



**Second Eastern Europe and
Central Asia AIDS Conference
3 – 5 May 2008
Moscow**

Evaluation Report

July 2008

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Glossary

ART	Antiretroviral treatment
ARVs	Antiretrovirals
EECAAC 2006	First Eastern Europe and Central Asia AIDS Conference
EECAAC 2008	Second Eastern Europe and Central Asia AIDS Conference
HAART	Highly active antiretroviral treatment
PMTCT	Prevention of mother to child transmission
PLWHA	People living with HIV/AIDS
TB	Tuberculosis

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EXECUTIVE SUMMARY

1. Background

The Second Eastern Europe and Central Asia AIDS Conference (EECAAC 2008) was held in Moscow, Russia, 3 – 5 May, 2008, and attended by 2,056 participants from 52 countries. The theme of the conference was ‘Accelerating Access to HIV Prevention, Treatment and Care for All’.

2. Conference Evaluation

Building on the evaluation of the First Eastern Europe and Central Asian AIDS Conference (EECAAC 2006)¹, the evaluation had three objectives:

- i. To review key conference processes and activities to guide the planning of future conferences;
- ii. To consider the immediate and short-term impact of EECAAC 2008 on participants;
- iii. To investigate the longer-term impact of EECAAC 2006 at individual, organizational and country levels.

A range of methods was used to collect information to address these objectives including: review of conference documentation, consultation with conference organizers and secretariat staff; observation of selected sessions and activities, and interviews with, and surveys of, participants. The views of approximately 450 people informed the evaluation.

The primary data collection instrument was a survey distributed to 800 participants on the final afternoon of the conference. The survey sought feedback about the EECAAC 2008 programme, organization and immediate impact of. There was a high level of engagement with the survey which achieved a 53% response rate (n= 447). Overall, the survey sample was representative of conference participants, with the exception of those who mainly worked in Russia, who were slightly over-represented, and participants over 40 years of age, who were slightly under-represented.

During EECAAC 2008, the opportunity was also undertaken to interview people who had attended EECAAC 2006. Interviews were conducted with 50 participants about the longer-term impact of that conference on their work in HIV, and the HIV work of their organization and their country.

¹ McConachy, D (2006), Evaluation Report: Eastern Europe and Central Asia AIDS Conference, Moscow, 15 – 17 May, 2006.

3. Key findings

3.1 EECAAC 2008

Attendance

1. EECAAC 2008 attracted 2,057 participants representing 52 countries; a 33% increase in participants from EECAAC 2006 and a 4% increase in the number of countries represented.
2. The conference programme was the reason most frequently given for attending EECAAC 2008 (by 27% of survey respondents), closely followed by networking opportunities (21%), presenting a paper, workshop or satellite (19%) and skills building opportunities (18%).

Impact

3. The vast majority of survey respondents deemed EECAAC 2008 had been ‘successful’ or ‘very successful’ in providing conference participants with an opportunity for dialogue and interaction (86%). A large majority also rated the conference ‘successful’ or ‘very successful’ in sharing best practice and promoting evidence to strengthen treatment and care systems (81%) and in sharing best practice and promoting evidence to strengthen prevention programmes (79%).
4. Virtually all survey respondents (99%) benefited professionally from attending the conference; with 56% identifying three or more gains. New contacts and opportunities for partnership and collaboration was the most frequently identified gain (62%), followed by a renewed sense of purpose (46%) and an improved understanding of the HIV epidemic in the region (40%).
5. Most survey respondents (94%) anticipated undertaking at least one activity using benefits gained at EECAAC 2008, with the vast majority anticipating more than one activity (86%). Sharing information with colleagues was the most frequently identified (by 78% of respondents); however, following-up new contacts (58%) and developing a collaboration (58%) were also very important.
6. Almost all survey respondents would recommend the Eastern Europe and Central Asia AIDS Conference to a colleague (95%) and almost all would choose to attend the next conference (96%).

Programme

7. Each of the three daily themes was rated ‘useful’ or ‘very useful’ by approximately 90% of survey respondents. The overall conference programme also rated highly, with 85% of respondents assessing the quality of sessions ‘good’ or ‘excellent’. The quality of speakers, and the range of topics covered were also rated ‘good’ or ‘excellent’ by 75% respondents. The quality of discussion and debate received a lower rating (rated ‘good’ or ‘excellent’ by 60%); however, this aspect of the

conference was clearly valued, evidenced by positive feedback received about the newly introduced community dialogue space, 'Bedeska'.

9. Concurrent sessions and satellites were considered the most useful types of sessions, with poster viewing deemed least useful. Almost half the survey respondents (46%) would like more skills building sessions and over one third would like more research oriented sessions (39%).

Organization

10. The conference venue and facilities, and the conference materials were rated highly, with 85% or more survey respondents assessing them 'good' or 'excellent'. Online registration, the conference website badge and the opening ceremony were also rated 'good' or 'excellent' by 75% of respondents. Pre-conference information, the poster viewing area and the time-tabling of sessions received slightly lower ratings.

3.2 EECAAC 2006

Findings demonstrated that the First Eastern Europe and Central Asia AIDS Conference had a positive and longer-term impact on HIV work at individual, organizational and country levels.

11. **Individual impact:** A large majority of interviewees (88%) cited at least one benefit gained from attending EECAAC 2006, and the majority (60%) reported that they had made a change in their practice as a result. The most frequently noted change was the refinement of current work in the light of new information received at the conference.
12. **Organizational impact:** Just over two-thirds of interviewees (68%) reported that EECAAC 2006 had directed or influenced the HIV work undertaken in their organization, most commonly leading to a change in direction or focus, or the incorporation of change into an existing programme.
13. **Country-level impact:** The same proportion of interviewees (68%) noted the conference had directed or influenced HIV work in their country, most often influencing current practice, guidelines or policy.

4. Discussion

The evaluation did not identify any major issues or problems; however, a number of findings warranted comment and these are discussed in Section 4. Two key findings are discussed below.

The first related to the value of networking. There was a high level of congruence between the second-most frequently identified reason for attending EECAAC 2008 (networking), the main benefit gained (new contacts and opportunities for partnership and collaboration) and two key

anticipated post-conference activities (follow-up new contacts, and develop a collaboration). This revealed a shift from EECAAC 2006, where the conference programme was the single most important reason for attending (identified by 55% of respondents, versus 27% at EECAAC 2008) and the focus on networking was not as strong. The finding also underlined the valuable role of informal learning and support, both during and after EECAAC 2008.

The importance of networking and the popularity of the community dialogue space also highlighted the value placed on interactive activities by many participants. Interestingly, however, another type of opportunity for interaction, poster viewing, received relatively poor ratings. Poster viewing can offer a useful, informal mechanism for discussion and sharing of best practice, in addition to providing an opportunity to meet other professionals. It will be important to extend the scope and raise the profile of this under-utilized activity at future conferences.

5. Conclusions

Evaluation findings demonstrated strong support for EECAAC 2008. Findings also revealed that the conference provided an appropriate and sound mechanism for achieving its stated aim of providing opportunities for key stakeholders in the region to share best practice and promote evidence to strengthen HIV prevention programmes and HIV treatment and care systems.

The evaluation also highlighted the need for future conference programmes to continue to address the challenges of expanding treatment and prevention efforts, to facilitate the transfer of research into evidence-based policy and programmes, and to focus on the needs of vulnerable and marginalized groups. In addition, some lower level planning and organizational issues were illuminated.

The aim of the First Eastern Europe and Central Asia AIDS Conference (EECAAC 2006) was to strengthen and consolidate a large-scale response to HIV in the region through high level political commitment and leadership, technical capacity building; and creating partnerships with civil society and people living with HIV/AIDS. Two years after the conference it was evident that EECAAC 2006 had a marked, positive effect on the HIV work of a number of individuals, organizations and countries in these areas.

