



EACS European
AIDS Clinical Society

Biennial Report

October 2017



EACS
European
AIDS
Clinical
Society

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BIENNIAL REPORT**
OCTOBER 2017

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Imprint

Publisher European AIDS Clinical Society (EACS)

Edition Coordinator Joëlle Verluyten

Project Coordinator Audrey Desagher

Secretary Véronique Van Hal

Copywriter Derek McGlynn

Art Direction and Layout inextremis.be mp5167

Photographs

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Printing Impresor

Number of Copies 3,700

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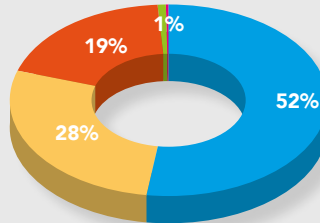
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MESSAGE FROM THE EACS PRESIDENT



I am delighted to be introducing the second edition of the EACS Biennial Report. This report is intended to give you – the members of the European AIDS Clinical Society – a brief overview of some of the society's highlights since the 15th European AIDS Conference held in Barcelona in 2015.

You will also get a flavour of the change that is already beginning to permeate all levels of EACS, as we seek to share more responsibility throughout our network and extend the reach of our growing society.

The change we want to see is embodied in the Bring it Home! concept of our 16th European AIDS Conference in Milan.

We want you – the EACS members – to bring home and live the EACS message. Tell your network about our mission to encourage excellence in standard of care, support research and provide education in HIV infection and related co-infections. Get involved in the formulation of public health policy so as to reduce the HIV disease burden. Promote the new EACS Guidelines...



It is our job to highlight the plight of the 2.5 million people living with HIV in the European region.”

*Prof Fiona
Mulcahy
EACS President*

EACS PRIORITIES

- 1 **Delivering education and training**
- 2 **Issuing the EACS Guidelines on HIV treatment**
- 3 **Organising the biennial European AIDS Conference**
- 4 **Improving standard of care throughout Europe**

When beginning my mandate as EACS President in December 2016, I knew that the society was in great shape. Under the leadership of my predecessor Prof Manuel Battegay – who I am glad to say continues to serve on both the EACS Bureau and Governing Board – our society has continued to move forward. Witness our excellent online education and training initiatives, the enhanced role of young investigators and clinicians in the updating of the EACS Guidelines and the spotlight our society has shone on the standard of care for women living with HIV, to name but some of the developments mentioned in this report.

Our ability to treat HIV has improved dramatically over the years. Thanks to medical advances, people living with HIV are now living long and full lives. However, there is a hidden danger lurking behind this welcome success story. As HIV treatment continues its transition from an individualised patient-care model to a public health model, attention may begin to ebb away from the disease – be it from the pharmaceutical industry or from healthcare policy circles.

It is our job to highlight the plight of the 2.5 million people living with HIV in the European region and the more than 140,000 new HIV infections encountered in Europe per year. What's more, the standard of care diverges substantially within the European region. In other words, the challenge of HIV remains as significant as ever and it is something that our society – and each and every one of its members – is committed to improving.

The EACS leadership's annual retreat was held recently. Taking the occasion to consider the EACS strategy for the years ahead, we agreed that we are entering a new era for EACS. We are committed to accelerating the handover to a new generation of clinicians and investigators. We want to encourage new leaders and opportunities to strengthen our network, by empowering our Regional Representatives and exploring the potential for more autonomous, locally focused events.

In the wider context of economic austerity, which has swept across Europe, we have to prudently manage the society's legacy, carefully built by our founding members, as we speed up the process of entrusting more responsibility to younger professionals. Governance structures and expenditures need to be made as nimble as possible to ensure that EACS stands ready for the future.

As we move forward, our approach will remain centred on what we do really well as an organisation. The EACS Guidelines for treating HIV, educating and training those beginning their careers and providing a platform for networking – these are the core strengths of EACS.

Our Milan conference will be an opportunity to continue the conversation about new initiatives for EACS. For example, I look forward to canvassing opinion regarding how we can audit adherence to the EACS Guidelines.

EACS is Europe's largest society of healthcare professionals working in the field of HIV/AIDS. I look forward to reporting back to you in the next EACS Biennial Report on the progress made in improving the standard of care in treating and in preventing HIV and its related co-infections.

GOVERNANCE

Founded in 1989, EACS is a not-for-profit organisation playing a leading role in the HIV/AIDS scientific community.

The society promotes research, provides teaching and issues therapeutic guidelines on the clinical aspects of infection by the HIV virus and related co-infections. In this way, EACS advances excellence in standard of care and supports the formulation of public health policies that reduce the HIV disease burden across Europe.

All EACS activities are subject to a transparent governance system. Members of the society involved in the management of the society and its various activities work pro bono.

GOVERNING BOARD

The Governing Board is elected every four years by the General Assembly. Board members are selected from among active members of the EACS four official European regions. The Governing Board consists of 15 members. The Board acts in the collective interest of the society and ensures that General Assembly decisions are implemented. The Governing Board is responsible for the strategic direction of EACS.



Prof Antonella d'Arminio Monforte, Italy



Prof José Arribas, Spain



Prof Manuel Battegay, Switzerland



Prof Nathan Clumeck, Belgium



Prof Stéphane De Wit, Belgium



Prof José M. Gatell, Spain



Prof Christine Katlama, France



Prof Jens D. Lundgren, Denmark



Prof Fiona Mulcahy, Ireland



Prof Cristina Mussini, Italy



Dr Cristiana Oprea, Romania



Dr Anton Pozniak, United Kingdom



Prof Peter Reiss, The Netherlands



Prof Jürgen Rockstroh, Germany



Dr Mike Youle, United Kingdom

REGIONAL REPRESENTATIVES

EACS members belong to five different regions: Europe-North; Europe-East; Europe-South; Europe-West; and Rest of World. Regional elections take place every four years. The current Regional Representatives were elected in 2016. One of the roles of the Regional Representatives is to promote EACS membership, programmes and services by leveraging companies, governments and communities to join with EACS in the fight against HIV/AIDS.

North



Dr Sanjay Bhagani, United Kingdom



Dr Nina Friis-Møller, Denmark



Dr Paddy Mallon, Ireland



Dr Ann Sullivan, United Kingdom

East



Prof Andrzej Horban, Poland



Dr Mariana Mardarescu, Romania



Dr Cristiana Oprea, Romania

South



Prof Andrea Antinori, Italy



Prof Esteban Martínez, Spain



Prof Cristina Mussini, Italy



Dr José Antonio Pérez Molina, Spain

West



Prof Georg Behrens, Germany



Prof Stéphane De Wit, Belgium



Prof Hansjakob Furrer, Switzerland



Dr Annemarie Wensing, The Netherlands

Rest of World



Prof M. John Gill, Canada



Dr Sharon Walmsley, Canada

BUREAU

The EACS Bureau comprises five members who also serve as officers of the Governing Board. Meeting regularly throughout the year, the Bureau supervises and coordinates the operative work of EACS. The EACS President represents the EACS strategic vision developed by the Governing Board. Prof Fiona Mulcahy took office as EACS President in December 2016.

Prof Fiona Mulcahy, President
 Prof Jürgen Rockstroh, Vice President
 Prof Stéphane De Wit, Secretary
 Prof Nathan Clumeck, Treasurer
 Prof Manuel Battegay, Immediate Past President

SECRETARIAT

The EACS Secretariat ensures the day-to-day functioning of the society. It develops, promotes and manages the work of EACS and coordinates the Working Groups. The team is led by Joëlle Verluyten.



Ms Joëlle Verluyten
 Executive Secretary

Ms Joëlle Verluyten, Executive Secretary
 Ms Audrey Desagher, Project Coordinator
 Ms Véronique Van Hal, Secretary

With the support of

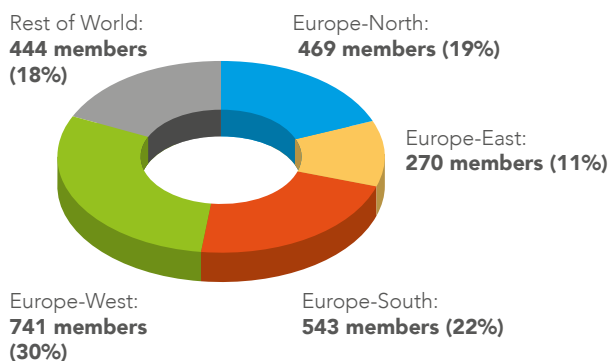
Ms Lesley Mullen, Secretary to the President
 Ms Anne Welles, Assistant to the Treasurer

For more details about EACS Governance, see Appendix III.

MEMBERSHIP

EACS has over 2460 members. The EACS Governing Board members and all elected Regional Representatives of the society are selected from the EACS membership. Members work in research or clinical practice regarding infection by the HIV virus or are otherwise professionally involved in HIV care.

