

EACS HIV  
SUMMER SCHOOL 2018:  
**EVALUATION  
REPORT**



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## EXECUTIVE SUMMARY

This document aims to provide the reader with an overview of the European AIDS Clinical Society (EACS) HIV Summer School 2018 programme and the feedback received from those who attended.

The HIV Summer School 2018 (which aims to promote excellence in standards of care, research and education in HIV and related co-infections, and to actively engage in the formulation of public health policy with the aim of reducing HIV disease burden) invited 57 clinicians, representing 30 countries to join a five-day training programme from Thursday, 30 August to Monday, 3 September, 2018, hosted at the Quality Hotel du Golf, Montpellier, France. The course was accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) and offered attendees 26 European CME Credits (ECMEC®s) as a reflection of the time dedicated to their education outside of the daily clinical practice.



The course was chaired by Professor Christine Katlama, Pitié-Salpêtrière Hospital, Paris, France, and the programme was developed alongside a Steering Committee, made up of six members from across Europe. In addition, the course invited 14 experts in HIV clinical medicine, translational and basic-science research and statistics, to not only deliver the plenaries and facilitate the workshop sessions, but to act as mentors, giving the attendees direct access to some of the highly-respected minds within the field. A full list of the Steering Committee members and expert faculty can be found on page 16.

The course agenda offered an array of topics, held in two formats: Morning plenary sessions and afternoon workshops. The plenary sessions covered topics such as pathogenesis of disease and HIV drug resistance, to choosing the right study design and how to interpret statistics used in clinical trials. There was time for smaller group interactive sessions and informal evening discussions. Prior to the course, the attendees were asked to create posters to provide a snapshot of the current HIV situation in their country. The posters featured data on prevalence and incidence, the preferred antiretroviral (ARV) therapy regimen used, the various trials that were taking place and the clinical/social obstacles they face on a daily basis. Some clinicians' posters provided insights into how HIV/AIDS was perceived in their country, almost 30 years ago, and the associated mis-information that was communicated in the



media, and some highlighted the great work their community have been doing to achieve their 90-90-90 targets – a global ambition set to ensure that by 2020, 90% of people living with HIV will know their status, 90% will have received a long-term ARV and of those on ARVs, 90% will have viral suppression. The posters were presented to the group on the first evening, which set the scene for the remainder of the course by providing insights to the challenges that each country faces, but also their successes, in the fight against HIV/AIDS.

When registering, attendees were required to choose between a research or a clinical module that allowed them to work in smaller groups on practical aspects of clinical study trial design, statistics, the process of organising studies and applying for research grants (research module) or participate in case-based discussions around managing/starting antiretroviral therapy (ART), switching ART and how to manage co-morbidities and opportunistic infections (clinical module).

For those who selected the research module, there were a number of sessions that allowed the attendee to become more familiar with the theoretical and business side of HIV research, compared to the clinical aspects, which are explained in detail in the subsequent paragraphs. For example, the session *Why is research important? Choosing the right study design* looked at how to set up a study once a hypothesis had been defined, using the PICO framework (P=Patient; I=Intervention; C=Comparison, control or comparator; O=Outcome) with the aim of selecting the most appropriate design, such as a randomised controlled trial, cohort, case-control or a cross-sectional study, to give the best possible results at the end of the experiment. The pros and cons of each possible design were highlighted so the attendees could make an informed decision once all of the information had been made available. There was also a session on statistics commonly used in clinical trials, such as p-values and confidence intervals. It was made apparent the importance of understanding how statistical concepts were generated, and why, to avoid data being mis-interpreted in the real world, as this could result in a less than optimal treatment strategy being selected over another for a particular patient. Other topics in the research module were *Modelling and health economics* that looked at the various decisions economics evaluations helped inform, such as which treatment is the most cost effective and beneficial to patients, and thus will be reimbursed by the health service in resources limited settings, and *Identifying Bias*, which deconstructed what the term 'bias' means, how bias can be observed in multiple forms in published literature, such as confounding bias, and the possible techniques that can be implemented to minimise the impact on future endeavors.



