



ICASA 2015 MONITORING & EVALUATION REPORT

**HARARE
ZIMBABWE
29 NOV - 4 DEC 2015**

1.0 INTRODUCTION

As in previous ICASA conferences, the 2015 ICASA evaluation activities included delegates and scholarship awardees survey, exhibitors' survey, focus groups discussions and post-conference survey or impact assessment. The post-conference evaluation will be conducted at the end of May 2016 over a period of 21 days. This preliminary report thus excludes the post-conference evaluation results, executive summary, discussion and recommendations. The full report will be submitted in July 2016 when the post-conference survey results become available.

1.1 BACKGROUND

The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) is a biennial conference organised by Society for AIDS in Africa (SAA). ICASA is the largest Pan African forum that brings together all stakeholders involved in HIV and AIDS, TB and Malaria to strategize and share best practices on how to prevent and mitigate the impact of these diseases in Africa. ICASA also offers a platform for active engagement and interactions among policy makers, program managers, scientists, private sector, people living with HIV and other stakeholders determined to ending AIDS in Africa. ICASA offers a unique opportunity for the Continent to take stock of progress and challenges in the response to HIV and AIDS, STIs, tuberculosis and malaria and strategise to scale up evidence-based interventions across the continent.

The 18th ICASA was held in Harare, Zimbabwe from 29th November to 4th December 2015, attended by more than 5,000 participants from more than 90 countries. December 2015 being the end of the Millennium Development Goals (MDGs) implementation, the theme of the 18th ICASA, ***"AIDS in Post 2015 Era: Linking Leadership, Science & Human Rights"*** acknowledged the critical need for Africa to use human rights based approaches and optimize the benefits of science and innovation in its response to HIV and AIDS, STIs, TB and malaria. It emphasized that a purposeful and uncompromising leadership at all levels is required to use emerging clinical innovations and bring evidence-based public health interventions to scale in Africa. To this end, the ICASA 2015 served as the first strategic forum for leaders, activists, scientists and program managers and people living with HIV to take stock of the outcomes of the Millennium Development Goals (MDGs) and to find new innovative and efficient approaches to end AIDS in Africa through joint efforts.

1.1.1 ICASA 2015 Objectives

In line with the theme, the ICASA 2015 objectives were as follows:

1. Increased African leadership and ownership, as well as investment in financing to support the continental response.
2. Strengthen the interaction between the public health, science and human right approaches in the control and elimination of HIV and AIDS and associated diseases.
3. Improve awareness and learning on knowledge, skills, best practices from the response to AIDS and other emergent epidemics (EBOLA, HEPATISTIS, SAS AND NCDS).

4. Promote the development and scale up of evidence-based interventions for HIV and AIDS and associated diseases in the post 2015 era

1.1.2 ICASA 2015 Programme

The ICASA 2015 program was specially designed to achieve these objectives. It entailed many and varied activities which were simply categorized into abstract and non-abstract driven sessions. The abstract driven sessions involved presentations of state-of-the-art knowledge and peer-reviewed research either orally or by poster presentations. Abstract sessions were organized according to track categories, namely:

- Track A: Basic Science
- Track B: Clinical Science, Treatment and Care
- Track C: Epidemiology and Prevention Science
- Track D: Social Science, Human Rights and Political Science
- Track E: Health Systems, Economics and Implementation Science

The non-abstract driven sessions comprised plenary sessions, special sessions, satellite symposia and workshops. Other non-abstract sessions included community and youth programs. The conference also provided opportunities for professional development and networking through the Community Village, exhibitions and affiliated independent events.

In order to measure the achievement of the objectives of ICASA 2015, a comprehensive monitoring and evaluation of the conference activities was undertaken

1.1.3 Rationale for ICASA Monitoring and Evaluation

Since the ICASA 2008, conference evaluation has become a permanent feature and ICASA 2015 was the fourth in the series to be systematically evaluated. ICASA 2015 was a landmark event that marked the end of the Millennium Development Goals implementation and ushered us into the 2030 Sustainable Development Agenda (SDA) of the United Nations (UN). The SDA brings its peculiar challenges especially as HIV/AIDS does not have a stand-alone goal. The emerging realignment of global resources towards the achievement of the 17 goals of the SDA could potentially result in deprioritization of HIV and AIDS and thereby substantially reduce its resources. Such a situation has far reaching implications for ICASA that largely focuses on HIV and AIDS. Therefore, ICASA 2015 sought to identify new ways and innovations for ICASA's future programs in order to remain relevant to its stakeholders. Therefore, ICASA 2015 evaluation had an expanded scope so as to be more inclusive and collect additional data to inform its future strategic focus to assure its continued relevance.

It is expected that the results of the conference evaluation will provide authentic feedback for the Society for AIDS in Africa (SAA) and its partners to improve the quality of organization, management and content of future ICASA programs.

The objective of the ICASA 2015 evaluation was to identify the strengths and weaknesses of the conference and assess its immediate outcomes for quality improvements in planning and delivery of future ICASAs, in order to strengthen the response to HIV/AIDS and STIs in Africa.

2.0 METHODOLOGY

In view of the wide scope of the conference, the evaluation used mixed methods to collect a range of quantitative and qualitative data which were triangulated to provide holistic understanding of the benefits delegates derived from the conference and their perspectives for future ICASA programmes. Main activities of the evaluation included:

- Review of ICASA 2013 technical report and previous conference evaluation reports
- Consultation with members of relevant ICASA 2015 Committee (s) and with staff of the Conference Secretariat
- Survey of the three largest sub-sets of participants at ICASA 2015 namely scholarship recipients, paying delegates and exhibitors.
- Focus groups discussions with abstract presenters and scholarship recipients
- Review of ICASA 2011 and 2013 statistics to report trends over time

2.1 Data Collection

Appropriate evaluation questionnaire was designed to gather detailed information from delegates, scholarship awardees and exhibitors before, during and after ICASA 2015. Quantitative data were collected through surveys while qualitative data were collected through focus groups discussions. The survey instruments were available in English and French.

2.1.1 Delegates Survey

The survey questionnaire was administered through the conference website and emails with clear instructions to help delegates in completing it. The questionnaires were sent to all scholarship awardees and paying delegates who had registered as individuals and had valid email addresses. Respondents were required to complete the questionnaire within three weeks after the conference. Some delegates completed hard copies of the questionnaire on the conference closing day. Those who completed hard copies of the questionnaire were asked not to complete the online questionnaires.

As with previous ICASAs, the questionnaire contained 27 close-ended questions, giving respondents the opportunity to choose response categories that best articulated their opinions. A couple of open-ended questions were also included for respondents to provide suggestions for improvements in future ICASAs. The questionnaire covered background information about the participants, how they got to know about ICASA 2015, reasons for attending, their expectations and access to the conference information and services. In other words, the first part of the questions focused on the tools and services available before the conference to help delegates

prepare themselves and participate meaningfully in the conference. The second part of questions mainly focused on the tools and services available during the conference to enable delegates participate in the conference in a meaningful way. These questions focused on the main tracks of interest, attendance, usefulness and quality of content and delivery, the main outcomes of the conference including the main benefits gained, anticipated use of these benefits, and the value addition ICASA brings compared to other well-known scientific/health conferences.

As in previous evaluations, these questions had been maintained in order to establish trends and compare results between ICASA 2015 and previous ICASAs. In order to test application of new technological tools, this evaluation included questions on a mobile application to access the conference programme (referred to as the Programme-at-a-Glance mobile application), media facilities, the Global Village, youth facilities inside the Global Village, the exhibition and the poster exhibition. To determine the future strategic focus of ICASA, additional questions on pragmatic changes required to ensure that ICASA continues to remain relevant in the face of changing global trends were also explored.

The survey targeted the 3,057 participants (2937 being paying delegates and 122 being scholarship awardees) A total of 469 questionnaires were completed (457 in English and 12 in French), of which 91 were completed online while 378 hard copies were completed at the conference venue on the last day of the conference.

2.1.2 Onsite Exhibitors Survey

The onsite data collection focused on exhibitors during the conference. A team of volunteers interviewed exhibitors using questionnaires specially designed for exhibitors. The questions included how they got to know about ICASA 2015, whether they were satisfied with space and other services provided for the exhibition, access to information prior and during the conference, reasons for exhibiting at ICASA, whether their expectations had been met, benefits derived from the conference and how those benefits will be used and whether they would recommend future ICASAs to other exhibitors. Additional comments by exhibitors were also collected.

A total of 112 exhibitors' questionnaires were completed. All completed questionnaires were in English.

2.1.3 Post-conference Survey

The post-conference survey, an impact assessment, will be conducted among delegates and scholarship awardees in May 2016 to assess the short-term impact of the conference on their attitudes and practices in their HIV work. This survey will include open-ended questions asking respondents to illustrate their responses with concrete examples. The questions will focus on the influence of ICASA 2015 on their work, networks and partnerships developed during the conference, ICASA inspired peer reviewed articles published, best practices implemented and other ways in which the benefits gained from ICASA 2015 have been used to improve performance and quality of services or policy formulation.

2.1.4 Focus Groups Discussion

Focus groups discussions (FGD) were conducted during the conference to obtain qualitative data to complement survey data. Three FGDs were held separately with abstract presenters and scholarship awardees involving 6-10 participants in each group. Participants were invited through official correspondence by the ICASA 2015 secretariat encouraging them to participate in the FGD. Participants were selected from the pool of delegates who responded positively to the invitation through simple random sampling. An FGD guide was used to illicit information from the participants on: their motivations to attend ICASA 2015; what they were taking home and how that would positively change their personal or organisation's work; what they planned to do to improve their programs or their organisation's performance in order to enhance the impact of ICASA; their views on the main added values of ICASA compared with similar wellknown scientific/health conferences; and new ideas and innovations that will ensure ICASA continues to remain relevant in the rapidly changing global policy environment.

2.2 Data Analysis

Survey data were analysed using Statistical Package for the Social Sciences (SPSS) version 16.0 descriptive analysis was performed and data summarized by frequencies and percent frequencies, graphically illustrated by graphs and pie charts. Data were disaggregated by age, gender, occupation, country and other background characteristics of the respondents. Total numbers vary in some instances because non-responses were excluded from valid data. For the purpose of comparison over time with the view to establishing trends, relevant data from the previous ICASAs were also used.

The analysis of the focus groups discussion and responses to the open-ended questions in the survey was conducted by a data analysis consultant. Prepared transcripts were imported into NVivo version 7 data analysis software for coding and analysis. The software was used as an organizational tool for quick coding and arrangement of texts. The data coding was based on the main themes in the interview guides as the analytical categories. The consultant printed and audited the coded responses according to broad thematic categories, which were reviewed and approved by the ICASA 2011 Evaluation Coordinator. The coded data were analyzed thematically, identifying key areas emerging within and across individual cases.

2.3 Promotion

Various approaches were employed to promote active participation of delegates and scholarship recipients in the surveys and FGDs. Through official correspondences, delegates and scholarship recipients were informed of the conference evaluation requirements and encouraged them to participate in the evaluation activities.

Efforts were made to engage delegates and exhibitors interest in the evaluation on an ongoing basis. The purpose of the evaluation and its components were explained to delegates and exhibitors by email. The first post-conference survey questionnaire remained active on ICASA website for more than four weeks after the conference. Regular email reminders were sent by the conference secretariat to delegates and scholarship recipients to complete the questionnaire. An advertising feature was kept on all pages of the ICASA 2015 website. The advert posted the details of the evaluation including the purpose, components (delegate's survey, exhibitors' survey and focus groups discussion) and encouraged voluntary participation of all delegates, scholarship recipients and exhibitors. Dates, times and venues for the focus groups discussion was also provided. Additionally, a dedicated slide was displayed on conference information electronic boards and in meeting rooms between sessions.

2.4 Limitations

The surveys were supposed to be online but appropriate software for online surveys was unavailable. Besides, delegates who have limited internet skills or live in countries with poor internet connectivity faced difficulties in completing the questionnaires. This problem was addressed by providing delegates with printed or hard copies of questionnaires.

The wide scope and diversity of the conference programme did not allow the evaluation to cover all components and activities of the conference due to human resource, logistical and time constraints.

Given the short time frame of the evaluation, it is not possible to assess the real impact of the conference at individual, country, regional and global levels. However, post-conference survey scheduled to be carried out in May 2016 will generate information on the short-term impact on delegates' work or their organisations.

Results of the evaluation 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 their background characteristics such as country of residence, gender, age, HIV status, HIV work experience, and expectations of the conference.

The trend analysis from ICASA 2011 to ICASA 2015 was limited by the differences in type of data collected.

3.0 KEY FINDINGS

3.1 Profile of Delegates and Survey Respondents

Approximately 5,400 registered participants attended the 2015 ICASA. The participants comprised 2,937 paying delegates, 255 media or press representatives, 857 speakers, 276 volunteers, 120 youth, 91 exhibitors, 770 community village programme participants and 94 conference staff and SAA Board Members.

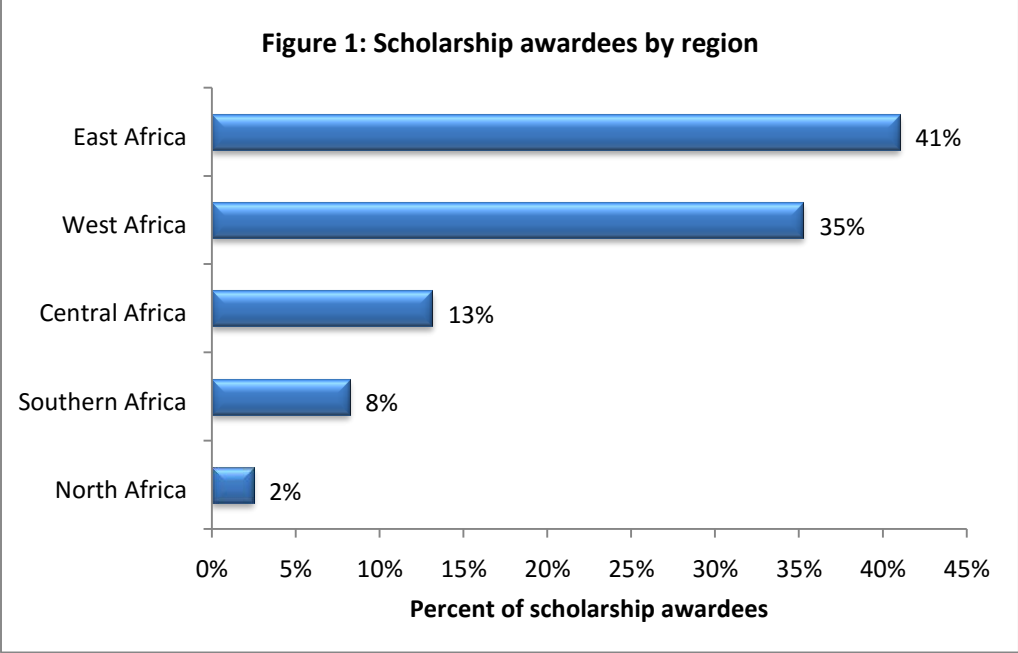
3.1.1 Scholarship Awardees

The aim of the ICASA 2015 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. Individuals seeking financial assistance applied to the conference secretariat for scholarship. The selection committee gave priority to abstract presenters and the youth in awarding scholarships. Two scholarship categories (full and partial scholarships) were offered to applicants. A full scholarship included:

- Registration for the conference
- Economy-class return airfare
- Accommodation
- Modest daily allowance.

A partial scholarship includes any or a combination of these aspects.

