The health system benefits of attending an HIV/AIDS conference

A Bosman,[1] BCom (Fin Man), HED, BCom Hons (Acc), ACHM; **J E Wolvaardt**,[2] BCur, MPH, PGCHE, PhD

[1] *Foundation for Professional Development, Pretoria, South Africa*

[2] *School of Health Systems and Public Health, Faculty of Health Sciences, University of Pretoria, South Africa*

Corresponding author: *A Bosman (aletb@foundation.co.za)*

Background. Although abstract-driven scientific conferences are expensive, little has been written about their benefits and whether attendance influences delegates' actions.

Objective. To explore possible benefits of conference attendance among 97 scholarship recipients at the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) 2013.

Methods. A cross-sectional study was conducted. Data were collected via an online survey before the start and on the last day of the conference, and 5 months after the conference.

Results. Scholarship recipients represented 27 countries and were between 20 and >60 years of age. The majority of respondents were between 26 and 40 years old, were male, and were researchers/scientists or advocates/activists. Respondents reported that they attended ICASA 2013 to learn more about tuberculosis/HIV/AIDS/sexually transmitted infections and networking opportunities. The majority reported that they gained professionally from attending ICASA 2013 and made 'new contacts and opportunities for partnership and collaboration' and 'new ideas/directions for new project(s)'. Respondents identified ways in which they intended to use what they had learnt at the conference. Five months later respondents reported that they, their colleagues, managers and/or partners were motivated with regard to their HIV work and had shared information, best practices and/or skills gained. The majority had implemented best practices or innovations and retained professional contact with someone they met at ICASA 2013.

Conclusion. Conference scholarship programmes provide opportunities for learning and networking and may translate into partnerships or joint ventures, which may result in the implementation of innovations and best practices. Such programmes may also lead to skills transfer, which could strengthen workforce capacity and health systems.

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Abstract-driven scientific conferences are expensive and little has been written on their benefits – if any – beyond the possible improvement in the knowledge of the participants. Articles that report on health conferences focus on the clinical advancements,[1-3] the ethical issues surrounding HIV,[1] or the political arena of HIV in South Africa (SA).[4] One article focused on the benefits (including improved knowledge) experienced by the participants.[5] Healthcare conferences in developing countries have an additional obligation of ensuring societal benefit beyond the knowledge acquisition of delegates, as these conferences are often supported by donors who speculate whether the funding could not be better spent elsewhere. One area of donor funding is that of sponsoring scholarship programmes so that access to information presented at the conference is not a barrier for those without financial means.

The question is whether scientific health conferences influence the actions of the delegates after the conference. Lalonde *et al.*[5] reported that the majority of survey respondents indicated that they would change their behaviour after attending the 15th International AIDS Conference, Bangkok, Thailand, 2004, and 80% of survey respondents who had attended one or more previous international AIDS conferences reported that they had changed their behaviour after attending.

The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) is the most important international AIDS conference in Africa and receives donor funding. Its current biennial hosting alternates between Anglophone and Francophone African countries and draws together African scientists, leaders, communities, organisations and individuals who share experiences and update their responses to the HIV/AIDS epidemic. SA was selected to host the 17th ICASA – held in Cape Town from 7 to 11 December 2013 (ICASA 2013). The conference theme, 'Now more than ever: Targeting zero', highlighted the need to 'now more than ever' maintain the commitment to ensure access to treatment for everyone in Africa, irrespective of their ability to pay for such treatment. The hosting of this ICASA conference in SA was symbolic, as it was in our country that, during the 13th International AIDS Conference in 2000, a turning point was reached in breaking the silence around AIDS in Africa. This conference was a catalyst for the unprecedented commitment by donors, government and civil society to increase access to treatment in an attempt to turn the tide of this epidemic.

ICASA 2013 was an opportunity to renew the global commitment by drawing the world's attention to the legacy of AIDS 2000 being under threat as a result of the worldwide economic downturn. The conference was an opportunity for the world's leading scientists, policy makers, activists, people living with HIV (PLHIV), and government leaders to promote intersectoral achievements in the AIDS response and to strengthen partnerships.

The Swedish International Development Cooperation Agency (SIDA) and the US President's Emergency Plan for AIDS Relief (PEPFAR) made funding available for a scholarship programme, which enabled individuals to attend, participate or present at the conference. There were several categories for scholarship applicants, i.e. PLHIV, community-based organisations, women, youth, least-developed countries, media, students, and community influencers.

