



June 21, 2013

Response to the Permanent Partners of the International AIDS Conference regarding their letter entitled, "Coverage of Key Populations at the XIX International AIDS Conference (AIDS 2012)"

To the Permanent Partners of the International AIDS Conference:

On behalf of the coalition of global advocacy organizations responsible for the report entitled "Coverage of Key Populations at the 2012 International AIDS Conference," we wish to thank you for your response to our program audit. We reiterate our belief in the value of the International AIDS Conference, and we are happy to hear that you have begun exploring implementation of some of the report's recommendations.

That said, we would like to take this opportunity to clarify a number of points referenced in your letter.

Quantitative Audit

As noted in your letter, we chose to focus our analysis on abstract driven sessions and individual abstracts because they made up the "vast majority" of the conference program. The program included a total of 110 abstract sessions and 4223 individual abstracts (3590 of which were poster exhibitions). You note that we did not include non-abstract driven sessions (n=144) or Global Village activities (n=280) in the audit, and state that if only "sessions that engage audiences" are counted (excluding poster exhibitions and including only abstract driven sessions, non-abstract driven sessions, and Global Village activities), abstracts make up less than half of the program.

We agree with the arithmetic, but we stand by our decision to focus on abstract driven sessions and individual abstracts (including poster exhibitions) as the focus this audit. This analysis was designed to assess the science and research presented at the conference, and examining abstracts is the best way to conduct that assessment. In addition, we note that poster exhibitions had a greater percentage of abstracts on key populations (17.3%) compared to abstract sessions (13.3%), so excluding them would produce an audit with even less representation of key populations.

Further, during early phases of this project, we conducted a preliminary analysis of MSM and transgender representation in non-abstract driven sessions and workshops. We did not include the results in our final report because we were unable to conduct a similar analysis for the other key populations (we conducted this audit with no outside financial support). However, our review of these sessions showed low coverage as well: only 1% and 1.5% of non-abstract driven sessions were exclusively dedicated to MSM and transgender people, respectively; and only 1.7% and 1.7% of workshops were exclusively dedicated to MSM and transgender people, respectively. (Our reasons for focusing on exclusive abstracts are explained in our report).

It seems unlikely that excluding poster exhibitions and including non-abstract driven sessions and Global Village activities in the analysis would have significantly changed the findings of our audit. If the results changed at all, it seems they would be worse.

Qualitative Analysis

In our report, we stated 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. In response, you claimed that this is “difficult to verify.” We presented numerous pieces of evidence to verify this claim, including a survey of nearly 300 MSM advocates and service providers around the world designed to identify topics that would be most valuable to address at the International AIDS Conference. In addition, the co-authors of this report represent every major global network dedicated to these key populations and each found that program content was largely divorced from community needs. Finally, the report’s recommendations were endorsed by more than 220 organizations from over 70 countries. All of this makes a strong case for a re-examination of priority topics.

Geographic Analysis

In our report, we expressed concern that nearly two thirds of key population-exclusive abstracts were concentrated in 10 countries alone and that numerous regions and countries with concentrated epidemics among key populations were underrepresented or entirely absent. You responded by giving a geographic breakdown of the entire conference program without addressing abstracts on key populations specifically, stating that 61% of all sessions at the conference focused on Sub-Saharan Africa as the region most heavily affected by HIV.

This response failed to address the fact that despite extremely high rates of HIV among key populations across Sub-Saharan Africa, only 2.5% of the conference program was exclusively dedicated to any of these key populations in the region (0.9% for MSM, 0.02% for transgender people, 0.3% for PWID, and 0.9% for sex workers). Coverage of key populations in other regions was similarly low.

Evaluation

Your letter states that “only 28% of delegates thought that topics or themes could be better covered at the next conference vs 72% who thought otherwise.” Unfortunately, the evaluation cited did not seem to offer an option for delegates to identify themselves as a member of a key population, making it impossible to measure satisfaction with the conference program among key population delegates. Moreover, it seems likely that the evaluation was skewed due to low participation of PWID and sex workers at the conference (the hub participant survey only included 196 people, as opposed to the total number of 4505 surveys included in the final evaluation). We hope you will consider better integration of both key population delegates and key population sessions in your next evaluation.

Conference Hubs

Your letter states that key populations were “meaningfully included” and “able to participate” through the conference hub program, explaining that sessions from the IAC were recorded and shared with hub organizers free of charge. You cite two hubs in particular focused on key populations – one in Kolkata, India focused on sex workers and one in Kiev, Ukraine focused on PWID. You also state that local organizations were “empowered to hold mini-conferences,” where recorded session content was screened so local experts could discuss how the session content could be used to strengthen the local response.



Firstly, the PWID hub held in Kiev took place on 9 – 10 July, twelve days before the start of the International AIDS Conference in Washington, D.C., making it impossible for recorded sessions from the conference to be screened there. Secondly, we argue that screening recorded sessions does not constitute meaningful inclusion or participation. While PWID in Kiev saw no sessions at all - recorded or otherwise, sex workers in Kolkata were only able to participate in one interactive session in the conference program. For all other sessions in the program, they were unable to speak back to presenters, challenge ideas, or inform debate in any way. They were effectively silenced.

Since the beginning of the AIDS epidemic, key populations have been told what is best for us by “experts” who know little about our realities and care little about our agency. We have seldom been given the opportunity to speak back and challenge false assumptions and destructive ideas, leading to three decades of failed responses to HIV in our communities. If we are to end AIDS among key populations, we must be afforded proper “participation.” We must be given a platform to speak.

Transgender People

We feel compelled to point out that your letter omits transgender people in most instances where individual key affected populations are enumerated, including your list of key populations prioritized for scholarships at AIDS 2012. We are concerned that this reflects a system-wide failure to recognize that transgender people are at much higher risk for HIV globally and deserve to be prioritized as a key affected population. Of all key populations at AIDS 2012, transgender people had the lowest levels of coverage – less than 1% of abstracts and less than 1% of abstract sessions – figures far below the other key populations.

Recommendations and Next Steps

We are pleased to see that you have stated a number of next steps based on the findings and recommendations presented in the report. In instances where these steps involve “investigation” or “exploration” of potential actions, we hope you will involve advocacy organizations focused on key populations in your deliberations.

While your letter states that “community constituencies and networks representing and working with key populations are integrated into the program development process and consulted regularly throughout,” the systems for doing so remain unclear. Whatever systems are in place, they do not result in a conference program that adequately meets the needs of key populations. These systems must be updated, and they must be made clear to external parties. We hope you will consider our recommendations for doing so, and we hope you will operate these systems with more transparency in the future.

Thank you again for your response and your commitment to action on these issues. We look forward to continued engagement and the opportunity to contribute to the IAC’s mission of promoting scientific excellence, encouraging individual and collective action, fostering multisectoral dialogue, and reinforcing accountability among all stakeholders.