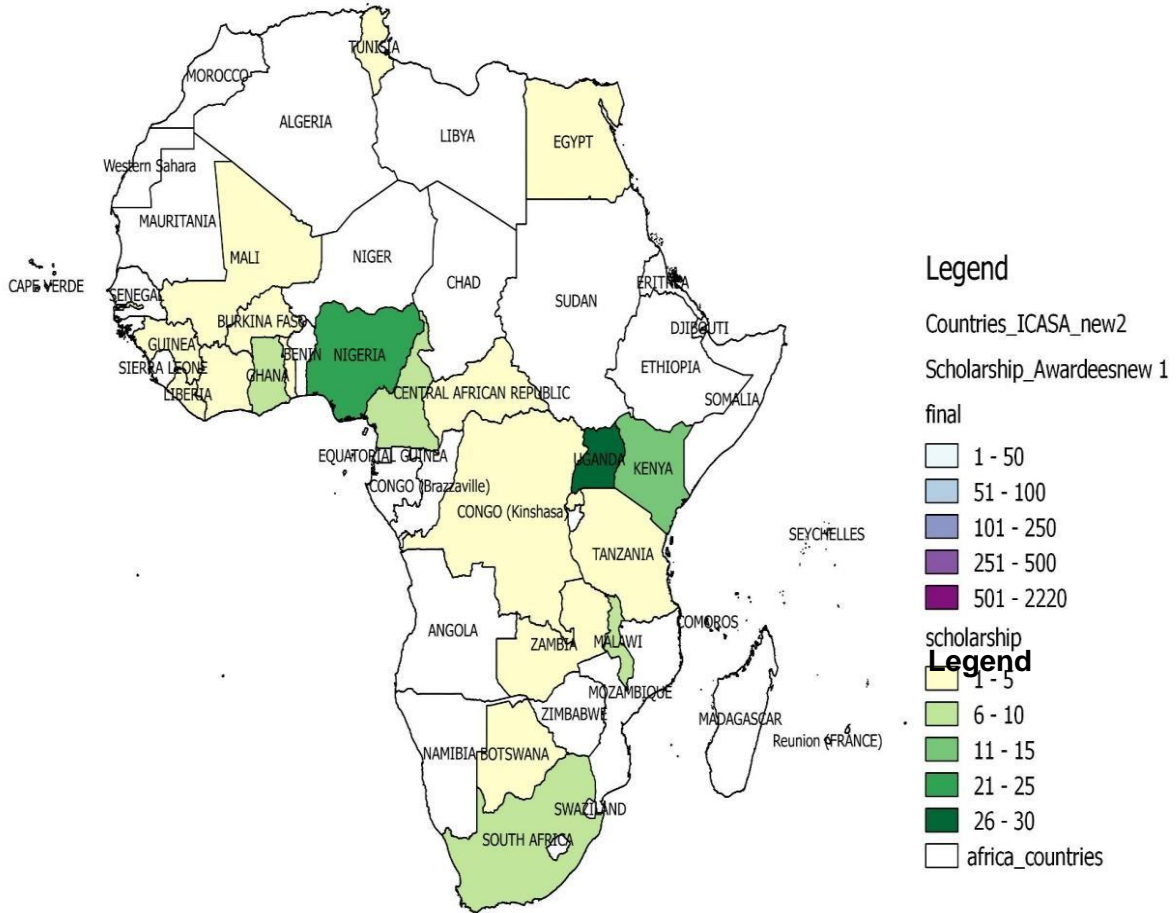
A total of 222 scholarships were given to 78 delegates, 44 abstract presenters, 14 plenary speakers, 40 rapporteurs and 47 conference staff. However, the evaluation involved only 122 of the 222 scholarship awardees who attended various sessions of the conference as abstract presenters and general delegates. Of the 122 scholarship awardees, 45 received full scholarship and 77 partial scholarships. As shown in Figure 1, most scholarship awardees were from East Africa (41%).



Nationality of Scholarship Awardees

As shown in Figure 2 below, the 122 scholarship awardees were nationals of 22 countries. The number of people receiving scholarships in any of the 22 countries ranged from 1 to 27. The number of scholarships received in majority of the countries (n=18) ranged from 1-6. Countries receiving more than 10 scholarships were Uganda (n=28), Nigeria (n=22) and Kenya (n=12).

Figure 2: The map of Africa showing the distribution of scholarship awardees by countries



3.1.2 Delegates and Survey Respondents

Of the 5,213 registered participants of the 2015 conference, the delegates' survey targeted the 2,937 paying delegates and the 122 scholarship awardees. These were approached on the last day of the conference and encouraged to complete the questionnaire. The evaluation questionnaire had been placed on the ICASA 2015 website and also emailed to individual who had valid email addresses. Delegates had up to three weeks after the conference to return their questionnaires. A total of 469 questionnaires were completed, being 15.3% of the 3,059 delegates and scholarship awardees.

Presented in this section are descriptive summaries of the demographic characteristics of survey respondents. The basic characteristics of the respondents, that is, age, sex, education, and nationality, form the basis of the background information presented in this report. This information is crucial for the interpretation of key demographic and survey indicators from which to draw meaningful action points to improve the organization, management, content and the overall quality of future ICASA programmes.

Nationality

The survey participants represented 55 nationalities and work or reside in 43 countries. Unsurprisingly, the vast majority of the respondents were sub-Saharan Africans representing nearly 85% of the survey respondents. African countries most represented in the sample were Zimbabwe (n=241), South Africa (n=21), Malawi (n=14), Kenya (n=14) and Uganda (n=14). As shown in Figure 3 below, there has been a steady increase of African survey participants from 79% during ICASA 2011 to 84.9% during 2015.

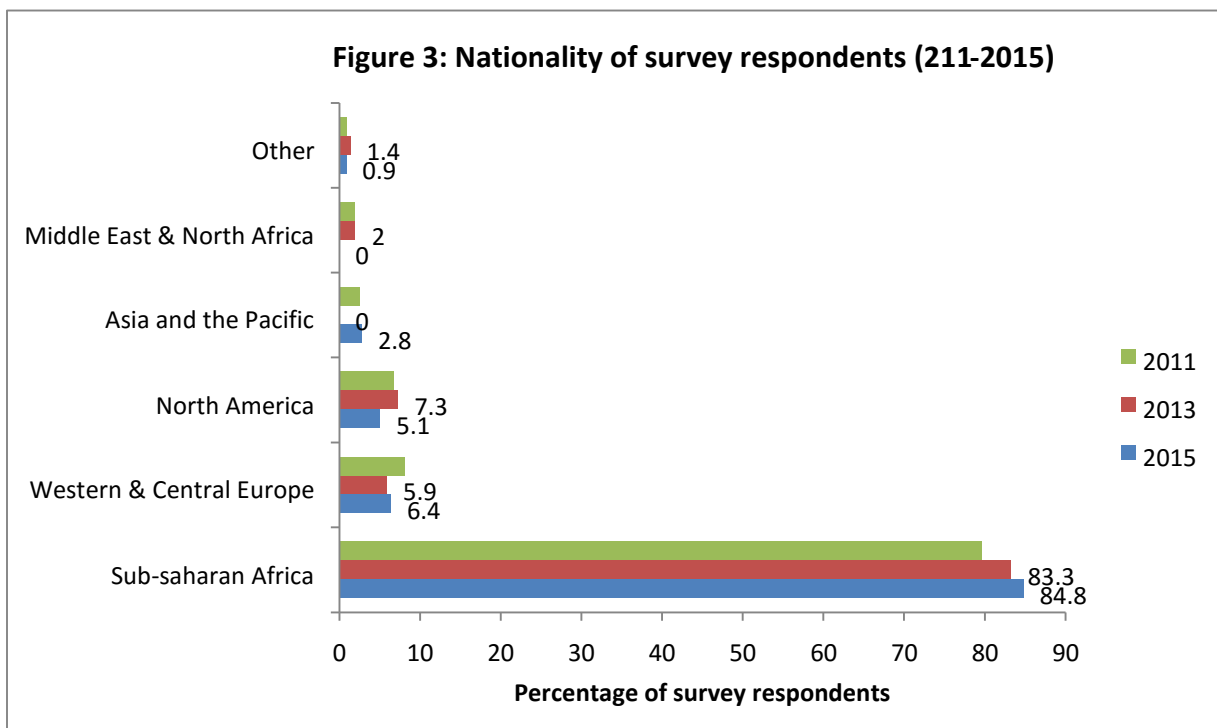
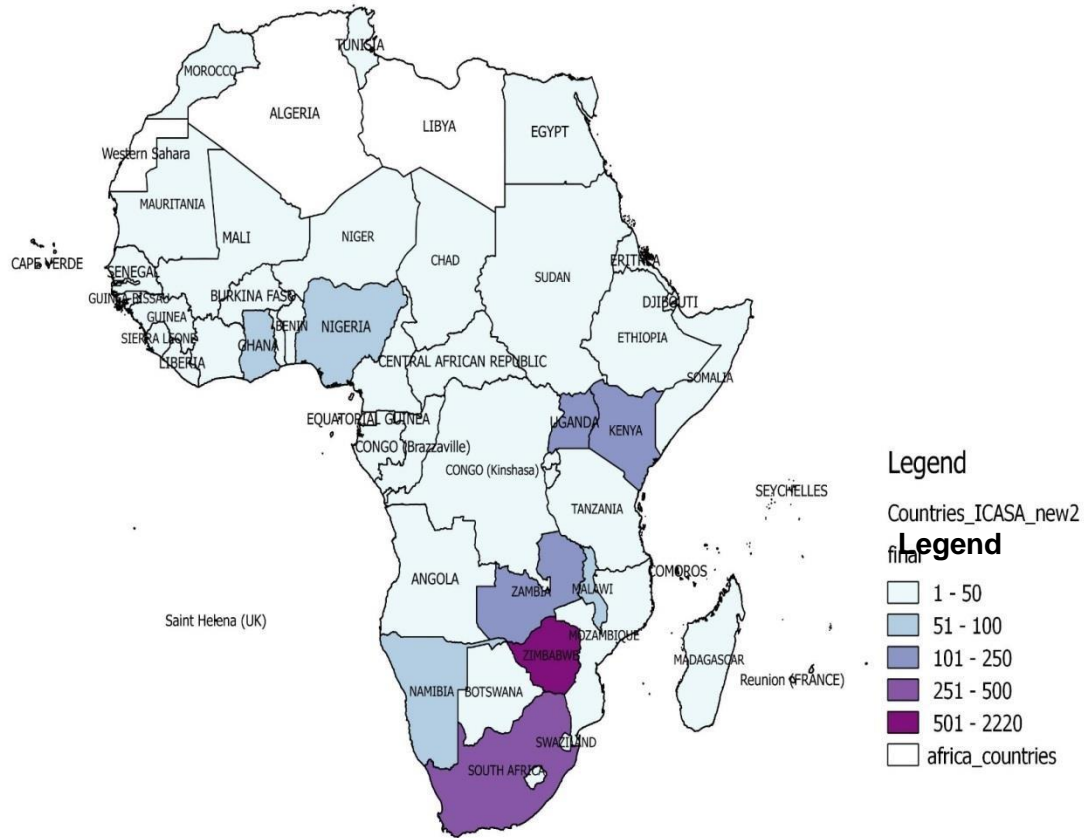
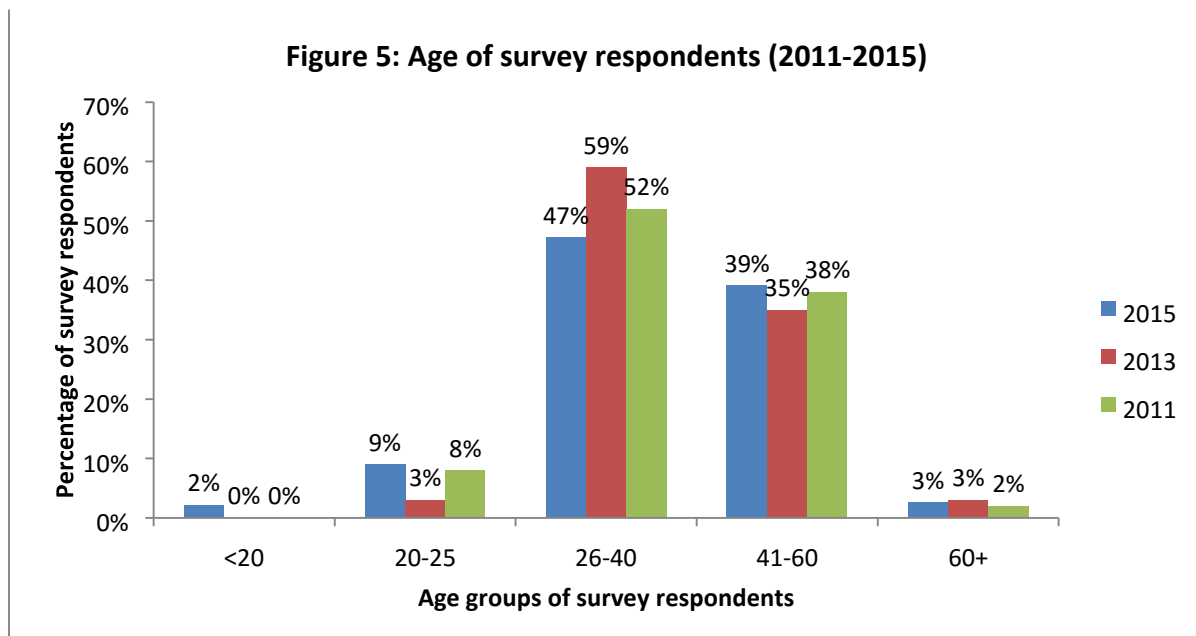


Figure 4: The map of Africa showing the distribution of delegates by countries



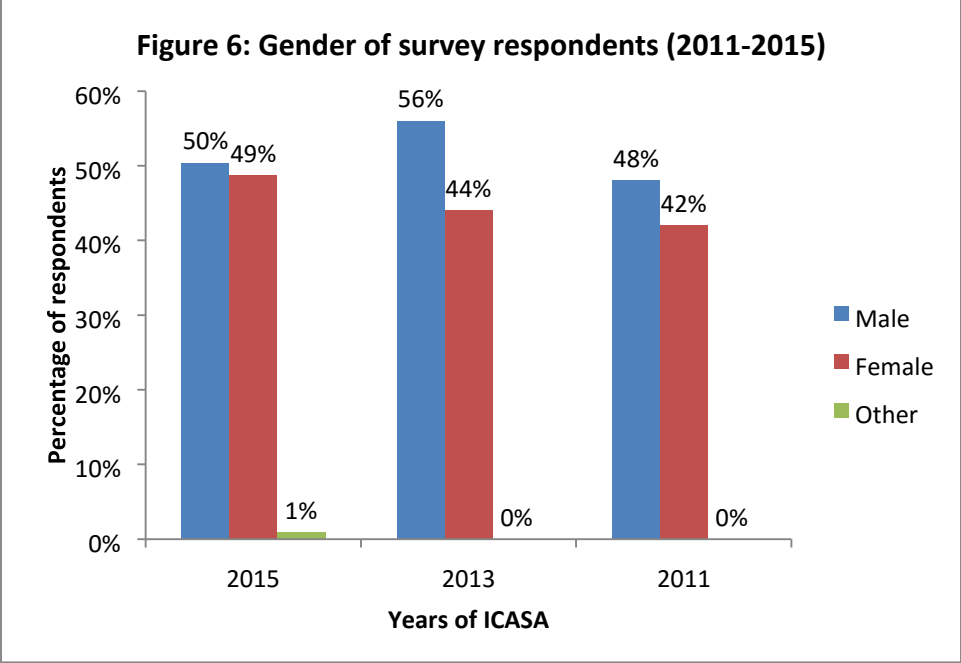
Age

Age is an important variable in analyzing demographic trends in a given population. The age distribution of ICASA participants over the years provides critical information about the potential dynamics that must be carefully examined or understood in order not to leave any specific age group behind in future conferences. Fifty-six per cent of the ICASA 2015 evaluation participants were younger than 41 years old and 3% being more than 60 years old. Figure 5 shows similar trends in age of survey participants across the last three ICASAs. Participation of young people seems to be low and until 2015, no teenager participated in the ICASA evaluations.