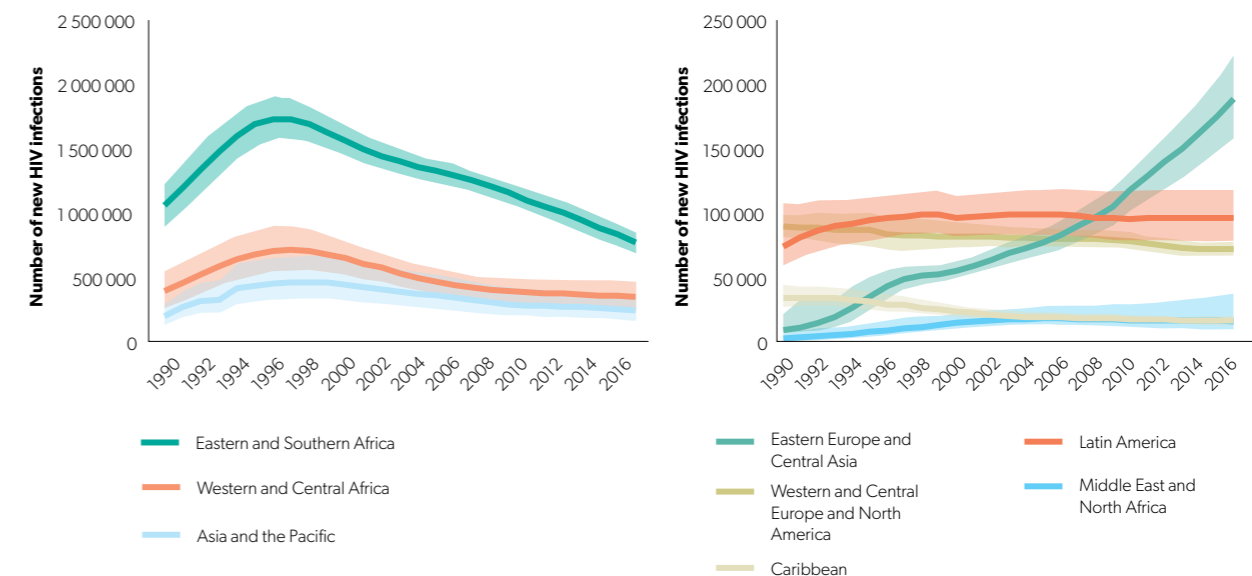
The clinical module groups worked on six real-life cases modules (two per afternoon) that were created by the faculty from their past experiences. The cases ranged from patients with viral hepatitis to unsuppressed viremia and included questions throughout to spark debate on what the optimal management strategy was for the patient. To provide further context and value, the cases were accompanied by scans and clinical data to aid discussion. This forum encouraged open discussion, presented a great opportunity for those in attendance to learn from their peers and experts from across the globe, as well as allowing them to develop practical skills for managing such patients upon their return to their home country.

Finally, those in the clinical module prepared an Oxford Union-style debate that the entire course took part in. Keeping with the debate fashion, the teams were divided into for and against teams. Before the debate, the audience were asked to vote for their preferred opinion, and again following the proceedings. Each debate lasted 10 minutes and the topics were: a) A two-drug regimen should be the standard starting regimen for all patients; b) All patients with newly diagnosed HIV should be started on ART the same day; c) There is now no need for patients to be on boosted-protease inhibitor. As with debates, the arguments from the panellists can be persuasive, even on controversial topics, and the winning teams were chosen by their compelling arguments, which were substantiated by clinical experience, recent and relevant scientific data, and importantly, their passion and vigour.

In addition to the plenaries and workshops, the course was a great chance for the attendees to network with peers from around the world, and through creating presentations in small groups during the workshops, they had the chance to enhance their interpersonal skills, which resulted in the creation of a HIV Summer School 2018 community. The long-term cultivation of this group was highlighted on numerous occasions in the feedback with attendees requesting for an *EACS HIV Winter School* to be set up or a *reunion in six months to a year at an international congress such as CROI or for an alumni/network to be set up to support international collaborations*.

