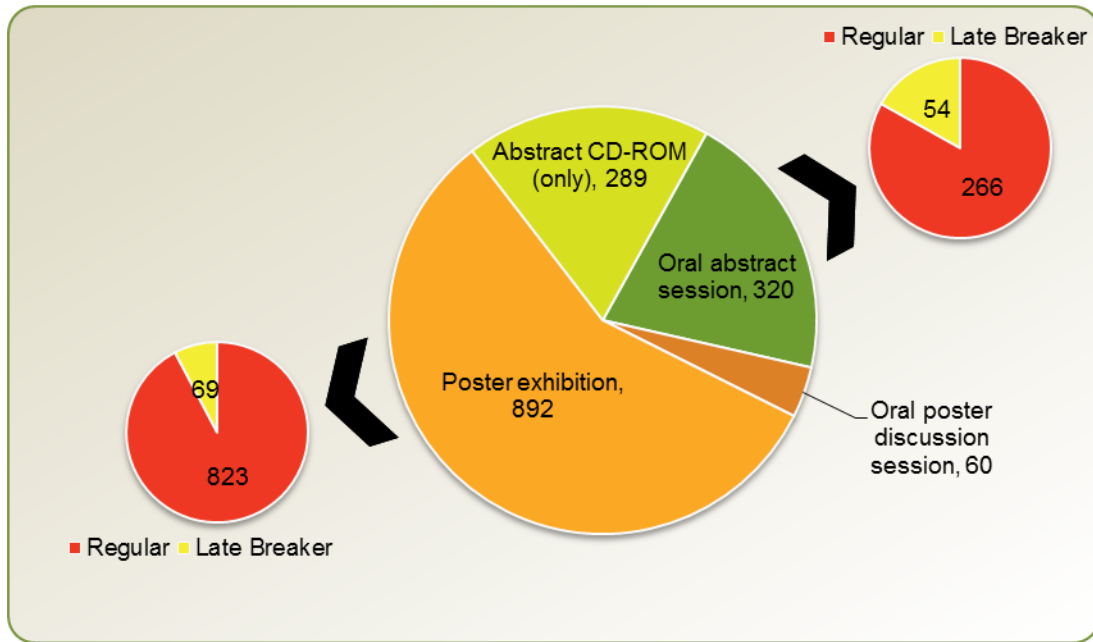
In which track did delegates attend the most sessions?

Surveyed delegates were asked what their main track of interest was at ICASA 2011 (i.e., the track in which they attended most sessions). As in 2008, **Track D was delegates' first choice, followed by Tracks C and B.** Interest in Track E has increased from 10% in 2008 to 17% in 2011, while interest in Track A has remained stable (5% in 2011 vs. 6% in 2008; see Figure 29).

Figure 29. Main track of interest (ICASA 2008 & ICASA 2011)
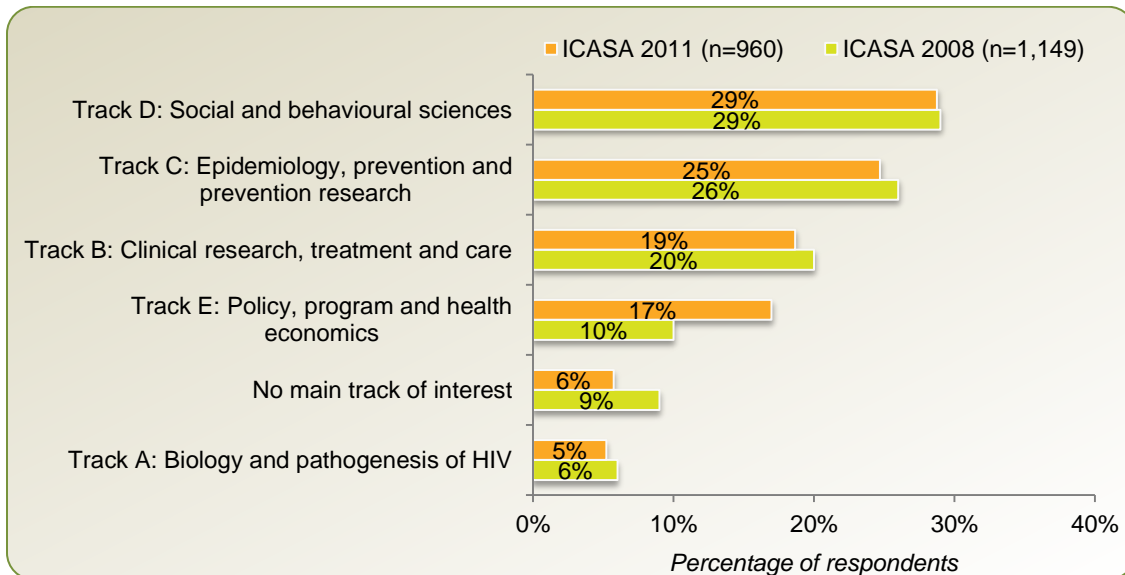
As shown in Figure 30, delegates' professions influenced their main tracks of interest. For example, researchers were more likely than delegates from other professions to be interested in Track A (16%).

Figure 30. Main track of interest (breakdown by profession[23])

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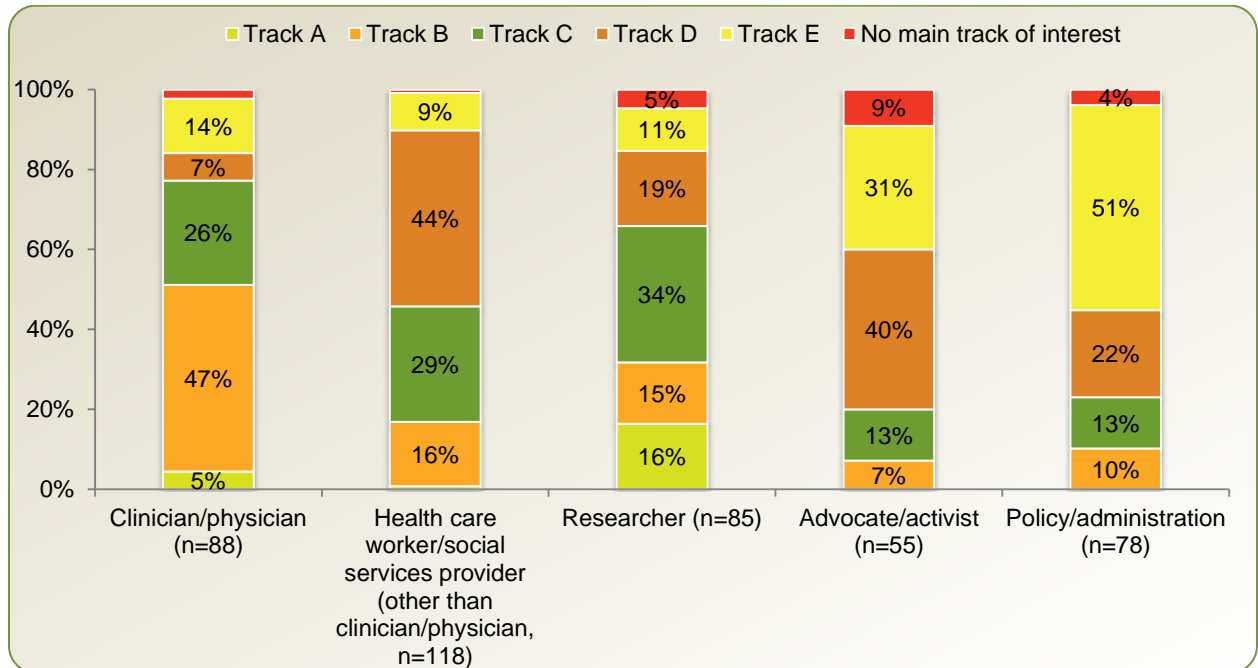
[23] Only professions represented by more than 50 delegates are included in this graph. Responses of delegates who completed the printed survey at the conference were not included because they could select more than one profession.

How was the quality, coverage and usefulness of the conference programme rated?

Surveyed delegates were asked to rate the quality of presentations and discussions/debates, as well as the range of topics covered and the usefulness of the information covered by the programme. As shown in Figure 31, **the most highly rated programme element was the usefulness of information** (50% said that it was "excellent"), while **the quality of discussions and debates received the lowest ranking**.

Figure 31. Rating of the conference programme
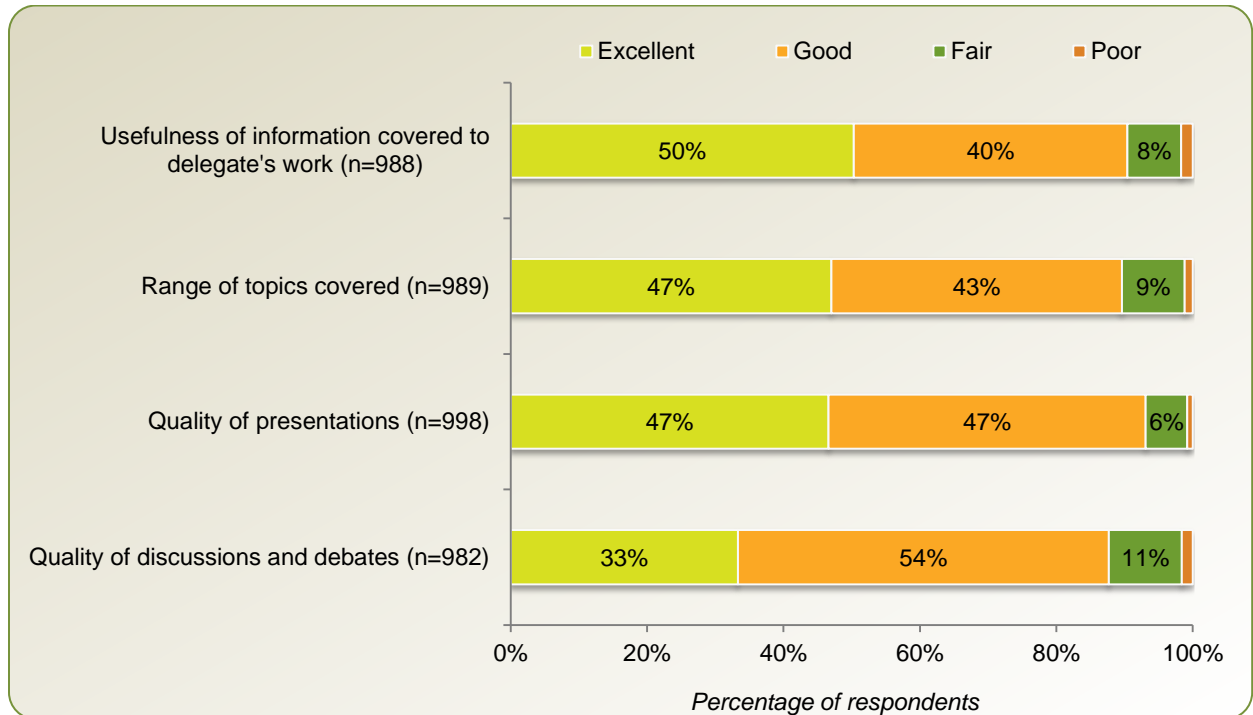
Overall, the programme was well rated, and it is encouraging to note that **the proportion of respondents who gave an "excellent" or "good" rating significantly increased compared with ICASA 2008** (see Figure 32).