Sex

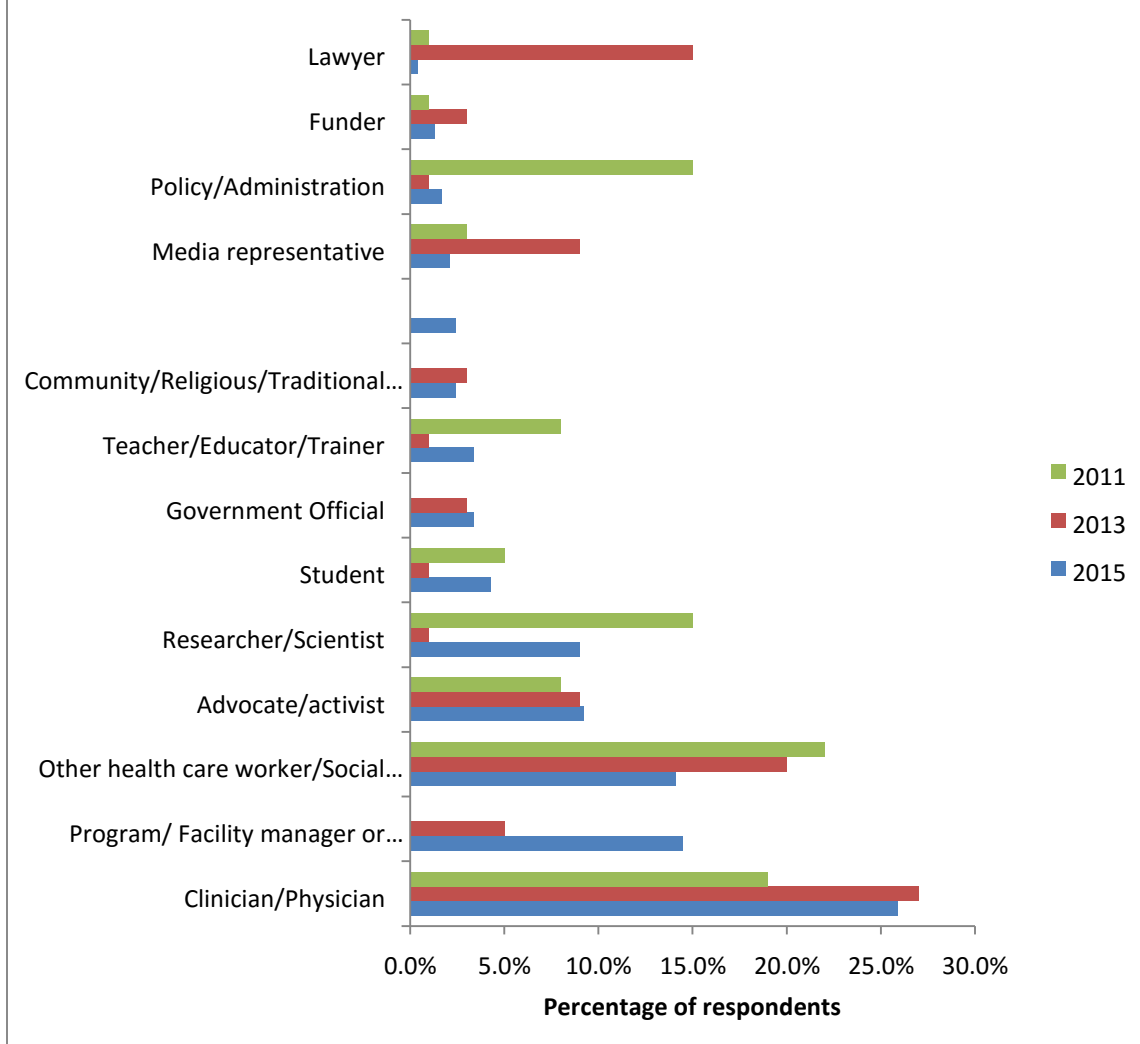
Just like age, sex is an important variable in analyzing demographic trends in any given population. Knowing the sex distribution of ICASA participants over the years will provide understanding of whether more women or men ought to be targeted in future conferences. As illustrated in Figure 6, ICASA surveys over the years have included more men than women although, there was near parity between men and women representation in the 2015 survey (50% men and 49% women). Unlike previous conference evaluations, the 2015 survey captured 1% of the respondents who were either transgender.



Main Type of Occupation or Profession

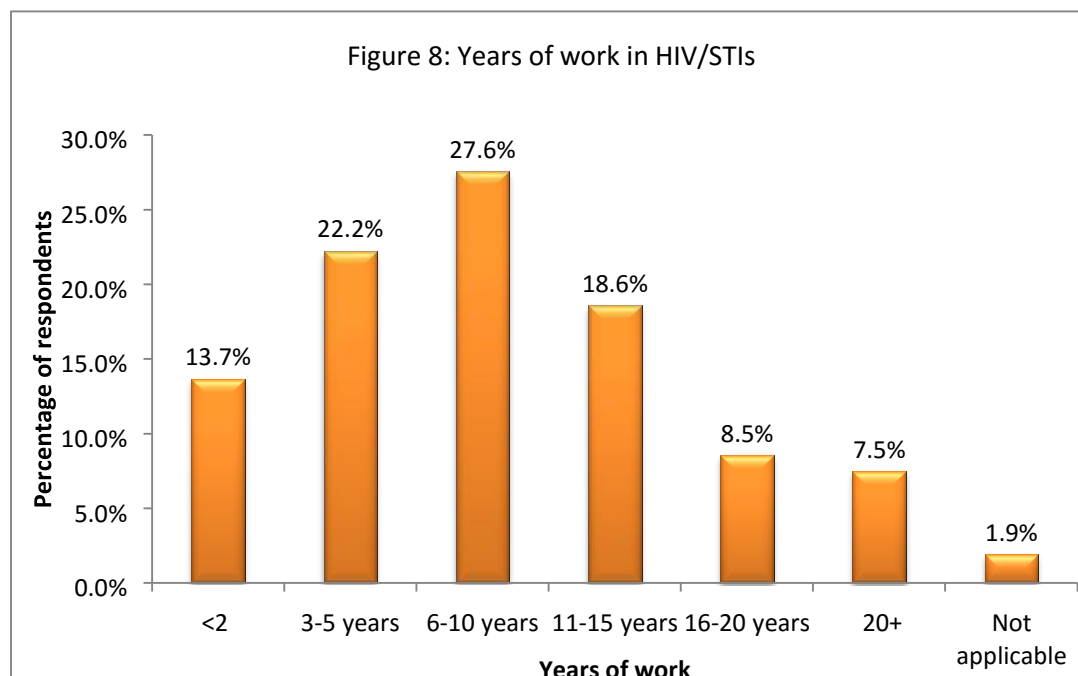
Delegates were asked to select from 14-item list of types of profession or occupation that best describe their occupation. The professions most represented in the 2015 ICASA survey were clinicians/physicians (25.9%), followed by other health care workers or social service providers (14.5%) and Programme or facility managers (14.1%). Similarly, the most represented groups in 2013 were clinicians and physicians (27%), other health care workers and social service providers (20%) whereas other health care workers and social service providers (22%) and clinicians and physicians (19%) were most represented in 2011. Figure 7 further shows that while lawyers (15% of the sample) featured prominently in 2013, their representation was only 1% or less in both 2011 and 2015 surveys. A similar trend was observed in 2011 where policy makers or administrators were the third most represented group. Advocates and activists seem to have maintained their numbers in ICASA over the years

Figure 7: Respondents' occupation/profession (2011-2015)



Professional Experience in HIV and AIDS/STIs Work

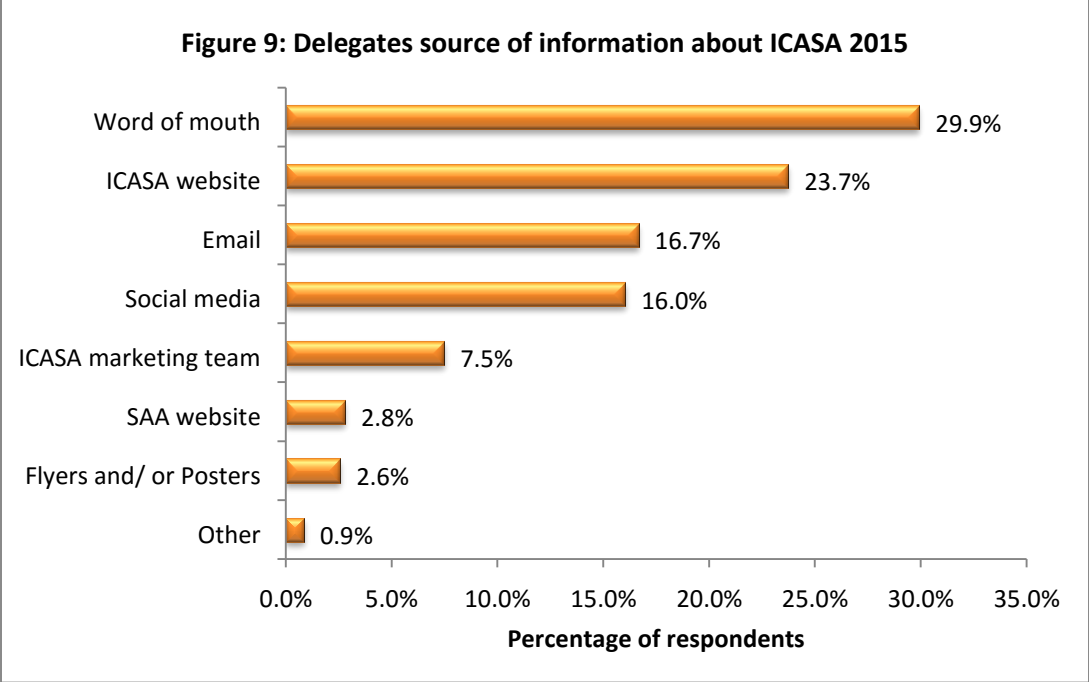
The professional experience of delegates in HIV, AIDS and STI work was assessed by years of work in the HIV/STI field. Overall, more than 98% of respondents had experience in HIV/STI work. Of the respondents who specified the number of year of experience in HIV and AIDS field (full or part-time), nearly 60% had 10 years or less work experience while 7.5% had more than 20 years' work experience.



3.2 Delegates Preparation for the Conference

How Delegates Heard about ICASA 2015

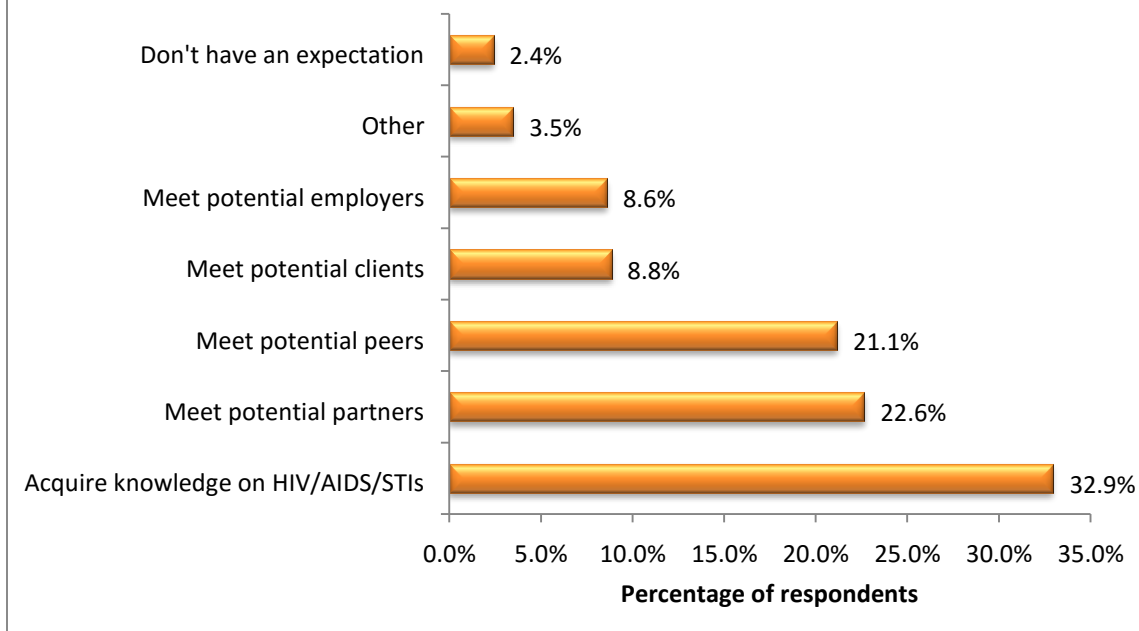
The conference secretariat used various marketing strategies to promote ICASA 2015. Respondents were asked to select from seven-item list, all sources of information by which they first heard about ICASA 2015. Provision was also made in the questionnaire to record any other sources of information mentioned spontaneously by the respondent. Among the delegates, the most frequently identified source of information by which they had first learnt about ICASA 2015 was word of mouth (29.9%) followed by ICASA website (23.7%), emails (16.7%) and social media (16%). The least identified source of information is flyers and posters. This is quite understandable because the means of disseminating flyers and posters is limited especially, as they are usually in print or hard copies. The data presented in Figure 9 show that ICASA stakeholders are more comfortable with electronic channels and verbal communication than non-electronic channels.



Reasons for Attending ICASA 2015

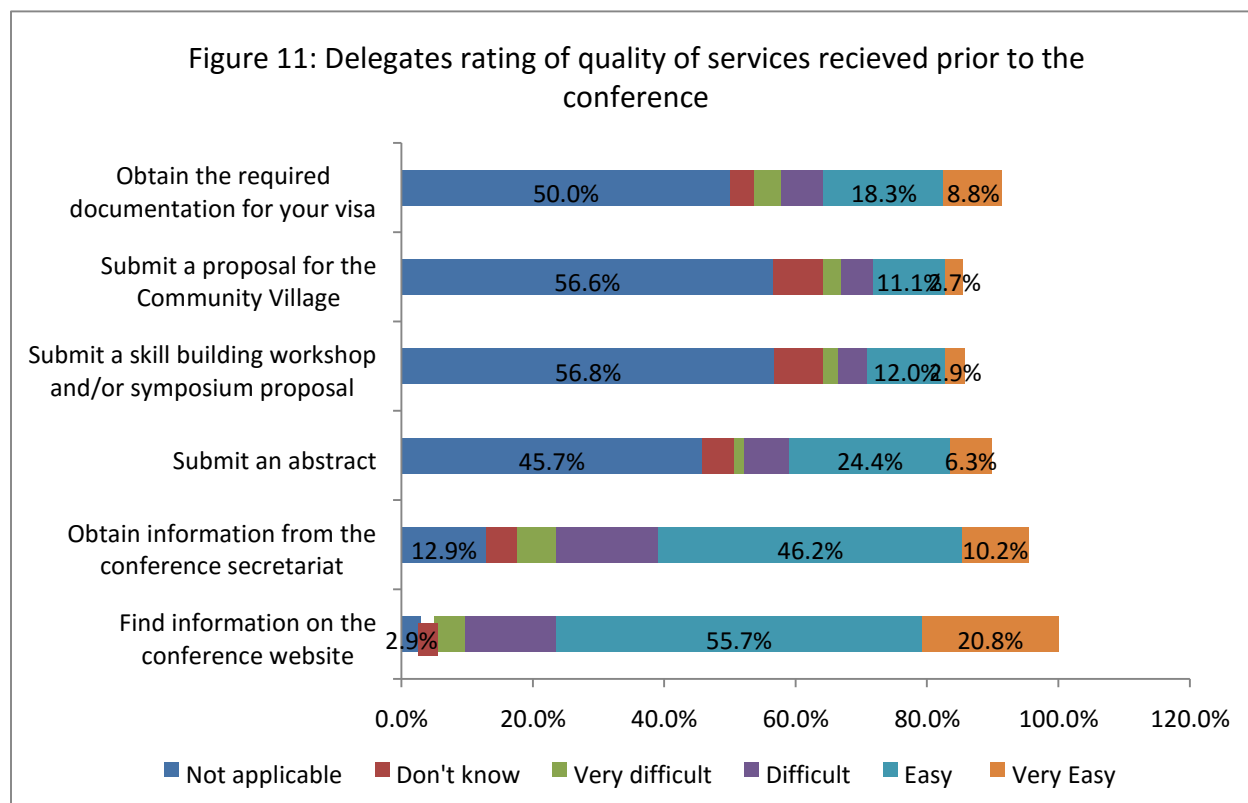
Understanding delegates’ reasons for attending ICASA is crucial for identifying ways of meeting their expectations or needs in order to make the conference more relevant to them. Figure 10 presents the main reasons for attending ICASA 2015. The most commonly cited reason for attending ICASA 2015 was to acquire knowledge on HIV/AIDS/STIs, which was mentioned by nearly 33% of the respondents. Besides acquiring knowledge in HIV and AIDS/STIs, ICASA is a platform where participants identify important opportunities that enhance their work, business or career progression. In this respect, delegates intended to meet; potential partners (22.9%), potential peers (21.1%), potential clients (8.8%) and potential employers (8.6%) at ICASA 2015. Only about 2.4% of delegates went to ICASA 2015 without any particular reason or expectation.