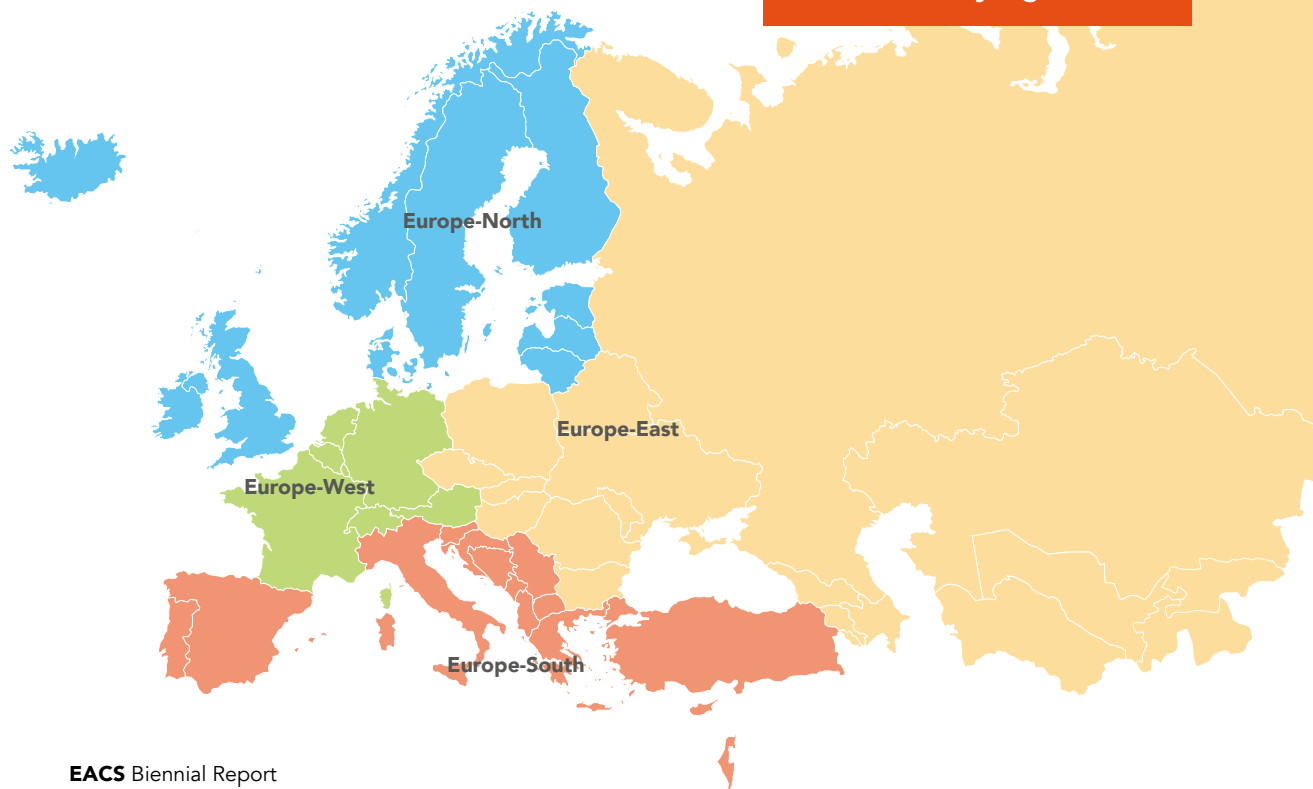
EACS MEMBERSHIP BY REGION



2,467
EACS members

Join EACS
Membership of the European AIDS Clinical Society is open to individuals working professionally in HIV. For more information, contact members@eacsociety.org or visit the EACS website: www.eacsociety.org

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MEMBERSHIP BENEFITS

Regular membership of EACS is available for an annual fee of 60 EUR or 110 EUR for two years. Reduced membership fees are available to allied professionals, community members, students, people from low-income countries and young clinicians or scientists working in the field of HIV.

All EACS members:

- receive free access to the EACS Resource Library;
- can participate actively in the EACS working group panels and faculty;
- can access the membership database and network with other EACS professionals;
- can vote in the EACS regional elections;
- can nominate a candidate for the EACS Award;
- receive the EACS newsletter with all the latest information about upcoming courses, conferences, and important deadlines;
- receive a discount on the HIV Medicine Journal.



The EACS membership has grown steadily as the new generation of clinicians and researchers seek to get involved in advancing standards of care for HIV and related infections.”

Ms Joëlle Verluyten,
Executive Secretary





Interactions with gonorrhoea

Antibiotics

ABX	Effect on EE AUC	Effect on Progesteron AUC	Recommendation
LPVIR	~ 40%	~ 17% inhibitors	avoidance preferred method
Doxycycline	~ 44%	~ 24% inhibitors	avoidance preferred method
RTZV	~ 184%	~ 82% inhibitors	Oral contraceptives need to contain at least 100µg EE
ATZ	~ 48%	~ 110% inhibitors	Oral contraceptives need to contain at least 100µg EE

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MAKING AN IMPACT

EACS Working Groups

- Education & Training
- Guidelines
- Standard of Care
- WAVE – Women Against Viruses in Europe
- EACS Award



EDUCATION & TRAINING

Training and educating HIV clinicians and researchers is a core EACS activity.

The Education & Training Working Group reaches out to both experienced practitioners and the next generation of healthcare providers - all over Europe - and commits time and energy into delivering the latest insights into the clinical care of people living with HIV/AIDS.

EACS uses a mix of seminars, workshops and innovative e-learning technology. The society's educational programme takes into account the diversity of healthcare systems and resource availability of those taking part. EACS concentrates training on where the need is highest. For each education activity, the target audience and methodology are agreed upfront and knowledge is disseminated based on the best practice for standard of care, as identified by the EACS Guidelines.

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The society's educational programme has taken a real step forward with the launch of our online courses, which are fully aligned with the EACS Guidelines. We have emphasised interaction with the faculty and are relying on technology to boost engagement."

Dr José Arribas
Education & Training Coordinator

ONLINE COURSE: CLINICAL MANAGEMENT OF HIV

The online course for Clinical Management of HIV was successfully launched for the first time in February 2016. The innovative capacity-building platform for healthcare professionals is run with the support of WHO Europe.

Led by Prof Jens D. Lundgren and Prof Manuel Battegay, the online training provides an in-depth understanding of the scope and manifestations of HIV-related diseases, their prevention, management, and care. A special emphasis has been put on co-infections and co-morbidities as well as state-of-the-art treatment of HIV according to international guidelines.

The course consists of six modules, developed by experts in the field of HIV. This online model promotes more flexibility than a traditional face-to-face approach. Participants can join the open access course whenever their schedule allows and they can select the modules they desire. The online course was updated according to the latest scientific findings and new features were added, such as video lectures. The training was re-launched in 2017 with a six-week moderated course period. All course materials are available in both English and Russian (to facilitate the understanding of the course content for clinicians from Eastern Europe and Central Asia).

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The online course for Clinical Management of HIV has had impressive uptake rates. In 2016, over 810 participants registered, and some 882 new participants are taking the course in 2017. Leading course instructor stresses the importance of keeping course material updated according to the latest scientific discoveries and according to the specific needs of the participants.



THE PARTICIPANTS' VIEW

The EACS online training participants indicate that the course is directly relevant to their day-to-day work.

“I can manage my patients better based on the information and knowledge gained; it will also help me in training facility staff with regards to information dissemination.”

“This course provided deep insight into current HIV treatment guidelines.”

“I liked the combination of the clinical and public health approach.”

EXTENDING OUR REACH

The scale of the HIV/AIDS challenge in Eastern Europe and Central Asia is significant. In contrast to most other regions, the number of people dying from AIDS-related causes continues to rise.

Capacity building of clinical staff is one of many interventions needed to curb the HIV epidemic and prevent excess HIV-related morbidity and mortality in this region. However, scarce resources, limited time, and distance from training options are limiting factors.

That is why EACS is working in collaboration with WHO Europe to deliver a much-needed e-learning course on the clinical management of HIV. The clinical approach in the EACS Guidelines is combined with the public health approach from the WHO guidelines.

The online model is a cost-effective and flexible way to improve target group reach.



We urge our colleagues to help raise awareness of the course as the need for continued, evidence-based post-graduate training is exhaustive. The EACS e-learning programme is a great platform to ensure broad dissemination.”

Prof Jens D. Lundgren
EACS Online Courses Chair

810

Participants in
2016

882

Participants in
2017

ONLINE COURSE: PRE-EXPOSURE PROPHYLAXIS

In June 2017, a new online course on Pre-Exposure Prophylaxis (PrEP) was launched. It provides an introduction to the principles of PrEP and related clinical considerations, such as prescription, monitoring, and adherence.

The course modules cover PrEP implementation including actual implementation experience, how to engage communities and key stakeholders, and the impact PrEP could have on the HIV epidemic. The course is led by Prof Jean-Michel Molina and has input from a range of PrEP experts.

Both EACS Online Courses are accessible via the EACS website. The courses include moderated periods at six-month intervals, where instructors can engage directly with course participants.



WANT TO KNOW MORE?

Contact the coordinator of
the EACS Online Courses:

Ms Anne Grevsen
HIVonlinecourse@eacsociety.org



HIV SUMMER SCHOOL

Over the past 15 years, more than 700 HIV specialists have benefitted from the training provided by EACS through its highly successful and long-running Advanced HIV Course and European Clinical Research Course (ECReCo).

The summer courses initiated by Prof Christine Katlama have now been combined into a single course – the HIV Summer School. The broader scope, which covers the latest advances in HIV prevention, diagnosis and management of people living with HIV, as well as insights into medical statistics and clinical research methodology, makes it easier for participants to update their professional skills.

In 2016, the first five-day residential HIV Summer School took place. Approximately 70 participants from 33 countries, all of who were physicians or clinical scientists working in HIV and infectious diseases, joined the course.

HIV Summer School Steering Committee

Dr Sanjay Bhagani, United Kingdom
 Prof Dominique Costagliola, France
 Prof Stéphane De Wit, Belgium
 Prof Christine Katlama, France (Chair)
 Prof Caroline Sabin, United Kingdom

At the HIV Summer School, all participants complete a common lecture-driven programme involving both key

clinical developments in HIV and research-related material, such as how to develop a research portfolio. Participants then choose to focus on a clinical or a research module. Those opting for the clinical module join a range of interactive case-based workshops, designed to develop clinical skills around the management of co-morbidities, co-infections and complex antiretroviral needs. Case discussions in smaller groups are especially useful in answering clinical questions that can arise and are not covered in the guidelines. Those taking the research module receive training on how to develop research questions and transform them into viable research projects that can successfully compete for a clinical research grant. Time is also set aside for networking to allow the clinicians to build connections with fellow professionals.