Figure 32. Rating of the conference programme (ICASA 2008 & ICASA 2011)
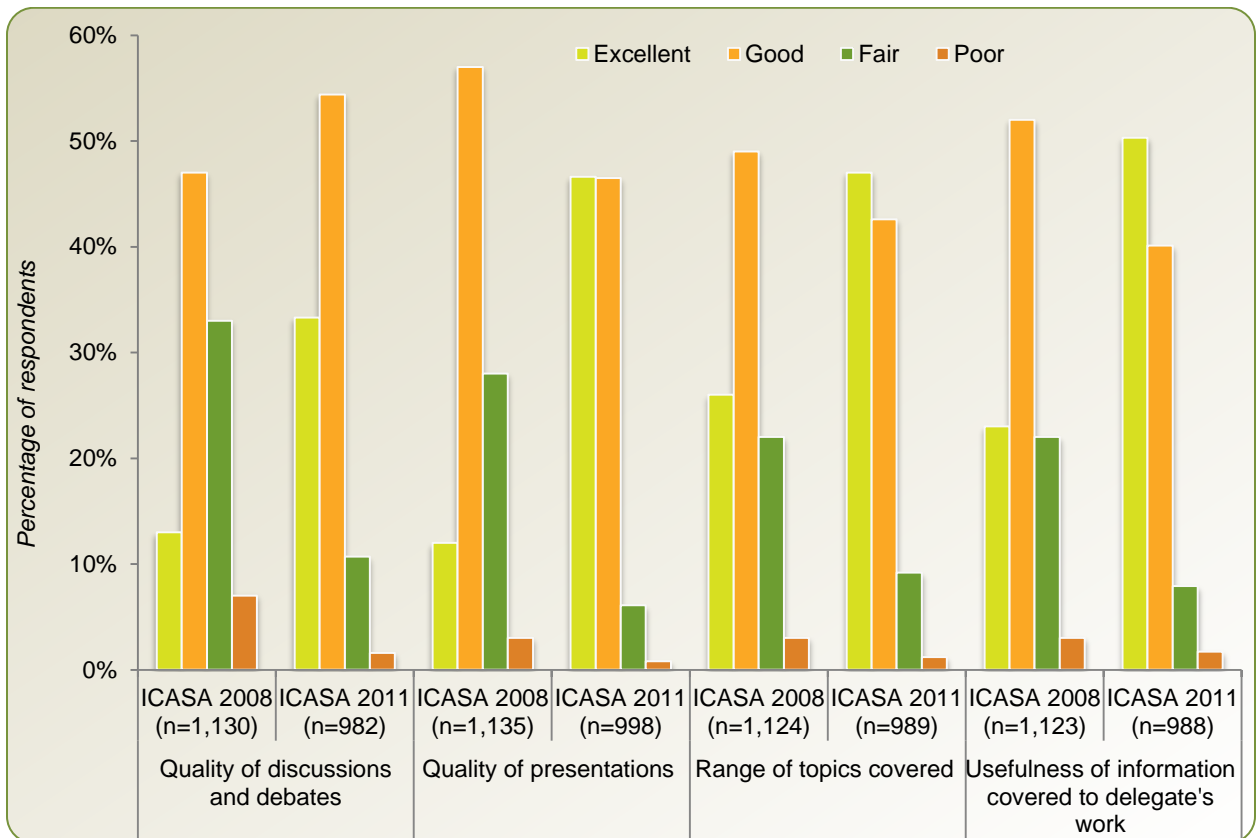
When the rating of the usefulness of the information was further analyzed, it was found that researchers were significantly more likely to have rated it as "fair" or "poor" (more than 20%) compared with other professions (p<0.05; see Figure 33).

Figure 33. Rating of the usefulness of the information presented at the conference (breakdown by profession)[24]
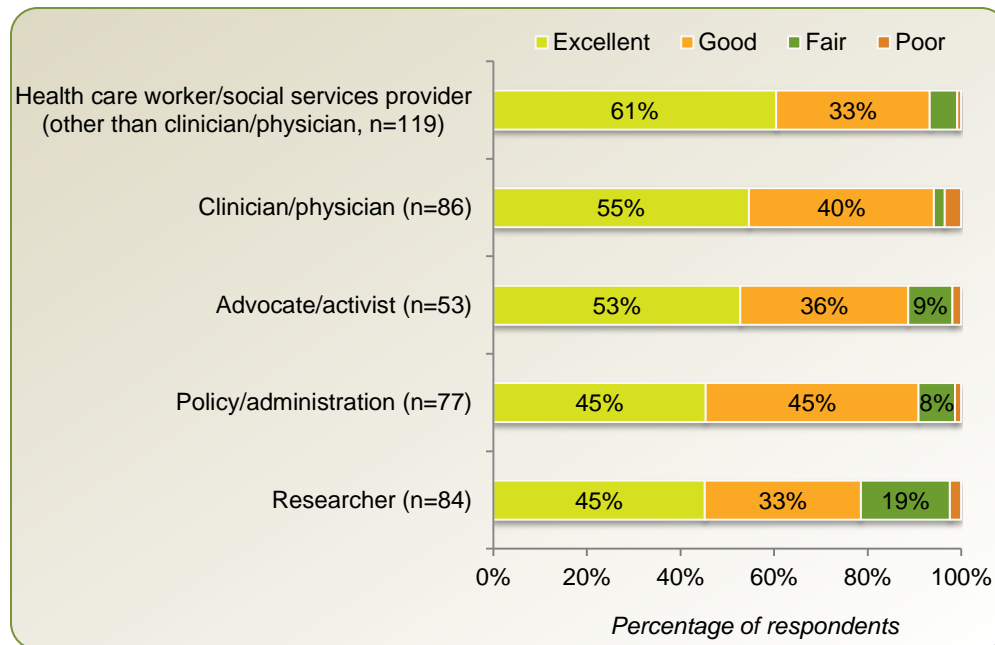
No statistically significant correlation was found between delegates' rating of the usefulness of the information presented at the conference and the following elements: main track of interest, age and length of professional experience in the field of HIV/AIDS and/or STIs.

With respect to the quality of presentations, it was found that researchers and those working in policy/administration were significantly less likely to have rated it as "excellent" compared with other professions (p<0.05; see Figure 34).

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[24] Only professions represented by more than 50 delegates were included in this analysis. Responses of delegates who completed the printed survey at the conference were not included because they could select more than one profession.

Figure 34. Rating of the quality of presentations (breakdown by profession)[25]

Legend: Excellent | Good | Fair | Poor

- Health care worker/social services provider (other than clinician/physician, n=119): 58% Excellent, 39% Good
- Clinician/physician (n=88): 50% Excellent, 44% Good
- Advocate/activist (n=54): 44% Excellent, 50% Good
- Researcher (n=85): 40% Excellent, 46% Good, 13% Fair
- Policy/administration (n=78): 35% Excellent, 58% Good

Percentage of respondents
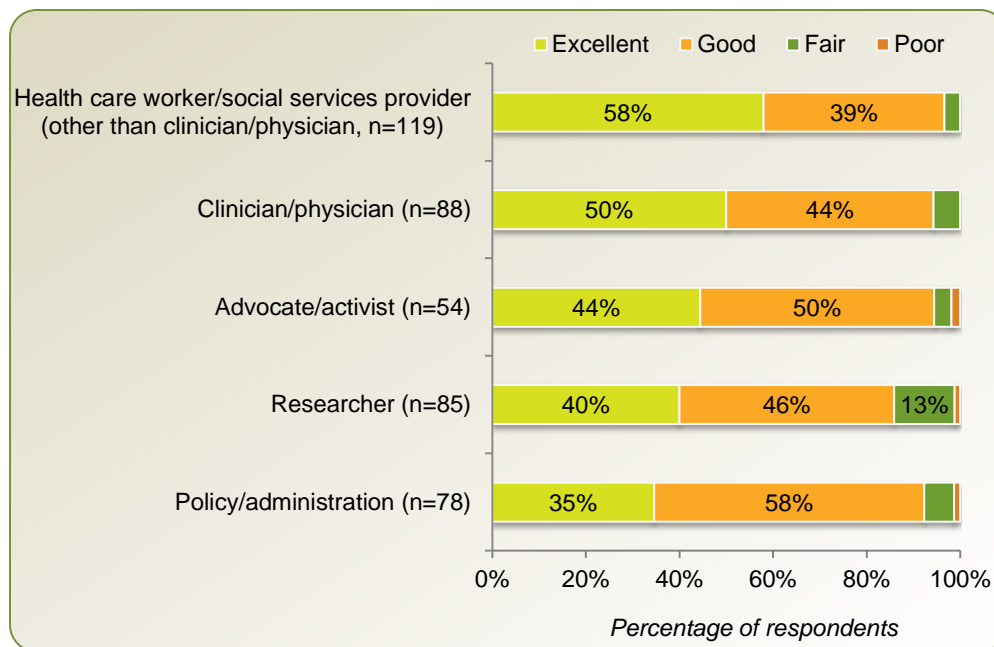
Delegates' main tracks of interest also influenced their rating of the quality of presentations in a statistically significant way ($p<0.05$), with Track B getting the highest proportion of "excellent" rating (57%) and Track E the lowest (34%; see Figure 35). It is worth noting that Track A was the only track that did not get any "fair" or "poor" ratings.

Figure 35. Rating of the quality of presentations (breakdown by delegates' main track of interest)

Legend: Excellent | Good | Fair | Poor

- Track B (n=177): 57% Excellent, 37% Good
- Track C (n=233): 51% Excellent, 43% Good
- Track D (n=272): 49% Excellent, 44% Good
- Track A (n=48): 40% Excellent, 60% Good
- Track E (n=160): 34% Excellent, 58% Good
- No main track of interest (n=53): 25% Excellent, 58% Good

Percentage of respondents

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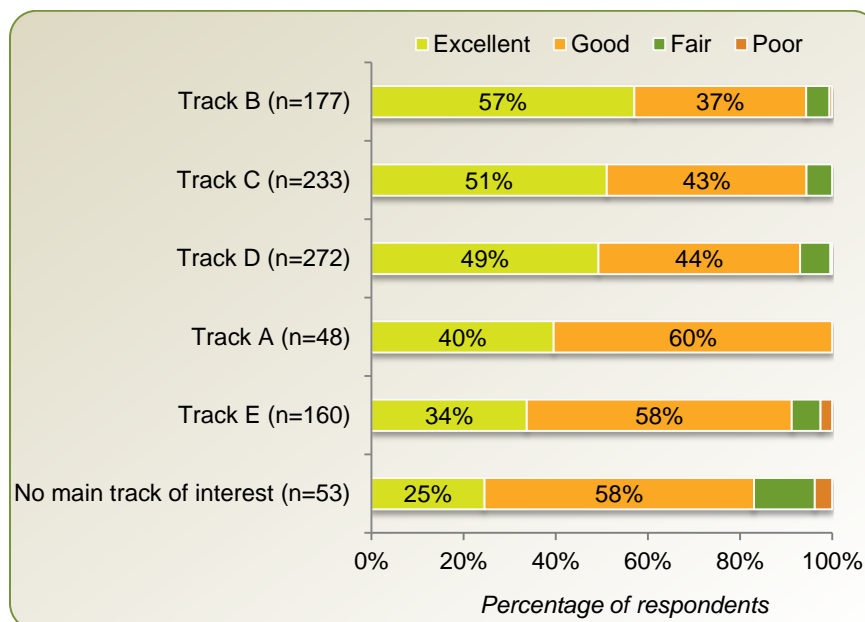
[25] Only professions represented by more than 50 delegates were included in this analysis. Responses of delegates who completed the printed survey at the conference were not included because they could select more than one profession.

How successful was the conference in achieving its objectives?

Surveyed delegates were asked to assess how successful ICASA 2011 was in achieving the following objectives:

* Serve as an advocacy platform to mobilize African leaders, partners and the communities to increase ownership, commitment and support to the response.
* Provide a forum for exchange of knowledge, skills and consolidation of experiences and best practices in Africa and around the globe to scale up the evidence-based response on HIV/AIDS/STIs, TB and malaria to achieve the MDGs.
* Use the conference as a forum to link and hold accountable political and national leaders, the scientific community, practitioners, communities, civil societies, the private sector and partners in scaling up and sustaining the response.
* Create opportunities to define priorities and set policy and programme agenda to enhance mobilization and effective utilization of resources.

The majority of survey respondents considered the conference to be "very successful" or "successful" in achieving these objectives (see Figure 36.)

Figure 36. Achievement of conference objectives

Percentage of respondents
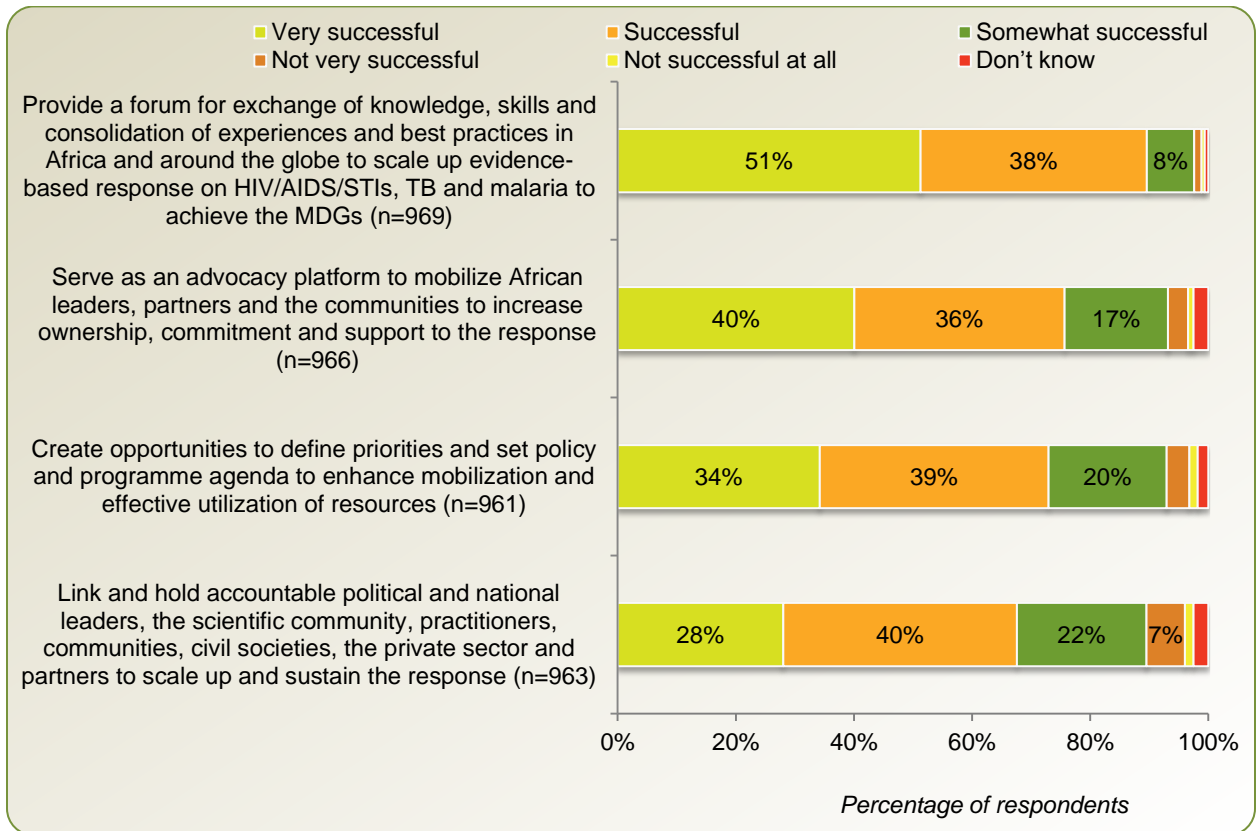
Watch an interview with a delegate (from Nigeria) by clicking on the picture below…

Did the conference offer something different from similar well-known scientific/health conferences?