Figure 10: What delegates expected to benefit from ICASA 2015



Quality of Services Received Prior to the Conference

Understanding delegates perspectives of the services given to them before the conference to enable them prepare and participate in the conference in a meaningful way is crucial for identifying ways of improving the quality of service in order to maintain people's interest in future ICASA programmes. Respondents were asked to indicate the ease or difficulty in submitting proposals to undertake specific activities at the conference or obtain visa for travel to the conference. Majority of respondents did not require visas to travel to Zimbabwe or submit proposal for community village or skill building workshop or submit abstract. But of those who had to use the services to undertake any of these activities, majority reported that it was easy making use of such services; obtaining documentation for visas (18.3%), submitting proposal for community village (11.1%), submitting proposal for skill building workshop (12%) and submitting abstract (24.4%). Access to information from the conference secretariat was reported by 46.2% of the respondents to be easy and 10.2% said it was very easy. Of those who accessed information from the conference website, nearly 56% reported that it was easy finding information from the website and more than 20% said it was very easy.



3.3 ICASA 2015 Programme Evaluation

Abstract Statistics

The scientific programme of ICASA over the years comprises five tracks. These tracks have evolved over time. In 2011, the five tracks were as follows:

- 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

In the last five years, these track categories have been aligned with current knowledge and practice resulting in renaming of the tracks as follows:

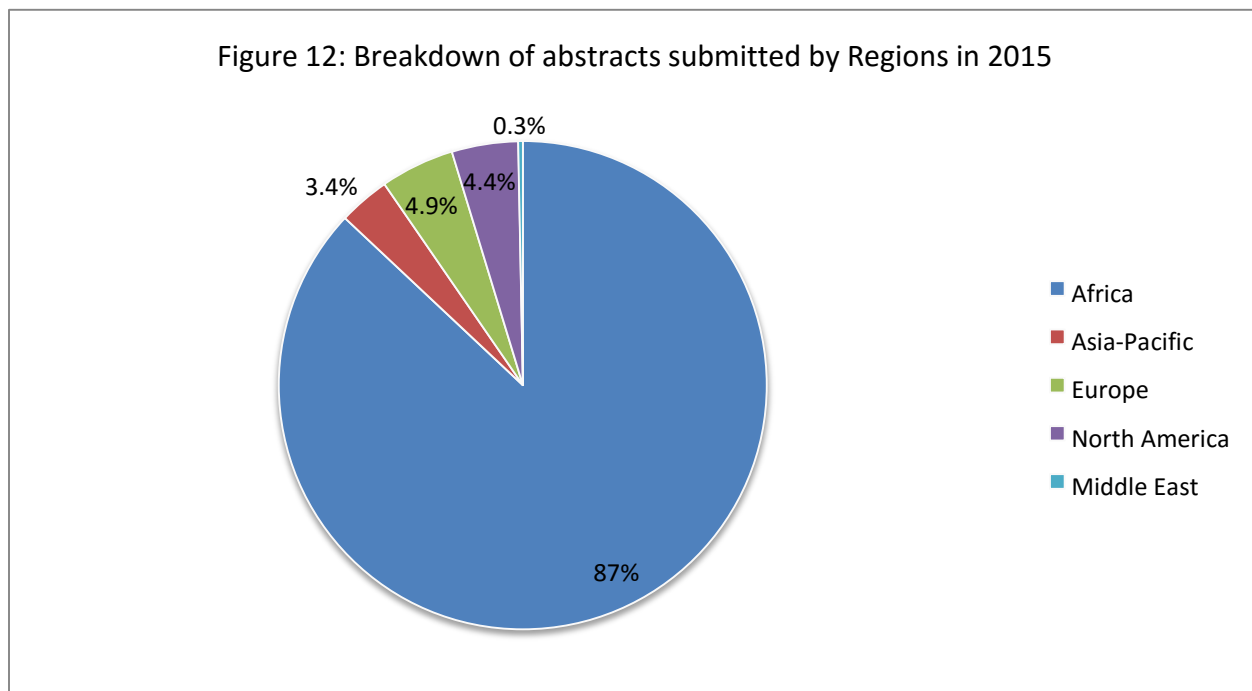
- Track A: Basic Science
- Track B: Clinical Science, Treatment and Care
- Track C: Epidemiology and Prevention Science
- Track D: Social Science, Human Rights and Political Science
- Track E: Health Systems, Economics and Implementation Science

In 2015, a total of 1,570 abstracts were received from 69 countries compared with 4,292 in

2013 and 3,165 from 93 countries in 2011. All abstracts were screened to ensure the basic requirements were met as stipulated in the abstract submission guidelines. This screening process resulted in the rejection of 25 abstracts. The remaining 1,545 abstracts were submitted to the Scientific Programme Committee for review. Of the 1,545 abstracts, the Scientific Committee approved 1,179 for presentation; 241 for oral presentation and 938 for poster presentation.

Abstracts Submitted by Regions

Traditionally, ICASA Secretariat has always received abstracts from all the six regions of the world and 2015 ICASA was no exception. Unsurprisingly, the vast majority of abstracts (87%) were submitted by authors from Africa as shown in Figure 12. Western and Central Europe, North America and Asia Pacific accounted for 4.9%, 4.4% and 3.4% of the abstracts respectively.



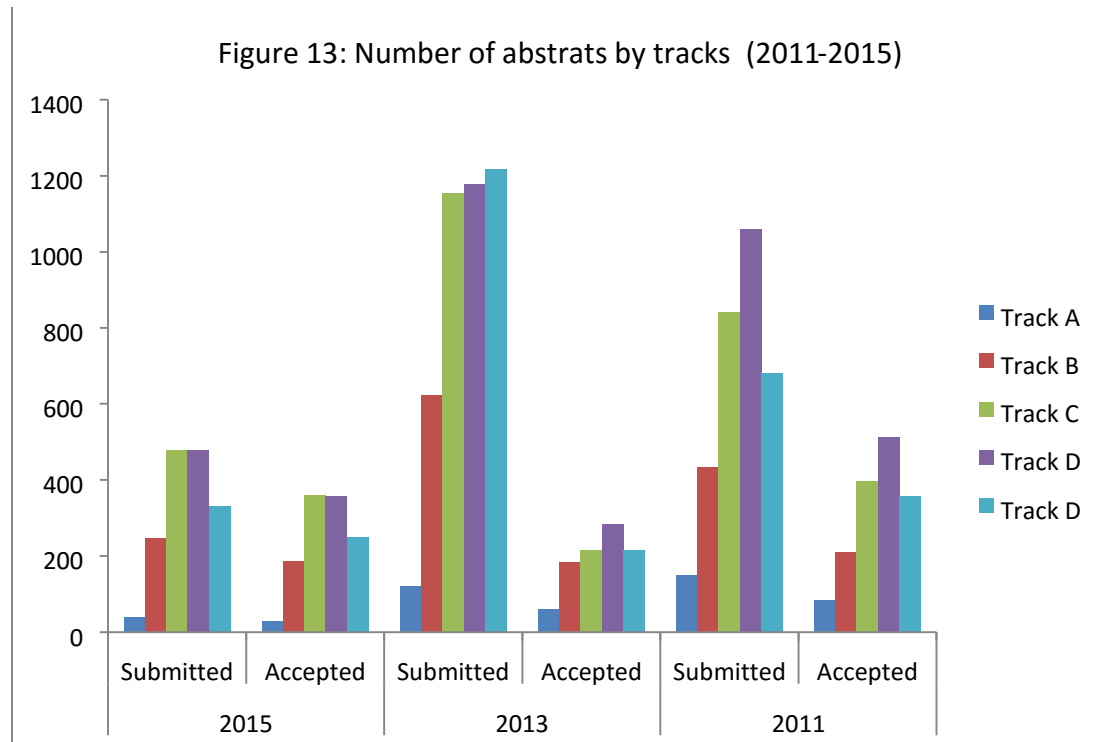
Breakdown of Abstracts Submitted and Accepted by Tracks

Figure 13 presents number of abstracts submitted and accepted by tracks. Of the three ICASAs, the 2015 conference received the smallest number of abstracts. This may have been influenced by the change of host country when it was only five months before the conference. Undoubtedly, this may have created uncertainties in the minds of authors about the conference organisers' ability to pull it off successfully in such a short turn-around time. As a result, some authors might have lost interest in submitting abstracts for ICASA 2015.

Consistently, the trends show that tracks C and D received the most abstracts over the years except in 2013 when the number of abstracts received for track E surpassed those of these two

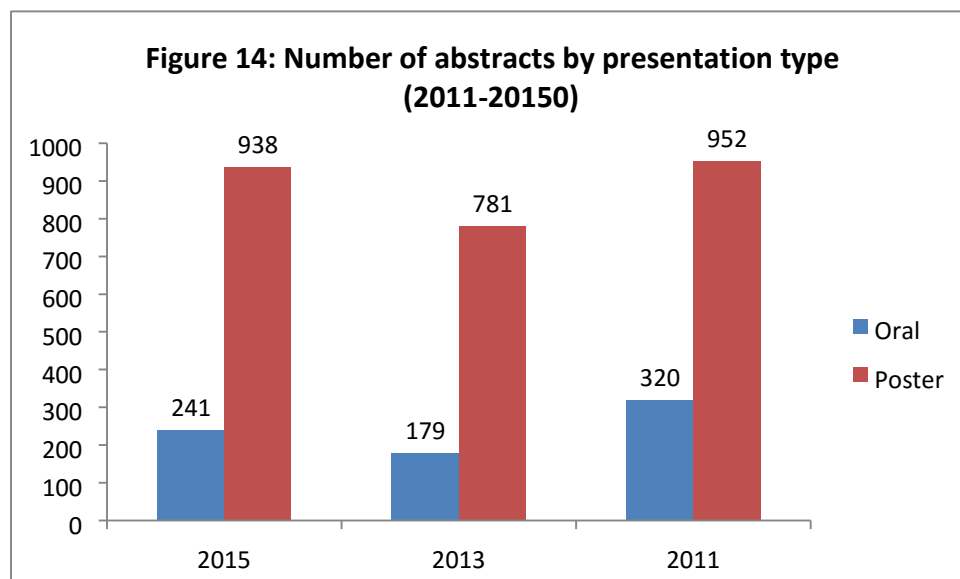
tracks. The number of abstracts submitted for track A has always been the least among all the tracks. This is not peculiar to ICASA. The same situation pertains in the International AIDS conferences.

The acceptance rate varied widely between the three years with the highest (75%) in 2015 followed by 2011 (49%) and 2013 (22.4%). While the acceptance rate did not differ between the five tracks in 2015, it ranged from 17.7% in Track E to 51.7% in Track A in 2013, and from 47% in Track C to 55.6% in Track A in 2011.



Breakdown of Abstracts Accepted by Presented Type

Of the 117 abstracts accepted for the 2015 conference, 241 were selected for oral presentation and 938 for poster presentation. The number of abstracts selected for each type of presentation between the three conferences was highest for both oral (n=320) and poster (n=952) presentations in 2011 and lowest in 2013 for both oral (n=179) and poster (n=781) presentations.



3.4 Overall Programme Achievements Based on Delegates Ratings

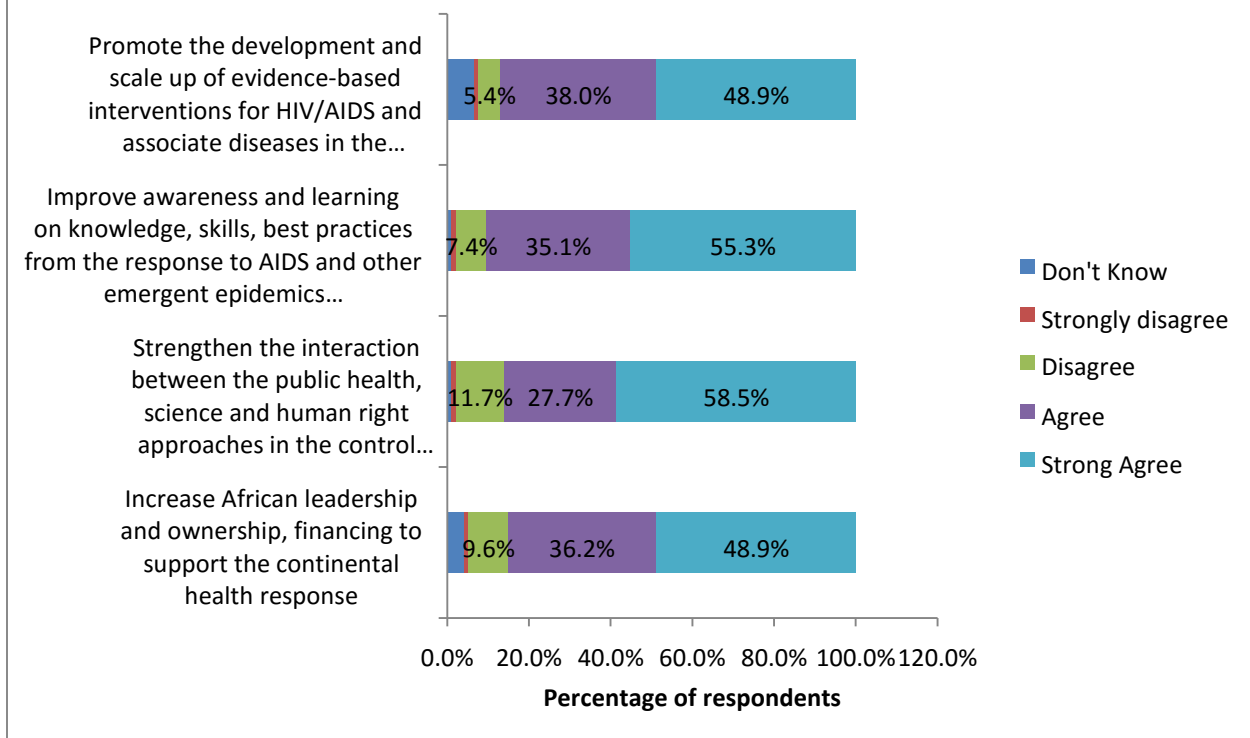
Extent to Which the Conference Achieved its Objectives

Delegates who participated in the survey were asked to indicate whether they agree that the conference achieved its objectives namely:

1. Increase African leadership and ownership, as well as investment in financing to support the continental health response
2. Strengthen the interaction between the public health, science and human right approaches in the control and elimination of the HIV/AIDS and associate diseases
3. Improve awareness and learning on knowledge, skills, best practices from the response to AIDS and other emergent epidemics (EBOLA, HEPATITIS, SAS and NCD's)
4. Promote the development and scale up of evidence-based interventions for HIV/AIDS and associate diseases in the post 2015 era.

Figure 15 shows that more than 85% of delegates 'agreed' or 'strongly agreed' the conference was successful in achieving its objectives. The third objective: 'Improve awareness and learning on knowledge, skills, best practices from the response to AIDS and other emergent epidemics (EBOLA, Hepatitis, SAS and NCD's) received the highest rating as 90.4% of respondents 'agreed' or 'strongly agreed' that the conference was successful in achieving this objective.

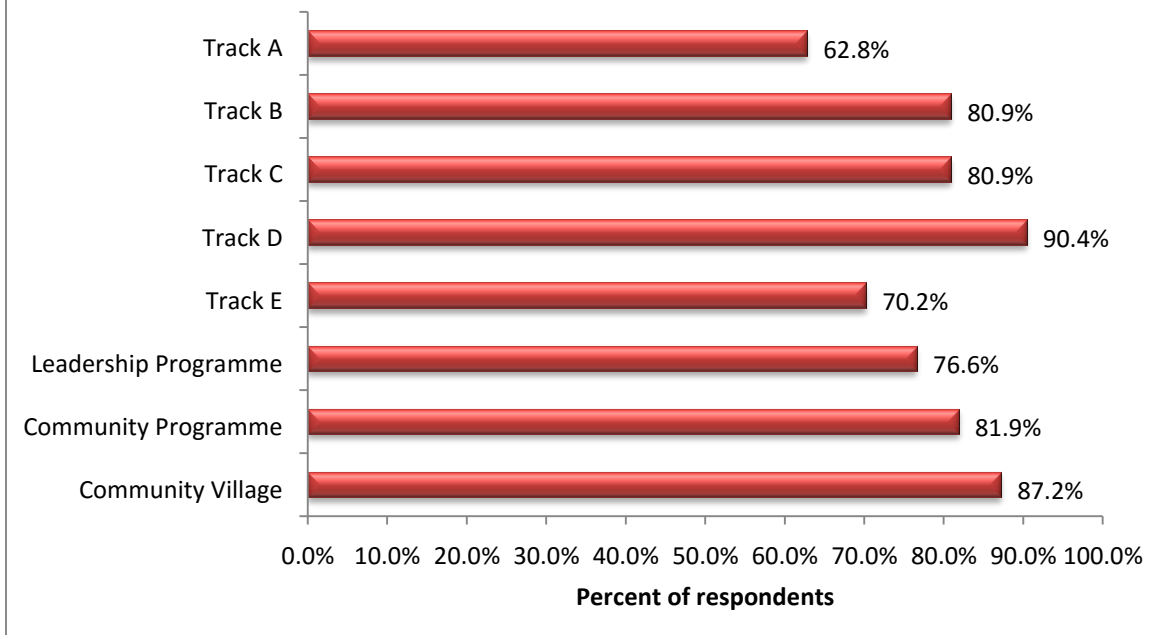
Figure 15: Rating the achievement objectives by delegates



Main Tracks and Activities of Interest

Main track of interest is the one in which delegates attend most sessions. Attendance highest in Track D and lowest in Track A. Generally, delegates’ level of interest in each of the Tracks was significantly high as shown in Figure 16. Non-scientific session or activity of interest in which delegates attended most was community village (87.2%) followed by community programmes (81.9%) and the leadership programme (76.6%).