SIDA provided funding for 97 full scholarships, which included travel, accommodation, per diems and conference registration fees. SIDA further funded 138 partial scholarships, which included conference registration fees

only. The PEPFAR scholarship was reserved for delegates <30 years of age. This article reports on the experience and effects of the conference on the SIDA fully-funded scholars.

Methods

This was a cross-sectional study of a cohort of scholarship recipients. A purposive sampling technique was used, and those who met the inclusion criteria (fully-funded SIDA scholarship) were invited to participate. Participation was voluntary and commenced after the scholarship was accepted and participants had arrived at the conference. Data were collected by means of three self-completed anonymous surveys, which were available in English and French. The survey questions were translated from English to French by a French mother-tongue speaker and checked by another French mother-tongue speaker. Data were collected at three points in time:

- Pre-conference. Fully-funded scholarship recipients were requested to complete the pre-conference survey on arrival and registration at the conference. The survey comprised 10 questions, including closed- and open-ended questions focused on the planning and organisation of ICASA 2013 and the scholarship programme. A total of 97 pre-conference evaluation surveys were completed in hard-copy format (English, *n*=87; French, *n*=10).
- Last day of conference. Fully-funded scholarship recipients were requested to complete a reaction evaluation survey on the last day of the conference. It consisted of 18 closed- and open-ended questions, which focused on the programme, what the attendees intended to do with what they gained at the conference, and the effects of having attended previous ICASA conferences. The surveys were completed either in hard copy or online on LimeSurvey (LimeSurvey GmbH, Germany). A total of 65 surveys were completed (English, *n*=44; French, *n*=21).
- Five months after the conference. An online survey was e-mailed to all fully-funded scholarship recipients on 1 May 2014. The survey focused on the benefits of attending the conference. A total of 63 surveys were completed (English, *n*=45; French, *n*=18).

All hard-copy questionnaires were captured on LimeSurvey by a volunteer who could speak both English and French. The captured data were checked for correctness by the evaluation project manager.

The online data were exported to Microsoft Excel 2007 (USA), which was used for data cleaning, coding and analysis. Once exported, the data were cleaned. During the cleaning process duplicate responses were deleted and spelling errors were corrected to facilitate sorting. Permission to use the data was granted by the Society for AIDS in Africa. Scholarship recipients entered into an agreement between themselves and the ICASA 2013 organiser, whereby they agreed to participate in all three surveys.

Results

The response rate was 100% in round 1 of data collection, 67% in round 2 and 65% in round 3.

Demographic profile of the respondents

The scholarship recipients represented 27 countries, based on their nationality, and 29 countries, based on their country of residence/work (Fig. 1). Only 1% (*n*=1) of scholarship recipients was not originally from Africa and 3% (*n*=3) did not reside or work in Africa. The majority of respondents were from sub-Saharan Africa (92%, *n*=89).

The minority (3%, *n*=3) of scholarship recipients were between 20 and 25 years old; 58% (*n*=56) were between 26 and 40 of age; 35% (*n*=34) were between 41 and 60 of age; and 3% (*n*=3) were >60 years old. One respondent did not answer the question with regard to age.

Although the options of female, male, transgender and do not want to disclose were provided, all classified themselves as male (57%, *n*=55) or female (43%, *n*=42).

When asked to select their occupation/profession from a list of 12 options,

Fig. 1. African scholarship recipients' nationality (n=*97*).

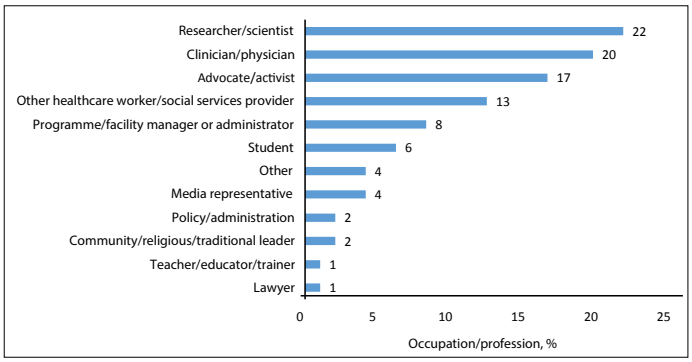

Fig. 2. Scholarship recipients' main occupation/profession (n=*96*).