1. CONTEXT AND METHODOLOGY

1.1 Background

The Second Eastern Europe and Central Asia AIDS Conference (EECAAC 2008) was held in Moscow, Russia, 3 – 5 May, 2008. EECAAC 2008 was organized by the Federal Service for the Monitoring of Consumer Rights and Personal Welfare in the Russian Federation, in partnership with the Global Fund, UNAIDS and the International AIDS Society. Planning was led by four Co-chairs and a 17-person Conference Organizing Committee. The Conference Secretariat was located at AIDS InfoShare, a Russian non-government organization. The overall custodian of the Eastern Europe and Central Asia AIDS Conference is the HIV Coordinating Council of the Commonwealth of Independent States (CIS).

The theme of EECAAC 2008 was ‘Accelerating Access to HIV Prevention, Treatment and Care for All’. To address this theme, the conference aimed: ‘To provide an unprecedented opportunity for dialogue and interaction among political and community leaders, scientists and other researchers, people living with HIV, and representatives of civil society from across the region in order to:

- Mobilize to expand and improve the response to the epidemic;
- Strengthen systems to provide quality treatment;
- Strengthen prevention programs, especially those targeting vulnerable populations (injecting drug users, men who have sex with men, commercial sex workers, women, young people);
- Address the needs of the health workforce;
- Share best practice and promote evidence-based programmes’.²

The conference programme was organized around three daily themes:

- Know your epidemic (Day 1);
- Scale up multi-sectoral prevention (Day 2);
- Increase access to integrated care and treatment (Day 3).

The programme was developed by three committees (Science, Community and Leadership) and comprised plenary and parallel sessions, skills-building seminars, satellites and a poster exhibition. Other related activities included a commercial exhibition, a Community Dialogue Space, ‘Besedka’, and a Youth Village. The Community Space and Youth Village were introduced for the first time at EECAAC 2008.

The conference was attended by 2, 056 registered participants, representing 52 countries, 16 of which sent official delegations.

² <http://www.eecaac.org/en/about.phtml>

1.2 The Evaluation

1.2.1 Objectives

Building on the evaluation of the First Eastern Europe and Central Asian AIDS Conference (EECAAC 2006)³, three key objectives were identified for the evaluation of EECAAC 2008:

- To review key conference processes and activities to guide the planning of future conferences;
- To consider the immediate and short-term impact of EECAAC 2008 on participants;
- To investigate the longer-term impact of EECAAC 2006 at the individual, organizational and country levels.

1.2.2 Methodology

A range of methods was used to collect qualitative and quantitative data about EECAAC 2008. These methods included:

- Review of conference documentation and website;
- Consultation with secretariat staff;
- Observation of different conference sessions and activities;
- Written surveys of, and interviews with, conference participants:

Participant survey

The main data collection instrument was a self-administered, four-page survey comprising 41 closed questions and two open-ended questions. The survey was distributed to approximately 800 participants on the afternoon of the final day of the conference.⁴

Available in Russian (n=680) and English (n=120), the survey sought the following types of information:

- Demographic details (e.g., country of work, main occupation, length of time working in HIV/AIDS field);
- Reason for attending the conference;
- Ratings of the conference programme and planning and organization;
- Feedback about the success of the conference in achieving its key purposes and its immediate impact on participants.

³ McConachy, D (2006), Evaluation Report: Eastern Europe and Central Asia AIDS Conference, Moscow, 15 – 17 May, 2006.

⁴ Surveys were distributed between 3pm and the closing session to participants entering sessions, viewing the exhibition and poster display, and sitting in coffee shops.

Of the 800 surveys distributed, 447 were returned, resulting in a 53% response rate⁵. The attendance figure for the last day of the conference has been estimated at around 1,200 participants, although less than 700 participants attended the closing session. Therefore, a minimum of 35% (and up to 60%) of participants present on the final afternoon of the conference completed a survey, and 20% of the total number of participants provided evaluative feedback about the conference.

Participant interview

During EECAAC 2008, the opportunity was undertaken to interview people who had also attended EECAAC 2006 about the longer-term impact of the First Eastern Europe and Central Asia AIDS Conference. Participants were approached in a variety of locations within the conference venue and asked if they had attended EECAAC 2006. Those who replied 'yes' were invited to participate in a short, 5 to 10 minute interview about the impact of that conference on their work in HIV, and the HIV work of their organization and their country. Approximately 200 people were approached, 53 of whom had attended EECAAC 2006, and 50 of whom participated in an interview.

The interview comprised 10 closed questions and five open-ended questions. It sought information about any benefits the delegate had gained from attending EECAAC 2006, the impact of the conference at the individual, organizational and country levels, and brief demographic information.

Data analysis

Responses to open-ended questions were transcribed and analysed for content and key themes. Frequencies and cross-tabulations were tallied for closed questions. Total numbers (Ns) vary in some instances because non-responses were excluded from valid data. Statistical comparisons, including chi-square, were employed in the analysis of the data. Where the term *significant* is used in the report, differences have been found with a probability of at most α 0.01. Where appropriate, the qualitative and quantitative survey information was triangulated⁶ to illuminate similarities and differences and to highlight key issues.

⁵ 391 (58%) of the Russian surveys and 36 (30%) of the 120 English surveys were returned.

⁶ 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

2. FINDINGS: EECAAC 2008 IMPACT, PROGRAMME AND ORGANIZATION (PARTICIPANT SURVEY)

2.1 Characteristics of survey respondents

Information about survey respondents' age, gender, field of activity, occupation, organization, length of time in the HIV/AIDS field, main country of work and attendance at previous conferences is presented in this section. Where available, comparative data for all conference participants (n=2,056) collected at registration is also reported⁷.

2.1.1 Age and gender

A large proportion of survey respondents were female (66%); the remainder identified as male (34%) (see Table 2.1.).

Table 2.1: Gender of survey respondents & all participants

<i>Gender</i>	<i>% Survey respondents (n=440)</i>	<i>% All participants (n=2,056)</i>
Female	66	60
Male	34	39
Transgender	0	1
Total	100	100

Almost two-thirds of respondents were under 40 years of age (64%). (see Table 2.2).

Table 2.2: Age of survey respondents & all participants

<i>Age</i>	<i>% Survey respondents (n=437)</i>	<i>% All delegates (n=2,056)</i>
Under 26 years	13	4
26 – 40 years	51	45
41 – 60 years	33	48
Over 60 years	3	3
Total	100	100

⁷ Demographic information for 2,2056 conference participants (referred to as 'all participants') is presented.

2.1.2 Main field of activity, occupation/profession and type of organization

When participants registered for the conference they were asked to identify their main field of activity from a nine-item list. The same list was used in the survey and findings show that over half the survey respondents (58%) worked in the fields of AIDS services or medicine (see Table 2.3).

Table 2.3: Main field of activity of survey respondents & all participants

<i>Field</i>	<i>% Survey respondents (n=428)</i>	<i>% All participants (n=2,056)</i>
AIDS services	36	33
Medicine	22	21
Public health	13	12
Science	8	8
Charity	5	12
Education	4	5
Media	2	1
Pharmacia	1	4
Authority	0	4
Other	10	0
Total	100	100

Although conference participants were not asked for their occupation at registration, survey respondents were asked to select their occupation from an 11-item list. The largest groups of respondents chose administrator or manager (28%) or clinician/physician (21%) (see Table 2.4).

Table 2.4: Main occupation/profession of survey respondents

<i>Occupation/profession</i>	<i>% Survey respondents* (n=1,335)</i>
Program/facility administrator or manager	28
Clinician/physician	21
Researcher/scientist	11
Teacher/educator	10
Government official/policy maker	6
Other health professional	6
Community/religious/traditional leader	5
Journalist/media representative	2
Other (e.g.; student, pharmaceutical representative/manufacture)	11
Total	100

When participants registered for the conference they were asked to select their organization type from a seven-item list. The same list was used in the survey and the largest proportions of respondents worked in non-governmental non-commercial organizations (37%) and governmental organizations (33%) (see Table 2.5).