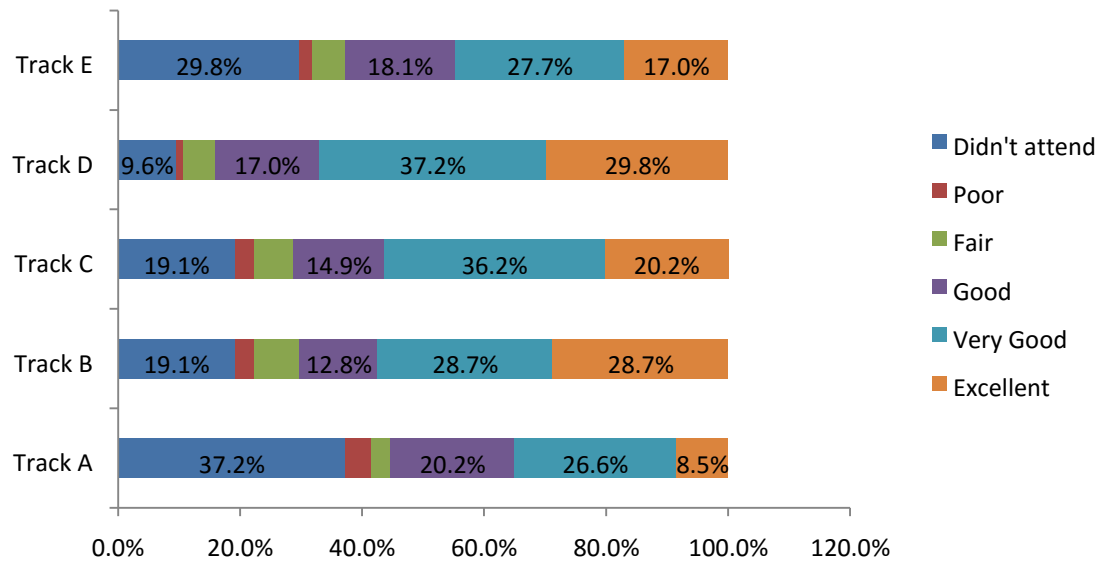
Figure 16: Main tracks and activities of Interest of respondents



Quality of the Main Tracks

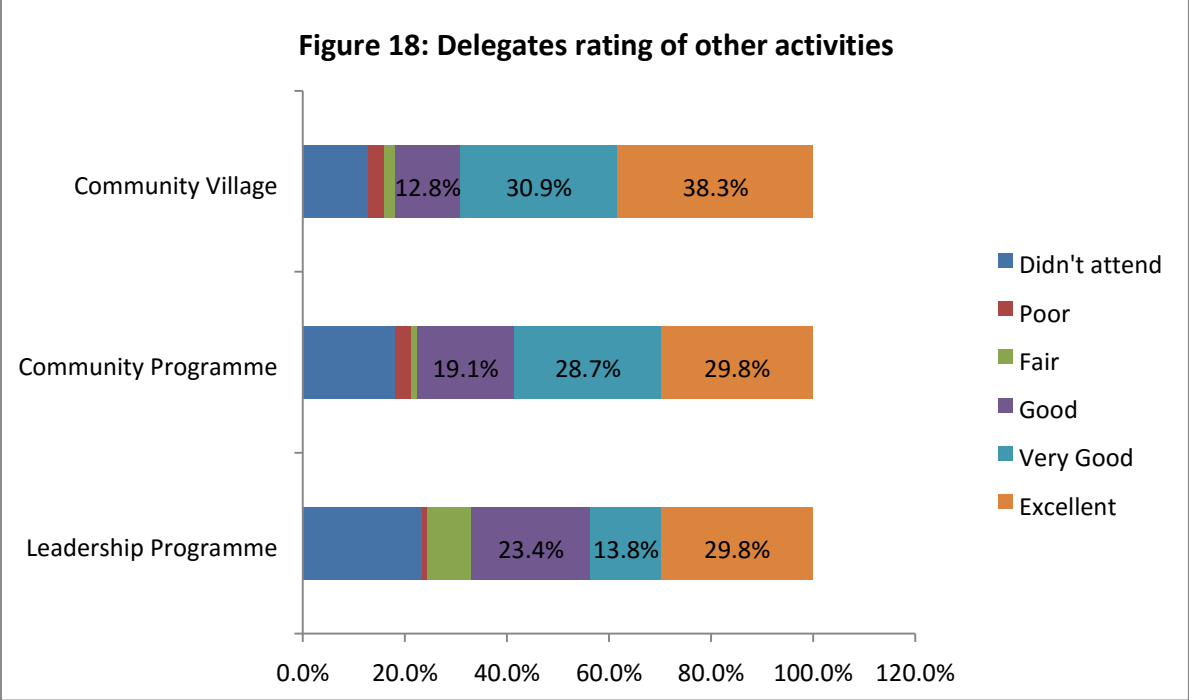
Surveyed respondents were asked to rate the on a scale of 1 to 10; 1 being the worst and 10 the best. The majority of respondents rated the tracks a 6 or higher. Track D received the highest rating in which 84% of respondents indicated that the quality of the sessions was good, very good or excellent. Track A was the least rated because only 55.3% indicated that the sessions were good, very good or excellent.

Figure 17: Delegates rating of main tracks



Quality of Other Programme Activities

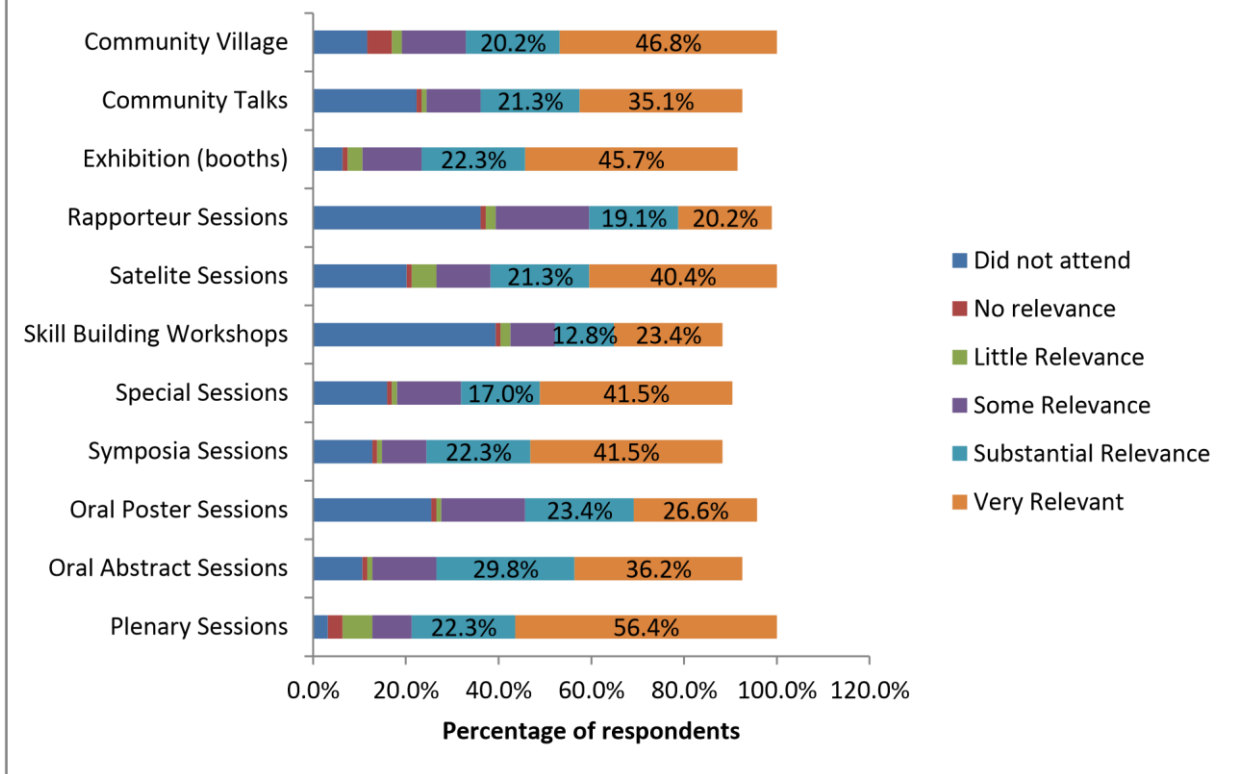
Similarly, respondents were asked to rate the quality of sessions of other aspects of the programme including community village, community and leadership programmes on a scale of 1 to 10; 1 being the worst and 10 being the best. As shown in Figure 18, community village was given the highest rating as 82% of respondents indicated that community village activities were good, very good or excellent. The leadership programme was least rated with only 67% of respondents indicating that the leadership programme was good, very good or excellent.



Rating of Various Conference Sessions

Respondents were asked to indicate how each of the various conference sessions or activities was relevant to their own work. As shown in Figure 19, majority of respondents rated the relevance of the sessions, activities and areas as having substantial relevance or very relevant to their work. Plenary sessions were found to be most relevant to delegates’ work as 78% of respondents indicated that the sessions were of substantial relevance or were very relevant to them. Skill building workshops were of least relevance (36.2%) to delegates. This is quite understandable because skill building workshops are intended to upgrade the knowledge and skills of young or people who are new to their jobs. However, the 2015 ICASA participants generally had long years of work experience with majority having more than three years of work experience. Skill building workshop may therefore be of little importance to such highly experienced individuals. Skill building workshop must however be maintained since it is still relevant to more than 23% of the respondents.

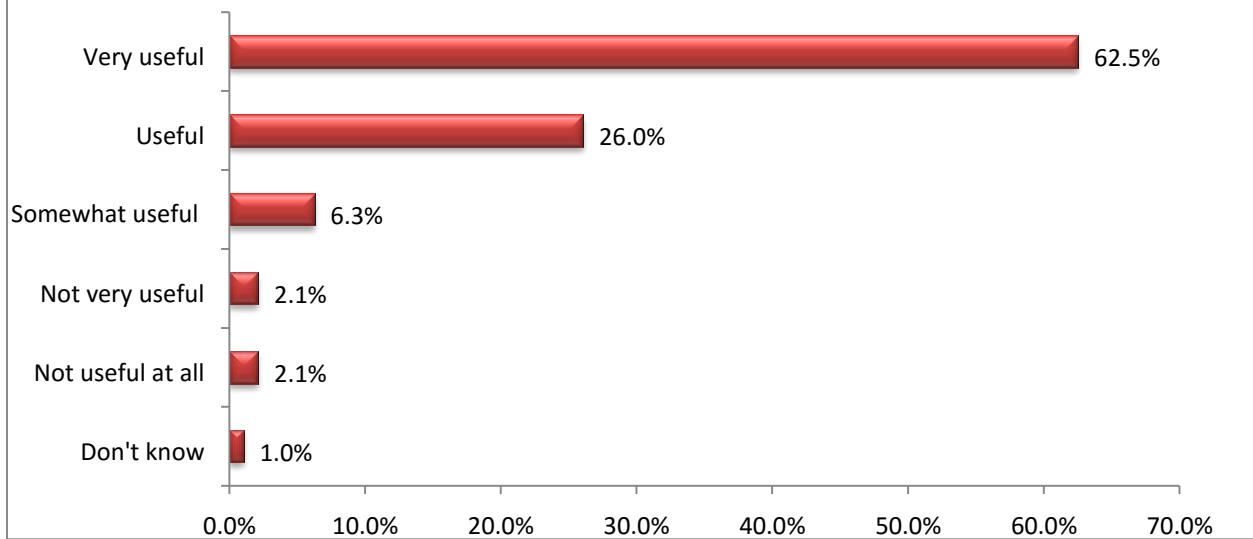
Figure 19: Relevance of conference sessions and other activities



Quality of Information Presented at the Conference

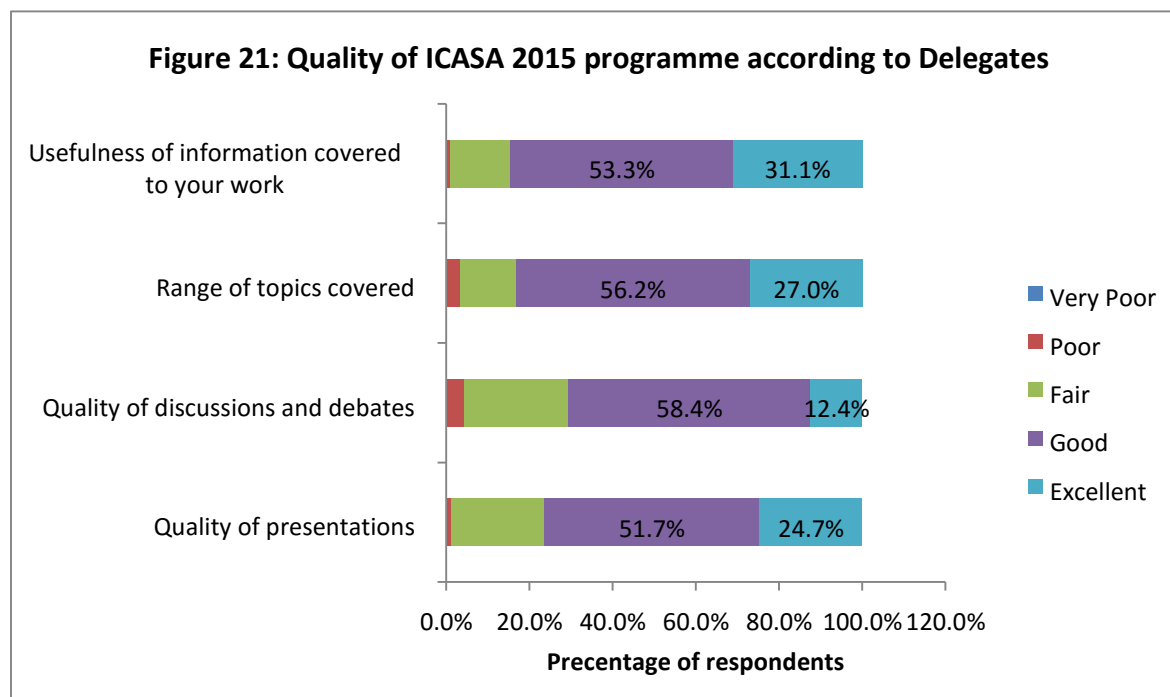
Respondents were asked to indicate how useful the information presented at the various sessions of the conference was to their work of organisation. More than 88% of them indicated that the information presented was useful or very useful. Only about 5% of respondents said that the information was not useful at all or not useful.

Figure 20: Delegates' rating of the usefulness of information presented



Quality of Conference Programme

The quality of the conference programme was rated by the respondents in terms of the quality of presentations, quality of discussions and debates, range of topics covered and usefulness of information covered to the work of delegates. As shown in Figure 21, the most highly rated programme element was usefulness of information covered to the work of respondents as 84.4% of respondents indicated that the quality was good or excellent. The lowest rated programme element was discussion and debate the quality of which only 70.8% of respondents rated as good or excellent. Generally, the rating for each programme element was very high, above 70%.



