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Coverage of Key Populations at the XIX International AIDS Conference (AIDS 2012)

As a body advocating for the health and human rights of men who have sex with men (MSM), people who use drugs and sex workers, the permanent partners of the International AIDS Conference again welcome the views of The Global Forum on MSM and HIV (MSMGF) and their partners and look forward to continued dialogue and collaboration towards the 20th International AIDS Conference, which will be held in Melbourne, Australia in July 2014.

Key populations are crucial to mobilizing groups, individuals and governments in the HIV response. They are the basis on which the foundations for change are built in many areas, from the behavioural to the political.

The permanent partners of the International AIDS Conference (IAC) acknowledge the important role that key populations have played and will continue to play in the global response to HIV, and IAC permanent partners, along with local partners, do their best to reflect this in the conference programme and activities. Our programme committees and our working groups all include representatives from civil society and key populations, including MSM, sex workers and people who use drugs.

The International AIDS Society is only one of a number of organizing partners who decide upon content for the conference programme. Committees and working groups consist of all partners of the conference as well as some additional external individuals. The AIDS 2012 conference programme committees, for example, included representatives from the following organizations: UNAIDS; the International Community of Women Living with HIV/AIDS (ICW); the International Council of AIDS Service Organizations (ICASO); the Global Network of People Living with HIV (GNP+); Caribbean Vulnerable Communities Coalition (CVC); Sidaction; District of Columbia Department of Health Office of National AIDS Policy; The White House; The Black AIDS Institute; U.S. Positive Women's Network; National Institutes of Health ; HIV Medicine Association of the Infectious Diseases Society of America; as well as many other institutions and groups. The composition of the organizing committees and working groups is designed to balance the three conference themes: community, leadership, and science. Community representatives - individuals nominated by their peers for their expertise in working with key populations and who come from community organizations - account for a more than a third of the total composition: 37% of the Conference Coordinating Committee (CCC) members are community representatives. Looking at the composition of the programme committees, the number of community representatives increases to 46%. In addition, community representation on the working groups increases to 70% and 80% for the Youth and Global Village Working Groups respectively.

The programme audit released in early June 2013 and prepared by MSMGF, Global Action for Trans* Equality (GATE), the Center of Excellence for Transgender Health, the Harm Reduction Coalition, and the Global Network of Sex Work Projects is a helpful tool for conference organizers to monitor programme development. Regular and constructive feedback on the International AIDS Conferences



can only help to improve them, ensure key populations are engaged and make a significant impact on the global HIV epidemic. That said, any balanced and informed audit must be inclusive and acknowledge existing data. In their analyses, the authors of the programme audit selected abstracts and abstract driven sessions on the grounds that these make up the “vast majority” of the programme. It is true that abstracts account for a significant portion of the programme with 3, 170 abstracts featured in the poster exhibition alone. However, if the programme is examined in terms of sessions (activities that feature presentations and discussions) that engage audiences, abstracts account for less than half of the programme (110 oral presentations and poster discussions vs 144 non-abstract driven sessions, plus Global Village activities). Moreover, in the official AIDS 2012 delegate survey (available at www.AIDS2012.org) only 28% of delegates thought that topics or themes could be better covered at the next conference vs 72% who thought otherwise. These facts show that the audit must be interpreted in a broader context if used to inform future programming decisions.

It is important to acknowledge first and foremost that 100% of sessions at AIDS 2012 focused on HIV and AIDS. It is, no doubt, difficult to find exclusivity within the conference programme, as sessions are purposely built to address a variety of topics, populations and cross cutting themes.

The report claims that 17% of all abstracts at AIDS 2012 were exclusively focused on MSM, transgender people, people who inject drugs (PWID), or sex workers. Further, it states that the percentage of all oral sessions exclusively focused on each key population was limited to 2.7% for MSM, 0.9% for transgender people, 4.5% for PWID, and 4.5% for sex workers.

It is true that the percentage of oral abstract sessions which focus “exclusively” on each of these key populations is comparatively low. However, if all oral abstract sessions which address these key populations are taken into account, then the numbers increase considerably with 24% for MSM, 8% for transgender people, 15% for PWID and 16% for sex workers.

What is interesting to note is that the acceptance rate of abstracts on MSM, transgender people and PWID is approximately 30%. Almost a third of submissions on these key populations were selected for the abstract driven programme. With regards to sex workers, close to 23% of submissions concerning this key population were accepted.

The numbers increase again when the content of wider programme is taken into account. According to an internal mapping report on AIDS 2012, of the 166 sessions observed, PLHIV were the most represented key population throughout the content of the conference programme with 50% of sessions addressing this key population. This was followed by women (42%), children (24%) and men who have sex with men at (24%). Sex workers and people who use drugs represented 16%. Transgender populations represented 11%.

Additionally, conference organizers ensured that key populations were meaningfully included through the conference hubs programme. Sessions from the international conference were recorded and shared with hub organizers free of charge. Local organizations active in the AIDS response were empowered to hold “mini-conferences” where conference sessions would be



screened and discussed with local or regional experts to examine how the session content could be used to strengthen the local HIV response. Some of the hubs also featured workshops and trainings. The purpose of the programme was to extend the reach of the conference, share the learning presented and facilitate discussion and debate among stakeholders for future action at the local or regional levels. More than 6,700 people from over 41 countries participated in the conference hubs programme. More than 150 hubs were hosted on over 74 topics ranging from stigma to prevention of mother-to-child transmission.