Table 2.5: Main type of organization of survey respondents & all participants

<i>Type of organization</i>	<i>% Survey respondents (n=436)</i>	<i>% All participants (n=2,056)</i>
Non-government non-commercial	44	37
Governmental	33	33
International	14	16
Non-government commercial	3	5
Municipal	3	2
Charity (funder)	2	7
Other	1	0
Total	100	100

2.1.3 Main country of work

Although by far the largest proportions of conference participants and survey respondents identified Russia as their main country of work, this group was slightly over-represented in the survey (see Table 2.7).

Table 2.6: Main country of work of survey respondents & all participants

<i>Country</i>	<i>% Survey respondents (n=441)</i>	<i>% All participants (n=2,056)</i>
Russia	55	46
Ukraine	12	12
Kazakhstan	5	4
Tajikistan	5	5
Uzbekistan	4	4
Kyrgyzstan	4	4
USA	1	5
Other	14	20
Total	100	100

2.1.4 Years worked in HIV/AIDS field

The majority of survey respondents (56%) had worked in HIV/AIDS for less than six years. Just under one quarter (22%) had worked in the field for more than 10 years (see Table 2.7).

Table 2.7: Number of years worked in HIV/AIDS by survey respondents

<i>Number of years</i>	<i>% Respondents (n=437)</i>
2 or less	20
3-5	36
6-10	22
11-15	11
more than 15	11
Total	100

HIV/AIDS was the main area of work for just over three-quarters (77%) of respondents.

2.1.5 Attendance at previous conferences

One third of survey respondents (33%) had attended the First Eastern Europe and Central Asia AIDS Conference (EECAAC 2006) held in Moscow, 15 – 17 May, 2006 (see Table 2.8).

Table 2.8: Attendance at EECAAC 2006

<i>Attendance</i>	<i>% Survey respondents* (n=441)</i>	<i>% All participants (n=2,056)</i>
Yes	33	32
No	67	68
Total	100	100

Approximately three-quarters (76%) of respondents had attended at least one other HIV/AIDS conference in the previous three years.

2.1.6 Representativeness of survey sample

A comparison of the 447 survey respondents with the 2,056 delegates who provided demographic details at time of registration showed that, overall, the survey sample was representative with respect to gender, field of work, type of organization and attendance at EECAAC 2006. Conference participants who mainly worked in Russia were slightly over-represented in the survey sample, and participants over 40 years of age were slightly under-represented.

2.2 Conference Impact

The impact of EECAAC 2008 was investigated in terms of the achievement of three key conference purposes, and the effect of the conference on individual participants and their work in HIV/AIDS.

2.2.1 Achievement of key purposes

Survey respondents were asked to assess how successful the conference had been in achieving the following three purposes:

- Sharing best practice and promoting evidence to strengthen prevention programmes in the region;
- Sharing best practice and promoting evidence to strengthen treatment and care systems in the region;
- Providing conference participants with an opportunity for dialogue and interaction.

The vast majority of respondents considered the conference had been ‘successful’ or ‘very successful’ in providing participants with an opportunity for dialogue and interaction (86%). The conference was also deemed to have been ‘successful’ or ‘very successful’ in sharing best practice and promoting evidence to strengthen prevention programmes, and sharing best practice and promoting evidence to strengthen treatment and care systems, by a large majority of respondents (79% and 81% respectively) (see Table 2.9).

Table 2.9: Ratings of achievement of conference purposes

<i>Purpose</i>	<i>Very successful</i>	<i>Successful</i>	<i>Not very successful</i>	<i>Not at all successful</i>	<i>Total (%)</i>
Providing an opportunity for dialogue and interaction (n=418)	41	45	12	2	100
Sharing best practice and promoting evidence to strengthen prevention programmes (n=393)	20	59	19	2	100
Sharing best practice and promoting evidence to strengthen treatment and care systems (n=368)	14	67	17	2	100

It should be noted that whether a respondent gave a rating of ‘successful’ or ‘very successful’ was not significantly related to:

- the length of time the respondent had worked in HIV/AIDS;
- the respondents’ field of activity; or
- whether the respondent had attended another HIV/AIDS conference in the past three years.

2.2.2 Participants' reasons for attending EECAAC 2008

Survey respondents were asked to identify their main reason for attending EECAAC 2008 from a seven-item list. Although the conference programme was selected by the largest proportion of respondents (27%), other important reasons for attending were networking opportunities, skills-building and making a presentation (see Table 2.10).

Table 2.10: Main reasons for attending EECAAC 2007

<i>Reason</i>	<i>% Respondents (n= 394)</i>
Conference programme	28
Networking opportunities	22
Presenting paper, workshop or satellite	18
Skill-building opportunities	18
Recipient of scholarship or grant	7
Invited speaker	1
Other	8
Total	100

2.2.3 Professional benefits gained from attending EECAAC 2008

Survey respondents were presented with a nine-item list of potential benefits and asked to identify any they had acquired as a result of attending EECAAC 2008. 'New contacts and opportunities for partnership and collaboration' was by far the most frequently identified gain, selected by almost two-thirds (62%) of respondents (see Table 2.11).

Table 2.11: Main benefits gained from EECAAC 2008

<i>Benefit</i>	<i>% Respondents* (n=447)</i>
New contacts and opportunities for partnership and collaboration	62
Renewed sense of purpose	46
Improved understanding of HIV epidemic in Eastern Europe and Central Asia	40
New insights into HIV prevention	34
New insights into HIV treatment and care	28
Affirmation of current research or practice	27
New insights into HIV science	23
Opportunity for career advancement	12
Other	6
Did not gain anything	1

*Total exceeds 100 as more than one benefit could be selected

Virtually all respondents (99%) reported that they had benefited professionally from attending EECAAC 2008, with over half (56%) identifying three or more benefits (see Table 2.12).

Table 2.12: Number of benefits gained

<i>Number of benefits</i>	<i>% Respondents (n=442)</i>
1	17
2	27
3	26
4 or more	30
Total	100

When this question was further analyzed, it was found that whether a respondent gained three or more benefits was not significantly related to:

- the length of time the respondent had worked in HIV/AIDS;
- the respondents' field of activity; or
- whether the respondent had attended another HIV/AIDS conference in the past three years.

2.2.4 Anticipated use of benefits gained at EECAAC 2008

Survey respondents were asked to identify how they anticipated using the benefit(s) they had gained at EECAAC 2008 from a list of eight activities. Most respondents (94%) anticipated undertaking at least one activity; the remainder reported they were unsure or would not do anything differently. Sharing new information with colleagues was by far the most frequently identified activity, selected by more than three-quarters (78%) of respondents; however, following-up new contacts and developing partnerships and collaborations (each identified by 58% of respondents) were also very important(see Table 2.13).

Table 2.13: Anticipated use of benefits gained at EECAAC 2008

<i>Activity</i>	<i>% Respondents* (n=442)</i>
Share new information with colleagues	78
Follow up new contacts	58
Develop new partnerships or collaborations	58
Strengthen advocacy or policy work	30
Apply new insights to prevention programmes	27
Undertake new research	17
Apply new insights to HIV treatment and care	9
I am unsure	4
I will not do anything differently	2
Other	7

*Total exceeds 100 as more than one response could be selected

A large majority of respondents (86%) intended to undertake more than one activity, with almost two-thirds (63%) planning to undertake three or more activities (see Table 2.14).