Surveyed delegates were asked if ICASA 2011 offered something that they did not get from other well-known scientific/health conferences. Of the 918 respondents, **more than two-thirds replied "yes"** (73%), 14% said "no" and 13% did not know.

Looking at the influence of respondents' professions, statistical analysis showed that **researchers and those working in policy/administration were less likely to reply "yes"** (67% and 58%, respectively) **than health care workers/social service providers and clinicians** (77% and 80%, respectively, p=0.002; see details in Figure 37).

Figure 37. Did ICASA 2011 offer something different from other well-known scientific/health conferences (breakdown of responses by profession)?[26]
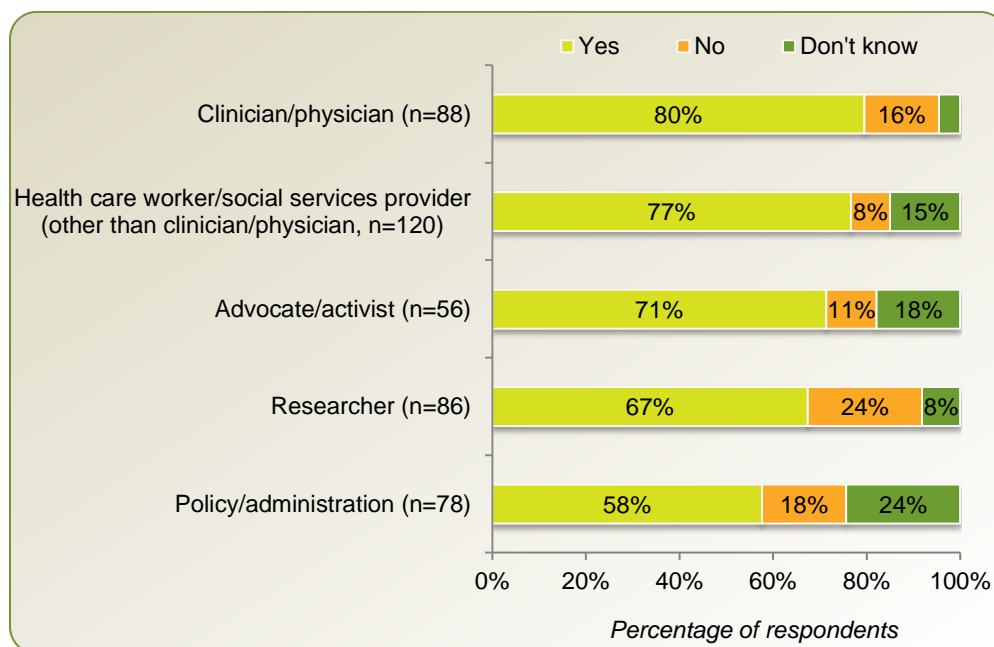
Respondents who replied "yes" were then asked to select from a 15-item list up to three main added values that they attributed to ICASA 2011 compared with HIV-related conferences that they had attended in the past two years. As shown in Figure 38, **the focus on Africa, the relevance of programme content to current challenges of the HIV response in Africa, and the international dimension were the most frequently selected values** (each was selected by more than 30% of respondents).

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[26] Only professions represented by more than 50 delegates were included in this analysis. Responses of delegates who completed the printed survey at the conference were not included because they could select more than one profession.

Figure 38. Main added values of ICASA 2011 compared with other HIV-related conferences

| Category	Percentage
Focus on Africa	56%
Relevance of programme content to current challenges of the HIV response in Africa	40%
International dimension	32%
Variety of session types	21%
Networking and collaboration opportunities	19%
New information/updates	18%
Number/diversity of delegates	18%
Advocacy opportunities	15%
Professional development/skills building opportunities	14%
Overall organization	13%
Speeches/presentations by political leaders	12%
Did not attend any HIV-related conferences in the past 2 years	12%
Quality of science	9%
Interactive sessions and debates	9%
Other	2%

Percentage of respondents (n=643)

Another indicator of the conference's professional value is that **when survey respondents were asked if they would recommend attending the next ICASA to a colleague or peer, the vast majority replied "yes"** (97% vs. 93% of ICASA 2008 surveyed delegates).

Statistical analysis showed that **researchers and those working in policy/administration were less likely to reply "yes"** (88% and 93%, respectively) **compared with health care workers/social service providers, clinicians and advocates/activists** (99%, 100% and 100% respectively, p=0.000).

Watch an interview with an activity organizer in the Community Village (from Ethiopia)
by clicking on the picture below…

What did delegates gain from attending the conference?

Surveyed delegates were presented with a list of potential benefits and were asked to identify those they had acquired as a result of their participation in ICASA 2011. **The three most frequently noted benefits were: an increased understanding of the HIV epidemic in Africa** (67% vs. 63% of ICASA 2008 surveyed delegates); **new contacts and opportunities for partnership and collaboration** (66% vs. 73% of ICASA 2008 surveyed delegates); and an **increased understanding of the challenges to achieving treatment access in Africa** (66%). As shown in Figure 39, the following three benefits were also well ranked, with more than 50% of respondents selecting them: motivation/renewed energy and/or sense of purpose (55%); new knowledge/insights into HIV and STI prevention (54% vs. 49% of ICASA 2008 surveyed delegates); and ideas/directions for new projects (53%). Of the 974 respondents, only nine indicated that they did not gain anything at the conference.

Figure 39. Main benefits gained by delegates from attending ICASA 2011

Benefit	Percentage
Increased understanding of the HIV epidemic in Africa	67%
New contacts and opportunities for partnership and collaboration	66%
Increased understanding of the challenges to achieving treatment access in Africa	66%
Motivation, renewed energy and/or sense of purpose	55%
New knowledge/insights into HIV and STI prevention	54%
Ideas/directions for new project(s)	53%
New skills, including best practices	49%
Opportunity to advocate on specific issue(s)	49%
Strengthened collaboration with existing contacts	48%
New knowledge/insights into HIV and STI treatment	40%
Affirmation/confirmation of current work/research direction, approach and/or practice	37%
New knowledge/insights into HIV and STI care and support	37%
Identification or clarification of priority needs and the ways I can help meet them	37%
Other	4%
I did not gain anything from the conference	1%

Percentage of respondents (n=974)

Further statistical analysis was conducted for the following benefits:
* Increased understanding of the HIV epidemic in Africa
* New contacts and opportunities for partnership and collaboration
* New skills, including best practices.

No significant differences (p>0.05) were found between delegates' likelihood to have selected these benefits and their professions, main tracks of interest, age and length of professional experience in the field of HIV/AIDS and/or STIs.

Respondents were also asked if, during the conference, they had the opportunity to network and/or discuss challenges in their current work on HIV with delegates/speakers working in different areas or those with different fields of expertise. Of the 934 respondents, **88% answered "yes"**, 8% said "no", and 5% were not sure. No significant differences (p>0.05) were found between delegates' likelihood to have answered "yes" to this question and their professions.

Watch an interview with a delegate (from the United Kingdom) by clicking on the picture below…

How do delegates intend to use what they gained from 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. **The majority of respondents** (89% vs. 85% of ICASA 2008 surveyed delegates) **would share information with colleagues, peers and/or partner organizations** (e.g., through discussions, presentations, dissemination and/or translation of materials, writing papers). The following three actions were also well ranked, with more than 50% of respondents selecting them: build capacity within the respondent's organization/network (63%); motivate colleagues, peers and/or partners (60%); and influence work focus/approach of the respondent's organization (52%). As shown in Figure 40, respondents selected many other actions, and **none selected "I will do nothing differently"**.

Figure 40. Anticipated use of benefits gained by delegates

Benefit	Percentage
Share information with colleagues, peers and/or partner organizations	89%
Build capacity within my organization/network	63%
Motivate my colleagues, peers and/or partners	60%
Influence work focus/approach of my organization	52%
Share information/experience with new contacts met at ICASA 2011	49%
Strengthen existing collaborations	45%
Develop new collaborations (e.g., creation of a partnership/network)	42%
Initiate a new project/activity/research	42%
Raise awareness of community, policy and/or scientific leaders	41%
Strengthen advocacy or policy work	41%
Refine/improve existing work/research practice or methodology	41%
Expand/scale up existing programmes/projects	39%
Join existing partnership(s)/network(s)	33%
I am unsure	1%
I will do nothing differently	0%

Percentage of respondents (n=953)

Watch an interview with a delegate (from Cameroon) by clicking on the picture below…

What did not work so well and could be improved at the next ICASA?

Voices of ICASA delegates (sample)

✐ *"The conference was very well organized and I was very satisfied. [However], some similar and interesting sessions were run at the same time and I had to choose one over the other."*

✐ *"The quality of research was somewhat disappointing. Multiple sessions that I attended had speakers that did not show up for their presentations."*

✐ *"As a French-speaking delegate, I did not appreciate at all the behaviour of English-speaking delegates who lacked … respect for their Francophone colleagues. For almost all presentations, when a speaker was Francophone, Anglophone participants left the room, which was not the case of Francophone ones when presentations were made in English."*

✐ *"TB-related sessions should be awarded more time in symposia, workshop, etc. ICASA should be a platform to reach out to the other communities like TB. Otherwise crowding the programme only with HIV issues is continuing to preach to the already converted! We need to walk the TB/HIV integration talk at ICASA."*

✐ *"More political leaders [need] to be invited so we can hear their ideas: on way forward and current perception on HIV/AIDS; what they have done, what they are going to do and their challenges; and their views on increasing domestic funding."*

✐ *"Give more representation (for instance in plenary sessions) to small NGOs and community-based organizations. The battle against HIV/AIDS is not only being fought by governments and large NGOs."*

✐ *"I think ICASA organizers need to push for more innovative approaches, for quality M&E/research demonstrating impact, for opportunities to move forward together, for information on areas that have been underappreciated or unrecognized in the African HIV response (i.e., caregiving/HIV care and support, faith-based response, LGBT, harm reduction)."*

✐ *"At ICASA 2011, there were very few politicians involved …. Get the [ministers] of health of all the African states involved. It is after all a big AIDS conference with focus on Africa and I feel governments need to get involved."*

✐ *"Media coverage and updates on social networks like Facebook should be improved. There was very little representation on what was actually going on apart from the photos."*

✐ *"Templates used for presentations were not harmonized."*

✐ *"Some of the workshops/presentations that were of interest to me were all scheduled at the same time, e.g., Gender Dynamics of HIV, GBV and HIV, etc. There could have been better management of the program, so that all of the presentations on one area of interest were not competing with each other."*

✐ *"The Community Village was terribly noisy, giving the impression that it was not well organized."*

✐ *"We could only buy food from Sheraton at 150 Birr, which was expensive to most of us."*

Surveyed delegates were given the opportunity to make comments and suggestions, and to describe their dislikes of the conference in general. A total of 802 delegates provided responses that contained 1,620 comments on various issues. All comments were analyzed and classified in the following themes.

Overall organization and on-site logistics (48%, n=781)

A total of 22 delegates commended the conference for its good organization in general. The majority of comments and suggestions for improvement related to the food and the interpretation service at the conference:

*   Delegates complained about the lack of variety, the cost and quality of the food (n=171). They would have preferred that the meals be included in the registration fee and that drinking water be freely available.
*   Delegates reported that there were many obstacles to the full participation of French-speaking delegates (n=157). They especially regretted the fact that not all sessions had interpretation equipment; they also commented on the quality and availability of the interpretation equipment. As at ICASA 2008, delegates also complained about the need to hand in their passports in order to receive headphones.