As part of the programme for 2012, conference organizers funded two key hubs in Kiev, Ukraine and Kolkata, India. As such, two critical populations unable to attend the conference due to immigration constraints – people who use drugs and sex workers – were able to participate.

These figures show that the four target populations cited in the programme audit did in fact feature prominently throughout the conference programme. The numbers would certainly increase if Global Village and workshop sessions were included in the final count.

The report claims that there was a “significant disconnect between topics represented at the conference and topics that stakeholders working directly with key populations believe are most important to address”. It says that “more abstracts on key populations focused on individual risk factors than any other topic, outstripping structural factors; primary prevention; surveillance; and testing, care, and treatment” and that while “individual risk factors are important to understand” none of the co-authors feel that “risk factor research merits such a large proportion of the IAC program at this point in the epidemic.”

It is difficult for the organizers to verify such claims. It is likely that a high number of good quality abstracts on risk factor research were submitted to the programme which affected the final selection of abstracts. As a next step the conference organizers are investigating ways to prioritize abstracts that focus on structural factors; primary prevention; surveillance; and testing, care, and treatment.

The report goes on to say that “13% of abstracts exclusively focused on key populations used community-based research methods, and only 28% focused on interventions to address vulnerabilities; over 70% of abstracts described vulnerabilities without offering any detailed solutions.”

Previously, abstract submitters were not required to provide detailed solutions in their submissions. This is something the conference organizers can encourage in the future.

Another claim is that “nearly two thirds of key population-exclusive abstracts were concentrated in 10 countries alone: United States, India, China, South Africa, Canada, Thailand, Mexico, Nigeria, and Russia. Of the remaining 72 countries represented in key population-exclusive abstracts, 31 of them had only one abstract on one key population. Numerous regions and countries with concentrated epidemics among key populations were either underrepresented at the conference or entirely absent.”



Again, looking at the wider programme, Sub-Saharan Africa, the region most heavily affected by HIV was represented in 61% of sessions. Almost half of all sessions had a 'global' focus (49%). North America was represented in 43% of sessions which may be attributed to the conference being held in the US.

Representation from Eastern Europe and Central Asia, Central and South America, East Asia, Caribbean, Middle East and North Africa and Asia and the Pacific was at 13% or below for each of the respective regions. The conference organizers are aware of this and will continue to strengthen efforts to engage speakers and delegates from these areas, especially those from Asia and the Pacific as AIDS 2014 will be held in Australia.

The report concludes with a set of recommendations to better position the inclusion of key populations at the conference. Many of these are addressed in existing structures and decision making processes which are outlined below. Other recommendations will be flagged for the programme committees and Conference Coordinating Committee (CCC).

1. Community Consultations

Community constituencies and networks representing and working with key populations are integrated into the programme development process and consulted regularly throughout. Programme committee members are selected based on their expertise and representation of pertinent constituencies. In turn, those committee members consult with their constituencies and other advocates and service providers working with key populations to ensure relevant topics and issues are addressed in the programme. For AIDS 2014, the Community Programme Committee, Leadership and Accountability Programme Committee and the Scientific Programme Committee have already begun these consultations: community constituencies were consulted during the development of the programme committee visions, guiding objectives for building a strong programme. The conference secretariat will continue to regularly remind the committees of the need to include feedback and recommendations from community constituencies.

2. Targeted Call for Abstracts

The AIDS 2014 abstract submission process is being revamped following feedback from community groups at AIDS 2012. With regards to abstract submissions, a second form will be included to facilitate **programme-based research**. Topics will be identified through the tracks and track categories.

Abstracts that use a programme-based or community based approach could be encouraged through targeted outreach. The members of the CCC, particularly the community partners (7 partners out of 14), and programme committees are asked to help publicize the call for abstracts through their relevant networks and constituencies. The conference organisers would encourage the authors of the programme audit to assist with this.

3. Match Abstracts with Reviewers Based on Expertise



The conference organizers will engage civil society partners to explore options for increasing key population expertise among reviewers.

Furthermore, the secretariat will work with the programme committees to reach out to social scientists to propose guidelines for reviewing programme-based abstracts that could be shared with all reviewers.

4. Conference Locations Accessible to Key Populations

Australia is accessible to MSM, PWID, transgender people and sex workers. The Australian government, which has a seat on the CCC, is committed to helping the conference organisers maximise international participation in the conference.

5. Advocate for Better Funding and Support for Research on Key Populations

For AIDS 2012, 51% of the scholarship funding was earmarked for people who declared themselves as belonging to a key population in the scholarship application form (mainly men who have sex with men, people who inject drugs, serodiscordant couples and sex workers), as well as people living with HIV. Of these, more than half received a full scholarship. In addition, civil society partners form part of the Scholarship Review Committee, who ensure the CCC's overarching scholarship criteria are met and negotiate for an equitable breakdown of funds. This will continue to be the case for AIDS 2014.

The conference secretariat and representatives of the IAC permanent partners would welcome an opportunity to collaborate with the co-authors of future third party IAC audits to ensure all outputs are correct and up to date.