The HIV Summer School is led by a Steering Committee. The content is delivered by leading clinicians and researchers, and the training is accredited by the European Accreditation Council of Continuing Medical Education (EACCME) for European external CME credits.



I have so enjoyed watching our participants take a research idea and work together to develop it into a fundable proposal. The skills that we are helping to develop and the networks that have formed among the participants are essential building blocks for a successful research career.”

Prof Caroline Sabin
 HIV Summer School Steering Committee



The clinical modules are delivered by a dedicated and world-renowned faculty. It is truly inspiring to interact with young physicians and clinical scientists from all over the world to problem-solve and find innovative solutions to difficult clinical cases. For me, this is teaching and learning at its best!”

Dr Sanjay Bhagani
 HIV Summer School Steering Committee



HIV Summer School 2016, Aix-en-Provence, France



HIV Summer School Faculty 2015-2016

- Prof Manuel Battegay, Switzerland
- Prof Georg Behrens, Germany
- Mr Tamás Bereczky, Hungary (EATG)
- Dr Sanjay Bhagani, United Kingdom
- Prof Dominique Costagliola, France
- Prof Stéphane De Wit, Belgium
- Prof Anna Maria Geretti, United Kingdom
- Prof Jade Ghosn, France
- Prof Yvonne Gilleece, United Kingdom
- Ms Sophie Jose, United Kingdom
- Prof Christine Katlama, France (Chair)
- Prof Karine Lacombe, France
- Dr Nicola Mackie, United Kingdom
- Dr Paddy Mallon, Ireland
- Dr Santiago Moreno, Spain
- Prof Fiona Mulcahy, Ireland
- Prof Cristina Mussini, Italy
- Dr Cristiana Oprea, Romania
- Prof Sanjay Pujari, India
- Dr Alison Rodger, United Kingdom
- Prof Caroline Sabin, United Kingdom
- Dr Stephen Sarfo, Ghana
- Dr Colette Smith, United Kingdom
- Prof Linos Vandekerckhove, Belgium

* Refer to Appendix I for the list of all Summer Courses participants 2015-2016, to Appendix II for the list of all Summer Courses scholars 2015-2016.



HIV Summer School 2016, Aix-en-Provence, France



HIV Summer School 2016,
Aix-en-Provence, France

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FEEDBACK ON THE EDUCATION & TRAINING PROGRAMME

EACS regularly evaluates its education and training programmes. The comments and recommendations received help shape future iterations of the society's educational activity.

Some 95% of the returned evaluation forms reported that the **HIV Summer School** was 'Very good' or 'Good'. The following quote from one of the participants, sums up the general mood:



...merging the research and clinical modules was a very good idea. Networking works well. Many thanks to the well-picked faculty. All presenters very warm and friendly with a sparkle in their eyes....very inspiring!"

The feedback regarding the **Clinical Management of HIV** online course has been equally positive. Overall the participants found the knowledge gained was applicable in their professional life. The course was designed for clinicians but participants from other healthcare professions also found the course interesting and relevant.

For the **European Young Investigators conference**, the main conclusions were that the subjects were topical and well covered. The participants strongly appreciated that it was specifically addressed to young investigators and the opportunity to discuss how they manage their patients in everyday clinical activity.



...the conference provided a nice overview of new themes in European HIV care and highlighted the issues that the EACS Guidelines panels are pondering for the Guidelines update."

MEDICAL EXCHANGE PROGRAMME

The Medical Exchange Programme, led by Dr José Arribas, offers young professionals the opportunity to further their clinical experience within specialised HIV units or to enhance their clinical research skills.

Fellowship recipients work on projects relevant to the field of HIV and related co-infections, over a four-to-twelve month period, in a selected EACS clinical centre in Europe. A grant of up to 20 000 EUR is available.

The programme fosters European clinical and scientific collaboration. More than 130 HIV clinicians from 49 different countries have been trained since the programme began in 2001.

The programme topics are proposed by the candidate and the host institution as part of the application process. Collaboration between participating clinical centres is actively encouraged. Programme participants typically go on to present their work at the European AIDS Conference. In this way the Medical Exchange Programme is helping to develop future EACS leaders.

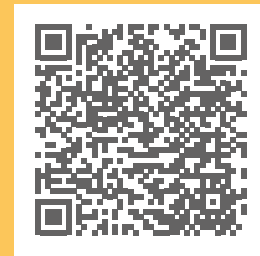
WHAT'S YOUR IDEA?

Recent graduates of the Medical Exchange Programme worked on topics such as: HIV transmission and management; antiretroviral strategies; and NHL in HIV-positive patients.

Three of the participants of the programme are working on a common research study (MONIKA - Evaluation of model of care and factors associated with retention among HIV-infected PWID in Ukraine).

See yourself getting involved?

Contact EACS to find out more about the Medical Exchange Programme.



Medical Exchange Programme Fellows



Dr Alexander Stockdale

Host institution: University of Liverpool
Project: Long-term outcomes of introducing tenofovir as part of ART in extensively lamivudine-experienced adults with HIV and HBV co-infection in Kumasi, Ghana: 4-year follow-up of the HEPIK Cohort Study.



Dr Giovanni Villa

Host institution: University of Liverpool
Project: HIV transmission & management



Dr Lorenzo Ciullini

Host institution: Pitié-Salpêtrière University Hospital, Paris
Project: Antiretroviral strategies



Dr Vincenzo Malagnino

Host institution: Saint Antoine University Hospital, Paris
Project: Genotype E HBV isolates with characteristics of immunological escape were associated with to chronic HBV infection in African people. Response to antiviral treatment containing tenofovir or lamivudine.



Dr Elisa Suardi

Host institution: Chelsea & Westminster Hospital, London
Project: NHL in HIV-positive patients



Dr Tetiana Koval, Dr Anna Piddubna, and Dr Marta Vasylyev

Host institution: St James Hospital, Dublin
Project: MONIKA Study. Evaluation of model of care and factors associated with retention among HIV-infected PWID in Ukraine

EUROPEAN YOUNG INVESTIGATORS - YING



European Young Investigators Steering Committee

Prof Georg Behrens, Germany
Prof Nathan Clumeck, Belgium (Chair)
Dr José María Llibre, Spain
Prof Fiona Mulcahy, Ireland

The European Young Investigators (YING) is a dynamic educational project being led by Prof Nathan Clumeck that aims to foster deeper and more frequent exchanges among young HIV experts across Europe.

The first European Young Investigators conference was held in December 2016 in Brussels. The one-day event, which involved plenary sessions and workshops, tackled critical aspects of HIV care such as: PrEP, new treatment strategies, off label/generic treatment, and ageing with HIV.

The event was primarily aimed at medical doctors involved in the field of HIV who have published in international journals or are involved in clinical trials. A total of 67 attendees from 19 countries and with an average age of 35 took part in the day-long conference, which is designated for European external CME credits.

The conference was organised by a scientific committee composed of 19 young experts. A young expert is a clinician or investigator who has published three or four articles, spoken at a major conference and who has between five-to-eight years of activity in the HIV field.



We are delighted that our efforts to bring young investigators together and to form new networks are taking root.”

Prof Nathan Clumeck
European Young Investigators Chair

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YING 2016 conference, Brussels, Belgium

A HELPING HAND

Philanthropic activity, especially that promoting greater knowledge of the clinical aspects of infection by the HIV virus, is an important part of the society's activity.

The majority of participants on the HIV Summer School receive a scholarship covering registration, tuition and accommodation.

The society's Medical Exchange Programme allocates funding to clinical or research projects relevant to the field of HIV and HIV co-infections.



PRE-EDUCATIONAL COURSE

The Pre-Educational Course, led by Dr Tristan Barber, Dr Laura Waters and Dr Mike Youle, is a very popular one-day event held immediately prior to the biennial European AIDS Conference.

Focused on practical clinical skills and advice, the course is centred around contemporary case studies followed by an explanatory talk. The subject matter is updated to reflect emerging trends. For example, tuberculosis and liver disease and the role they have in HIV infection, along with how to effectively run a virtual clinic will be addressed in 2017.

Once the course content is approved by EACS, a broad team of junior and senior doctors is mobilised. They take part by either presenting a case study or by providing subject overviews. The presentations are honed to deliver a compelling mix of interesting topics with relevant clinical messages. The course typically attracts around 400 participants.



The 2015 Pre-Educational Course in Barcelona was a great success with much positive feedback about the subjects discussed, we hope 2017 will be even better!”

Dr Mike Youle
Pre-Educational Course Chair



YING 2016 conference, Brussels, Belgium

STAYING AHEAD WITH EACS

Education and training activities are highly beneficial for young and mid-career HIV clinicians and researchers.

Dr Marta Vasylyev from Ukraine explains how EACS has helped her sharpen her skill set.

The Advanced HIV Course was a fantastic course driven by prominent lecturers who shared their passion and knowledge. It was inspiring for my research work, my further professional development and it provided insight and skills that I can apply in my daily work.

The one-month Medical Exchange Programme I undertook in Dublin gave me a clear understanding of the benefits of comprehensive HIV/STI/HEP clinics and the vision on how such services could be improved in Ukraine.

My recent participation in the Euroguidelines in Central and Eastern Europe (ECEE) conference in Warsaw gave me a chance to highlight the HIV/HEP situation in Ukraine and to establish opportunities for international collaboration.



GUIDELINES

The goal of all EACS members is to continually improve HIV treatment and one day end the AIDS epidemic. The EACS Guidelines are thus an essential tool for clinicians, assisting their work in the fast-evolving field of HIV treatment. The quality of the clinical guidelines is recognised around the world. The EACS Guidelines panels that regularly review and update their respective sections of the guidelines systematically include a mix of young and more experienced professionals.