Table 2.14: Number of anticipated activities

<i>Number of activities</i>	<i>% Respondents (n=417)</i>
1	14
2	23
3	31
3 or more	32
Total	100

When this question was further analyzed, it was found that whether a respondent anticipated undertaking three or more activities was not significantly related to:

- the length of time the respondent had worked in HIV/AIDS;
- the respondents' field of activity; or
- whether the respondent had attended another HIV/AIDS conference in the past three years.

2.2.5 Professional value of EECAAC 2008

As an indicator of the conference's professional value, survey respondents were asked if they would recommend the Eastern Europe and Central Asia AIDS Conference to a colleague. Almost all respondents (95%) reported that they would recommend the conference.

Survey respondents were also asked if they would choose to attend the next conference, based on their experience of EECAAC 2008. Almost all (96%) indicated they would choose to attend. Respondents who would not (n=20) were asked why this was, and 12 people provided reasons. Four people were unsure, two gave reasons unrelated to the conference, and the remaining six felt the conference was not useful, provided limited new information and opportunities for discussion, or was not inclusive of all countries in Eastern Europe.

2.3 Conference Programme

The value of the overall conference programme was investigated in terms of the quality of sessions and speakers, the range of topics covered, preferred session types and the usefulness of the daily themes for participants.

2.3.1 Value of the daily themes

The conference programme was organized around three themes: Know your epidemic (Day 1), Scale up multi-sectoral prevention (Day 2) and Increase access to integrated care and treatment (Day 3). Survey respondents were asked to rate the usefulness of each theme using a four-

point scale. Approximately 90% of respondents rated each daily theme ‘useful’ or ‘very useful’ (see Table 2.15).

Table 2.15: Ratings of usefulness of daily theme

<i>Theme</i>	<i>Very useful</i>	<i>Useful</i>	<i>Not very useful</i>	<i>Not at all useful</i>	<i>Total (%)</i>
Know your epidemic (n=424)	37	52	10	1	100
Scale up multi-sectoral prevention (n=418)	41	50	8	1	100
Increase access to integrated care and treatment (n=417)	40	49	9	2	100

2.3.2 Overall programme quality

Survey respondents were asked to rate the overall quality of sessions, speakers, discussion and debate, and the range of topics covered using a four-point scale. Session quality was the most highly rated element of the programme, with 85% of respondents assessing it ‘good’ or ‘excellent’ (see Table 2.16). The range of topics covered and quality of speakers also rated relatively strongly, with 76% of respondents assessing these ‘good’ or ‘excellent’. The quality of discussion and debate attracted the most criticism, with only 60% of respondents rating this aspect of the programme ‘good’ or ‘excellent’.

Table 2.16: Rating of programme quality

<i>Aspect</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Total (%)</i>
Quality of sessions (n=419)	31	54	13	2	100
Range of topics covered (n=422)	30	46	20	4	100
Quality of speakers (n=417)	21	55	21	3	100
Quality of discussion & debate (n=421)	16	44	31	9	100

When this question was further analyzed, it was found that rating of the quality of sessions, speakers, discussion and debate, and the range of topics covered was not significantly related to the length of time a respondent had worked in HIV/AIDS, or the respondent’s field of activity.

2.3.3 Most valuable types of sessions and activities

Respondents were asked to select the two types of sessions or activities that they had found most valuable at EECAAC 2008 from a six-item list. Concurrent sessions and satellites were the types most frequently identified (see Table 2.17).

Table 2.17: Most valuable session/activities at EECAAC 2008

Type	% Respondents (n=447)
Concurrent sessions	54
Satellites	48
Plenary session	30
Skills-building workshops	26
Networking	11
Poster viewing sessions	5

*Total exceeds 100 as respondents were asked to identify two session types

2.3.4 Preferred mix of sessions and activities

Respondents were asked if they would change the mix of the programme for the next conference. Although the majority of respondents would make no change to the number of plenary sessions and concurrent sessions, almost half would like more skills-building sessions (46%), and over one third would like more research-oriented sessions (39%) and more satellite meetings (34%) (see Table 2.18).

Table 2.18: Preferred programme mix for next EECAAC

Session type	More of these	No change	Less of these	No opinion	Total (%)
Skills-building (n=370)	46	33	8	13	100
Research-oriented (n=359)	39	41	9	11	100
Satellite (n=375)	34	46	10	10	100
Poster viewing (n=354)	27	49	11	13	100
Concurrent (n=354)	24	53	16	6	100
Plenary (n=382)	16	60	17	7	100

When this question was further analyzed it was found that a preference for more skills building workshops was not significantly related to whether a respondent had attended another AIDS conference in the previous three years. However, teachers/educators and other health care professionals were significantly more likely than other occupational groups to say they would like more skills building workshops⁸. Furthermore, respondents who had worked in the field for three to five years were significantly more likely than those who had worked in the field for six or more years to say they wanted more workshops⁹. Although not statistically significant, 45% of respondents who had worked in HIV for two years or less also would like more skills building workshops

⁸ Teachers/educators (67%) and other health care professionals (70%) versus other occupational groups, for example, researchers/scientists (22%)

⁹ 3 – 5 years (51%) versus 6 or more years (42%)

A preference for more research-oriented sessions was not significantly related to the length of time a respondent had worked in HIV/AIDS, or whether a respondent had attended another HIV conference in the previous three years. However, researchers/scientists and other health care professionals were significantly more likely than other occupational groups to say they would like more research-oriented sessions¹⁰.

2.3.5 Qualities of a favourable session or activity

Survey respondents were asked to identify their favourite presentation, skills building workshop or satellite at EECAAC 2008 and to choose the reason(s) for their selection from a six-item list. The importance of the topic to respondents' work was identified by the majority of respondents (57%). However, at least one third of respondents highlighted the importance of the topic being of general interest, or the presentation being engaging, there being good questions and discussion, or the presenter having extensive knowledge (see Table 2.19).

Table 2.19: Reasons for selection of favourite presentation

<i>Reason</i>	<i>% Respondents (n=447)*</i>
Importance of topic to work	57
General interest/appeal of topic	39
Good questions/discussion	37
Presenter's engaging style	35
Presenter's extensive knowledge	32
Other	3

*Total exceeds 100 as more than one response could be selected

Respondents selected a wide variety of sessions and presentations; however, it was not possible to analyze the information in depth due to the varying levels of detail provided. For example, some respondents simply listed a speaker who had made more than one presentation (e.g., Kazatchkine, Onischenko); others identified a specific discussion or presentation that had been held in Besedka (e.g., discordant couples); some others just noted 'Besedka'. Despite this limitation, it was possible to identify some areas, topics or sessions that were more frequently listed. These included Besedka, treatments information, substitution treatment, looking to the future, harm minimization and other prevention strategies, and HIV and TB.

2.3.6 Comments about the programme

At the end of the survey respondents were asked for any additional comments about the conference and 49 people (11%) provided specific feedback about the programme. The most frequently noted comments related to the following two areas:

¹⁰ Researchers/scientists (59%) and other health care professional (56%) versus other occupational groups, for example, government official/policy maker (22%), teacher/educator 29%), clinicians/physicians (39%).

- **Amount of attention paid to some topics, issues or groups** (n=21), the most commonly noted being a lack of demonstration of best practice (n=3). A variety of other topics requiring more attention were also identified, each by one or two people. These included the treatment of opportunistic infections, issues for caregivers, AIDS and oncology, prevention strategies for young people, issues relating to substitution therapy, human rights, the social and economic impact of HIV/AIDS, and issues for men who have sex with men. The under-representation of some marginalized and vulnerable groups was also noted by some respondents, including HIV-positive injecting drug users and sex workers.

Several respondents felt that too much attention was paid to some topics or issues, including research (rather than focusing on its implementation into practice), men who have sex with men, and substitution therapy.