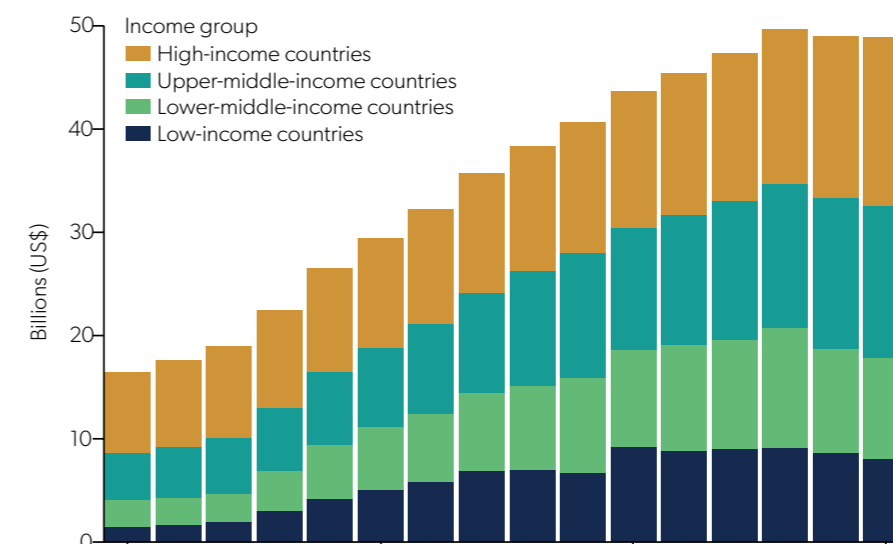
On the final morning, the attendees participated in a light-hearted quiz, that tested the knowledge they had gained over the five days, but also their general HIV and infections knowledge e.g. by seeing if they knew the celebrities who had HIV complications or which famous leaders had been infected with tuberculosis. The format was similar to a 'pub-style quiz' where multiple teams choose a comical name and compete against one another. As well as the winning team, the faculty chose a team with the best name; that accolade went to the Cat Lamas, a twist on Professor Christine Katlama's name.

Most importantly, we have to recognise the impact programmes such as the HIV Summer School have on those attending from resource-limited settings. The vast majority of people living with HIV are located in low-, middle- and upper-middle-income countries, with an estimated 66% living in sub-Saharan Africa. There also appears to be an alarming rise of new infections in parts of Eastern Europe and Central Asia (Fig. 1).<sup>1</sup>



**Fig 1: New HIV infections across the globe between 1990–2016**

Despite more people living with HIV/AIDS in resource-limited countries, these groups have experienced reductions in HIV/AIDS spending between 2013 and 2015, in comparison to high-income countries (Fig. 2).<sup>2</sup> To support the further education of clinicians from these under-funded countries, EACS invited 26 participants from these settings to attend the course. This allowed them to hear about the latest advancements in ART, develop ideas with leading experts and network with a number of clinicians from around the globe – and the anecdotal feedback shows that the programme not only helped advance their knowledge, but also left them inspired, which programmes of this calibre should all strive to achieve. To complete the picture, clinicians from high-income countries also had equal opportunities to attend the HIV Summer School as it cannot be assumed that the educational benefit would not be as advantageous to these attendees solely based on their geographical location.



**Fig 2: HIV/AIDS funding between 2013–2015 in low–high income countries**

Initiatives like the HIV Summer School are crucial for the medical industry as they provide the necessary elements to keep those within the field up to date on the forefront of new treatments and technology, but they are also vital in supporting, and empowering, the upcoming generation of budding clinicians.

## EVALUATION METHODOLOGY

The attendees were sent a SurveyMonkey link (an online platform that specialises in gathering data in a digital format). Data was analysed in Excel to provide a measurement of how the course was perceived by the attendees, and to gain insights on how to enhance the programme in the future. The 57 participants provided their feedback, with the number of responses varying between the questions.

Only those selected to join the research module were asked to provide their feedback specifically on the sessions relating to it: questions 15–18. This was also the case for those who chose the clinical module: questions 19–22. The maximum number of responses for the modules should therefore be 19 and 38 respectively\*.