Intention to Attend Future ICASA Conferences

Majority of respondents (86%) declared their intention to attend future ICASA conferences. Only about 13% said no, they did not intend to attend future conferences while about 1% was unsure about the possibility of attending future conferences. Those who said no or not sure cited finance and bad hotel accommodation in Harare as reasons for not being able to attend future ICASA conferences. Majority was worried that they may not be able to find money to pay for conference registration, which they considered very expensive, and other related cost.

Willingness to Recommend ICASA Conference to a Peer

More than 95% of the respondents expressed their willingness to recommend ICASA to their peers. This shows that ICASA is still recognized as an important event that more and more people must be involved or benefit from.

Added Value of ICASA Compared to Other Scientific or Health Conferences

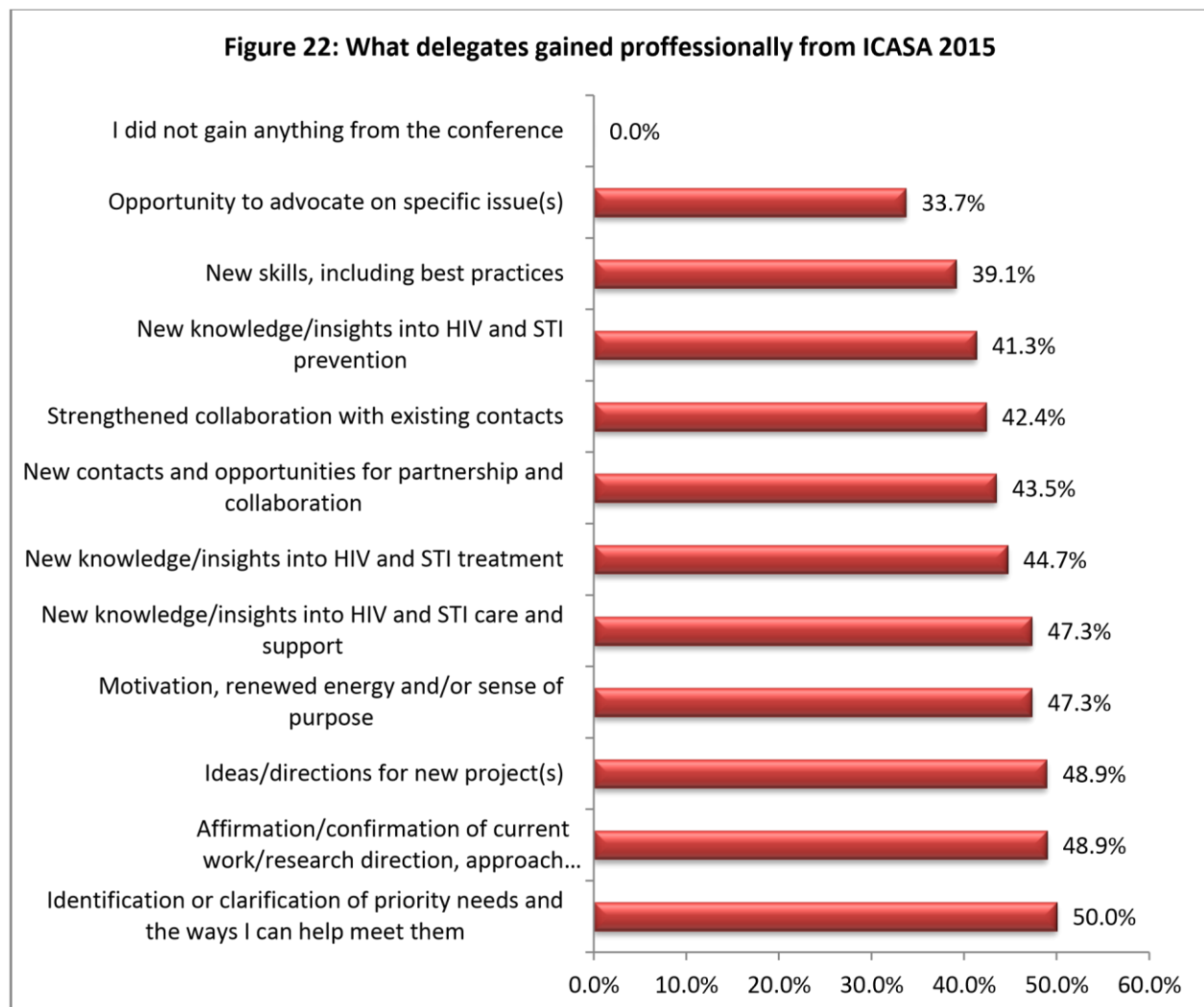
Respondents were asked if ICASA offered something they do not get from other scientific or health conferences. More than 62% of the respondents replied 'Yes'. Those who replied were asked to provide specific reasons they thought ICASA offered something similar conferences did not offer. The following were the issues put forward:

- Exposure to wide range of topics with depth of information
- Scientific and well researched presentations

- Networking and interaction with people from difference social, professional and cultural background
- Best practices from many different contexts
- It addressed EBOLA issues
- Human rights issues and participation of key populations
- Leadership session

Benefits Gained Directly from Attending ICASA 2015

A list of potential benefits was presented respondents who were asked to identify those that they had acquired as a result of their participation in ICASA 2015. The three most frequently noted benefits were: 'Identification or clarification of priority needs and the ways I can help meet them' (50%), 'Affirmation or confirmation of current work or research direction or approach' (48.9%) and 'Ideas or directions for new projects' (48.9%). None of the survey participants replied that they did not gain any benefit from the conference.



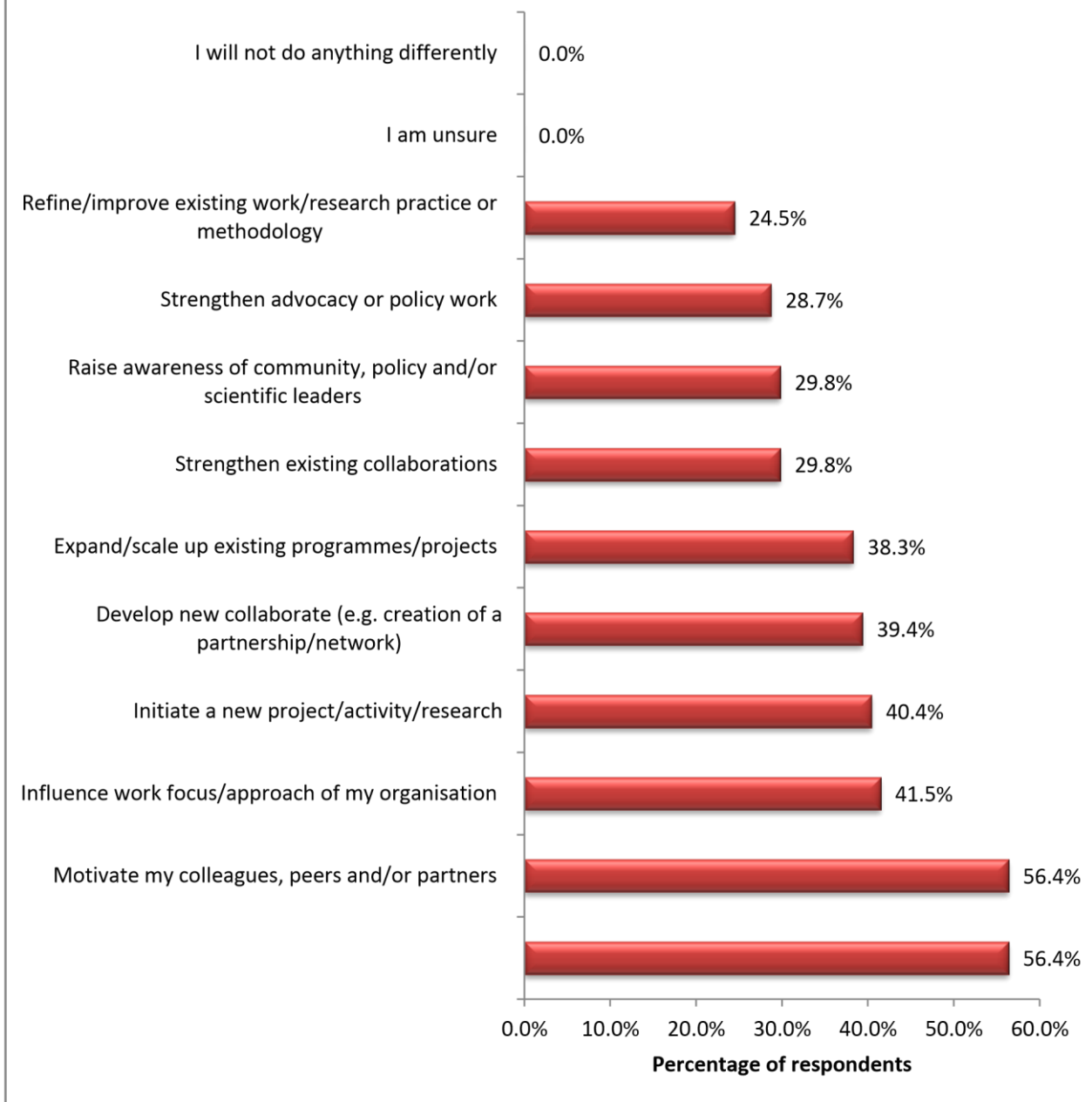
Opportunity to Build Professional Relationships

75.5% of the delegates who participated in the survey indicated that they had opportunity to build professional relationships with other delegates.

Anticipated Use of the Benefits Gained from Attending ICASA 2015 by Delegates

Surveyed delegates were asked to select from a list of 15-action point and indicate how they would use the benefits they gained from attending the conference. The majority of respondents (56.4%) indicated that they would undertake two actions; 1) would motivate colleagues, peers and/or partner and 2) would build capacity within the respondent's organization/network through training and or developing new or updating guidelines, procedures, manuals among others. 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". It is refreshing to note that none of the respondents indicated that they were unsure of what to do or would do nothing differently following the conference.

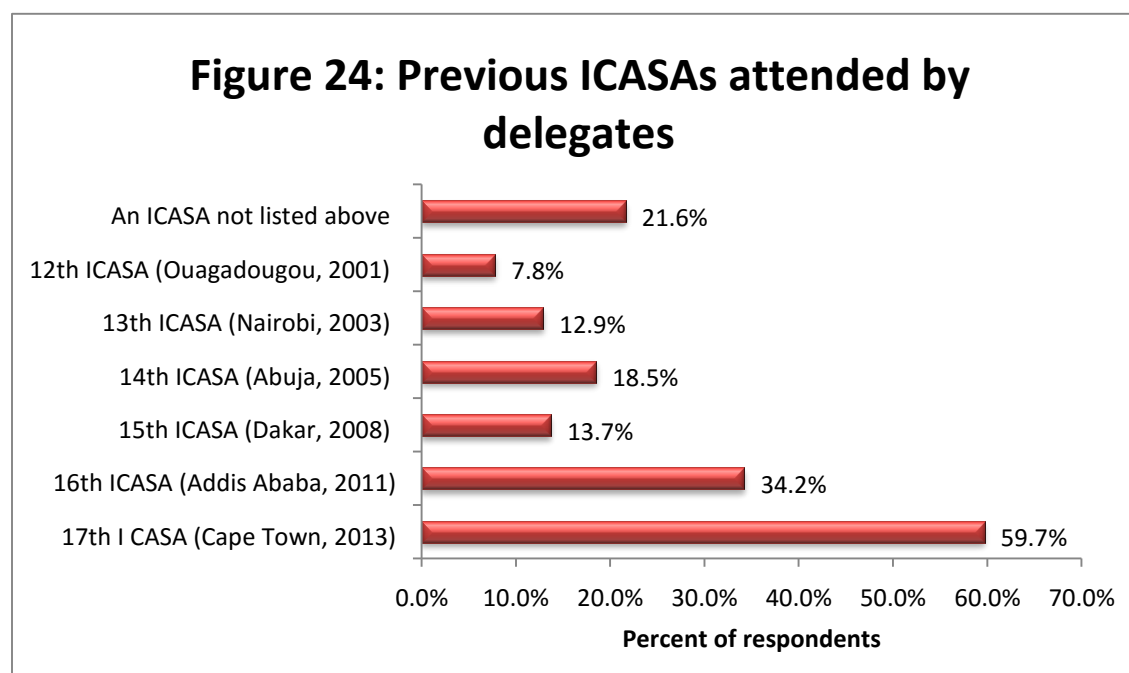
Figure 23: Delegates' intention to use the benefits of the conference



Attendance of Previous ICASAs

Delegates participating in the survey were asked whether they had attended previous ICASA conferences and those who replied 'Yes' were presented with a list of six previous and asked to indicate which one(s) they had attended. Approximately 26% of respondents had attended any previous ICASA conferences. Of those who had attended previous ICASA conferences, nearly 60% attended the 17th ICASA in 2013 (Cape Town, South Africa). Between 8% and 34% of those who had attended previous ICASA conferences, participated in conferences held between 2001

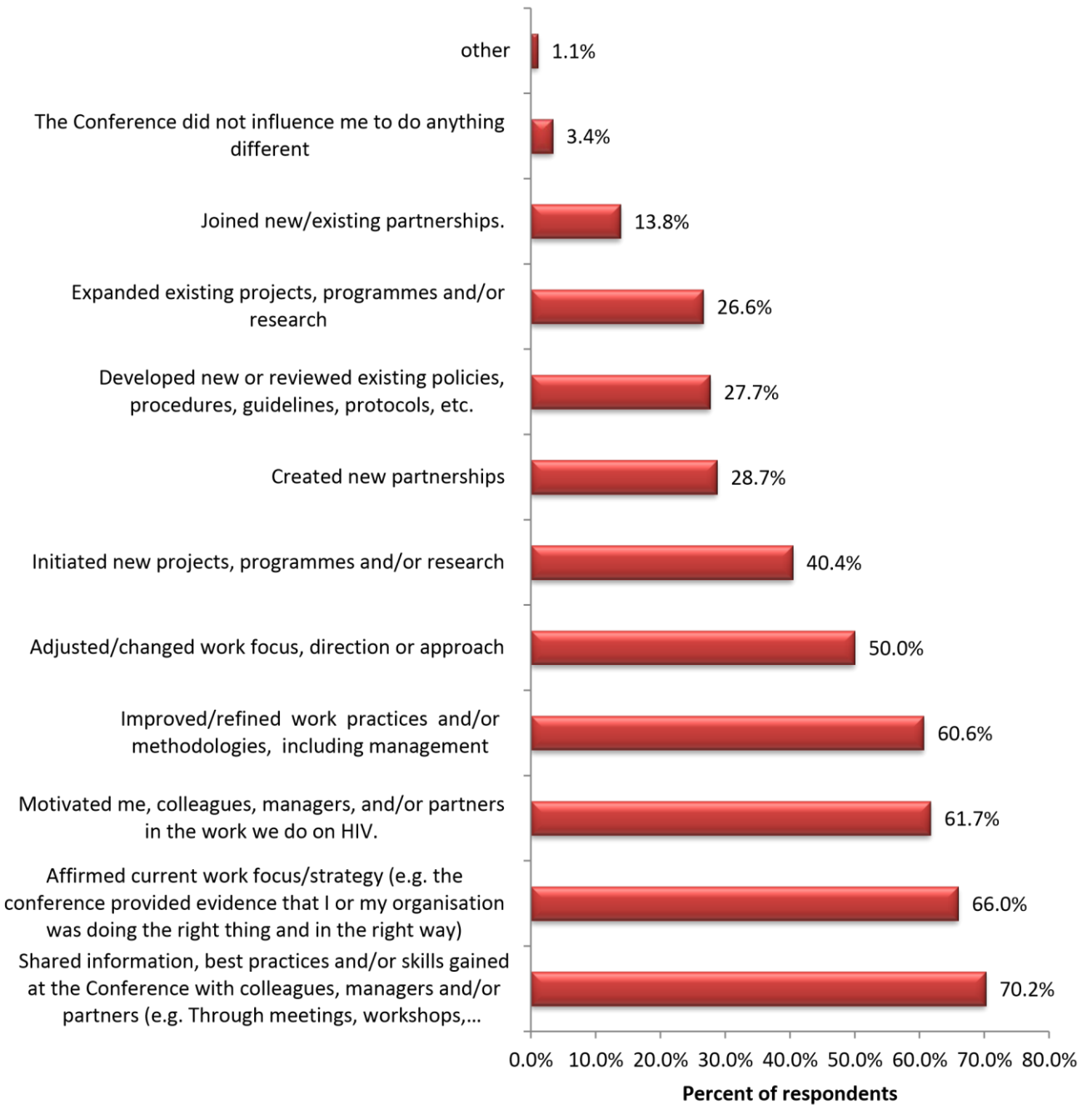
and 2011. Nearly 22% of those who had attended previous conferences indicated that they attended other ICASA that was not in the list provided.