- **Lack of opportunities for discussion and debate** (n=14) both during and after sessions, as well as limited chances to share experiences. Several respondents drew attention to the value of the community dialogue space; several others noted the prevalence of long 'monologue' presentations, or the fact that poster presenters appeared to spend little or no time beside their posters, perhaps exacerbated by the fact that the poster viewing area was not located near the session rooms.

Other comments offered about the programme included the fact that several respondents felt the quality of the science was poor or that little new information had been presented. Several others considered the standard of some presentations was low, or there had been a mismatch between the title and the content. Several other respondents considered that there was too great a focus on countries of the former Soviet Union, at the expense of other Eastern European countries.

2.4 Conference planning and organization

A variety of aspects of conference planning and organization were reviewed. These related to pre-conference information, and conference processes, activities and facilities. In addition, key personnel at AIDS Infoshare were invited to make suggestions or comments¹¹.

2.4.1 Rating of key aspects

Survey respondents were asked to rate nine aspects of conference planning and organization using a four-point scale. The conference venue and facilities, and the conference materials were highly regarded, receiving the highest proportion of 'good' to 'excellent' ratings (87% and 85% respectively). Pre-conference information, badge and bag collection, the poster viewing area and the time-tabling of sessions received the lowest ratings of 'good' to 'excellent' (between 69% and 71%) (see Table 2.20).

¹¹ AIDS Infoshare personnel did not have any additional comments.

Table 2.20: Rating of conference organization

<i>Aspect</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Total (%)</i>
Conference venue and facilities (n=430)	52	35	10	3	100
Conference materials (n=427)	35	50	12	3	100
Online registration (n=387)	37	41	15	7	100
Opening ceremony (n=376)	34	44	18	4	100
EECAAC 2008 website (n=394)	33	43	20	4	100
Badge and bag collection (n=430)	35	36	21	9	100
Pre-conference information (n=412)	26	44	20	10	100
Poster viewing area (n=402)	26	43	26	5	100
Time-tabling of sessions (n=418)	23	47	22	8	100

2.4.2 Comments about organization

At the end of the survey respondents were asked for any additional comments about the conference and 81 people (19%) provided specific feedback about conference planning and organization. The most frequently noted comments related to the following:

- **Poor timetabling of sessions** (n=26) and the fact that there were too many parallel sessions held on similar issues, preventing participants' attendance at more than one session of interest.
- **Limited availability of refreshments** (n=19), especially a lack of complimentary coffee at morning and afternoon breaks, poor quality and expensive food at the venue, and poor food at the conference dinner.
- **Long distance between venue and some accommodation** (n=8) which necessitated a long commute for some participants.

Feedback about a range of other organizational issues was provided, each by one or two people. Comments included the fact that abstracts were only provided in Russian and were not published on the website during the conference, a list of participants was not provided to facilitate networking, substitution treatment was not available for those participants who required it, and there was limited organization of free time and activities outside the conference.

2.4.3 Additional comments about EECAAC 2008

Survey respondents were asked if they had any other comments about the conference. Just over one third (37%, n=164) provided additional comments which fell into three main categories: feedback about the programme (reported in Section 2.2.5), feedback about organization (reported in Section 2.4.1) and positive remarks about the conference (20%, n=32). Respondents who provided positive feedback generally made a brief comment, thanking or congratulating the organizers, or noting they were satisfied with all aspects of the conference. Several people advised that EECAAC 2008 had been a better conference than EECAAC 2006. Key personnel at the conference secretariat were also invited to provide feedback about the conference, but did not have further comments to add.

3. FINDINGS: EECAAC 2006 LONGER-TERM IMPACT (PARTICIPANT INTERVIEW)

3.1 Characteristics of interviewees

During EECAAC 2008, 50 participants who had attended EECAAC 2006 were interviewed about the longer-term impact of the first conference. Information about the interviewees' gender, field of activity, occupation, organization, length of time in the HIV/AIDS field and country of work is presented in this section.

The largest proportion of interviewees' worked in public health (44%), and almost half (48%) were based in a non-governmental non-commercial organization. HIV was the main area of work for three-quarters of interviewees (75%), and the majority (70%) had worked in the HIV field for more than five years; 30% had worked for more than 10 years. Sixty percent were female and 60% mainly worked in Russia (see Table 3.1).

Table 3.1: Summary of interviewees' demographic details

<i>Attribute</i>	<i>Percent* (n=50)</i>
Gender	
Female	62
Male	38
Main field of activity	
Public health	44
Medicine	18
AIDS services	16
Science	6
Media	6
Education	6
Main type of organization	
Non-governmental non-commercial	48
Governmental	26
International	24
Years worked in HIV/AIDS	
2 or less	2
3 - 5	30
6 - 10	28
11 - 20	18
More than 20	22
Main country of work	
Russia	60
More than one country	8
Uzbekistan	6
Belarus	4
Ukraine	4
Armenia	4

*Totals do not always equal 100 as only the most frequent responses are reported.

It was not possible to comprehensively compare interviewees with all conference participants attending EECAAC 2006 because less demographic information was collected at registration and some different categories were used. However, with respect to country of work, gender and type of organization, interviewees were broadly representative in terms of country of work and gender. Participants who worked in non-governmental non-commercial organizations were slightly over-represented in the interview sample.

3.2 Benefits gained at EECAAC 2006

Interviewees were asked to recall any benefits they had gained from attending EECAAC 2006. Forty-four people (88%) reported a total of 59 gains and six people reported they had gained nothing from the conference.

The most frequently identified gain related to the acquisition of new information and knowledge (see Table 3.2). This varied from general information about the epidemic, to specific HIV-related topics such as substitution therapy, epidemiology, diagnostics and palliative care. Another frequently identified benefit was the opportunity to meet new people, exchange ideas and experiences, and form partnerships.

Table 3.2: Benefits gained by delegates at EECAAC 2006

<i>Benefit</i>	<i>% respondents who identified benefit (n=44)*</i>
New information and knowledge	57
Networking/new contacts/ information sharing	41
Evidence of a more cooperative approach	18
Broader understanding of complex issues	11
Evidence of greater political commitment and support	7

*Total exceeds 100 as more than one benefit could be identified

Less commonly noted benefits were evidence of a more co-operative approach to tackling the HIV/AIDS problem, an increased understanding of the complex issues faced by people with HIV/AIDS and other vulnerable groups in the region, and evidence of greater political support and commitment. The following quotations exemplified interviewees' comments:

I gained specific information about drug adherence and multi-disciplinary teams and was able to exchange ideas with people from different countries about the benefits and challenges and differences in approaches (Public health worker, Russia).

I gained an understanding of the epidemics in Belarus, Ukraine etc relating to injecting drug users; and I saw how different countries do things so I can build on their experience in my work (Public health worker, Kazakhstan).

It was the first conference of its kind in the Russian Federation and in the region, providing an occasion for different people to get together to share thoughts and opinions at the regional level. It was good to have wide representation; for example, people from the HIV field and from the Federal penal system (AIDS services worker, Russia).

The Russian government declared its commitment to HIV and funded responses on a larger scale, plus the conference provided the first opportunity for members of civil society in the region to gather together (Medical worker, Russia).

Six interviewees, three of whom worked for international organizations, indicated that they had gained very little or nothing at all from the conference. Several noted that this was because the conference failed to bring together a substantial number of people working in HIV from civil society or marginalized groups, or it offered limited scientific content.

3.3 Impact of EECAAC 2006 at the individual level

Interviewees were asked if they had done anything differently in their HIV work as a result of attending EECAAC 2006. Thirty people (60%) reported a total of 32 changes which fell into five broad categories (see Table 3.3).

Table 3.3: Changes in individual HIV work

<i>Change</i>	<i>% respondents who identified change (n=30)*</i>
Refined current work	37
Changed way of thinking/will change future work	30
Disseminated new information to clients/colleagues	20
Followed up new contacts or established collaboration	10
Received a new grant	10

*Total exceeds 100 as more than one change could be identified.