Delegates also complained about: the quality and cost of accommodation, in addition to being far away from the conference centre (n=85); the late arrival and low frequency of shuttle buses from the accommodation facilities to the conference venue (n=42); the perceived excessive checks by the conference security staff (n=38); limited access for the disabled (n=25); the fact that T-shirts were not included in some delegate bags (n=22); the lack of seats in eating areas and outside of the meeting rooms (n=19); the limited Internet access at the conference venue and at accommodation facilities (n=17); the noise, location and organization of the Community Village (n=17); and the lack of venue maps, directions and signage at the conference venue (n=16).

Programme format (12%, n=202)

A main point that delegates commented on was that running sessions in parallel meant that it was not possible to attend all sessions of interest (n=53). Delegates also commented on the challenges seen in adhering to the conference time schedule and the changes to the published programme (n=25). Delegates suggested more audience participation through greater interaction with speakers and more time for questions and answers in sessions (n=16). Concern was also expressed about speakers and moderators not showing up for sessions (n=15), the lack of lunch and coffee breaks (n=10), and the cancelling of some sessions (n=7). While some delegates suggested that the conference be shorter (n=10), other delegates recommended extending its duration (n=8).

The following additional comments/suggestions were made by delegates:

*   Timing and visit period for posters was not clear or limited (n=8).
*   Duration of abstract-driven sessions was too short (n=5).
*   Duration of sessions was too long (n=5).
*   There was low attendance at some sessions (n=5).
*   The programme should have a social element/dimension (n=5).
*   Attending evening sessions/meetings of the programme was not convenient (n=5).
*   The programme lacked a tourism element (e.g., city tour) (n=5).
*   Further group relevant themes in sessions (n=4).
*   Increase networking opportunities (n=4).
*   Increase representation of women in panels (n=2).

Programme content (12%, n=197)

Nine delegates made comments about their general appreciation of the programme content. Comments on the programme content related to: the poor quality of presentations and abstracts (n=35) and of the science and research used (n=10); a desire for a more focused conference (n=11); a greater focus on Africa (n=8); further use of scientific research (n=7); and a focus on youth (n=7).

Delegates proposed the following topics and themes for future conferences (each was cited by one delegate unless otherwise specified):
*   Tuberculosis (n=11)
*   Most-at-risk populations (n=10)
*   Men who have sex with men (n=7)
*   Faith-based issues (n=6)
*   Nutrition (n=5)
*   Disabled people (n=4)
*   Activism (n=3)
*   Children and adolescents (n=3)
*   Vaccines, other new prevention technologies (n=3)
*   New treatment trials (n=3)
*   Social determinants (n=3)
*   Harm reduction (n=2)
*   Monitoring and evaluation (n=2)
*   Best practices (n=2)
*   Traditional medicine (n=2)
*   Lesbian, gay, bisexual and transgender (LGBT) (n=2)
*   PLHIV (n=2)
*   Gender
*   AIDS in the workplace
*   AIDS and the widowed
*   AIDS and the retired
*   Health systems
*   Caregiving and support
*   Psychological and social support
*   Palliative care
*   ARV treatment
*   Voluntary medical male circumcision
*   Community mobilization and prevention
*   TRIPS and patents
*   Drug policy and human rights
*   Law, criminalization and HIV
*   Financial crisis for HIV/AIDS
*   Social protection issues with clinical protection issues
*   Skills-building workshops on research skills
*   Funding proposal writing
*   More emerging issues on HIV.

Three delegates suggested having a stronger conference outcome and/or an action plan (n=3).

Watch an interview with a delegate (from Belgium) by clicking on the picture below…

Scholarships (5%, n=85)

Most recurrent comments included: challenges in communicating with the scholarship team; dissatisfaction with the daily allowance paid in local currency and delays or difficulties in obtaining it; inability to fully cover food and accommodation with the scholarship; and delegates' perception of an unfair or unclear policy for scholarships.

Communications (5%, n=81)

Complaints were made about the communication between the conference organizers and delegates, most of them focusing on: the availability of conference presentations and abstracts on the conference website, CD-ROM or paper; the pre-conference information for delegates; and the availability of practical information at the conference venue.

Delegates and speakers' profile (5%, n=74)

The following suggestions were made to increase the diversity of delegates and speakers at future conferences: more high-level representatives, politicians and business leaders; more representatives from business, ministries of health and faith-based organizations; and more participation by the disabled in the organization of future conferences. Some delegates also commented on the need to have a more robust selection process for those presenting abstracts and/or posters.

Financial issues (2%, n=26)

Most comments related to the following issues: the difficulty in exchanging currencies; the high cost of the conference; and the fees for bank transfers and processing of online payments. It was also suggested that a reduced registration fee be offered to citizens of the host country.

Other (3%, n=42)

Other comments included: the desire to participate in future conferences; preference of certain locations to host future conferences; the need to consider cultural factors in the conference programme; and the presence of former US President George W Bush at the conference.

In addition, 55 delegates made positive remarks about the conference in general (3%), 68 wrote that they did not have any comments (4%), and nine comments were not clear or relevant.

Suggestions made by focus group participants for improvement of future ICASAs are a good supplement to these findings (see the section, "Suggestions to enhance the impact of ICASA on the response to HIV/AIDS and STIs in Africa").

What are the main impacts of ICASA 2008?

The 15th ICASA (ICASA 2008) was held in Dakar, Senegal, from 3 to 7 December 2008. In order to assess its long-term impacts on delegates' work and their organizations, as well as impacts at the local, national, regional and global levels, **the ICASA 2011 post-conference survey contained a series of questions dedicated to delegates who attended ICASA 2008**. This methodology was used for the first time due to the lack of human resources to conduct face-to-face interviews during the conference[27].

A total of **134 surveyed delegates indicated that they had attended ICASA 2008**, and of these, 130[28] answered the questions on the conference impact.

Impact on networking

Delegates were asked if they had kept contact with people they had met for the first time at ICASA 2008. Of the 130 respondents, **87% replied "yes"** (vs. 13% who said "no"), which is clear evidence that ICASA 2008 allowed delegates to build sustainable relationships.

Conference influences on individual and organizations' work

When asked if ICASA 2008 had influenced their individual and/or organizations' work in any way, 84% of surveyed delegates replied "yes" (vs. 80% of ICASA 2005 surveyed delegates). 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 ICASA 2008. As shown in Figure 41, 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) 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); and 3) motivating delegates, their colleagues, managers and/or partners on the work they do on HIV.

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[27] At ICASA 2008, delegates were approached at a variety of locations in the conference venue. They were asked if they had attended ICASA 2005. Those who replied "yes" were invited to participate in a five- to 10-minute interview about the long-term impact of that conference.
[28] This is almost three times the number of delegates who were interviewed at ICASA 2008 (n=46).

Figure 41. Types of ICASA 2008's influences on individual and/or organization's work
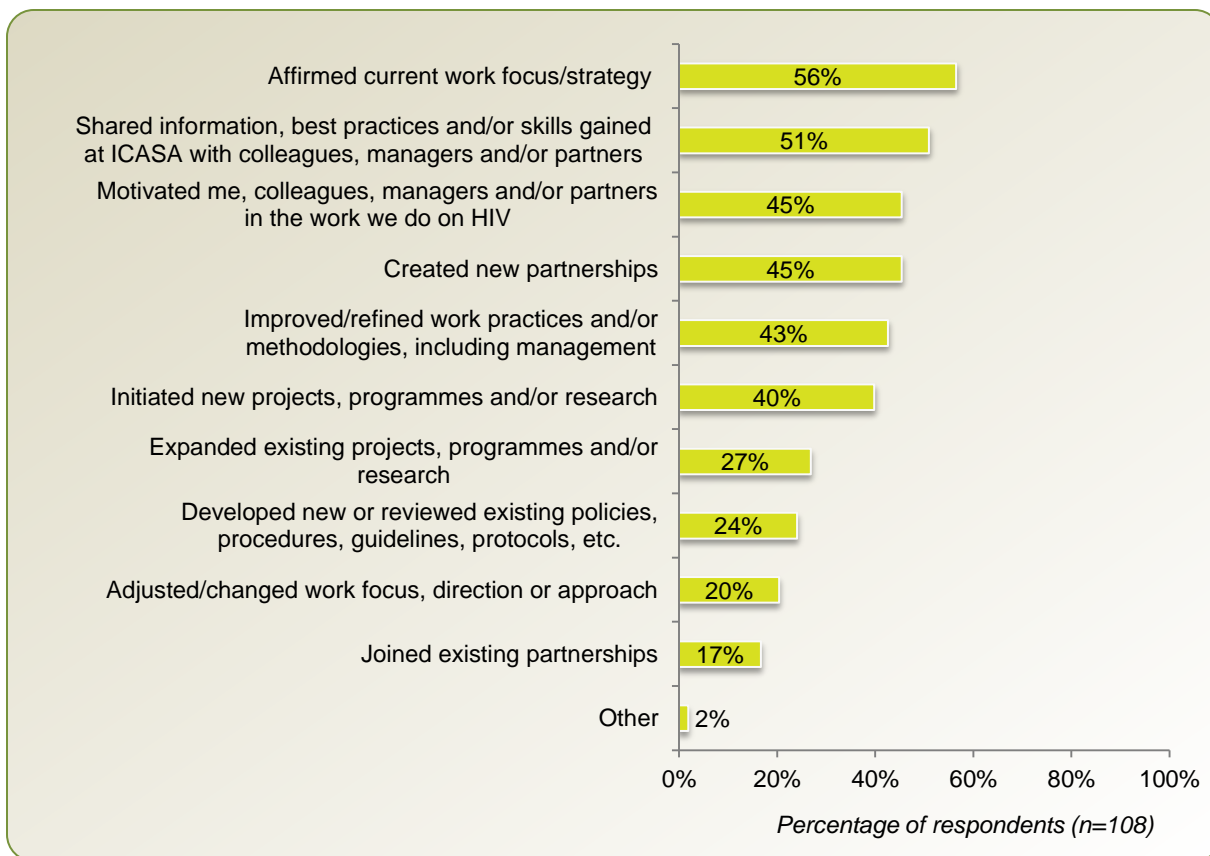
Conference influences at the local, national, regional and global levels

Delegates were also asked if they were aware of ICASA 2008 influencing HIV work, policies or advocacy at the local, national, regional or global levels. **Although almost one-third did not know** (32%), **42% replied "yes"** and 27% said "no".

Those who replied "yes" were then asked to provide an example. A total of 42 delegates did so, while 12 skipped the question.

The most relevant examples are listed here:

- ✎ *"ICASA 2008 offered the first ever opportunity for disability issues to be discussed at such a level. The opportunity helped the African disability movement to gain interest in disability and HIV/AIDS."*

- ✎ *"The involvement of MSM and sex workers in decision-making bodies was accepted following the protest march organized during ICASA 2008."*

- ✎ *"Networking with different African colleagues in Virology."*

- ✎ *"More money is being allocated to HIV by African leaders."*

✍ *"Better Global Fund processes at country level since 2008."*

✍ *"We started immediately to allocate more budget from the government treasury and we gave more emphasis [to] prevention and multi-sectoral approach."*

✍ *"Planning and programming based on evidence and the results-based framework was learnt at ICASA and has been widely adopted in Kenya. Also the need to integrate TB and HIV interventions."*

✍ *"ICASA helped to improve laws for people living with HIV and advocate for most-at-risk populations."*

✍ *"Since ICASA 2008, we have been able to put in place a platform of civil society organizations involved in the response to HIV in my country, which is helping us to gain more visibility and improve our image."*

✍ *"Effective advocacy with concrete results regarding a better access to ARVs and a decrease in their price. Increase in the State's budget towards the HIV/AIDS response (Senegal is a concrete example)."*

✍ *"Strengthened capacities of my organization's members in the organization of HIV conferences and in the practice of HIV prevention methodologies."*

✍ *"Partnerships with organizations involved in the HIV response in my country; synergy of actions in order to better treat and provide care/support to HIV-positive women, their children and partners."*

✍ *"ICASA 2008 allowed me to understand the importance of advocacy in the field of HIV/AIDS response and was at the origin of several [advocacy] activities I did at my return."*

✍ *"Increased visibility of structures that intervene in the response to HIV. New financial partners are supporting the response to HIV."*

✍ *"There has been more advocacy/lobbying targeting politicians, especially members of Parliament."*

✍ *"Increase in the number of national conferences organized by partners in Kenya. The three I have attended were organized just like the ICASA."*

✍ *"Advocacy improved by having WHO, Global Fund and PEPFAR representatives sharing experiences in the same venue."*

✍ *"Reinforcement of community leadership within the Country Coordination Mechanism … and in the elaboration of the national strategy in Senegal."*

✍ *"There was more recognition of most-at-risk populations in my organization. MSM were included in the organization's strategic plan."*

✍ *"The session 'know your epidemic' – the reality that the AIDS pandemic has different characteristics in different locations – has prompted governments to draft policies custom-designed to address the specific characteristics of their specific epidemics."*

✍ *"North Africa (Maghreb) has been taken into account [since ICASA 2008]."*

CONCLUSION

Despite the current financial crisis, ICASA 2011 was well attended and attracted a range of stakeholders engaged in the response to HIV/AIDS and STIs in Africa.