Influence of Previous ICASA on the Work of Delegates and their Organisations

Surveyed delegates were asked to select from a list of 12-items that illustrate how previous ICASA attendees could have used to influence their own work and those of their respective organisations. Majority of respondents (70%) said they shared information, best practices or or skills gained from attending previous ICASA with colleagues, peers and partners. Between 60% and 66% of them improved work practices or methodologies including management practices, motivate colleagues and partners in the work of HIV and AIDS and affirmed current work focus.

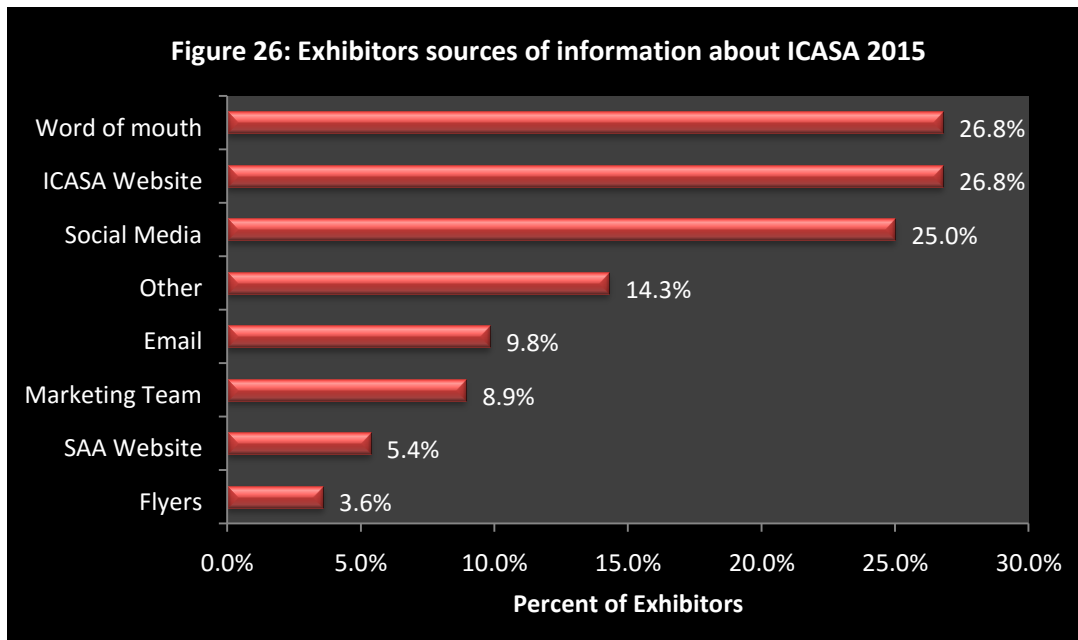
Figure 25: Impact of attend previous on respondent's work or organisation



Exhibitors Survey

How Exhibitors heard about ICASA 2015

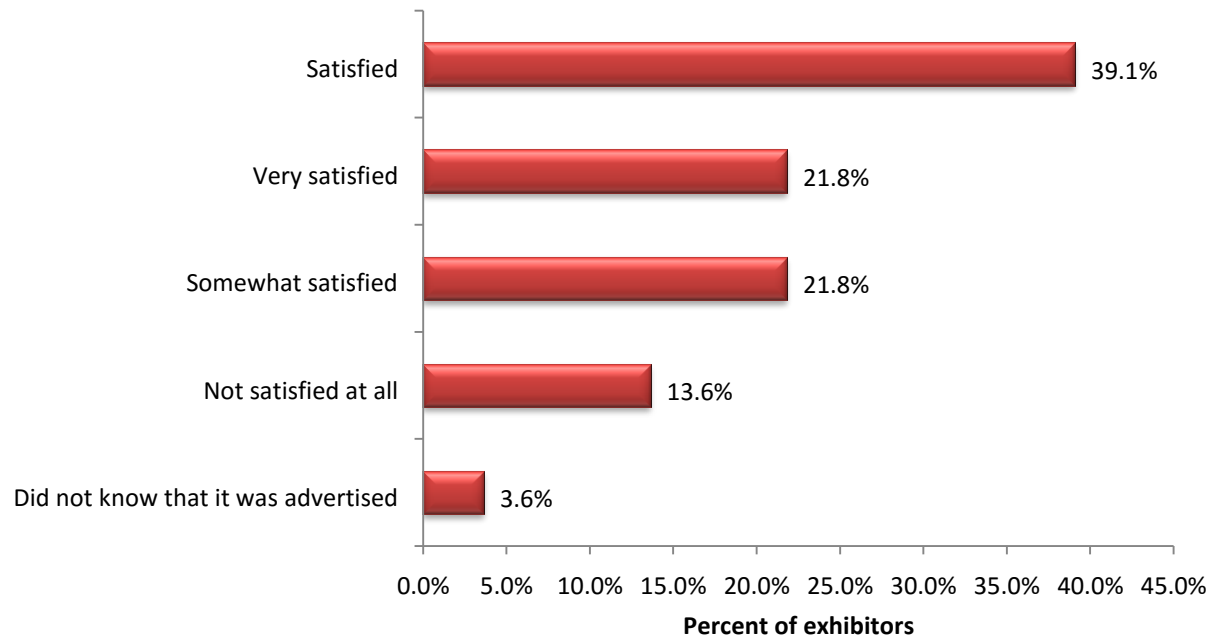
When asked of how they first heard about ICASA 2015, majority of the exhibitors (26.8%) said they got to know through “word of mouth” and another 26.8% said they got the information from the “ICASA Website”. 25.0% had the information through “social media” whilst 14.3% said they heard about ICASA 2015 from “other sources” which were not specified in the questionnaire. A few of the exhibitors thus 9.8%, 8.9%, 5.4 and 3.6% got the information through “Emails”, “ICASA marketing teams”, “SAA website” and “Flyers” respectively.



Exhibitors Rating of Methods of Marketing ICASA 2015

About 61% of the exhibitors were very satisfied or satisfied with the methods used by the ICASA 2015 marketing team. Although majority was satisfied, a small portion of the exhibitors representing 13.6% were not satisfied with the marketing methods used whilst 3.6% did not know it was advertised.

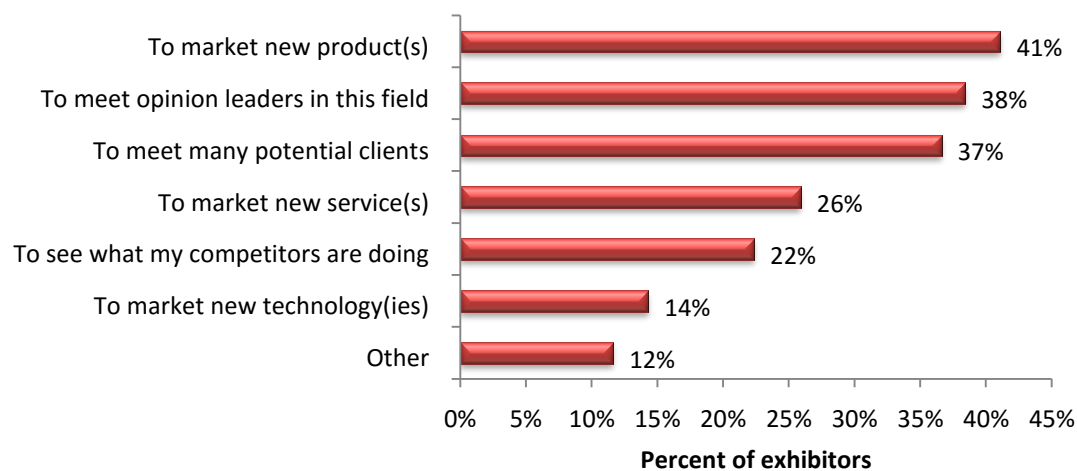
Figure 27: Exhibitors' satisfaction with methods of marketing ICASA 2015



Reasons for Attending ICASA 2015

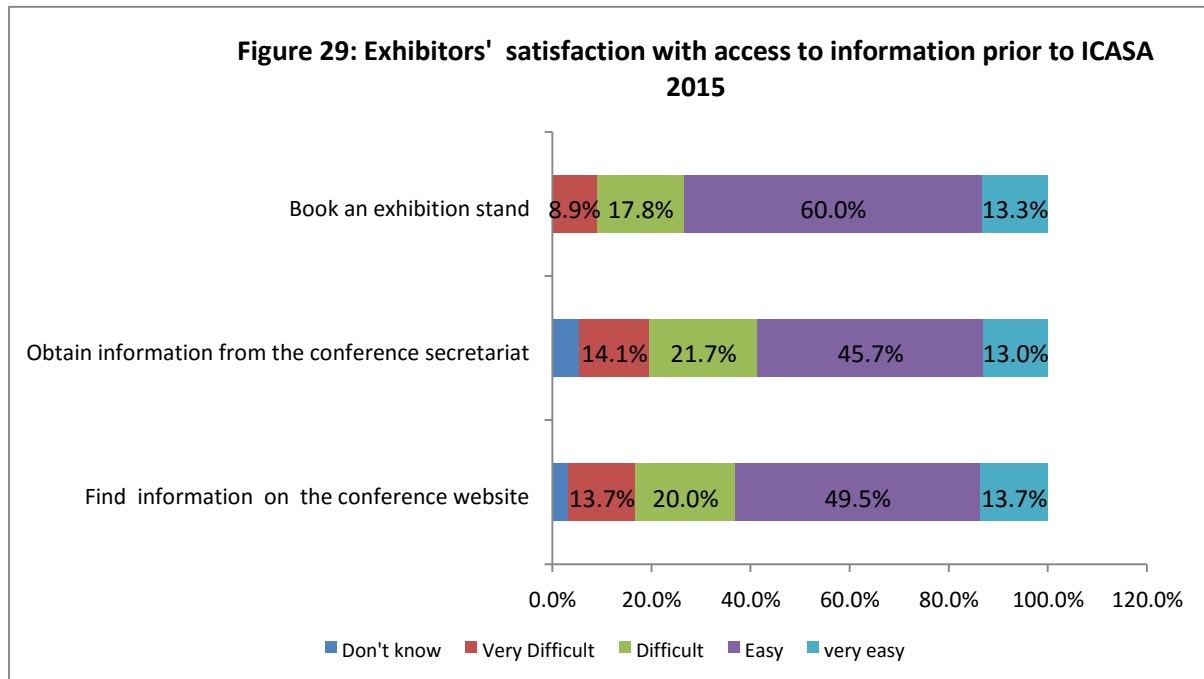
A significant percentage of 41% exhibitors attended the conference with the reason to market new products whilst 26% and 14% were in attendance to market new services and new technologies respectively. About 22% of exhibitors were present to see what their competitors were doing in the market whilst 38% and 37% stated their presence were to meet opinion leaders and potential clients respectively. Nearly 12% gave other reasons for attending ICASA 2015 than those specified in the questionnaire.

Figure 28: Exhibitors' reasons for attending ICASA 2015



Quality of Pre-conference Services

Even though access to information prior to the conference was difficult to a minimum number of exhibitors on “booking an exhibition stand, obtaining information from the conference secretariat and finding information on the conference website, a greater percentage 73.3, 58.7 and 63.2 of exhibitors said access to prior conference information on “booking an exhibition stand, obtaining information from the conference secretariat and finding information on the conference website respectively were very easy or easy.

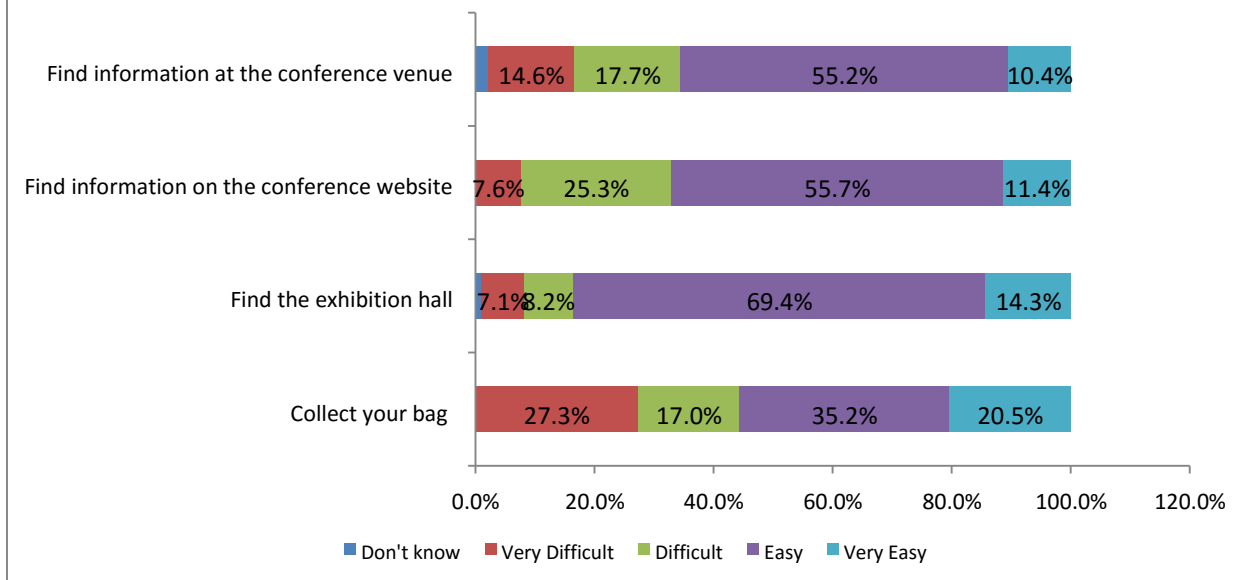


Quality of Service Exhibitors Received During the Conference

The quality of services provided during the conference was highly rated by the exhibitors. Figure 30 below shows that between 56% and 84% of exhibitors confirmed that it was either easy or very easy to collect conference bags, find information at the conference venue, find information on the conference website and find the exhibition hall. Nevertheless it was also admitted that some exhibitors also experienced some difficulties in the services provided particular, collecting conference bags (27.3%).

Indeed, distribution of conference bags delayed for two or more days due to late delivery.