There were 31 questions asked in total and the responses are displayed along with the number of respondents, plus the number who skipped the question (for transparency). All quantitative results are displayed as either *100% stacked column bar charts or clustered column bar cards* that were produced in Excel. The qualitative results have been edited for grammatical purposes only (the sentiment has not been changed) and as there was repetition in the responses received, we have only included the responses of different opinions, to provide as much breadth and representation from the attendees as possible.

The raw data was analysed by the Organising Committee, and writing support was provided by ISO. health, a medical education & communications agency based in London. If you have any questions about the data within this report, please contact the EACS Secretariat at [info@eacsociety.org](mailto:info@eacsociety.org).

\*Between 1–3 attendees responded to the research or clinical module questions who were from the parallel module. The number of responses therefore exceeds 19 and 38. As the number of additional responses was low, we feel that the overall impression of the results remains true and that the results will not have been skewed by this error.

## KEY STATISTICS



**Overall, the programme was incredibly well received, with 98.21% of the participants stating that they would recommend the HIV Summer School to their colleagues.**

**Between 70%–100% of the attendees rated the Days 1–4 plenary sessions either useful or extremely useful.**

**78% of the attendees very much agreed that they would implement what they learnt at the HIV Summer School to their daily practice.**

**82%–89% of the attendees stated that the programme overall, the organisation and the atmosphere were excellent.**

**100% and 95% of the attendees stated that the clinical and research modules met their educational expectations respectively.**

**89% of the attendees stated that the preparation work that the EACS Secretariat carried out was excellent.**

# SCIENTIFIC PROGRAMME

## Thursday, August 30, 2018

Morning				
8:30-9:00	<b>Welcome &amp; introduction</b>			
9:00-9:30	<b>Plenary 1</b>	Clinical	<b>State of the ART of ARV Therapy</b>	Nicola Mackie (United Kingdom)
9:30-10:00	<b>Plenary 2</b>	Clinical	<b>Drug resistance of HIV</b>	Dr Annemarie Wensing (The Netherlands)
10:00-10:30	<b>Plenary 3</b>	Clinical	<b>Hepatitis B / Hepatitis C</b>	Sanjay Bhagani (United Kingdom)
10:30-11:00	Break			
11:00-11:30	<b>Plenary 4</b>	Research	<b>Why is research important?</b>	Prof. Paddy Mallon (Ireland)
11:30-12:00	<b>Plenary 5</b>	Research	<b>Choosing the right study design</b>	Prof. Caroline Sabin (United Kingdom)
12:00-12:30	<b>Practical work</b>	Research	<b>Choosing a study design</b>	
12:30-13:30	Lunch			

Afternoon				
Module A - Research		Module B - Clinical		
13:30-15:30	<b>Study design</b> Dr Valentina Cambiano (United Kingdom) Prof. Dominique Costagliola (France) Prof. Caroline Sabin (United Kingdom)	13:30-15:30	Working Groups (3 groups) <b>ARVs – Treatment initiation</b> <b>Coordinators:</b> Prof. Christine Katlama (France)/Dr Nicola Mackie (United Kingdom) Dr Sanjay Bhagani (United Kingdom) Prof. Stéphane De Wit (Belgium) Prof. Paddy Mallon (Ireland) Dr Roger Paredes (Spain) Dr Annemarie Wensing (The Netherlands)	
15:30-16:00	Break	15:30-16:00	Break	

Module A - Research		Module B - Clinical	
16:00-18:00	Working Groups (3 groups) <b>Identifying the research question and study design</b> Dr Valentina Cambiano (United Kingdom) Prof. Dominique Costagliola (France) Prof. Stéphane De Wit (Belgium) Prof. Christine Katlama (France) Prof. Paddy Mallon (Ireland) Prof. Caroline Sabin (United Kingdom)	16:00-18:00	Working Groups (3 groups) <b>Management of unsuppressed viraemia/resistance</b> <b>Coordinators:</b> Prof. Christine Katlama (France)/Dr Nicola Mackie (United Kingdom) Dr Sanjay Bhagani (United Kingdom) Prof. Yvonne Gilleece (United Kingdom) Dr Roger Paredes (Spain) Prof. Sanjay Pujari (India) Dr Annemarie Wensing (The Netherlands)