The most frequently identified changes were the refinement of current work in the light of new information received at the conference, or a shift in thinking that influenced future work. The following quotations described these types of changes:

I met new people and new projects resulted, for example, 'Dance for Life' which is conducted in a different form in my area (Public health worker, Uzbekistan).

I learned a lot which I now use in my practice, especially the importance of working with a team of clinicians, psychologists and social workers to provide palliative care. Also the importance of patients' adherence to ART (Medical worker, Russia).

The conference gave me ideas for undertaking advocacy work for IDUs, also substitution therapy and setting up rehabilitation centres (Public health worker, Belarus)

Other less frequently identified changes included:

- dissemination of new information to colleagues and/or clients on an individual basis or through training;
- following up with new contacts or establishing a partnership or collaboration;
- receipt of a grant or new funding following the conference.

These types of changes were exemplified by the following quotations:

I trained others in my organization as well as bringing back a lot of information in brochures for our medical library (Medical worker, Russia)

We began talks with a funder at the last conference, resulting in our organization receiving a grant

After our workshops at the conference various countries came back to us and we were able to provide ongoing support (Educator, International organization)

A further six interviewees specifically noted that their motivation had increased or their current practice had been affirmed as a result of attending the conference, although they had not made any changes in their HIV work..

3.3.1 Reasons why EECAAC 2006 did not have an impact on delegates' work

The remaining interviewees who had not made any changes as a result of attending EECAAC 2006 (22%, n=14) were asked if there was a reason for this¹². Eleven people provided reasons, the most frequently given being:

- EECAAC 2006 did not offer anything new;
- Content offered had no specific application to the interviewee's work;
- Conference lacked a strong scientific focus;
- Funding or existing government or guidelines restricted change.

3.4 Impact of EECAAC 2006 at the organizational level

Interviewees were asked if EECAAC 2006 had directed or influenced any of the HIV work undertaken in their organization. Just over two-thirds (68%) reported that this had been the case. The remainder stated that the conference had not directed or influenced the organization's work in HIV (20%), or they did not know (12%).

Thirty-four interviewees described a total of 45 changes which fell into five broad themes:

- Change in direction or focus of the organization's HIV work, or the incorporation of change into an existing programme;
- Establishment of a new collaboration, partnership or network as a result of contacts made at the conference;
- Development of a new programme or initiative;
- Influence on future planning although no immediate change.

¹² Four interviewees worked for an international organization

- Take-up of information by people who did not attend the conference (see Table 3.4).

Table 3.4: Changes made at the organizational level

<i>Change</i>	<i>% respondents who identified change (n=34)*</i>
Changed direction or focus, or change incorporated	41
New collaboration/network/partnership	29
New programme/initiative	24
Influence on future work	18
Wider uptake of information	15

*Total exceeds 100 as more than one change could be identified

The following quotes typify the kinds of responses interviewees gave when asked to describe the changes:

As a result of having the opportunity to meet interesting people as well as specialists and government officials from our own country we were able to discuss joint issues and plan how to work together to improve coordination (Public health worker, Armenia).

My colleagues have become more productive and motivated. This is due to an increased understanding of HIV as a global problem and new information gained [at the conference] that has been used by the organization (AIDS services worker, Russia).

We gained new contacts and as a result our organization now works cooperatively with people from four other countries (AIDS services worker, Belarus).

As a result of attending [the conference] we changed some of our presentations and our outreach work (Public health worker, Russia).

3.5 Impact of EECAAC 2006 at the country level

Interviewees were asked if they were aware of EECAAC 2006 having influenced HIV work in their country. Just over two-thirds (68%) reported that the conference had an influence at the country level. The remainder indicated that there had not been any influence (22%) or they did not know (10%). Several respondents who said the conference had not influenced HIV work suggested this was because more is needed to bring about change than a conference; including increased funding to match commitments; greater public awareness of HIV/AIDS, and increased involvement of government and civil society outside of large cities.

Thirty-two people described a total of 50 effects of the conference at the country level. The most frequently reported effects fell into the following four categories:

- Influence on practice, protocols, guidelines or policy;
- Increase in commitment to HIV/AIDS, especially by government;

- Establishment of a foundation for further discussion of key issues, or the development of new initiatives
- Raising of the profile of HIV in general, and issues faced by people living with HIV/AIDS in particular, as a precursor to action (see Table 3.5)

Table 3.5: Changes at the country level

<i>Change</i>	<i>% respondents who identified change (n=35)*</i>
Influenced current practice, guidelines or policy	51
Increased commitment to HIV/AIDS	37
Led to new initiatives	31
Raised profile of HIV and associated issues	23

*Total exceeds 100 as more than one change could be identified.

The following quotes typified the kinds of responses interviewees gave when asked to describe the changes:

The conference motivated people living with HIV/AIDS to become more involved and take charge, resulting in more initiatives (AIDS services worker, Belarus)

The conference influenced decision-makers who attended. The Deputy Minister became aware of approaches used by other countries; for example, with men who have sex with men (Public health worker, Uzbekistan)

As a result of the conference people became more aware of people living with HIV/AIDS and their problems. This had an impact on the treatment of these people and how people view them (Public health worker, Russia)

Around the time of the conference the National HIV Programme was delayed. Some high level officials from our country came to the conference and realized the importance of HIV/AIDS, resulting in sign-off on the programme when they returned (AIDS services worker, Kazakhstan).

HIV/AIDS is now a greater focus for the Ministry of Health and money has been allocated for antiretroviral therapy (Medical worker, Russia).

4. KEY FINDINGS, DISCUSSION AND CONCLUSIONS

4.1 Introduction

The evaluation of the Eastern Europe and Central Asia AIDS Conference was framed by three objectives:

- i. To review key conference processes and activities to guide the planning of future conferences;
- ii. To consider the immediate and short-term impact of EECAAC 2008 on participants;
- iii. To investigate the longer-term impact of EECAAC 2006 at the individual, organizational and country levels.

Detailed findings about the EECAAC 2008 programme and organization, as well as immediate and short-term conference impact are presented in Section 2. Detailed findings about the longer-term impact of EECAAC 2006 are presented in Section 3. Broad findings are discussed in this section.

4.1.1 Limitations of the evaluation

EECAAC 2008

The participant survey achieved a 53% response rate, attracting 427 respondents who represented 20% of all conference participants¹³. Attendance at the last day of the conference has been estimated at around 1,200 participants, although less than 700 participants attended the closing session. Therefore, a minimum of 35% (and up to 60%) participants present on the final afternoon of the conference completed a survey.

Overall, survey respondents were generally representative of conference participants, with the exception of people who mainly worked in Russia, who were slightly over-represented in the survey sample, and participants over 40 years of age, who were slightly under-represented. The views of conference participants who were not present on the final afternoon were not represented.

The survey gathered much useful quantitative data about different aspects of EECAAC 2008; however, it was not possible to ask many open-ended questions as the resources were not available to effectively analyze a large amount of qualitative information.

EECAAC 2006

The 50 people who participated in short intercept interviews about EECAAC 2006 were generally representative of EECAAC 2006 participants with respect to country of work and gender. Participants who worked in non-governmental non-commercial

¹³ A slightly higher return rate (60%) was achieved in the EECAAC 2006 evaluation; however, the participant survey was one page shorter in length, which may account for the difference.

organizations were slightly over-represented in the interview sample. Participants were interviewed about the impact of a conference that occurred two years earlier and it was not possible to validate the types of changes they described.

Notwithstanding the above limitations, the evaluation provided a wealth of information to guide future planning and to help assess the worth of the Eastern Europe and Central Asia AIDS Conference

4.2 Key findings and discussion

4.2.1 EECAAC 2008

Attendance

1. EECAAC 2008 attracted 2,057 participants representing 52 countries.

The attendance figure reflected a 33% increase in participants from EECAAC 2006 and a 4% increase in the number of countries represented. The figure was reached before the registration deadline (as with EECAAC 2006), indicating continued strong interest in and support for the conference.