The vast majority of surveyed delegates believed that ICASA offered something that they did not get from other well-known scientific/health conferences and would recommend attending the next ICASA to a colleague/peer: this shows strong support for this conference. This is reinforced by the fact that almost all surveyed delegates reported having gained something from attending the conference and planned to use this in various ways.

The evaluation demonstrated that overall, ICASA 2011 was well organized and provided adequate on-site support to help delegates participate in an effective way. However, it revealed some logistical challenges causing frustrations among delegates that should be carefully taken into consideration by organizers of the next ICASA. This includes the lack of rooms equipped with interpretation facilities, the lack of affordable food options at the conference venue, and inappropriate living conditions offered to scholarship recipients.

Although surveyed delegates rated the programme well overall, some concerns were raised about time conflicts between sessions and activities, thus preventing delegates from attending key sessions of interest, viewing posters, networking and participating in other worthwhile sessions and meetings. However, this is a common and continuous challenge for organizers of international conferences because of the importance of covering a variety of key topics, and the need to satisfy thousands of delegates with different and specific expectations. Other important programme-related issues were illuminated, and these require attention.

The evaluation also demonstrated that the previous ICASA (ICASA 2008) had a positive impact on HIV work at different levels.

In conclusion, the evaluation demonstrated that the conference continues to be a key forum for thousands of stakeholders engaged in the response to HIV/AIDS and STIs in Africa to share and gain new knowledge and best practices, discuss challenges in their current work, get motivation and inspiration, and create and reinforce partnerships and alliances, thus boosting the response to HIV/AIDS and STIs in Africa.

In order to maintain the high profile of the conference and robust levels of attendance in a competitive environment, organizers of ICASA will have to address the challenges highlighted in this report and implement the recommendations listed in the next section.

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 ICASA 2013:

Programme content and format

* Find solutions to avoid time conflicts between sessions addressing the same topic.
* Consider having no sessions at lunchtime to, among other things, provide delegates with more networking opportunities and more time to view posters.
* Keep posters exhibited throughout the conference (the one-day turnover was perceived as unfair and inappropriate due to the high quality of many works presented as posters).
* Increase the number of sessions presenting progress on key areas and highlighting new priorities (it was suggested that plenaries be used for this purpose).
* Make sure that selected abstracts present new findings, meet quality criteria and have not been presented at previous conferences.
* Increase the number of sessions focusing on key populations.
* Increase the number of sessions on STIs or change the title of the conference to more accurately reflect its content.
* Identify possible options to attract more female abstract authors.
* Ensure that abstracts/papers presented in the same session focus on the same topic (it was suggested that abstract-driven sessions be replaced with bridging sessions composed of abstracts/papers addressing similar themes).
* Increase interaction between the audience and speakers and provide more time for questions and answers in sessions.
* Further promote late-breaker sessions and make sure that they present useful findings.
* Provide more opportunities for site visits (i.e., visits to HIV/AIDS structures based in or near the host city) during the conference and further promote this feature.
* Provide adequate support to delegates who wish to submit proposals to the Community Village.

Speakers and presenters

* Identify enough back-up speakers.
* Increase the number of female speakers, chairs and presenters.
* Increase the number of French-speaking presenters, speakers and chairs.
* Increase the number of politicians and staff of ministries of health, business leaders and representatives of faith-based organizations.
* Make sure that speakers' biographies are passed to chairs.
* Provide clear and timely instructions regarding presentation slides, along with templates.
* Provide guidance/mentoring to abstract authors and presenters with limited experience.

Logistics and on-site support

* Maintain the standard of ICASA 2011 in terms of organization.
* Provide adequate support to delegates with respect to accommodation booking.
* Ensure that all session rooms are equipped with interpretation facilities.
* Do not request that delegates hand in their passport to get an interpretation headset, but ask instead for a deposit.
* Ensure that sessions start on time.
* Increase the on-site seating capacity.
* Increase the number and frequency of shuttles between the conference venue and hotels, especially in the evenings to encourage delegates to attend late satellite meetings.
* Provide more food options on site and at a more affordable price (this will prevent delegates from leaving the venue to buy food, thus missing or arriving late at early afternoon sessions).
* Make sure that the on-site security check is not too intrusive.
* Ensure that conference T-shirts are distributed to all delegates in due time.

Scholarships

* Make sure that scholarship recipients stay in accommodation facilities that are not too far from the conference venue and in conditions that are suitable for professionals.
* Ensure optimal communication between scholarship applicants/recipients and the scholarship coordination team.
* Make sure that the policy to receive a daily allowance (per diem) is clear and respected.

Communications

* Improve communication between the conference organizers and delegates before the conference.
* Make sure that delegates are informed in good time when speakers/presenters cancel their speeches/presentations.
* Make sure that conference presentations and abstracts are available on the conference website in a timely manner.
* Provide delegates with enough practical information at the conference venue.

Governance

* Make sure that at least one representative of the disabled community is involved in the International Steering Committee.
* Clarify and publish criteria used to select the conference host country.
* Properly inform delegates who belong to key populations at higher risk of HIV exposure, such as MSM and people who inject drugs, that they may have to adapt their behaviour to the culture of the conference host country.

APPENDIX 1 – Delegate survey form

ICASA 2011 Participant Survey – Questionnaire pour les participants d'ICASA 2011

La version française se trouve au verso de cette page.

Thank you for participating in this survey. Your feedback will help assess the overall performance and impact of ICASA 2011, and will inform planning of the next ICASA. Survey findings will be presented in the ICASA 2011 Evaluation Report which will be posted on the conference website during the 2ⁿᵈ quarter of 2012. By returning your completed survey you consent to the information being used for reporting purposes. If you have any questions about the evaluation or this survey please contact evaluation@iasociety.org.

This survey is anonymous and bilingual (the French version is on the back pages). At the end of the survey, you will be asked if you would like to enter a draw to win US$200 for you, your organization or your nominated HIV/AIDS charity (10 respondents will be randomly selected).

Please do not fill in this form if you prefer to complete the survey online which will be emailed to all delegates with a valid email address immediately after the conference.

1. **How did you first learn about ICASA 2011 (Addis Ababa)?** *Select only one choice*
   - ☐ Printed conference promotion materials (flyer, brochure, poster, newsletter, etc.)
   - ☐ ICASA 2011 website (http://www.icasa2011addis.org/)
   - ☐ Website of the Society for AIDS in Africa (SAA - http://saafrica.org/)
   - ☐ Other websites, including Google research
   - ☐ Facebook, Twitter, blogs or other social networking/media tools
   - ☐ Email from conference organizers (e.g., e-Update)
   - ☐ Advertisement in a scientific journal or magazine
   - ☐ Article in the newspaper
   - ☐ Advertisement on TV
   - ☐ Advertisement on the radio
   - ☐ Recommended by a colleague/friend
   - ☐ At a previous ICASA
   - ☐ At another HIV or health-related conference/workshop/meeting (please specify which one):
   - ☐ Through my organization/affiliation/work
   - ☐ Through a partner organization
   - ☐ Through a donor/donor invitation
   - ☐ Not sure
   - ☐ Other (please specify): ……………………………………………………………………………………

2. **During the conference, were you a?** *Select all that apply*
   - ☐ Speaker
   - ☐ Poster exhibitor (in the poster exhibition area)
   - ☐ Chair/moderator
   - ☐ Skill building workshop facilitator
   - ☐ Satellite organizer
   - ☐ Delegate not fitting into the above categories
   - ☐ Abstract presenter (oral session)
   - ☐ Poster discussant (oral poster discussion session)
   - ☐ Exhibitor (i.e., booth host)
   - ☐ Community Village activity organizer
   - ☐ Media representative

Questionnaire pour les participants d'ICASA 2011 - ICASA 2011 Participant Survey

The English version is on the back page.

Merci de votre participation à ce questionnaire. Les informations que vous fournirez aideront les organisateurs de la conférence à évaluer la performance et l'impact d'ICASA 2011, et à planifier la prochaine conférence. Les résultats de ce questionnaire seront présentés dans le rapport d'évaluation ICASA 2011 qui sera disponible sur le site de la conférence courant 2012. En retournant le questionnaire rempli, vous consentez à l'utilisation des informations fournies dans le but de rédiger ce rapport. Si vous avez une quelconque question à propos de l'évaluation ou du questionnaire, merci d'envoyer un email à l'adresse suivante : evaluation@iasociety.org.

Ce questionnaire est anonyme et bilingue (la version anglaise se trouve au verso). Au terme du questionnaire, il vous sera demandé si vous souhaitez participer au tirage au sort permettant de gagner un prix de 200$EU, pour vous-même, votre organisation ou une œuvre caritative de votre choix (10 participant(e)s seront sélectionné(e)s au hasard).

Veuillez svp ne pas remplir ce questionnaire si vous préférez compléter la version en ligne qui sera envoyée par e-mail à tous les délégués, ayant une adresse email valide, immédiatement après la conférence.

1. **Comment avez-vous eu connaissance d'ICASA 2011 (Addis Abeba)?**

   Merci de ne sélectionner qu'une seule réponse

   □ Documents imprimés promouvant la conférence (flyer, brochure, poster, newsletter, etc.)

   □ Site internet d'ICASA 2011 (http://www.icasa2011addis.org/)

   □ Site internet de la Société Africaine Anti-SIDA (SAA - http://saafrica.org/)

   □ Autres sites internet, dont Google research

   □ Facebook, Twitter, blogs ou autres réseaux sociaux/outils pour médias

   □ Email des organisateurs de la conférence (ex: *e-updates*)

   □ Publicité dans un journal ou une revue scientifique

   □ Article dans le journal

   □ Publicité à la télévision

   □ Publicité à la radio

   □ Recommandation d'un(e) collègue/ami(e)

   □ Lors d'une précédente conférence ICASA

   □ Lors d'un/une atelier/réunion/conférence sur le VIH ou la santé (spécifier le ou laquelle) :

   □ A travers mon organisation/travail/affiliation

   □ A travers une organisation partenaire

   □ Par un bailleur de fonds ou l'invitation d'un bailleur

   □ Je ne suis pas certain(e)

   □ Autre (merci de préciser) :…………………………………………………………………………………..

2. **Durant la conférence, étiez-vous?** *Merci de sélectionner toutes les réponses appropriées*

   □ Speaker/Orateur

   □ Auteur/exposant de poster
   (dans la salle d'exposition des posters)

   □ Modérateur ou personne présidant une session

   □ Facilitateur d'atelier

   □ Organisateur de satellite

   □ Auteur de résumé/abstract (session orale)

   □ Auteur de résumé/abstract
   (discussion de posters)

   □ Exposant (personne tenant un stand)

   □ Organisateur d'activité(s) au village communautaire

   □ Représentant média

   □ Délégué ne correspondant pas aux catégories susmentionnées

Conference programme

3. **What was your main track of interest (the track in which you attended most sessions)?**

   Select only one choice

   ☐ Track A: Biology and pathogenesis of HIV

   ☐ Track B: Clinical research, treatment and care

   ☐ Track C: Epidemiology, prevention and prevention research

   ☐ Track D: Social and behavioural sciences

   ☐ Track E: Policy , program and health economics

   ☐ I had no main track of interest

4. **How useful were the following types of sessions, activities or areas at ICASA 2011?**

		Very useful	Useful	Somewhat useful	Not very useful	Not useful at all	Did not attend/ visit
4.1	Plenary session						
4.2	Oral abstract session						
4.3	Oral poster discussion session						
4.4	Late-breaker session						
4.5	Round table (panel discussion, debate)						
4.6	Symposia session						
4.7	Special session						
4.8	Skills-building workshop						
4.9	Satellite symposia						
4.10	Rapporteur session						
4.11	Poster exhibition						
4.12	Exhibition (booths)						
4.13	Community site visits (in or nears Addis)						
4.14	The Community Village						

5. **How would you rate the overall conference programme in light of the following criteria?**

		Excellent	Good	Fair	Poor
5.1	Quality of presentations				
5.2	Quality of discussions and debates				
5.3	Range of topics covered				
5.4	Usefulness of information covered to your work				

Programme de la conférence

3. Quel volet (*track*) vous a le plus intéressé(e) à ICASA 2011 (en d'autres termes, à quel type de sessions avez-vous le plus assisté)?