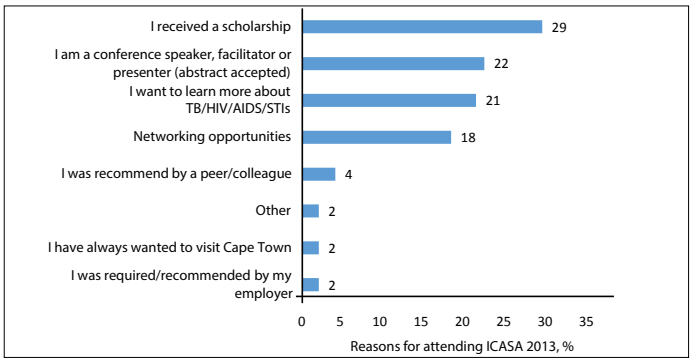

Fig. 3. Scholarship recipients' reasons for attending ICASA 2013 (n=*267*).

Table 1. Respondents' intention to use what was gained and achieved from the conference

Intentions/effect	Intention to use what was gained at end of conference, *n* (%) (*N*=480)	Self-reported effect of attendance 5 months after conference, *n* (%) (*N*=351)
Strengthen and expand efforts	203 (42.3)	115 (32.8)
Create new collaborations and projects	93 (19.4)	101 (28.8)
Influence and motivate others	91 (19.0)	83 (23.6)
Share information and raise awareness	88 (18.3)	52 (14.8)
I am unsure	2 (0.4)	-
I will not do anything differently	2 (0.4)	-
Other	1 (0.2)	-

22% (*n*=21) of the scholarship recipients selected researcher/scientist (Fig. 2). The second-largest groups of respondents were clinician/physicians and advocate/activist, both at 20% (*n*=19) each.

Reasons for conference attendance

The reasons to attend the conference were explored; 267 responses were received from the 97 respondents (Fig. 3). The four most cited reasons were receiving a scholarship (29%, *n*=76), acceptance of an abstract (22%, *n*=58), wanting to learn more about tuberculosis (TB)/HIV/AIDS/sexually transmitted infections (STIs) (21%, *n*=55), and networking opportunities (18%, *n*=49).

Perceived value of attending the conference

The majority (95%, *n*=62) of respondents in the second round of data collection reported that they did gain professionally from attending the conference and identified their gains. The largest proportion (78%, *n*=51) reported that they had made 'new contacts and opportunities for partnership and collaboration', while 77% (*n*=50) reported that they developed 'ideas/directions for new project(s)', and 75% (*n*=49) indicated that they 'increased understanding of the challenges to achieving treatment access in Africa'.

Almost all (98%, *n*=64) of the respondents in the second round reported that they had the opportunity to build a professional relationship with other delegates and speakers, which underlines the networking opportunities that conferences offer.

At the end of the conference, scholarship recipients were asked how they intend to use what they had gained at the conference (from a list of 14 potential intentions). Sixty-five respondents reported a total of 480 intentions. The responses from the 14 potential intentions were combined after the analysis into seven thematic areas.

Five months after attending the conference, respondents were asked to report on the effect of their conference attendance on their work and their organisation. Respondents could choose from a list of 10 items; 63 respondents selected a total of 351 effects. The responses from the 10 potential effects were combined post analysis into four thematic areas (Table 1).

Attendance of previous ICASAs

Fewer than half (41%, *n*=26) of the respondents indicated they had attended previous ICASAs. The majority (77%, *n*=20) of those who had attended a previous conference reported that attendance had had an influence both on their work and their organisation. The most frequently cited influences were:

- adjusted/changed work focus, direction or approach (77%, *n*=20)
- improved/refined work practices and/or methodologies, including management (73%, *n*=19)
- created new partnerships (69%, *n*=18)
- motivated self, colleagues, managers, and/or partners with regard to HIV work (69%, *n*=18)
- shared information with colleagues, peers and/or partner organisations (65%, *n*=17).

Nearly all (92%, *n*=24) of the respondents who had attended previous ICASAs reported that they continue to have contact with someone they had met for the first time at a previous conference. A large percentage (69%, *n*=18) indicated that they had entered into a partnership or a joint venture with someone whom they had met for the first time at a previous ICASA conference.

Effects of conference attendance at 5 months

In addition to the self-reported effects at 5 months after the conference (Table 1), almost all of the respondents (98%, *n*=61) indicated that they still have contact with someone whom they met for the first time at ICASA 2013, and 68% (*n*=42) entered into a partnership or joint venture with someone they had met at ICASA 2013 for the first time.