15th European AIDS
Conference, Barcelona,
Spain

PANELS AND CHAIRS

The EACS Guidelines are led by Prof Manuel Battegay with the support of Dr Lene Ryom. The EACS Guidelines are based on the recommendations of the four EACS panels on:

- HIV Treatment
- Co-morbidities
- Co-infections
- Opportunistic Infections

ALWAYS AVAILABLE

- The EACS Guidelines are freely available in numerous languages from: **www.eacsociety.org**
- For ease of reference, the Guidelines are produced in online, mobile and printed formats.
- Version 9.0 of the Guidelines is to be launched at the 16th European AIDS Conference in October 2017.

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*Prof
Manuel Battegay
EACS Guidelines Chair and
Coordinator*



THE PHILOSOPHY AND METHOD

The philosophy behind the EACS Guidelines is to provide easily accessible and comprehensive recommendations to clinicians centrally involved with the care of HIV-positive individuals.

The Guidelines are designed to be a hands-on guide for everyday clinical practice. The content is continuously revised, meaning that frequently encountered clinical issues, such as ageing HIV-positive individuals with co-morbidities, are covered by the Guidelines.

The EACS Guidelines consist of five main sections including a general table overview of all major issues in HIV as well as more detailed recommendations on antiretroviral treatment (ART), diagnosis, monitoring and treatment of co-morbidities, co-infections and opportunistic diseases.

Each section is reviewed by a panel of European HIV experts, and governed by a leadership group consisting of a panel chair, vice-chair and young scientist. The overall process is managed by a Guidelines Chair and Coordinator, supported by an Assistant Coordinator from CHIP (the Centre for Health and Infectious Disease Research, Copenhagen, Denmark), who work closely with the EACS Secretariat in Brussels.

The recommendations in the EACS Guidelines are evidence-based. In the rare instances where supportive data is not yet available, recommendations are based on expert opinion. Each panel is responsible for revising their section and convenes with other panels whenever there are potential overlaps. Once finalised, the revisions are cross-reviewed for consistency.

EACS Guidelines Leadership

EACS Medical Secretariat

Chair and Coordinator: Prof Manuel Battegay, Switzerland
Assistant Coordinator: Dr Lene Ryom, Denmark

HIV Treatment Panel

Chair: Dr Anton Pozniak, United Kingdom
Vice-Chair: Dr José Arribas, Spain
Young scientist: Dr Margherita Bracchi, United Kingdom

Co-morbidities Panel

Chair: Prof Georg Behrens, Germany
Vice-Chair: Dr Paddy Mallon, Ireland
Young scientist: Dr Lene Ryom, Denmark

Co-infections Panel

Chair: Dr Massimo Puoti, Italy
Vice-Chair: Dr Andri Rauch, Switzerland
Young scientist: Dr Christoph Boesecke, Germany

Opportunistic Infections Panel

Chair: Dr José M. Miro, Spain
Vice-Chair: Dr Ole Kirk, Denmark
Young scientist: Dr Juan Ambrosioni, Spain



15th European AIDS Conference, Barcelona, Spain

FROM VERSION 8.2 TO 9.0

Version 9.0 of the EACS Guidelines will be launched at the 16th European AIDS Conference. It includes revisions to the antiretroviral treatment, co-morbidities and opportunistic infections sections. The Hepatitis C content has also been revised. The changes are explained in more detail hereafter.

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ANTIRETROVIRAL TREATMENT SECTION

What to start with: Older ARVs (LPV/r) have been removed. The order of the listed regimens was changed to reflect the preference of use based on the literature data available. The structure of the table was changed to facilitate the reading of essential information. Footnotes were added: A note on when to prefer TAF over TDF; a note on the potential CV toxicity of DRV; a note on ATV and renal toxicity.

Primary HIV infection: Recommendation that all HIV-positive women of reproductive age should have a pregnancy test was added.

Switch strategies: Indications for switch were added (HCV rx, renal/bone toxicity). DTG+RPV regimen was added as switch option. DTG monotherapy was added in the strategies not recommended. The wording and structure of "Class-sparing strategies" was changed to improve clarity.

Virological failure: Changes in the definition were made to differentiate "incomplete suppression" from "virological rebound". A note on the importance of taking into consideration all the available resistance tests when choosing a new regimen in patient with virological failure was added.

ARV in pregnancy: A recommendation on use of INSTI in pregnant women who start ARVs in the late second or third trimester was added. Warning note on EFV in pregnancy was removed. EFV, RAL, EVG/c, RPV or DRV/r can be continued during pregnancy. A recommendation against the initial use of TAF, DTG and Cobicistat was added. A recommendation against breastfeeding was added.

Post-Exposure Prophylaxis (PEP): A note on providing emergency contraception counselling for sexual exposure was added.



CO-MORBIDITIES SECTION

Four entirely new sections were introduced on

- Non-alcoholic fatty liver disease (NAFLD)
- Chronic lung disease
- Solid organ transplantation (SOT)
- Drug use in elderly

New drug-drug interaction tables were included on pulmonary antihypertensives, bronchodilator and immunosuppressants.

The drug-drug interaction table on antimalarial drugs were changed to a format similar to all remaining drug-drug interaction tables.

ATV/c data was added to the drug-drug interaction tables.

Recommendations for screening for anal cancer were extended to also include all persons with HPV-associated dysplasia, and screening for cervical cancer now include all HIV-positive women > 21 years of age or within one year after sexual debut.

Blood pressure targets were lowered for high risk individuals and where resources allow to SBT < 130 and DBT < 80 mmHg.

Diabetes management was revised and sulfonylureas now only recommended in combination with metformin. Limited data remain for any oral antidiabetic agents in terms of CVD prevention in the HIV-positive population.

A new lipid lowering drug class of PCSK9-inhibitors were added and to be considered in high-risk individuals inadequately controlled on top statin dose or statin intolerant.

IHD was added as a potential adverse effect of DRV/r.

HPV vaccination is now recommended for all HIV-positive persons up to 26 years of age and up to 40 years if MSM.

Recommendations on clinical situations where TAF may be preferred over TDF were added to the bone and kidney section.

More dynamic measures of kidney function declines were added.

A recommendation to screen for STIs not only for those at risk, but also during pregnancy was added.

As part of an interim update in January 2017 video links to EACS Online Courses on HIV management were included.

The introduction to the guidelines further emphasized that the EACS Guidelines aim to cover wide ranges of recommendations as opposed to the often more uniform national guidelines as the EACS Guidelines geographically cover a relatively large and diverse area with different national levels of access to care.



The continued relevance of the EACS Guidelines is ensured by an immense

effort of dedicated panel members, the medical and main EACS secretariats, typesetters, translators and app developers.”

Dr Lene Ryom
EACS Guidelines Assistant Coordinator



CO-INFECTIONS SECTION

HCV core-antigen testing has been added.

HCC screening recommendations have been updated.

HBV treatment figure has been removed. Footnotes have been converted into full text with new recommendations for individuals with HBV facing immunosuppression.

Evaluation of concurrent causes of liver disease has been added to the diagnostic procedures table.

Text on HCV treatment has been shortened with emphasis on DAA table.

Recommendations for individuals with failure to DAA treatment have been updated.

Recommendations for individuals with acute HCV have been updated.

HCV management figure has been removed.

DAA table has been updated and now includes GLE/PIB and SOF/VEL/VOX.

DDI table has been updated and now includes GLE/PIB and SOF/VEL/VOX, BOC and TPV have been deleted.

Figure on management of acute HCV has been amended.

All tables and figures dealing with interferon-containing HCV therapy have been removed. We refer to an older online version of the Guidelines for details on interferon-treatment.

OPPORTUNISTIC INFECTIONS SECTION

A comment was added for TMP-SMX as preferred therapy for cerebral toxoplasmosis when the oral route is not available.

The preliminary results of the Reality trial were added in the cryptococcal disease section. An enhanced infection prophylaxis in severely immunosuppressed patients (<50 CD4 cells/ μ L) including INH 12 weeks, fluconazole 100mg/d 12 weeks, azithromycin 500mg/d 5 days and albendazole 400mg single dose may decrease overall opportunistic infections (including cryptococcal meningitis) and mortality.

A comment was added on the possibility to add fluconazole to liposomal amphotericin B during the induction phase for cryptococcal meningitis treatment, in countries where flucytosine is not available.

Intermittent TB regimens (2 or 3 times per week) are contraindicated in HIV-infected persons.

A comment on the possibility to add steroid therapy to avoid IRIS in patients with tuberculosis was added.

The preliminary results of the Nix-TB trial were added in the section of treatment for resistant TB (MDR- and XDR-TB).

A duration of 9 months for latent TB treatment was stressed, particularly in countries with high TB prevalence.

A comment was added explaining that other preventive regimens are needed for treating latent infection with MDR-/XDR-TB in countries with high resistant TB rates.



STANDARD OF CARE



The EACS Policy Working Group monitors and shares information on the standard of care in different European regions. Ultimately, the objective is to attain a homogenous, best-in-class European standard of care. To help move forward, the society interacts not only with clinicians, but with individuals living with HIV and healthcare funders. Discussions with international organisations, such as the European Commission, ECDC, WHO, UNAIDS, and HIV in Europe also form a vital part of this journey.

STANDARD OF CARE MEETING

EACS held its second Standard of Care for HIV and Co-infections in Europe meeting in November 2016 in Brussels. Gathering policymakers, patient groups, clinicians, researchers and other stakeholders, the discussion focused on the steps needed to achieve equivalent levels of HIV treatment across the continent.