Although there was maximum participation in EECAAC 2006 and EECAAC 2008, both conferences were held in Moscow, with approximately half the participants working in Russia. The importance of rotating the venue to make the conference truly regional is an issue being addressed by key stakeholders.

2. The conference programme was the reason most frequently given for attending EECAAC 2008 (by 27% of survey respondents); however, this was closely followed by networking opportunities (21%), presenting a paper, workshop or satellite (19%) and skills building opportunities (18%).

This finding marks a shift in focus from EECAAC 2006, where by far the largest proportion of survey respondents identified the conference programme as their main reason for attending (55%).

Impact

3. The vast majority of survey respondents deemed EECAAC 2008 to have been 'successful' or 'very successful' in providing conference participants with an opportunity for dialogue and interaction (86%). A large majority also rated the conference 'successful' or 'very successful' in sharing best practice and promoting evidence to strengthen treatment and care systems (81%) and in sharing best practice and promoting evidence to strengthen prevention programmes (79%).
4. Virtually all survey respondents (99%) benefited professionally from attending the conference; with 56% identifying more than two gains. New contacts and opportunities

for partnership and collaboration was the most frequently identified gain (62%), followed by a renewed sense of purpose (46%) and an improved understanding of the HIV epidemic in the region (40%).

It is pleasing to report that similar proportions of respondents attending EECAAC 2008 and EECAAC 2006 identified three or more gains from attending the conferences, especially as a larger proportion of EECAAC 2008 survey respondents had attended at least one other AIDS conference in the previous three years. It is also evident that the conference offered opportunities for support and development.

5. Most survey respondents (94%) anticipated undertaking at least one activity using benefits gained at EECAAC 2008, with the vast majority anticipating more than one activity (86%). Sharing information with colleagues was the most frequently identified (by 78% of respondents); however, well over half planned to follow-up new contacts (58%) or develop a collaboration (58%).

There was a high level of congruence between the second-most frequently identified reason for attending the conference (networking), the main benefit gained (new contacts and opportunities for partnership and collaboration) and two key anticipated post-conference activities (follow-up new contacts and develop a collaboration).

The strong focus on networking reveals a shift from EECAAC 2006, where knowledge sharing and knowledge acquisition had greater prominence. In part this may be attributable to the fact that 40% of EECAAC 2006 survey respondents had not attended an AIDS conference in the previous three years, whereas 30% of EECAAC 2008 survey respondents had attended EECAAC 2006 and 76% had attended another AIDS conference. The finding also underlines the important role of informal learning and information exchange at conferences.

6. The vast majority of survey respondents would recommend the Eastern Europe and Central Asia AIDS Conference to a colleague (95%) and almost all would choose to attend the next conference (96%).

Programme

7. Each daily theme was rated 'useful' or 'very useful' by a large majority of survey respondents (approximately 90%). The overall conference programme also rated highly, with 85% of respondents assessing the quality of sessions 'good' or 'excellent'. The quality of speakers and the range of topics covered were also rated 'good' or 'excellent' by 75% respondents.

The quality of discussion and debate received a lower rating (rated 'good' or 'excellent' by 60%) and the need for more interactive sessions and opportunities for questions and discussion was highlighted. The perceived value of interactive sessions was evidenced by the popularity of the community dialogue space, 'Bedeska' and the type of discussions that took place there.

8. Concurrent sessions (54%) and satellites (48%) were deemed the most useful types of sessions, with poster viewing deemed least useful (5%). Almost half the survey respondents (46%) would like more skills building sessions and over one third would like more research oriented sessions (39%) and satellite meetings (34%).

More skills building workshops were offered at EECAAC 2008, than at EECAAC 2006, and there was a stronger focus on research, possibly reflected in a decrease in the proportion of respondents who would like more skills building workshops (from 60% to 46%) and more research-oriented sessions (from 45% to 39%). However, the findings also reveal a continuing preference for more of these types of sessions.

The finding that poster viewing was seen as a less valuable activity is of concern. Consideration should be given to raising the profile of posters as an important, informal mechanism for discussion, dialogue and the sharing of best practice during the conference, as well as meeting other professionals (e.g. by formally scheduling times for presenters to stand beside their posters).

Organization

9. The conference venue and facilities, and the conference materials were rated highly, with 85% or more survey respondents assessing them 'good' or 'excellent'. Online registration, the conference website badge and the opening ceremony were also rated 'good' or 'excellent' by 75% of respondents. Pre-conference information, the poster viewing area and the time-tabling of sessions received slightly lower ratings.

A number of parallel sessions were held on similar issues, preventing participants attending more than one session of interest. This finding underscored the importance of scheduling thematic or topical sessions at different times.

The poster viewing and exhibition area was not near session rooms or a thoroughfare, and the location appeared to limit the number of conference participants who visited the area. Careful consideration needs to be given to the location of the poster viewing area at future conferences.

4.2.2 EECAAC 2006

Follow-up interviews conducted two years after EECAAC 2006 demonstrated that the conference had a marked, positive impact on HIV work at the individual, organizational and country levels.

Individual impact: A large majority of interviewees (88%) reported a benefit gained at the conference, and a majority (60%) reported that they had made a change in their practice as a result, most frequently refining current work in the light of information gained.

Organizational impact: Just over two-thirds of interviewees (68%) reported that the conference had directed or influenced the HIV work undertaken in their organization, most commonly leading to a change in direction or focus or incorporation of change into an existing programme.

Country-level impact: The same proportion of interviewees (68%) noted the conference had directed or influenced HIV work in their country, most frequently influencing current practice, guidelines or policy.

4.3 Conclusions

The stated aim of the Second Eastern Europe and Central Asia AIDS Conference (EECAAC 2008) was to: ‘Provide an unprecedented opportunity for dialogue and interaction among political and community leaders, scientists and other researchers, people living with HIV, and representatives of civil society from across the region in order to:

- Mobilize to expand and improve the response to the epidemic;
- Strengthen systems to provide quality treatment;
- Strengthen prevention programs, especially those targeting vulnerable populations (injecting drug users, men who have sex with men, commercial sex workers, women, young people);
- Address the needs of the health workforce;
- Share best practice and promote evidence-based programmes.’¹⁴

As the evaluation findings were a reasonable reflection of participants’ views, it can be concluded that there was strong support for EECAAC 2008, and that the conference provided an appropriate and sound mechanism for achieving this aim.

The evaluation also highlighted the ongoing need for future conference programmes to continue to address the challenges of expanding treatment and prevention efforts, to facilitate the translation of research into evidence-based policy and programmes, and to focus on the needs of vulnerable and marginalized populations. In addition, some lower level planning and organizational issues were illuminated.

The stated aim of the First Eastern Europe and Central Asia AIDS Conference (EECAAC 2006) was to: ‘Strengthen and consolidate a large-scale response to HIV in the region by

- High level political commitment and leadership;
- Technical capacity building; and
- Creating partnerships with civil society and people living with HIV/AIDS.’¹⁵

Two years after the conference, there was clear evidence that there had been a marked, positive effect on the HIV work of a number of individuals, organizations and countries in these areas.

¹⁴ <http://www.eecaac.org/en/about.phtml>

¹⁵ McConachy, op.cit., p.8.