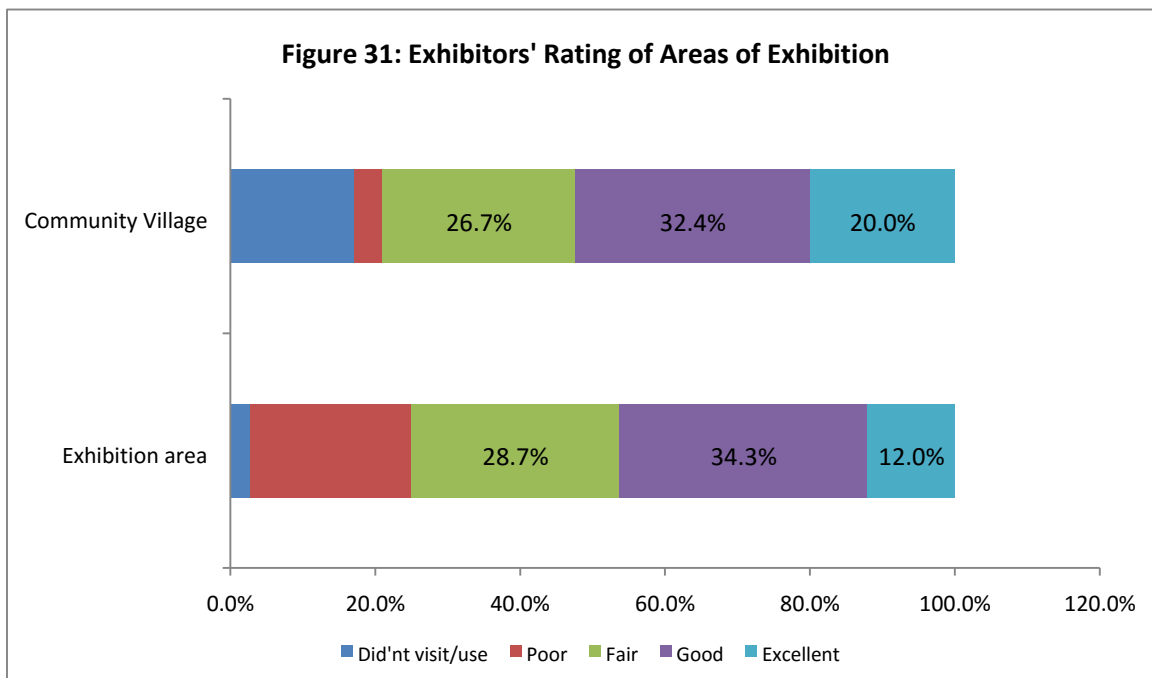
Figure 30: Exhibitors' Rating of Quality of Services During ICASA 2015



Rating of Exhibition Venues

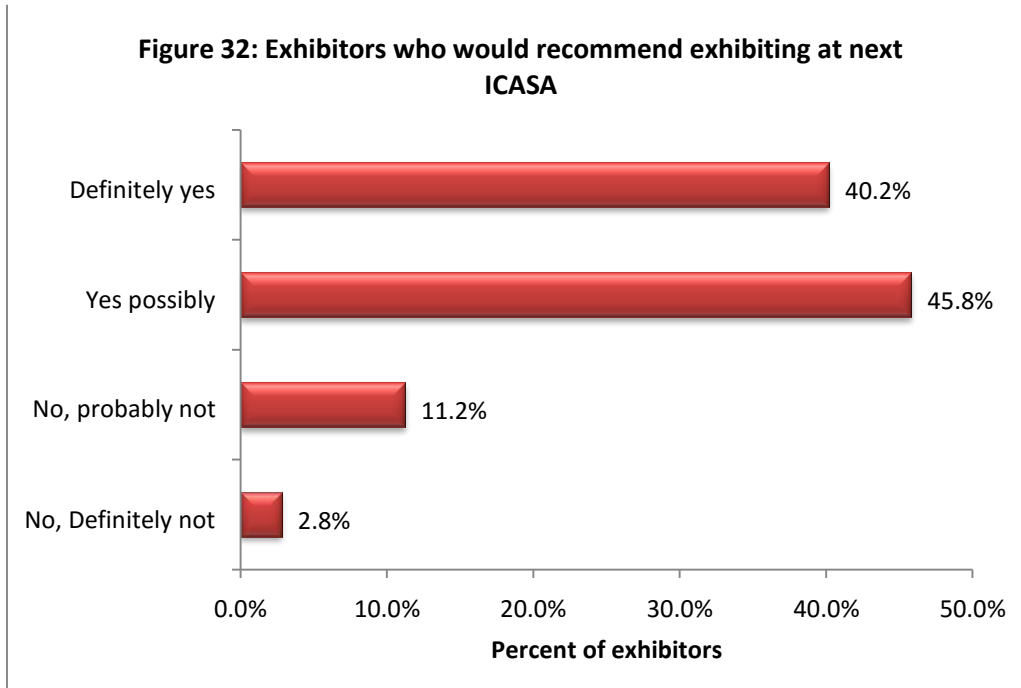
Figure 31 below shows exhibitors' rating of the exhibition venue and the community village. Generally, exhibitors were not too happy with the exhibition venues although, 52% said the community village was good or very good while 46% said same things about the exhibition area. Other exhibitors representing nearly 29% and 27% pointed out that the quality or the conditions at the exhibition area and community village respectively were only fair while more than 22% said the condition of the exhibition area was poor. They complained about poor ventilation, defective cooling system and poor lightening.

Figure 31: Exhibitors' Rating of Areas of Exhibition



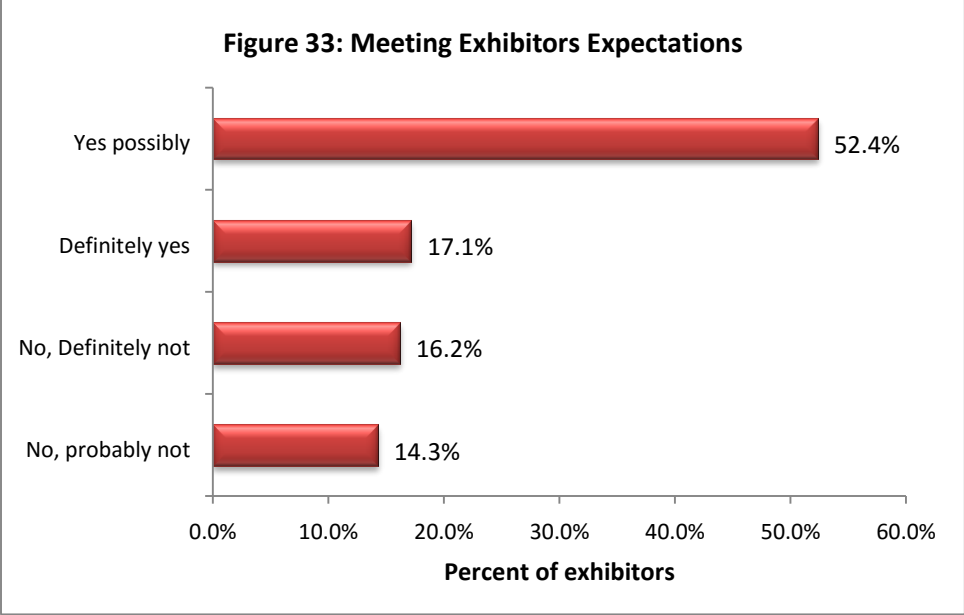
Intentions to Exhibit at Next ICASA

In spite of exhibitors dissatisfaction with the exhibition venues, greater percentage of the exhibitors were willing to exhibit at future ICASA conferences. When asked of their intention to exhibit at the next ICASA conference, more than 40% replied “yes denitely” and 46% “yes possibly”. Only 14% did not intend to attend futures conference.



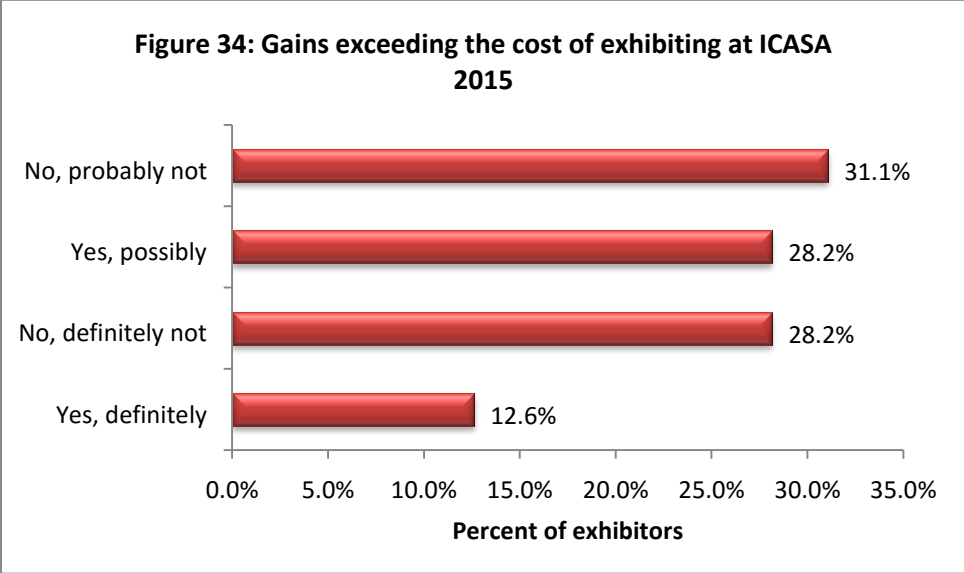
ICASA 2015 Meeting Exhibitors' Expectations

Exhibitors were asked to indicate whether or not the conference met their expectations. Nearly 70% of the exhibitors indicated that their expectations were met when they attended ICASA 2015 as they responded “definitely yes” and “yes possibly”. However, nearly 31% of them indicated that their expectations were not met when they attended the conference as they replied “no, probably not” and “no, definitely not”.



Benefits Exceeding the Cost of Exhibiting at ICASA 2015

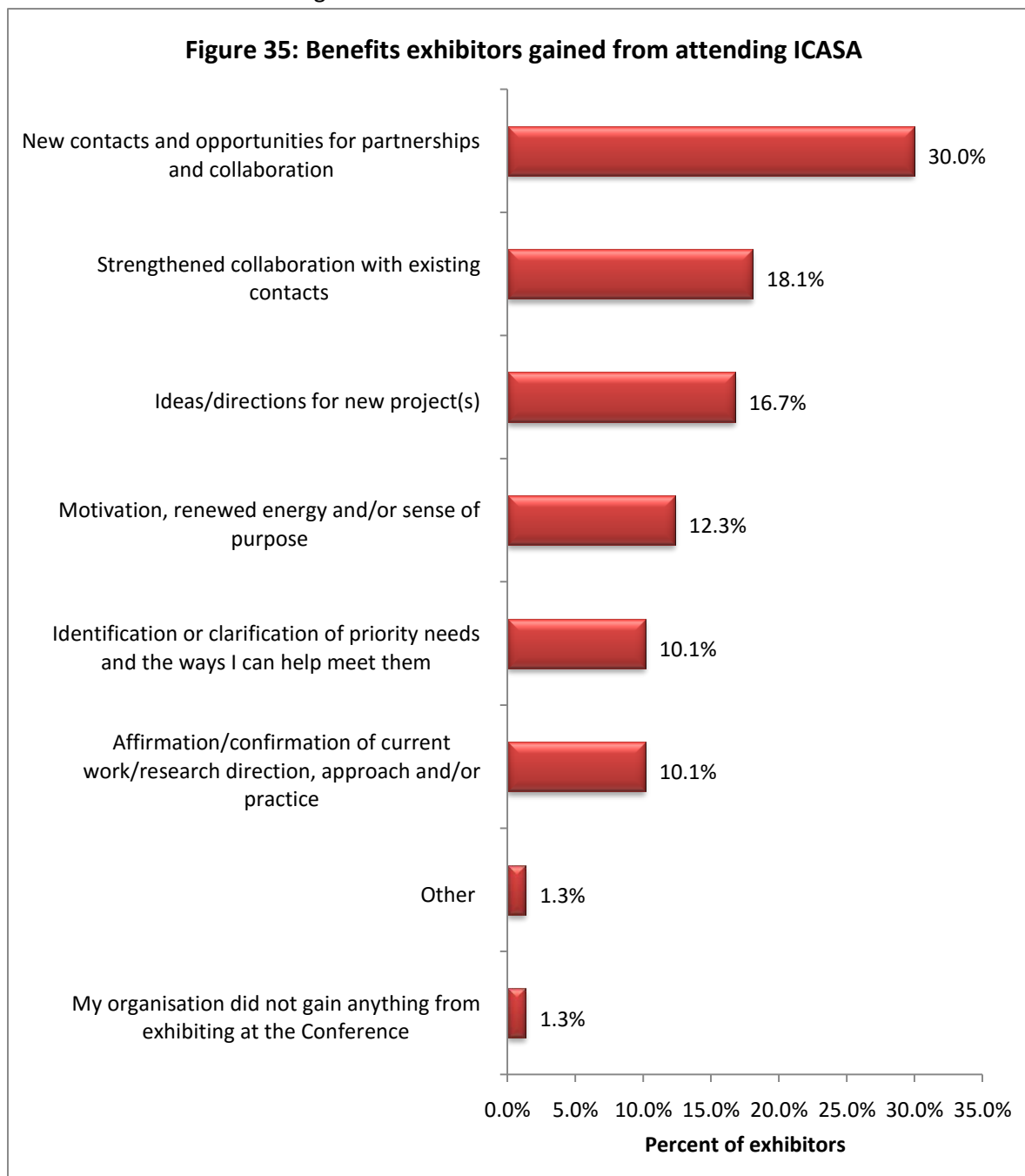
Exhibitors were asked to indicate whether or not the benefits they derived from exhibiting at ICASA 2015 outweighs the costs. More than 59% of the exhibitors answered in the negative. Only 40.8% of exhibitors responded in the affirmative. This suggests the benefits derived at exhibiting at ICASA 2015 was not worth the while of the majority exhibitors.



Most Important Things Gains from Exhibiting at ICASA 2015

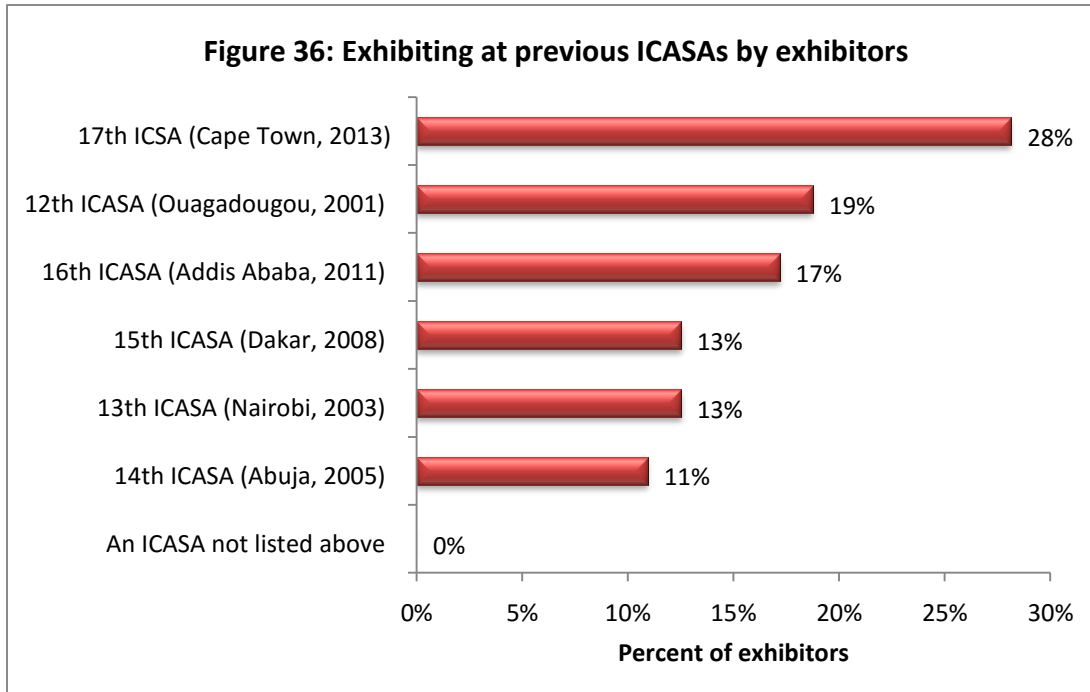
Exhibitors were asked about the important things they gained from exhibiting at ICASA 2015, a 30% representing the majority of exhibitors mentioned “new contracts and opportunities for partnership and collaboration” as the important things gained from the conference. This was followed by 18.1% who had

the opportunity to “strengthen collaboration with existing contacts” whilst 16.7% had new “ideas and direction for new projects” and 12.3% were “motivated and renewed their energy” in the quest to do more in the fields of HIV/AIDS and STIs. Only 1.3% of the exhibitors “did not gain anything from exhibiting at ICASA 2015” as shown in Figure 35 below.



Exhibiting at Previous ICASAs

Exhibitors responses have it that, 28.1% of them attended the 17th ICASA Conference in Cape Town, while 18.8% were at the 12th ICASA at Ouagadougou, 17.2% attended the 16th ICASA at Addis Ababa, the 13th and 15th attracted 12.5% each at Nairobi and Dakar respectively, the 14th ICASA at Abuja had the least percentage of 10.9% of the exhibitors attendance.



Impact of Exhibiting at Previous ICASAs on Exhibitors' Work and Organisations

Exhibitors when asked of the impact the previous ICASA had on their work and organisation, 22.7% of them had created new partnership, and 13.4% had shared best practices and had gained skills, 10.9% had their current work affirmed, and 10.1 have expanded existing programs and research. The remaining 40.3 % mentioned the following as the impact the previous conference had on their organisation:

- Motivation of workers and partners in the HIV work
- Developed new policies and guidelines
- Improvement on work practices including management
- Change in work focus and direction
- Joined existing programmes and research

A small number of exhibitors representing 1.7% said attending previous ICASA did not have any impact on their organization, refer to the figure below for details.

Figure 37: Benefits gained at previous ICASAs