The first day saw cutting-edge data on a range of important issues including epidemiology, patient access to treatment, standard of care and public health. Three workshops on the second day of the meeting drilled-down into issues surrounding: Adherence to guidelines for HIV treatment initiation, monitoring and outcomes; retention in care; and HIV and tuberculosis co-infection.

With continued rises in HIV diagnoses in gay men in the West and with HIV threatening to become a generalised heterosexual epidemic in parts of the East - due to uneven treatment access - there are significant challenges ahead for those seeking to make positive change to the European HIV epidemic.

Standard of Care Steering Committee

Prof Antonella d'Arminio Monforte, Italy
Prof Manuel Battegay, Switzerland
Prof Nathan Clumeck, Belgium
Prof Stéphane De Wit, Belgium
Prof Jens D. Lundgren, Denmark
Prof Cristina Mussini, Italy (Chair)
Dr Cristiana Oprea, Romania



Standard of Care for HIV and Co-infections in Europe meeting 2016, Brussels, Belgium

KEY TAKEAWAYS

- Normative guidelines – that allow comparative benchmarking – are clearly needed to enhance the standard of care in Europe.
- In addition to clinical outcomes, the guidelines could cover: Treatment coverage; patient retention; nutrition; transmitted and acquired drug resistance; and psycho-social variables including the reporting of discrimination.
- The EACS Guidelines for clinicians would form the backbone of this broader set of standards. The project would require collaboration with agencies such as the European Centre for Disease Prevention and Control (ECDC) and the World Health Organisation (WHO).

Panellists from Eastern Europe particularly signalled the need for further regional activities on patient access and standard of care. Many national surveillance systems are not yet ready to provide even minimal ratings for standard of care.

More generally, as HIV treatment has moved from an individualised patient-care model towards a public health model, the focus of the debate has broadened with public health and quality of life outcomes being added to clinical ones.

More advocacy is needed to help reach a common minimal level of standard of care. Members of EACS are interacting with policymakers and others to try to improve access to the latest treatments, in particular the initiation of ART and monitoring viral loads, and to improve the quality of life for people living with HIV. Likewise preventative measures, such as pre-exposure prophylaxis (PrEP) have to become more widespread.

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90-90-90: A GLOBAL TARGET

UNAIDS is changing the global narrative for HIV treatment. The target is that by 2020:

- **90% of all people living with HIV will know their HIV status.**
- **90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.**
- **90% of all people receiving antiretroviral therapy will have viral suppression.**

The UNAIDS strategy is to end the AIDS epidemic as a public health threat by 2030.

<http://www.unaids.org/en/>



WAVE – WOMEN AGAINST VIRUSES IN EUROPE

Women Against Viruses in Europe (WAVE) promotes the welfare of HIV-positive women in Europe. WAVE identifies knowledge gaps and targets equality of access to care and excellence in standard of care for women living with HIV.

Led jointly by Dr Justyna Kowalska and Dr Karoline Aebi-Popp, WAVE delivers targeted workshops focused on the management of women living with HIV. They highlight unmet clinical needs, based on the members' professional experience and existing research. WAVE supports the best standard of care possible in each setting, taking into account the diversity of HIV care across the European region.

The third WAVE workshop takes place prior to the 16th European AIDS Conference in Milan in October 2017. Focusing on models of care and PrEP for women, the event will also provide a basis for future collaborative research projects in Europe.

WAVE membership is open to junior and senior healthcare professionals, members of the community, advocacy groups and others.



*Dr Karoline
Aebi-Popp*
WAVE Co-Chair



*Dr Justyna
Kowalska*
WAVE Co-Chair

WAVE WORKSHOP

The second WAVE workshop took place in November 2016 in Brussels. The meeting reviewed the existing EACS Guidelines, focused on treatment access, engagement and retention for HIV-positive women and tackled issues regarding the monitoring of antiretroviral therapy (ART) and co-morbidities.

While different models of care exist and are likely to remain for some time, WAVE should actively share best practice experiences amongst members. There was consensus regarding the need to maintain integrated care for women, for example, maternal or paediatric care with HIV care, and the further development of integration with other services such as HRT, mental health and so on.

Regarding the EACS Guidelines, WAVE members want issues regarding women living with HIV to be incorporated throughout the general guidance rather than in a standalone section. A series of recommendations were proposed including assessment of women's specific circumstances and needs at the first clinical visit and revision of the pregnancy section. The development of breastfeeding guidelines and PrEP specific indications for women were also suggested.

The workshop also emphasised certain information gaps. These include data regarding ART outcomes in women, adolescents and in pregnancy, ART toxicity and HCV therapy.

Recommendations of the WAVE members include engaging with ECDC (regarding testing guidelines), with other specialist societies (HIV/Non-HIV), NGOs and women's community groups, running regional training programmes, and considering a web forum for healthcare providers. Regional variability should be acknowledged in standards of care and the EACS Guidelines.

FIVE PRIORITIES FOR WOMEN LIVING WITH HIV

1. **Psycho-social aspects of HIV diagnosis and care**
2. **Mental health and wellbeing**
3. **Pharmacokinetics, toxicity and tolerability of ART**
4. **Co-infections and co-morbidities**
5. **Sexual and reproductive health**



EACS AWARD

The European AIDS Clinical Society Award for Excellence in HIV Medicine is announced at the European AIDS Conference. The award recognises the achievements of a senior scientist who greatly contributed to the field of HIV/AIDS and to EACS in the last decades.

EACS members nominate a colleague for the EACS Award. The nominations are assessed based on the candidates' sustained effort in the field of HIV/AIDS by a committee consisting of past awardees. The EACS Award Committee selects the laureate with the approval of the EACS Governing Board.

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EACS AWARD 2017

Prof Nathan Clumeck, Chair of the EACS Award Committee, will announce the winner at the opening of the 16th European AIDS Conference in Milan on October 25, 2017.

EACS Award Committee

Prof Nathan Clumeck, Belgium (Chair)
 Prof Brian Gazzard, United Kingdom
 Prof Bernard Hirschel, Switzerland
 Prof Jens D. Lundgren, Denmark
 Prof Marie-Louise Newel, United Kingdom

*Prof Jens D. Lundgren
 (Professor, Chief Physician,
 Director, Department
 of Infectious Diseases,
 Rigshospitalet, University of
 Copenhagen)*



In 2015, the EACS Award for Excellence in HIV Medicine was given to Prof Jens D. Lundgren.

Prof José M. Gatell and Prof David Back received the EACS Recognition for Major Lifetime Contributions to the Field of HIV/AIDS and to EACS during their career.



Prof David J. Back (Professor of Pharmacology, University of Liverpool)



Prof José M. Gatell (Professor of Medicine, University of Barcelona)

EUROPEAN AIDS CONFERENCE

First held in 1987, the European AIDS Conference is the society's flagship event. The biennial conference is a must-attend event for clinicians, researchers, nurses and representatives of people living with HIV/AIDS from Europe and around the world. The conference is carefully designed to allow a mix of opportunities to engage, discuss and learn about the latest research and clinical developments in HIV treatment.

15TH EUROPEAN AIDS CONFERENCE

The 15th European AIDS Conference – held in Barcelona from October 21-24, 2015 and co-chaired by Prof Manuel Battegay and Prof José M. Gatell – was attended by 3300 participants from over 90 countries and from all five continents.

The conference focused on the latest research and clinical advances in the field of HIV treatment, including the role of preventative tools such as pre-exposure prophylaxis. A record number of abstracts (889) were submitted for inclusion, of which 601 were discussed at the event.

The scientific exchange was greatly stimulated by smart conference design and use of new technology in both plenary lectures and in smaller sessions to allow in-depth discussions about clinical issues.

The European AIDS Conference continues to evolve. Newly introduced themes included antiviral therapy – implications of the DAD and START studies, insights from HIV pathogenesis, HCV DAAs in Europe – making it happen, and access and barriers to treatment. Once again, the conference provided a perfect platform to present the latest version of the EACS Guidelines, whose launch included an additional new format – as a mobile application.

Outstanding scientific work was presented in the field of HIV/AIDS including co-morbidities as well as hepatitis viral infections. By closely affiliating the conference with the 17th International Workshop on Co-morbidities and Adverse Drug Reactions in HIV, synergies were created in the thinking about how to address long-term care issues.

Ada Colau, Mayor of Barcelona, as well as Boi Ruiz, from the Catalan Ministry of Health, addressed the opening ceremony. Both highlighted how surveillance, prevention and promotion of public health and human rights are organised in their region and in Barcelona in particular. They also highlighted the contribution of the Catalan research groups in the advancement of the HIV medicine.

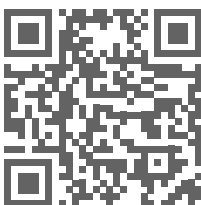
To mark the 27th anniversary of EACS, a networking event was held in the atmospheric Maritime Museum in Barcelona.

3300

Participants

90

Countries





COLLABORATION AND ENDORSEMENT

EACS engages with organisations to encourage a comprehensive and integrated view of research, training and education. EACS also provides scientific endorsement in various countries. The ultimate goal of this activity is the promotion of high standard of care for all people living with HIV.

Collaborative Meetings

Include conferences and organisations, such as:

- HIV Glasgow
- ESCMID / ECCMID
- IAS
- WHO
- ECDC

Scientific Endorsement

Includes:

- ARROW – Assessment of Resources and Research Opportunities in HIV in Romania
- BHIVA Guidelines on the Use of Vaccines in HIV-positive Adults
- ECEE – European Guidelines on the Use of Vaccines in HIV-positive Adults, Poland
- AFRAVIH 2016, Belgium
- 3rd International HIV/Viral Hepatitis Co-Infection Meeting, South Africa

EACS SCHOLARSHIPS

EACS promotes HIV clinical research amongst young researchers and clinicians who are launching their careers. The EACS scholarship programme, named in memory of Joep Lange and Jacqueline van Tongeren, granted 76 scholarships to delegates participating in the conference. Medical doctors, nurses and community members from 33 countries, obtained this special recognition.