EECAAC 2008 Evaluation Participant Survey

Please take five minutes to complete this anonymous survey. The information you provide will assist the conference organizers to assess the impact of EECAAC 2008 and to plan for the next conference. The data collected will be analysed by the Conference Evaluator. By returning your completed survey you consent to the information being used for reporting purposes. ****Please note: The survey has four pages****

A few details about you

1. **What is your main field of activity?** (✓ check **one** only)
 - 1 Medicine
 - 2 Public health
 - 3 Science
 - 4 Pharmacia
 - 5 AIDS services
 - 6 Charity (funder)
 - 7 Media
 - 8 Education
 - 9 Other

2. **What type of organization do you work in?** (✓ check **one** only)
 - 1 Governmental
 - 2 Municipal
 - 3 Non-governmental non-commercial
 - 4 Non-governmental commercial
 - 5 International
 - 6 Charity (funder)
 - 7 Other

3. **What is your main occupation?** (✓ check **one** only)
 - 1 Teacher/trainer/educator
 - 2 Researcher/scientist
 - 3 Clinician/physician
 - 4 Other health care provider e.g. nurse, community worker
 - 5 Programme/facility administrator/manager
 - 6 Government official/policy maker
 - 7 Pharmaceutical representative/manufacture
 - 8 Journalist/media representative
 - 9 Community/religious/traditional leader
 - 10 Student
 - 11 Other

4. **Is HIV/AIDS your main area of work?**
 - 1 Yes
 - 2 No

5. **Where do you do most of your work?** (✓ check **one** only)
 - 1 Russia
 - 2 Ukraine
 - 3 Tajikistan
 - 4 Uzbekistan
 - 5 Kazakhstan
 - 6 Kyrgyzstan
 - 7 Baltic States
 - 8 Caucuses
 - 9 Other (please specify) _____

6. **How many years (full or part-time) have you worked in the HIV/AIDS field? (✓ check one)**
- 1 2 years or less
 2 3 to 5 years
 3 6 to 10 years
 4 11 to 15 years
 5 more than 15 years
7. **What is your gender? (✓ check one)**
- 1 Female 2 Male 3 Transgender
8. **What is your age? (✓ check one)**
- 1 less than 26 years
 2 26 - 40 years
 3 41 – 60 years
 4 more than 60 years
9. **Did you attend the First Eastern Europe and Central Asia AIDS Conference in Moscow in 2006?**
- 1 Yes 2 No
10. **Have you attended any other HIV/AIDS conferences in the past 3 years?**
- 1 Yes 2 No
11. **What is your main reason for attending EECAAC 2008? (✓ check one only)**
- 1 Conference programme
 2 Networking opportunities
 3 Skill-building opportunities
 4 Presenting a paper, skills building workshops or satellite
 5 Recipient of a scholarship or grant
 6 Invited speaker
 7 Other

Conference Programme

12. **Which two types of sessions or activities did you find most useful at EECAAC 2008? (✓ check two only)**
- 1 Plenary sessions
 2 Concurrent sessions
 3 Poster viewing sessions
 4 Skills-building workshops
 5 Satellites
 6 Networking

Would you change the mix of the programme for the next conference?

	more	the same	less	no opinion
13. Plenary sessions	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
14. Concurrent sessions	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
15. Poster viewing sessions	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
16. Research-oriented sessions	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
17. Skills-building sessions	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
18. Satellites	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

How useful did you find each daily theme?

	very useful	useful	not very useful	not at all useful	did not attend
19. Day 1 – Know your epidemic	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
20. Day 2 – Scale up multisectoral prevention	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
21. Day 3 – Increase access to integrated care and treatment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

How would you rate the overall conference programme?

		excellent	good	fair	poor
22.	Quality of sessions	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
23.	Quality of speakers	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
24.	Quality of discussion and debate	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
25.	Range of topics covered	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

Conference Impact

26. **What were the most important things you gained professionally from attending EECAAC 2008?**
(✓ check all that apply)

- 1 Improved understanding of the HIV epidemic in Eastern Europe and Central Asia
- 2 New insights into HIV science
- 3 New insights into HIV prevention
- 4 New insights into HIV treatment and care
- 5 New contacts and opportunities for partnership and collaboration
- 6 Affirmation of current research or practice
- 7 A renewed sense of purpose
- 8 Opportunity for career advancement
- 9 Other
- 10 I did not gain anything from the conference

How successful was the conference in achieving the following?

		very successful	successful	not very successful	not at all successful	don't know
27.	Sharing best practices and promoting evidence to strengthen prevention programmes in the region?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
28.	Sharing best practices and promoting evidence to strengthen treatment and care systems in the region	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
29.	Providing conference participants with an opportunity for dialogue and interaction?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

30. **How will you use what you gained at the conference?** (✓ check all that apply)

- 1 Share new information with colleagues
- 2 Undertake new research
- 3 Apply new insights to prevention programmes
- 4 Apply new insights to clinical practice
- 5 Strengthen advocacy or policy work
- 6 Follow-up new contacts
- 7 Develop new partnerships or collaborations
- 8 Other
- 9 I will not do anything different
- 10 I am unsure
- 11 I did not gain anything from the conference

Conference planning and organisation

Please rate the following ...

		excellent	good	fair	poor	don't know
31.	EECAAC 2008 website	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
32.	Pre-conference information	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
33.	Online registration	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
34.	Badge and bag collection	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
35.	Conference materials	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
36.	Opening ceremony	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
37.	Poster viewing area	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
38.	Time-tabling of sessions	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
39.	Conference venue and facilities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

40. **Would you recommend the Eastern Europe and Central Asia AIDS Conference to a colleague?**

1 Yes 2 No

41. **Based on your experience of EECAAC 2008, would you choose to attend the next conference?**

1 Yes 2 No *(Please explain why)*

42. **What was your favourite presentation, skills building workshop or satellite?** *(Please specify)*

What were the reason(s) for this? *(✓ check all that apply)*

- 1 General interest/appeal of the topic
- 1 Importance of the topic to my work
- 1 Presenter's extensive knowledge
- 1 Presenter's engaging style
- 1 Good questions/discussion
- 1 Other

43. **Do you have any other comments about the conference?**

1 Yes *(please specify)* 2 No

Thank you for taking the time to fill out this survey. Please place it in a survey box.



PARTICIPANT INTERVIEW: EECAAC 2006

Hello, I'm a member of the Conference Evaluation Team. I'm collecting feedback from people who attended the First Eastern Europe and Central Asia AIDS Conference, EECAAC 2006.

Did you attend this conference?

If no: Thank and move on

If yes: May I ask you a few questions – it will take about 5 minutes and you won't be identified

1. **Thinking back to EECAAC 2006, can you recall the most important things you gained from attending?**

2. **Did you do anything differently in your HIV work as a result of attending the first conference?**

(...did the conference influence your work?)

1 Yes

2 No

2a. Please describe this

2b. Was there a reason for this?

3. **Did EECAAC 2006 direct or influence any of the HIV work undertaken in your organisation?**

1 Yes

2 No

3 Don't know

3a. If yes, please describe this

4. **Outside your organisation, are you aware of EECAAC 2006 influencing HIV work in your country?**

- 1 Yes 2 No 3 Don't know
5a. If yes, please describe

That's the end of my questions except for some information about you ...

5. **What is your gender?**

- 1 Female 2 Male 3 Transgender

6. **In which country do you mainly work?**

- 1 Russia
2 Ukraine
3 Tajikistan
4 Uzbekistan
5 Kyrgyzstan
6 Kazakhstan
7 Other _____

7. **What is your main field of activity? (✓ check one only)**

- 1 Medicine
2 Public health
3 Science
4 Pharmacia
5 AIDS services
6 Charity (funder)
7 Media
8 Education
9 Other

8. **What type of organization do you work_in? (✓ check one only)**

- 1 Governmental
2 Municipal
3 Non-governmental non-commercial
4 Non-governmental commercial
5 International
6 Charity (funder)
7 Other

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

- 1 2 years or less than 2 3 to 5 years
3 6 to 10 years 4 11 to 20 years
5 more than 20 years

10. **Is HIV/AIDS your main area of work?**

- 1 Yes 2 No

Thank you for participating in this interview. Enjoy the conference!