Merci de ne sélectionner qu'une seule réponse

☐ Volet A: Biologie et Pathogénèse du VIH

☐ Volet B: Recherche clinique, traitement et soins

☐ Volet C: Epidémiologie, prévention et recherche dans le domaine de la prévention

☐ Volet D: Sciences sociales et comportementales

☐ Volet E: Politique, Programme et Economie de la Santé

☐ Aucun volet ne m'a intéressé(e) plus qu'un autre

4. Comment évalueriez-vous l'utilité des sessions et activités suivantes à ICASA 2011?

		Très utile	Utile	Moyennement utile	Pas très utile	Complètement inutile	N'ai pas assisté/ visité
4.1	Session plénière						
4.2	Session orale de résumé/abstract						
4.3	Session de discussion de posters						
4.4	Session de résumés de dernière minute						
4.5	Table ronde (panel discussion, débat)						
4.6	Symposium						
4.7	Session spéciale						
4.8	Atelier						
4.9	Réunion satellite						
4.10	Session de rapporteurs						
4.11	Exposition de posters						
4.12	Exposition (stands)						
4.13	Visites de sites communautaires (à ou aux environs d'Addis)						
4.14	Village communautaire						

5. Comment évalueriez-vous le programme global de la conférence au vu des critères suivants?

		Excellent	Bon	Convenable	Médiocre
5.1	Qualité des présentations				
5.2	Qualité des discussions et débats				
5.3	Diversité des sujets couverts				
5.4	Utilité de l'information (présentée à la conférence) pour votre travail				

Conference achievements

6.   How successful was the conference in achieving the following objectives?

		Very successful	Successful	Somewhat successful	Not very successful	Not successful at all	Don't know
6.1	Serve as <u>an advocacy platform</u> to mobilize African leaders, partners and the communities to increase ownership, commitment and support to the response.						
6.2	Provide a <u>forum for exchange</u> of knowledge, skills and consolidation of experiences and best practices in Africa and around the globe to scale up evidence-based response on HIV/AIDS/STIs, TB and malaria to achieve the MDGs.						
6.3	<u>Link and hold accountable</u> political and national leaders, the scientific community, practitioners, communities, civil societies, the private sector and partners to scale up and sustain the response.						
6.4	Create opportunities to <u>define priorities and set policy and program agenda</u> to enhance mobilization and effective utilization of resources.						

7.   What were the most important things you gained professionally from attending ICASA 2011?

Select all that apply

☐ Increased understanding of the HIV epidemic in Africa

☐ New knowledge/insights into HIV and STI prevention

☐ New knowledge/insights into HIV and STI treatment

☐ New knowledge/insights into HIV and STI care and support

☐ Increased understanding of the challenges to achieving treatment access in Africa

☐ New skills, including best practices

☐ New contacts and opportunities for partnership and collaboration

☐ Strengthened collaboration with existing contacts

☐ Affirmation/confirmation of current work/research direction, approach and/or practice

☐ Motivation, renewed energy and/or sense of purpose

☐ Ideas/directions for new project(s)

☐ Opportunity to advocate on specific issue(s)

☐ Identification or clarification of priority needs and the ways I can help meet them

☐ Other

☐ I did not gain anything from the conference (go directly to Question 10)

Bilan de la conférence

6.   Dans quelle mesure considérez-vous que la conférence a atteint les objectifs suivants?

		Parfaite-ment atteint	Atteint	Moyen-nement atteint	Pas vraiment atteint	Pas du tout atteint	Ne sais pas
6.1	Servir de plateforme de plaidoyer afin de mobiliser les dirigeants africains, les partenaires et les communautés en vue d'accroître l'appropriation de ce problème, l'engagement et le soutien à la réponse.						
6.2	Offrir un forum d'échange de connaissances, de compétences et de consolidation d'expériences et de bonnes pratiques en Afrique et dans le monde, afin d'intensifier la réponse au VIH/SIDA/ISTs, TB et malaria basée sur des faits scientifiquement prouvés, en vue d'atteindre les buts du Millenium fixés par l'ONU (OMD).						
6.3	Réunir et rendre responsables les dirigeants politiques et nationaux, la communauté scientifique, les praticiens, les communautés, les sociétés civiles, le secteur privé et les partenaires afin d'intensifier et de pérenniser la réponse.						
6.4	Créer des opportunités pour définir des priorités ainsi qu'un agenda politique et un programme afin de renforcer la mobilisation et l'utilisation efficace des ressources.						

7.   Quels sont les principaux bénéfices que vous avez retirés de votre participation à ICASA 2011?

Merci de sélectionner toutes les réponses appropriées

☐ Meilleure compréhension de l'épidémie du VIH en Afrique

☐ Nouvelle connaissance dans le domaine de la prévention du VIH et des ISTs

☐ Nouvelle connaissance dans le domaine du traitement du VIH et ISTs

☐ Nouvelle connaissance dans le domaine des soins et de l'aide relatifs aux VIH et aux ISTs

☐ Meilleure compréhension des défis que pose l'accès au traitement en Afrique

☐ Nouvelles compétences, incluant les bonnes pratiques

☐ Nouveaux contacts et opportunités de partenariat et de collaboration

☐ Renforcement de la collaboration avec des contacts existants

☐ Confirmation de pratiques, d'approches et/ou de directions de recherche/travail (actuellement utilisées)

☐ Motivation, regain d'intérêt/d'engagement

☐ Idées/directions pour de nouveau(x) projet(s)

☐ Opportunité de plaidoyer/sensibiliser sur certains sujets

☐ Identification ou clarification des besoins prioritaires et des moyens par lesquels je peux y contribuer

☐ Autre

☐ Je n'ai retiré aucun bénéfice de la conférence (merci d'aller directement à la Question 10)

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

  ☐ Yes   ☐ No   ☐ Not sure

9. **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

 ☐ Share information/experience with new contacts met at ICASA 2011

 ☐ Develop new collaborations (e.g., creation of a partnership/network)

 ☐ Strengthen existing collaborations

 ☐ Join existing partnership(s)/network(s)

 ☐ I am unsure

 ☐ I will not do anything differently

Conference planning and organization

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

 ☐ Yes

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

11. **Prior to the conference, how easy was it for you to:**

		Very easy	Easy	Difficult	Very difficult	Don't know/not applicable
11.1	Find information on the conference website					
11.2	Obtain information from the conference secretariat					
11.3	Register online					
11.4	Book your accommodation					
11.5	Submit an abstract					
11.6	Submit a skills-building workshop proposal					
11.7	Submit a proposal for the Community village					

8. **Pendant la conférence, avez-vous eu l'occasion de nouer de nouveaux contacts et/ou de discuter des défis rencontrés dans votre travail avec des délégués/speakers travaillant dans d'autres domaines ou ayant d'autres spécialisations?**

    ☐ Oui   ☐ Non   ☐ Pas certain(e)

9. **Comment utiliserez-vous ce que vous avez retiré de votre participation à ICASA 2011?**

    Merci de sélectionner toutes les réponses appropriées

    ☐ Partager les informations reçues avec des collègues, des pairs et/ou des organisations partenaires (ex: discussions, présentations, traductions et diffusion de documents/articles, rédaction de notes, etc.)

    ☐ Renforcer les capacités au sein de mon organisation/réseau (ex: formations, création ou mise à jour de directives, procédures, manuels et autres documents, etc.)

    ☐ Motiver mes collègues, pairs et/ou partenaires

    ☐ Influencer la cible/l'approche de travail de mon organisation

    ☐ Revoir/améliorer la méthodologie/pratique actuelle de travail/recherche

    ☐ Initier un nouveau projet ou une nouvelle activité/recherche

    ☐ Intensifier des programmes/projets existants

    ☐ Sensibiliser les dirigeants communautaires, politiques et/ou scientifiques

    ☐ Renforcer le travail de plaidoyer/politique

    ☐ Partager des informations et expériences avec les contacts établis à ICASA 2011

    ☐ Développer de nouvelles collaborations (ex: création d'un partenariat/réseau)

    ☐ Renforcer des collaborations existantes

    ☐ Rejoindre des partenariats/réseaux existants

    ☐ Je ne suis pas certain(e)

    ☐ Je ne changerai rien (je ne ferai rien de différent)

Planification et organisation de la conférence

10. **Diriez-vous que l'organisation de la conférence a rempli vos besoins découlant de votre domaine de travail, niveau d'expertise et rôle durant la conférence?**

    ☐ Oui

    ☐ Non (merci d'utiliser la section « Commentaires et suggestions », que vous rencontrerez plus loin dans le questionnaire, afin d'en expliquer la raison)

11. **Avant la conférence, avez-vous trouvé facile de :**

		Très facile	Facile	Difficile	Très difficile	Je ne sais pas/pas applicable
11.1	Trouver des informations sur le site internet					
11.2	Obtenir des informations du secrétariat de la conférence					
11.3	Vous inscrire en ligne					
11.4	Réserver une chambre d'hôtel					
11.5	Soumettre un résumé/abstract					
11.6	Soumettre une proposition d'atelier					
11.7	Soumettre une proposition pour le village communautaire					

12. **During the conference, how easy was it for you to:**

		Very easy	Easy	Difficult	Very difficult	Don't know/not applicable
12.1	Register on site					
12.2	Collect your badge and bag					
12.3	Find session rooms and key areas/facilities					
12.4	Find information on the conference website					
12.5	Find information at the conference venue					

13. **How would you rate the organization of the following areas and services?**

		Excellent	Good	Fair	Poor	Did not use/visit
13.1	Positive Lounge					
13.2	Poster display area					
13.3	Exhibition area					
13.4	Community village					
13.5	Media centre					
13.6	Speaker centre					

14. **Did you benefit from a conference scholarship?**

☐ Yes ☐ No (go directly to Question 15)

14.1 **How would you rate the overall organization of the conference scholarship programme?**

☐ Excellent
☐ Good
☐ Fair
☐ Poor

12. **Pendant la conférence, avez-vous trouvé facile de :**

		Très facile	Facile	Difficile	Très difficile	Je ne sais pas/pas applicable
12.1	Vous inscrire (directement au centre de conférence)					
12.2	Récupérer votre badge et votre sac					
12.3	Trouver les salles des sessions ainsi que les lieux et services principaux					
12.4	Trouver des informations sur le site internet de la conférence					
12.5	Trouver des informations au centre de conférence					

13. **Comment évalueriez-vous l'organisation des lieux et services suivants?**

		Excellente	Bonne	Convenable	Médiocre	N'ai pas utilisé/visité
13.1	Lounge (salon) réservé aux personnes vivant avec le VIH					
13.2	Salle/hall d'exposition des posters					
13.3	Salle/hall d'exposition (stands)					
13.4	Village communautaire					
13.5	Centre destiné aux représentants média					
13.6	Centre destiné aux speakers/orateurs					

14. **Avez-vous bénéficié d'une bourse (offerte par la conférence)?**

    ☐ Oui   ☐ Non (merci d'aller directement à la Question 15)

14.1 **Globalement, comment évalueriez-vous l'organisation du programme de bourses de la conférence?**

    ☐ Excellente

    ☐ Bonne

    ☐ Convenable

    ☐ Médiocre

Conference added values

15. **Generally speaking, did ICASA 2011 offer something that you do not get from other well-known scientific/health conferences?**

   ☐ Yes

   ☐ No (go directly to Question 16)

   ☐ I don't know (go directly to Question 16)

15.1 **Compared to other HIV-related conferences you attended in the past 2 years, what were the main added values of ICASA 2011?** *Select up to 3 choices*

   ☐ International dimension

   ☐ Focus on Africa

   ☐ Relevance of programme content to current challenges of the HIV response in Africa

   ☐ Variety of session types

   ☐ Number/diversity of delegates

   ☐ New information/updates

   ☐ Quality of science

   ☐ Interactive sessions and debates

   ☐ Networking and collaboration opportunities

   ☐ Advocacy opportunities

   ☐ Professional development/skills building opportunities

   ☐ Speeches/presentations by political leaders

   ☐ Overall organization

   ☐ Other (please specify):………………………………………………………………………………………….