EACS wants to build the next generation of HIV physicians.”

Prof José M. Gatell
EACS Conference Co-chair

LOOKING AHEAD

In considering the future strategic direction of our society, we have had to plot a course in the face of some strong headwinds. There remains much to be done in Europe to improve the overall standards of care and to achieve higher quality of treatment. The twin perils of complacency in some quarters and intolerance in others are proving to be the enemy of progress.

Within our society, we are looking to speed-up opportunities to help usher in our next generation of leaders. As residents of Canada, France or Ireland can attest, it is no longer a surprise to see a head of state with less than forty years of age. In a fast-moving world, we have to ensure that our society's processes remain fit for purpose and ready to leverage young talent wherever it emerges in our network.

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KEEPING AIDS ON THE AGENDA

It will soon be 40 years since the world became aware of the terms AIDS and subsequently the human immunodeficiency virus, or HIV. We have come a long way since those dark days. Impressive treatment advances have made HIV a manageable chronic disease rather than the death sentence it once was. Today's healthcare challenge is more typically about managing the needs of the ageing HIV patient.

Thinking about HIV prevention has also moved forward. The World Health Organisation recommends that people at substantial risk of HIV infection should be offered antiretroviral medication - pre-exposure prophylaxis (PrEP).

If Europe is to meet the 90-90-90 global ambition of UNAIDS, we need to challenge complacency regarding funding and thus reduce the burden of this disease. Growing political intolerance in some countries – in its most extreme form resulting in criminalisation of people at high risk of acquiring HIV – is driving stigma and shame, fanning the flames of the AIDS epidemic. The result is that too many people living with HIV in Europe are being denied access to an adequate treatment regimen.



*Prof Jürgen
Rockstroh
EACS Vice President*

The members of our society have an important role to play in combating the large disparities in the prevention, diagnosis and treatment of HIV infection. This implies that we want EACS to become a stronger voice in the public discourse, keeping HIV on the policy agenda and calling governing authorities to account whenever draconian measures disrupt HIV treatment.

PASSING ON THE TORCH

As the EACS founding members are near the end of their professional careers, we have to prioritise opportunities for organisational renewal. This means giving more responsibility to young leaders in our network. The involvement of young researchers and clinicians in the preparation of the EACS Guidelines is a prime example of how to integrate new blood into the organisation.

We are fully committed to improving processes and making sure that EACS is ready to accelerate the handover and respond quickly to the evolving European HIV epidemic. The role of our Regional Representatives is important in identifying up-and-coming talent. More broadly, we are exploring how to access and channel the capacity of our wider network, the potential for more regionally specific action and the use of technology to extend our reach.



In a fast-moving world, we have to ensure that our society's processes remain fit for purpose and ready to leverage young talent wherever it emerges in our network. ”

THE STRENGTH OF EACS

As EACS moves forward, we will rely on our core strengths, such as the EACS Guidelines and our education and training work. We will deepen our links to sister organisations, patient groups and international organisations, all the while thinking smart so that we maintain the spotlight on HIV. Until the day we ultimately cure the disease, we will remain the toughest advocate for excellence in standard of care for those living with HIV, no matter where they live.

FINANCES

ABOUT EACS

EACS is an international organisation of a scientific and philanthropic nature whose aim is to reduce the HIV disease burden across Europe. The society promotes research, delivers education and training and produces management and therapeutic guidelines on the clinical aspects of infection by the HIV virus and related co-infections. The biennial European AIDS Conference is the society's largest single event and its most significant revenue stream. As a not-for-profit organisation, EACS does not permit financial or material gain for its members.

The Governing Board is required to submit the accounts and the budget at the General Assembly within six months of the year-end. The General Assembly may decide to constitute a reserve fund, determine its amount and decide how each member shall submit their contribution.

FINANCIAL PERFORMANCE 2016

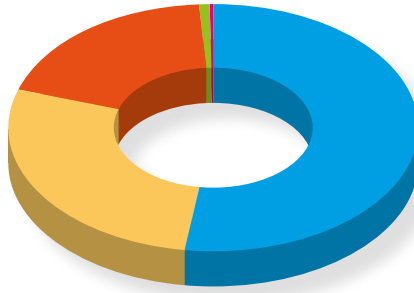
The primary revenue stream of EACS is the biennial European AIDS Conference. The other significant sources of income are unrestricted educational grants and membership contributions. In terms of outgoings, the financing of the Education & Training Programme remains the primary expenditure.

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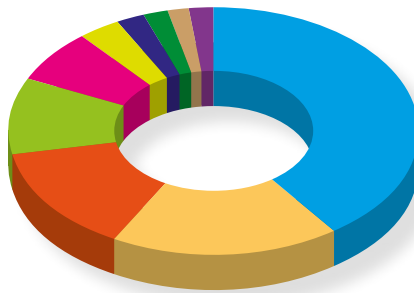
*Prof Nathan
Clumeck
EACS Treasurer*

REVENUES



European AIDS Conference/Membership	€ 843,000	52%
Educational Grant	€ 450,000	28%
Membership	€ 307,000	19%
European Guidelines Sales	€ 10,000	1%
HIV Summer School Participation Fees	€ 4,000	–
Total	€ 1,614,000	100%

EXPENSES



Educational Programme	€ 560,000	40%
Salaries	€ 252,000	18%
Contractual Services/Providers	€ 195,000	14%
European Guidelines	€ 140,000	10%
Corporate Communication	€ 95,000	7%
European AIDS Conference	€ 46,430	3%
Running Costs	€ 33,400	2%
Participation to International Conferences	€ 25,000	2%
Governance	€ 25,000	2%
Office Rent	€ 25,000	2%
Total	€ 1,396,830	100%

ACKNOWLEDGEMENTS

EACS would like to take the opportunity to note its sincere appreciation for the huge input Prof Anna Maria Geretti has made to EACS over the past number of years. Most importantly, she has been the lead and instigator of the EACS WAVE group. Her inspiration, integrity and organisational skills will be sorely missed. The society wishes her every success in her new venture!



Prof Anna Maria Geretti

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The society would like to thank Abbvie, Janssen Cilag, and ViiV Healthcare for their financial contributions in the form of unrestricted grants.

The European AIDS Clinical Society would also like to thank its members, the EACS Regional Representatives, the working groups and panel members, the courses faculty and steering committees, all those who participated actively in the educational programme, the Conference Scientific & Programme Committee, K.I.T. Group, the community representatives, and all the people who contributed to the EACS mission.

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APPENDIX II

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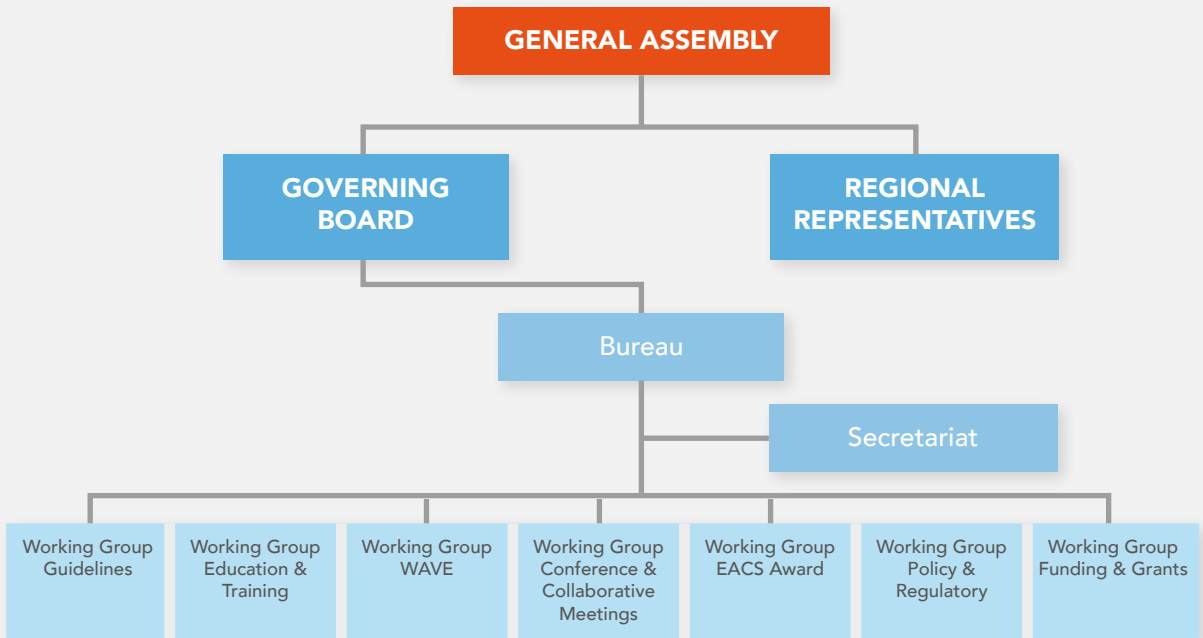
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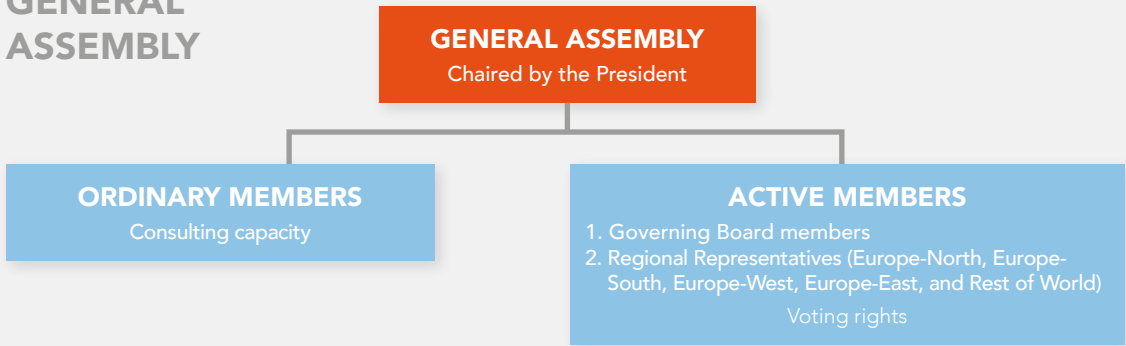
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 George Sikalengo, Tanzania
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 Payam Tabarsi, Iran
 Poleta Taçi Luga, Albania
 Elsay Tegene, Ethiopia
 Marta Vasylyev, Ukraine
 Dan Veselý, Czech Republic
 James Wagude, Kenya
 Christine Wiltshire, Uganda
 Zinaida Zagdyn, Russian Federation