Respondents were asked how many media articles related to or inspired by ICASA 2013 they had published after attending the conference. Non-media scholarship respondents (*n*=34) had the option to indicate that they were not from the media. Nine respondents answered this question and 15 articles were published: 6 respondents published 1 article each, 2 respondents published 2 articles each, and 1 respondent published 5 articles. The target audiences of the articles varied, i.e. special interest groups, organisations with activities similar to those of the authors' oganisations, scientists, policy makers and the general public.

A large majority (84%, *n*=52) of respondents indicated that in the 5 months since attending ICASA 2013, they had implemented a 'best practice' or 'innovation' in their work, community and/or research environment. Respondents were also asked to summarise the action steps that they had undertaken and/or what they had done differently as a result of attending ICASA 2013. The descriptions of the best practices or innovations and the responses regarding action steps were analysed, and themes were allocated and combined according to the main themes. The following main themes were identified and are illustrated by some of the respondents' quotes:

Collaboration and fundraising

'After the ICASA conference I used the experience to write a combination prevention project and we received funding worth 250 000 dollars to implement combination HIV/AIDS.'

'We are conducting a study on HIV and disabilities, which is first of its kind in Nigeria. The idea sprang from ICASA 2013 experience and we hope the findings will stimulate donors towards this direction.'

Research

'I have been able to redirect the focus of our organisation to start researching unique phenotypes of HIV infection.'

'I have written three articles for conferences awaiting response. I am trying to ensure that partners were co-operating into responding to the global HIV response. I aim to support building the capacity of [Community Service Organisations] CSOs partners to write and present scientific papers based on evidence.'

'I have changed the methodology of my research based on the best practices that I learnt at the conference.'

Outreach/linkage to care

'Commercial sex workers HIV outreaches.'

'I conducted a community dialogue with women in the church to discuss about issues of gender-based violence and intimate partner violence, which make women vulnerable to HIV and AIDS.'

'I have developed new strategies for tracing people who do not come back into care, based on models that have worked in other countries and in special populations, such as displaced people, people with a lot of stigma.'

'Created awareness on regular and consistent use of condoms and lubricants.'

Key populations

'Condom promotion and integrating female condoms into our HIV prevention strategies. We have also established more male and female condom community outlets to increase access.'

'Gender sensitive advocacy on preventing discrimination against the most-at-risk population – [men having sex with men] MSM, [injecting drug users] IDUs.'

'New approaches in handling the key populations. Addressing gender issues in fighting against HIV.'

'Intervention strategies to close referral for targeting high-risk groups.'

Policy

'Supported the [International Conference on Population and Development] ICPD process as part of a government delegation. Info from ICASA helped earmark priorities that ICPD should incorporate.'

'In implementing prevention program [minimum prevention package intervention] MPPI used.'

Service uptake

'Forming a network for all [non-governmental organisations] NGOs working with [most at risk populations] MARPs in Egypt.'

'Using expert patient to strengthen linkage of HIV-positive to care and treatment.'

Improvement and innovation

'Information sharing through restitution and monitoring for better implementation.'

'Systematic screening of TB patient[s]. I am determined to speak strongly in [favour of screening of] immunocompromised [patients].'

Strategy

'Discussing experiences and new lessons learnt in SA with the three major networks on the need to involve [knowledge attitude and practices] KAP … in our implementation. This has led to redirecting our project through the involvement of two of the organisations in our pilot project.'

'I disseminated the key lessons and new innovations that I learnt from the conference that enabled my technical support unit to generate a new project that actually got funded. Hence developing a new partnership.'

Advocacy

'I have created a mailing list where I have shared several abstracts that pertain to women and health presented at ICASA. I created a Whatsapp group where we continue to discuss issues that came from ICASA. I was on a radio programme where I spoke on the various issues that a diverse group of people spoke about at ICASA; in particular, issues around HIV prevention, treatment care and support.'

'Encouraging MSM/IDU to open up. Sensitising on the danger of sexual risky behaviour. Creating awareness on the regular and consistent use of condoms and lubricants.'

Discussion

The majority (59%, *n*=60) of the scholarship recipients were between the ages of 26 and 40 and two-thirds were a combination of researchers/scientists, clinicians/physicians and advocates/activists. This demographic profile is characteristic of early- to mid-career health professionals.