   ☐ I did not attend any HIV-related conferences in the past 2 years

16. **Would you recommend the next ICASA to a colleague or peer?**

   ☐ Yes   ☐ No

Comments and suggestions

17. **What did you most dislike about the conference?** *100 words maximum*

18. **What would you improve at the next ICASA (ICASA 2013)?** *100 words maximum*

Valeurs ajoutées de la conférence

15. **De manière générale, est-ce qu'ICASA 2011 vous a apporté quelque chose de plus que d'autres conférences scientifiques/sur la santé de renom?**

☐ Oui

☐ Non (merci d'aller directement à la Question 16)

☐ Je ne sais pas (merci d'aller directement à la Question 16)

15.1 **En comparaison d'autres conférences liées aux VIH auxquelles vous avez assisté au cours des deux dernières années, quelles ont été les principales valeurs ajoutées d'ICASA 2011?**
Merci de ne sélectionner que 3 réponses

☐ Dimension internationale

☐ Focalisation sur l'Afrique

☐ Pertinence du programme quant aux défis actuels de la réponse au VIH en Afrique

☐ Diversité des types de sessions

☐ Nombre/diversité des délégués

☐ Informations nouvelles et mises à jour

☐ Qualité des travaux scientifiques présentés à la conférence

☐ Interactivité des sessions et débats

☐ Possibilités de nouer de nouveaux contacts et de développer des collaborations

☐ Opportunités de plaidoyer/sensibilisation

☐ Opportunités de développement professionnel ou d'acquisition de nouvelles compétences

☐ Présentations/allocutions par des dirigeants politiques

☐ Organisation générale

☐ Autre (merci de préciser) :……………………………………………………………………………

☐ Je n'ai assisté à aucune autre conférence sur le VIH au cours des deux dernières années

16. **Recommanderiez-vous la prochaine ICASA à un collègue ou à un pair?**

☐ Oui   ☐ Non

Commentaires et suggestions

17. **Qu'avez-vous le moins apprécié à la conférence?** *100 mots maximum*

18. **Qu'amélioreriez-vous à la prochaine ICASA (ICASA 2013)?** *100 mots maximum*

A quick look back at the previous ICASA

19. **Which of the following ICASAs have you attended in the past?** *Select all that apply*

☐ 15th ICASA (Dakar, 2008) ☐ 14th ICASA (Abuja, 2005)

☐ 13th ICASA (Nairobi, 2003) ☐ 12th ICASA (Ouagadougou, 2001)

☐ An ICASA not listed above ☐ I have not attended a previous ICASA

If you did not select "ICASA 2008", go directly to Question 23

The following questions are focused on the last ICASA, held in 2008 (Dakar, Senegal). Your responses will help us assess the long-term impact of this conference.

20. **Did you keep contact with people you met for the first time at ICASA 2008?**

☐ Yes ☐ No

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

☐ Yes ☐ No (go directly to Question 22)

21.1 **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 ICASA 2008.** *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):………………………………………………………………………………….

22. **Are you aware of ICASA 2008 influencing HIV work, policies or advocacy at the local, national, regional or global level?**

☐ Yes

☐ No (skip next question)

☐ Don't know (skip next question)

22.1 **Please give a concrete example of ICASA 2008 influencing HIV work, policies or advocacy at the local, national, regional or global level.**

Retour à la précédente ICASA

19. **A quelle(s) conférence(s) ICASA avez-vous assisté dans le passé?**
Merci de sélectionner toutes les réponses appropriées

☐ 15ème ICASA (Dakar, 2008)   ☐ 14ème ICASA (Abuja, 2005)
☐ 13ème ICASA (Nairobi, 2003)   ☐ 12ème ICASA (Ouagadougou, 2001)
☐ Une conférence ICASA non mentionnée ci-dessus   ☐ Je n'ai assisté à aucune conférence ICASA dans le passé

Si vous n'avez pas sélectionné "ICASA 2008", merci d'aller directement à la Question 23

Les questions suivantes concernent la dernière conférence ICASA, organisée en 2008 (Dakar, Sénégal). Vos réponses nous aideront à évaluer l'impact de cette conférence sur le long terme.

20. **Avez-vous gardé contact avec des personnes que vous avez rencontrées pour la première fois à ICASA 2008?**
☐ Oui   ☐ Non

21. **Est-ce que la conférence a influencé, d'une quelconque manière, votre travail ou celui de votre organisation?**
☐ Oui   ☐ Non (merci d'aller directement à la Question 22)

21.1 **Veuillez sélectionner, dans la liste ci-dessous, les types d'influence qu'a eus la conférence sur votre travail ou celui de votre organisation et/ou des actions concrètes prise à la suite de votre participation à ICASA 2008.** *Merci de sélectionner toutes les réponses appropriées*

☐ Confirmé/appuyé la stratégie/cible de travail actuelle (ex: la conférence a fourni des preuves que je ou mon organisation faisait de bonnes choses, de la bonne manière)

☐ Ajusté/changé la cible, la direction ou l'approche de mon travail (ou celui de mon organisation)

☐ Amélioré/ajusté les pratiques et/ou méthodologies de travail, y compris la gestion (*management*)

☐ Développé ou révisé des politiques, procédures, directives, protocoles, etc.

☐ Débuté de nouveaux projets, programmes et/ou recherches

☐ Intensifié/élargi des projets, programmes et/ou recherches existant(e)s

☐ Créé de nouveaux partenariats

☐ Rejoint des partenariats existants

☐ Partagé des informations, bonnes pratiques et/ou compétences acquises à la conférence avec des collègues, *managers* et/ou partenaires (ex: au moyen de réunions, ateliers, séminaires, production et/ou dissémination de rapports/articles, e-mails, forum en ligne, Facebook, Twitter, blogs, etc.)

☐ M'a motivé ainsi que mes collègues, managers et/ou partenaires dans notre travail sur le VIH

☐ Autre (merci de préciser) : …………………………………………………………………………..

22. **Avez-vous (eu) connaissance d'influence(s) d'ICASA 2008 sur le travail, les politiques ou le plaidoyer dans le domaine du VIH, au niveau local, national, régional ou global?**

☐ Oui

☐ Non (merci d'aller directement à la Question 23)

☐ Je ne sais pas (merci d'aller directement à la Question 23)

22.1 **Merci de donner un exemple concret de l'influence d'ICASA 2008 sur le travail, les politiques ou le plaidoyer dans le domaine du VIH, au niveau local, national, régional ou global.**

Finally, some information about you

23. **Are you a member of the Society on AIDS in Africa (SAA)?**

☐ No ☐ Yes ☐ Unsure

24. **What is your gender?**

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

25. **What is your age?**

☐ < 20 ☐ 20 – 25 ☐ 26 – 40 ☐ 41 – 60 ☐ > 60

26. **What is your main occupation/profession?**

Select only one choice

☐ Clinician/physician

☐ Other health care worker/social services provider

☐ Researcher

☐ Educator/trainer

☐ Advocate/activist

☐ Policy/administration

☐ Media representative

☐ Funder

☐ Lawyer

☐ Student

☐ Other (please specify):………………………………………………………………………………………

27. **How would you best describe the organization you are mainly affiliated with/work in?**

Select only one choice

☐ Hospital/clinic

☐ Academia (research institute, university)

☐ Government

☐ Intergovernmental organization (e.g., WHO, UNAIDS, Global Fund)

☐ Non-government organization (NGO)

☐ Grassroots community-based organization

☐ PLHIV network/organization

☐ Faith-based organization

☐ Charitable foundation

☐ Trade union

☐ Pharmaceutical company

☐ Private company (other than pharmaceutical)

☐ Cooperative

☐ Media organization

☐ Self employed/consultant

☐ Other (please specify):………………………………………………………………………………………

Finalement, quelques questions vous concernant

23. **Êtes-vous membre de la Société Africaine Anti-SIDA (SAA)?**

☐ Non ☐ Oui ☐ Pas certain(e)

24. **Quel est votre genre?**

☐ Femme ☐ Homme ☐ Transgenre ☐ Ne souhaite pas le mentionner

25. **Quel est votre âge?**

☐ < 20 ☐ 20 – 25 ☐ 26 – 40 ☐ 41 – 60 ☐ > 60

26. **Quelle est votre occupation/profession principale?**

Merci de ne sélectionner qu'une seule réponse
☐ Clinicien/physicien
☐ Autre personnel médical/prestataire de service social
☐ Chercheur
☐ Educateur/formateur
☐ Plaidoyer/activiste
☐ Politique/administrateur
☐ Représentant média
☐ Bailleur de fonds
☐ Avocat
☐ Etudiant
☐ Autre (merci de préciser): ….………………………………………………………………………………..

27. **Dans quelle catégorie classeriez-vous l'organisation à laquelle vous-êtes affilié(e) ou dans laquelle vous travaillez?**

Merci de ne sélectionner qu'une seule réponse
☐ Hôpital/clinique
☐ Académie (institut de recherche, université)
☐ Gouvernement
☐ Organisation inter-gouvernementale (ex : OMS, ONUSIDA, Fonds Mondial)
☐ Organisation non-gouvernementale (ONG)
☐ Organisation communautaire
☐ Organisation/réseau/groupe de personnes vivant avec le VIH
☐ Organisation religieuse
☐ Fondation caritative
☐ Syndicat
☐ Entreprise pharmaceutique
☐ Entreprise privée (autre qu'entreprise pharmaceutique)
☐ Coopérative
☐ Média
☐ Consultant/free-lance
☐ Autre (merci de préciser):…………………………………………………………………………………

28. **What is your main area of work?** *Select only one choice*

    ☐ HIV/AIDS

    ☐ STIs

    ☐ HIV/AIDS and STIs

    ☐ Other (please specify):………………………………………………………………………….

29. **How many years (full or part-time) have you worked in the HIV/AIDS and/or STI field?**

    ☐ 2 years or less

    ☐ 3 - 5

    ☐ 6 - 10

    ☐ 11 - 15

    ☐ 16 - 20

    ☐ more than 20 years

30. **In which country do you mainly work?** …………………………………………………………...

31. **What is your country of origin (nationality)?** ………………………………………………………….

****

32. **Before submitting your survey response, 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.** Ten respondents will be randomly selected and will be notified by email (no link to survey answers).

    ☐ Yes (please indicate your email address):……………………………………………………………

    ☐ No

Thank you very much for taking the time to complete this survey!

Please drop your completed form in one of the <u>evaluation boxes</u> located throughout the conference venue or give it to one of the conference <u>volunteers</u>.

28. **Quel est votre principal domaine d'activité?** *Merci de ne sélectionner qu'une seule réponse*

☐ VIH/SIDA

☐ ISTs

☐ VIH/SIDA et ISTs

☐ Autre (merci de préciser): …………………………………………………………………………..

29. **Depuis combien d'années (temps complet ou partiel) travaillez-vous dans le domaine du VIH/SIDA et/ou des ISTs?**

☐ Moins de 2 ans

☐ 3-5

☐ 6-10

☐ 11-15

☐ 16-20

☐ Plus de 20 ans

30. **Dans quel pays travaillez-vous principalement?** ………………………………………………………

31. **Quel est votre pays d'origine (nationalité)?**…………………………………………………………..

****

32. **Avant de soumettre vos réponses, veuillez indiquer si vous souhaitez participer au tirage au sort permettant de gagner un prix de 200$EU pour vous-même, votre organisation ou une œuvre caritative de votre choix, active dans le domaine du VIH/SIDA.**
Dix participant(e)s seront sélectionné(e)s au hasard et avertis par e-mail (les réponses restent anonymes).
☐ Oui (merci d'indiquer votre adresse e-mail): ……………………………………………….
☐ Non

Merci beaucoup pour le temps accordé à ce questionnaire !

Une fois votre questionnaire rempli, veuillez le placer dans une des <u>boîtes d'évaluation</u> situées à divers endroits du centre de conférence ou donnez-le à un des <u>volontaires</u> de la conférence.

APPENDIX 2 – Focus group interviews

For the first time, focus group interviews[29] were conducted during the conference with delegates as a way to triangulate data collected from the delegate survey. These group interviews were also used to understand: 1) delegates' views on the main added values of ICASA compared with similar well-known scientific/health conferences; and 2) delegates' perception of ICASA as an accountability platform and as an opportunity to define concrete and measurable action plans aimed at improving the response to HIV/AIDS and STIs in Africa.

A total of **three group interviews** were conducted on 6, 7 and 8 December 2011. Each lasted for about one hour and was composed of different participants to avoid having the perception of only one group participating, which would have posed the risk of biased and/or invalid results. All group interviews were moderated by the ICASA 2011 Evaluation Coordinator, who was also responsible for the interview recording and result analysis.

A total of **20 delegates participated in these focus group interviews** and 24 people who had confirmed their attendance did not show up, a fairly high no-show rate (more than 50%). This can probably be explained by the difficulty in finding the interview room and the fact that its exact location was communicated to participants very late. **Two interviews were conducted in English and one in French**. The profile of participants is summarized in Figure A.

Figure A. Profile of focus group interview participants

Country representation	
Number of countries represented	17
Organization type	
Academia	20%
Hospital/clinic	20%
NGO, community based organization and PLHIV network/group	35%
Intergovernmental organization	20%
Government	5%
Gender	
Female	45%
Male	55%

All participants worked in Africa and were born on that continent, except one who was Austrian.

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

The interview was guided by the following questions:
- How do you perceive the added values of ICASA compared with similar well-known scientific/health conferences (i.e., what are the added values of ICASA motivating people to attend it)?
- How do you perceive ICASA as an accountability platform allowing different stakeholders to report on and discuss progress against commitments and previous declarations?
- How do you perceive ICASA as an opportunity to define concrete and measurable action plans aimed at improving the response to HIV/AIDS and STIs in Africa?
- What could be done at the next ICASA to enhance the conference impact on the response to HIV/AIDS and STIs in Africa?