EUROPEAN AIDS CLINICAL SOCIETY (EACS)

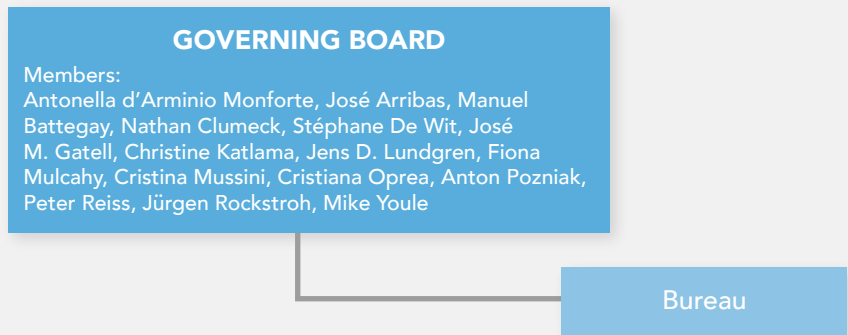
GOVERNANCE



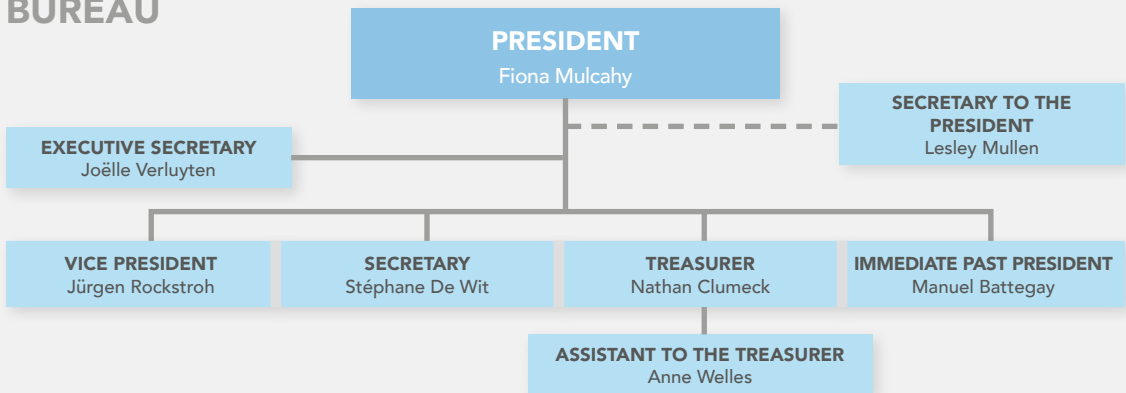
GENERAL ASSEMBLY



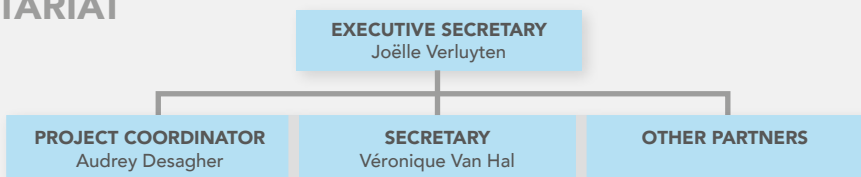
GOVERNING BOARD



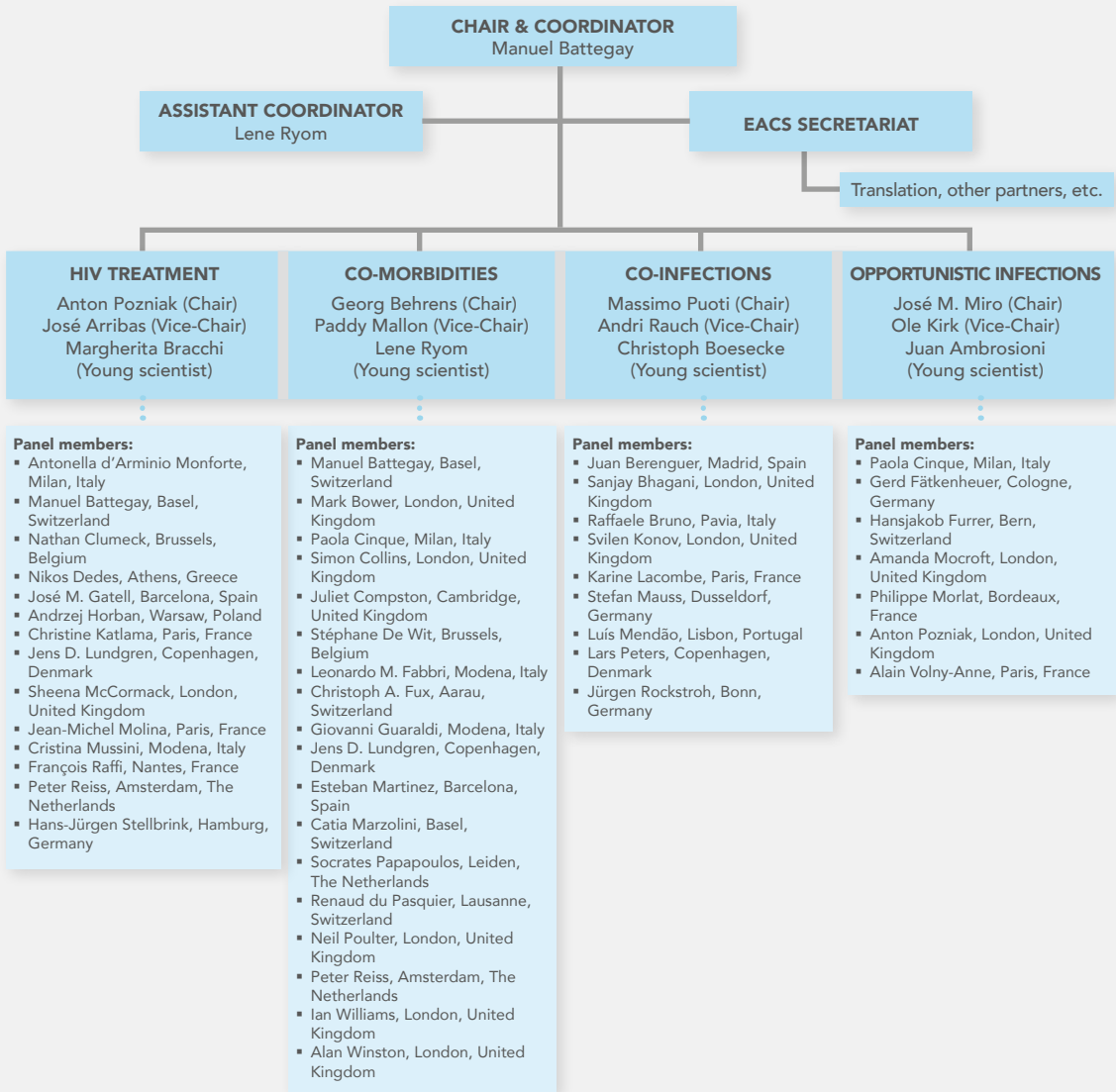
BUREAU



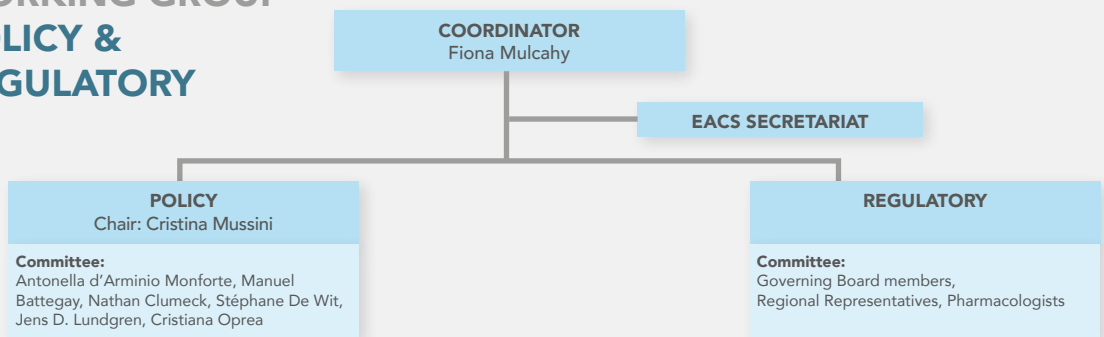
SECRETARIAT



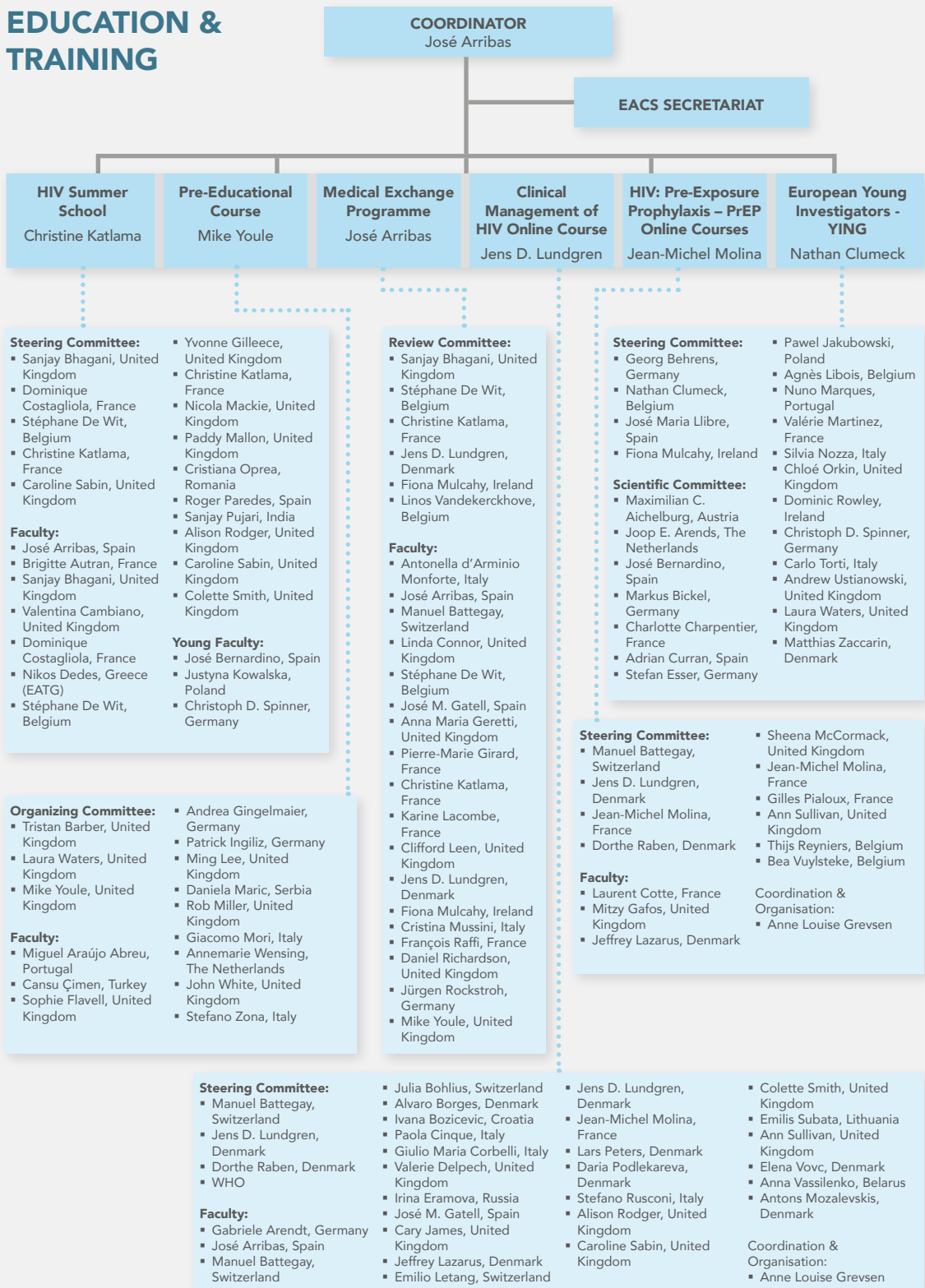
WORKING GROUP GUIDELINES



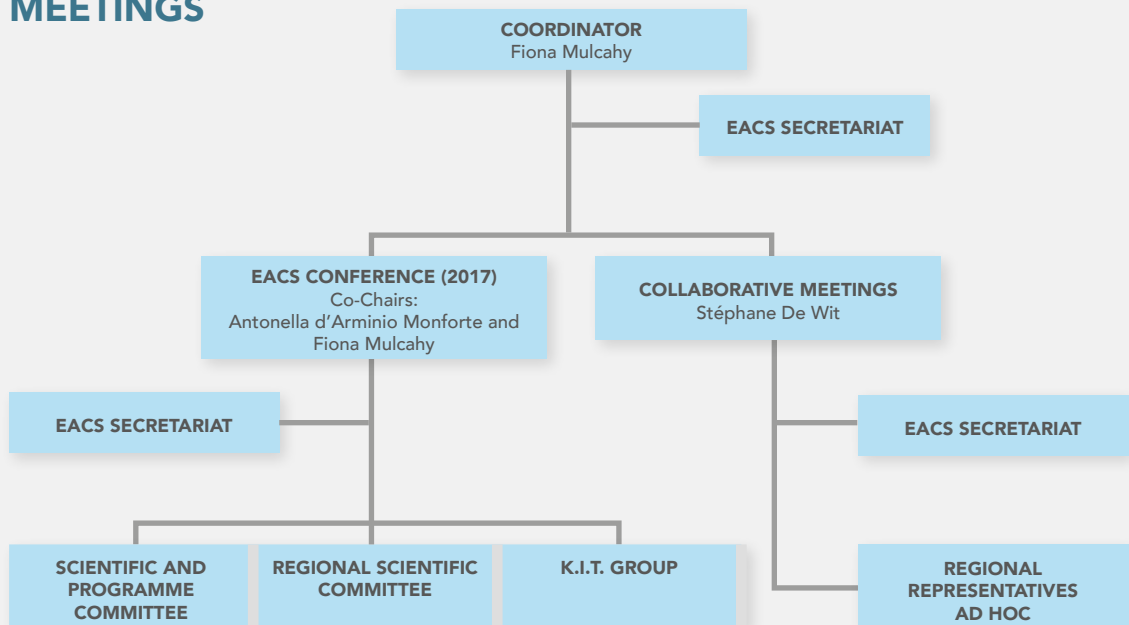
WORKING GROUP POLICY & REGULATORY



WORKING GROUP EDUCATION & TRAINING



WORKING GROUP CONFERENCE & COLLABORATIVE MEETINGS



42

16th European AIDS Conference

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- Antonella d'Arminio Monforte, Italy
- José Arribas, Spain
- Manuel Battegay, Switzerland
- Georg Behrens, Germany
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- Gus Cairns, United Kingdom
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- Michal Chowers, Israël
- Nathan Clumeck, Belgium
- Dominique Costagliola, France
- Stéphane De Wit, Belgium
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- Hansjakob Furrer, Switzerland
- José M. Gatell, Spain
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- Giovanni Guaraldi, Italy
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- Huldrych Günthard, Switzerland