The three most-cited reasons for attending the conference were practical (receiving a scholarship) or educational (acceptance of abstract and wanting to learn more about TB/HIV/AIDS/STIs). The fourth cited reason – networking opportunities – proved to be durable, as these new contacts and opportunities for partnership and collaboration were the most cited in terms of perceived value of the conference. Also, almost all of the respondents reported that they had the opportunity to build a professional relationship with other delegates and speakers during the conference. This level of networking can be considered to be sustainable after the conference, as nearly all (92%, *n*=24) of the respondents who had attended previous ICASA conferences reported that they still had contact with somebody they had met for the first time at a previous ICASA conference. This finding held true, as 5 months after the ICASA 2013 conference almost all (98%, *n*=61) of the respondents still had contact with somebody they had met for the first time at ICASA 2013. The networking opportunity also translated into concrete partnerships or joint ventures with somebody they had met at ICASA 2013 for the first time for more than two-thirds (68%, *n*=42) of the respondents. This finding is consistent with that of 69% (*n*=18) of respondents from the second round of data collection, who reported that they had entered into a partnership or a joint venture with somebody they had met for the first time at a previous ICASA conference. The findings regarding the network opportunities support the findings of Wiessner *et al.*,[6] who reported that the focus of conferences extend beyond opportunities for learning, as the delegates have other expectations and needs that include making contacts and building relationships.

The stimulation of ideas for new projects and an increased understanding of the challenges to achieving treatment access in Africa were also cited as being perceived of value as a result of conference attendance, and 31 new projects were listed by the respondents 5 months after the conference.

At the conclusion of the conference, the respondents committed to strengthen and expand efforts within their organisations/networks, create new collaborations and projects, influence and motivate colleagues, peers and/or partners, and share information and raise awareness when they returned to their workplaces. The third round of data collection at 5 months after the conference suggested that the respondents did indeed strengthen and expand their efforts, create new collaborations and partnerships, influence and motivate their colleagues, managers and/or partners, share information, and raise awareness. This finding is supported by the theory of reasoned action described by Fishbein and Middlestadt.[7] Capacity was built by

sharing the information, best practices and/or skills gained with colleagues, managers and/or partners. This skills transfer included improved/refined work practices and/or methodologies, including management practices. The majority of the activities described by the participants after the conference are health-system strengthening activities. This vigorous post-conference activity is not surprising, as Lalonde *et al.*[5] reported that 'significantly more delegates from developing versus developed countries reported an intended behaviour change' after the conference.

The survey 5 months after the conference may have been too soon to determine with absolute certainty the impact of attending the conference. In particular, creating new collaborations and projects and influencing and motivating others would need more time to take full effect. In contrast, strengthening and expanding efforts and sharing and raising awareness could be more rapidly achieved. This post-conference survey was, however, an opportunity for participants to reflect on conference experiences that could have an impact on their scholarship and practice.[6] The post-conference survey did give a good indication of some of the outcomes. Ninety-eight percent (n=61) of the respondents in round 3 of data collection indicated that they still have contact with somebody they had met for the first time at ICASA 2013, and 68% (n=42) reported that they had entered into a partnership or joint venture with someone they had met for the first time at ICASA 2013, suggesting the value of conferences for networking and possible partnerships. According to Wiessner *et al.*,[6] this kind of reflective learning is a return on a conference investment.

The conference also served as an impetus for the implementation of best practices or innovations in the workplace, community and research environment. These improvement and innovation activities included research reports, outreach, work with key populations, policy work and improving service uptake. What is now needed is confirmation of this impact through another study.

Study limitations

The timing of the questionnaire 5 months after the conference is a limitation, as it is likely that some of the effects (such as developing new projects) might require more time. Also, the use of anecdotal data is not sufficiently strong evidence of the impact of the conference. Finally, the use of self-reported data is a limitation, as participants might have provided socially desirable responses as scholarship recipients.

Conclusion

From the respondents' reports 5 months after the conference it is clear that the scholarship programme contributed to the strengthening of health systems. In the case of ICASA 2013, the benefits are retained in Africa, as the majority of scholarship recipients work in Africa. As the majority (59%) of scholarship recipients were between 26 and 40 years old, it implies that they will be able to continue to strengthen health systems for several decades to come.

Conference scholarship programmes, therefore, arguably provide the opportunities to create partnerships and strengthen health systems in Africa, and answer the question whether this kind of activity is worthy of donor support. The finding by Lalonde *et al.*[5] suggests, however, that the maximum benefit would be achieved by ensuring that scholarships are awarded to those who are new to the conference, as respondents who had attended only one previous international AIDS conference were '[statistically] significantly more likely to report making a change in their HIV/AIDS work as a result of attending a past [AIDS conference] than those who attended more than one'.

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Conflict of interest. Ms A Bosman is a technical advisor in evaluation in the Programme Evaluation Unit of the Foundation for Professional Development and the Company Secretary of Dira Sengwe Conferences.

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