Main findings are summarized below:

Main added values of ICASA compared with similar well-known scientific/health conferences

Responses to this question should be treated with caution because many participants had never attended another well-known conference or a previous ICASA. Consequently, **they focused on the main benefits gained at ICASA 2011, rather than on the added values of ICASA compared with other conferences**.

The following (added) values were cited by at least one participant:
- Focus on Africa
- Multi-sectoral approach
- Opportunity to get a global and continental view of HIV-related interventions and research
- Opportunity to get the latest information and recommendations on HIV/AIDS, including best practices at national and international levels
- Opportunity to reinforce national leadership, thus contributing to further commitments
- Opportunity to share with and learn from other participants working in countries with similar contexts and challenges
- Opportunity to mingle with delegates of different professions
- Opportunity to meet well-known researchers and learn from them
- Opportunity for professional development
- Opportunity to meet donors and key leaders
- Opportunity to gain visibility, thus increasing chances of attracting new partners and donors
- Solidarity between all participants
- Ease of following up with new contacts met at the conference due to proximity (it is easier to keep contact with people working in the same region than those based overseas).

Some participants also mentioned the timeliness of the conference with respect to the Global Fund's decision to postpone the launch of its Round 11. In this respect, they considered ICASA to be an appropriate platform for advocacy.

One participant said that ICASA was a good opportunity for African researchers to present their work, which is not possible at other conferences, such as the Conference on Retroviruses and Opportunistic Infections, where the abstract selection is too narrow.

One participant praised the fact that the conference programme covered not only HIV/AIDS, but also TB and malaria. However, another participant questioned the conference title, stating that the focus was mainly on HIV/AIDS and that STIs were not properly addressed.

One participant commended the strong presence of the youth.

Another participant indicated that without ICASA, it would not have been possible for her to realize that other countries were facing the same challenges and to discuss them.

Perception of ICASA as an accountability platform and an opportunity to define concrete and measurable action plans aimed at improving the response to HIV/AIDS and STIs in Africa

The second and third questions were discussed together.

In general, the majority of participants agreed that many sessions presented evidence of what had been done by implementers and researchers with the money given by donors/sponsors, and to a lesser extent, progress against national plans/strategies, global objectives and the Abuja Declaration (mainly plenaries).

Some participants thought that ICASA was more an advocacy platform than an accountability one. However, they agreed that it was important to share at the conference progress made against plans, declarations and statements to allow delegates to initiate, reinforce or redirect the focus of their advocacy efforts once back in their countries.

Some participants also agreed that it was **important to set up an M&E mechanism** to measure the follow up of declarations and statements, and recommended having a review of commitments made at ICASA 2011 before the next ICASA.

With respect to the development of action plans, some delegates thought that it was not the role of ICASA, and that the conference format did not allow designing such action plans during the conference mainly due to the lack of time and the fact that not all key stakeholders were represented. Instead, they recommended that the development of action plans should be one of the conference follow-up activities based on the "accounts"' presented at the conference.

However, some participants reported that it was opportune and feasible for small groups with common interests to develop action plans during the conference.

Suggestions to enhance the impact of ICASA on the response to HIV/AIDS and STIs in Africa

The following suggestions were made about the **programme**:
* Provide clear and timely instructions regarding presentation slides.
* Provide guidance/mentoring to abstract authors and presenters with limited experience.
* Identify enough back-up speakers and inform delegates when speakers are absent (it was reported that too many speakers did not show up and were not replaced).
* Increase the number of female speakers and chairs.
* Ensure that sessions start on time.
* Find measures to avoid time conflicts between sessions and avoid holding sessions at lunchtime.
* Keep posters exhibited throughout the conference (the one-day turnover was perceived as unfair and inappropriate due to the high quality of many works presented as posters).
* Increase the number of sessions presenting progress (reflecting back) on key areas and highlighting new priorities (use plenaries for that).
* Increase the number of sessions focusing on key populations.
* Ensure that abstracts/papers presented in the same session focus on the same topic (it was suggested that abstract-driven sessions be replaced with bridging sessions composed of abstracts/papers addressing similar themes).
* Provide more opportunities for site visits (i.e., visits to HIV/AIDS structures based in the host city) during the conference and further promote this programme component.

* Make sure that speakers' biographies are given to chairs.
* Make sure that selected abstracts present new findings and have not already been presented at previous conferences.

Many participants commented on the very good organization of ICASA 2011 and recommended keeping this standard at the next ICASAs. Among examples cited were: the smooth collection of badges, bags and certificates of attendance; the availability of cleaned toilets, equipped with water and in sufficient number; being able to get a visa on arrival at the airport; the priority given to delegates with a letter of invitation at the airport; the flexibility of customs clearance at the airport; and the logistics in general.

The following suggestions were made about the **logistics and support provided to delegates during the conference**:
* Increase the on-site seating capacity.
* Improve the shuttle service between the conference venue and hotels (increase the number of departures, especially in the evening for delegates attending late satellite meetings, and make sure that drivers respect their itinerary and schedule).
* Make sure that scholarship recipients stay in accommodation that is not too far from the conference venue and is properly equipped (complaints were made about the university campus, which was very far from the venue and featured very low standard rooms).
* Ensure that conference T-shirts are distributed to all delegates and not only to certain groups (in order to avoid perceptions of discrimination).
* Provide more food options on site and at a more affordable price (this will prevent delegates from going outside, thus missing or arriving late at early afternoon sessions).
* Have a big, electronic and centrally located board announcing all sessions, and their respective location and schedule, inside the conference venue (like in airports).
* Make sure that airport shuttle drivers know the destination of hotels where delegates have to be dropped off.
* Make sure that the on-site security check is not too intrusive.

Many complaints were made about the interpretation service. The following recommendations were made:
* Do not request that delegates hand in their passport to get an interpretation headset, but ask instead for a deposit.
* Ensure that all session rooms are equipped with interpretation facilities.

Related to the latter point, **French-speaking participants strongly expressed their disappointment** concerning the lack of presentations in French, the lack of respect from Anglophone delegates towards Francophone speakers (it was reported that when a Francophone speaker was due to start a presentation, all Anglophone delegates left the room), the lack of francophone abstract reviewers and the fact that not all session rooms were equipped with interpretation facilities.

A few Francophone participants also commented on the selection of the conference host country, deploring the fact that the next conference will be hosted again in an Anglophone country. In this regard, **participants recommended that the criteria for selecting the conference host country be clarified and shared with the public**.

Two participants from different groups mentioned that cultural acceptance/barriers should be taken into account when selecting the ICASA host county to ensure that delegates who belong to some key populations at higher risk of HIV exposure, such as MSM and people who inject drugs, are not discriminated against by the population of the host country. A few other participants agreed that this was an important issue, but they also indicated that delegates should respect the culture of the host country and adopt a low-profile attitude.

APPENDIX 3 – Abstracts (statistics by country)

Country	Number of regular submissions	Number of late breakers' submissions	Number of regular abstracts accepted	Number of late breakers' abstracts accepted	Total number of abstracts submitted	Total number of abstracts accepted	Success rate
Afghanistan	1	0	0	0	1	0	0%
Algeria	10	0	3	0	10	3	30%
Angola	1	0	0	0	1	0	0%
Argentina	3	0	3	0	3	3	100%
Australia	7	0	4	0	7	4	57%
Austria	1	0	0	0	1	0	0%
Bangladesh	15	0	4	0	15	4	27%
Belgium	14	5	10	1	19	11	58%
Benin	44	2	21	0	46	21	46%
Botswana	12	3	6	1	15	7	47%
Brazil	2	1	1	0	3	1	33%
Bulgaria	1	0	0	0	1	0	0%
Burkina Faso	140	5	69	0	145	69	48%
Burundi	14	1	3	0	15	3	20%
Cambodia	2	0	1	0	2	1	50%
Cameroon	121	4	58	1	125	59	47%
Canada	17	2	7	1	19	8	42%
Cape Verde	1	0	0	0	1	0	0%
Central African Republic	37	1	10	0	38	10	26%
Chad	14	3	4	2	17	6	35%
Chile	2	0	0	0	2	0	0%
Congo	50	2	17	1	52	18	35%
Democratic Republic of Congo	27	1	6	0	28	6	21%
Djibouti	3	1	2	0	4	2	50%
Dominican Republic	2	0	0	0	2	0	0%
Egypt	1	1	0	0	2	0	0%
Ethiopia	272	75	176	28	347	204	59%
France	38	4	21	2	42	23	55%
Gabon	3	4	1	2	7	3	43%
Gambia	5	0	3	0	5	3	60%
Germany	3	0	3	0	3	3	100%
Ghana	40	1	20	0	41	20	49%
Guinea	15	0	5	0	15	5	33%
Guinea-Bissau	10	0	5	0	10	5	50%
Haiti	5	0	1	0	5	1	20%
Honduras	1	0	0	0	1	0	0%
India	14	3	0	0	17	0	0%
Iran	1	0	0	0	1	0	0%
Ireland	2	0	2	0	2	2	100%
Israel	6	1	3	1	7	4	57%
Italy	6	1	4	1	7	5	71%
Ivory Coast	84	5	36	4	89	40	45%
Jamaica	2	0	1	0	2	1	50%
Japan	2	1	2	0	3	2	67%
Kenya	207	48	110	23	255	133	52%

Country	Number of regular submissions	Number of late breakers' submissions	Number of regular abstracts accepted	Number of late breakers' abstracts accepted	Total number of abstracts submitted	Total number of abstracts accepted	Success rate
Lesotho	11	1	7	1	12	8	67%
Liberia	7	1	5	1	8	6	75%
Madagascar	11	3	3	1	14	4	29%
Malawi	30	4	17	1	34	18	53%
Malaysia	1	0	0	0	1	0	0%
Mali	90	0	36	0	90	36	40%
Martinique	1	0	0	0	1	0	0%
Mauritania	4	0	2	0	4	2	50%
Mauritius	1	1	0	0	2	0	0%
Morocco	16	0	9	0	16	9	56%
Mozambique	22	2	16	0	24	16	67%
Namibia	13	0	6	0	13	6	46%
Nepal	10	0	1	0	10	1	10%
Netherlands	13	1	9	1	14	10	71%
New Zealand	1	0	1	0	1	1	100%
Niger	7	1	3	1	8	4	50%
Nigeria	463	20	208	3	483	211	44%
Norway	3	1	1	0	4	1	25%
Pakistan	9	0	2	0	9	2	22%
Philippines	1	1	0	0	2	0	0%
Portugal	1	0	0	0	1	0	0%
Romania	2	0	0	0	2	0	0%
Russia	0	1	0	1	1	1	100%
Rwanda	35	3	24	2	38	26	68%
Saudi Arabia	1	0	0	0	1	0	0%
Senegal	130	3	59	2	133	61	46%
Serbia	1	0	0	0	1	0	0%
Seychelles	1	0	0	0	1	0	0%
Sierra Leone	7	0	3	0	7	3	43%
Singapore	1	0	1	0	1	1	100%
Somalia	0	1	0	1	1	1	100%
South Africa	114	31	65	16	145	81	56%
Spain	3	0	2	0	3	2	67%
Sri Lanka	3	0	0	0	3	0	0%
Sudan	10	3	3	2	13	5	38%
Swaziland	23	0	15	0	23	15	65%
Sweden	1	0	1	0	1	1	100%
Switzerland	14	0	9	0	14	9	64%
Syria	1	0	0	0	1	0	0%
Tanzania	76	7	59	2	83	61	73%
Thailand	0	1	0	1	1	1	100%
Togo	64	4	25	1	68	26	38%
Tunisia	1	0	0	0	1	0	0%
Uganda	163	18	86	8	181	94	52%
United Kingdom	39	4	22	0	43	22	51%
United States	111	12	75	6	123	81	66%
Zambia	55	1	29	1	56	30	54%
Zimbabwe	27	9	12	3	36	15	42%

APPENDIX 4 – Speakers (breakdown by country)[30]

Country of origin	Number of speakers
Algeria	1
Belgium	2
Botswana	2
Brazil	1
Burkina Faso	2
Cameroon	1
Canada	2
Chad	1
Denmark	1
Egypt	1
Ethiopia	13
Gabon	1
Ghana	1
India	1
Ivory Coast	5
Kenya	9
Mali	3
Morocco	1
Mozambique	1
Namibia	4
Nigeria	7
Rwanda	3
Senegal	3
South Africa	12
Swaziland	1
Sweden	3
Switzerland	3
Tanzania	5
Togo	1
Uganda	7
United Kingdom	1
United States	12
Zambia	3
Zimbabwe	4

[30] Only two speakers did not specify their nationality and are therefore not included in this table.