- Andrzej Horban, Poland
- Igor Karpov, Belarus
- Christine Katlama, France

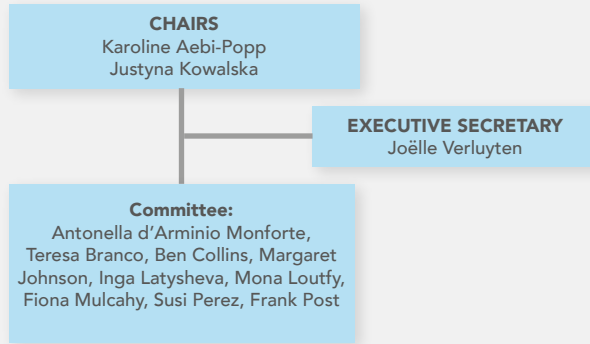
- Justyna Kowalska, Poland
- Inga Latysheva, Russia
- Agnès Libois, Belgium
- Jens D. Lundgren, Denmark
- Paddy Mallon, Ireland
- Mariana Mardarescu, Romania
- Esteban Martínez, Spain
- Javier Martínez Picado, Spain
- Stefan Mauss, Germany
- Fiona Mulcahy, Ireland
- Cristina Mussini, Italy
- Cristiana Oprea, Romania
- José Antonio Perez Molina, Spain
- Carlo Federico Perno, Italy
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- Massimo Puoti, Italy
- Peter Reiss, The Netherlands
- Jürgen Rockstroh, Germany
- Dominic Rowley, Ireland
- Stefano Rusconi, Italy
- Caroline Sabin, United Kingdom
- Ann Sullivan, United Kingdom
- Linos Vandekerckhove, Belgium
- Evgeny Voronin, Russia
- Sharon Walmsley, Canada
- Annemarie Wensing, The Netherlands
- Mike Youle, United Kingdom

Programme Committee:

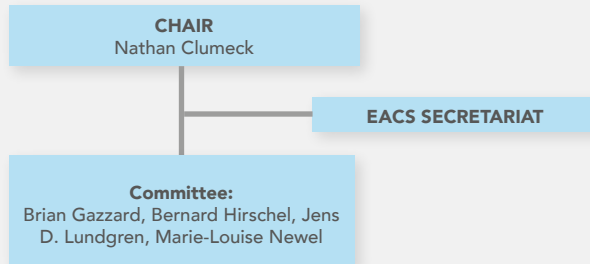
- Andrea Antinori, Italy
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- Nathan Clumeck, Belgium
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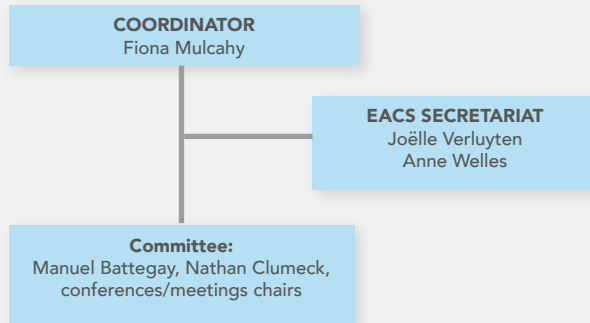
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