## Friday, August 31, 2018

Morning				
8:30-9:00	<b>Plenary 6</b>	Research	<b>P-values and hypothesis testing</b>	Dr Valentina Cambiano (United Kingdom)
9:00-9:30	<b>Plenary 7</b>	Research	<b>Confidence intervals</b>	Prof. Caroline Sabin (United Kingdom)
9:30-10:15	<b>Practical work</b>	Research	<b>Interpreting results from abstracts</b>	
10:15-10:45	Break			
10:45-11:25	<b>Plenary 8</b>	Clinical	<b>Introduction to pathophysiology of HIV</b>	Roger Paredes (Spain)
11:25-12:05	<b>Plenary 9</b>	Clinical	<b>Optimizing ART in the suppressed patient</b>	Christine Katlama (France)
12:05-12:45	<b>Plenary 10</b>	Clinical	<b>Management &amp; Prevention of Co-morbidities</b>	Paddy Mallon (Ireland)
12:45-13:30	Lunch			

# SCIENTIFIC PROGRAMME

## Friday, August 31, 2018

Afternoon			
Module A - Research		Module B - Clinical	
<b>13:30-15:30</b>	<b>Collecting data</b> Dr Valentina Cambiano (United Kingdom) Prof. Dominique Costagliola (France) Prof. Caroline Sabin (United Kingdom)	<b>13:30-15:30</b>	Working Groups (3 groups) <b>Managing long-term ART and co-morbidities</b> <b>Coordinators:</b> Prof. Christine Katlama (France)/ Dr Nicola Mackie (United Kingdom) Dr Sanjay Bhagani (United Kingdom) Prof. Stéphane De Wit (Belgium) Prof. Yvonne Gilleece (United Kingdom) Dr Justyna Kowalska (Poland) Dr Nicola Mackie (United Kingdom)
<b>15:30-16:00</b>	Break	<b>15:30-16:00</b>	Break
Module A - Research		Module B - Clinical	
<b>16:00-18:00</b>	Working Groups (3 groups) <b>Developing the study protocol</b> Dr Valentina Cambiano (United Kingdom) Prof. Dominique Costagliola (France) Prof. Stéphane De Wit (Belgium) Prof. Christine Katlama (France) Prof. Paddy Mallon (Ireland) Prof. Caroline Sabin (United Kingdom)	<b>16:00-18:00</b>	Working Groups (3 groups) <b>PrEP &amp; STIs</b> <b>Coordinators:</b> Prof. Yvonne Gilleece (United Kingdom)/Dr Justyna Kowalska (Poland) Dr Sanjay Bhagani (United Kingdom) Dr Nicola Mackie (United Kingdom) Dr Roger Paredes (Spain) Prof. Sanjay Pujari (India)

## Saturday, September 1, 2018

Morning				
<b>8:30-9:05</b>	<b>Plenary 11</b>	Clinical	<b>HIV and Malignancies</b>	Stéphane De Wit (Belgium)
<b>9:05-9:40</b>	<b>Plenary 12</b>	Clinical	<b>Opportunistic infections</b>	Prof. Sanjay Pujari (India)
<b>9:40-10:15</b>	<b>Plenary 13</b>	Clinical	<b>HIV prevention strategies</b>	Prof. Yvonne Gilleece (United Kingdom)
<b>10:15-10:45</b>			Break	
<b>10:45-11:30</b>	<b>Plenary 14</b>	Research	<b>Developing a clinical research programme</b>	Prof. Paddy Mallon (Ireland)
<b>11:30-12:15</b>	<b>Plenary 15</b>	Research	<b>Modelling and health economics</b>	Dr Valentina Cambiano (United Kingdom)
<b>12:30-</b>			Lunch and free afternoon	

## Sunday, September 2, 2018

Morning				
<b>8:30-9:15</b>	<b>Plenary 16</b>	Research	<b>What to look for in a presentation/paper</b>	Prof. Dominique Costagliola (France)
<b>9:15-10:15</b>	<b>Plenary 17</b>	Research	<b>Identifying bias</b>	Prof. Caroline Sabin (United Kingdom)
<b>10:15-10:45</b>			Break	
<b>10:45-12:00</b>	<b>Debates</b>		<b>Clinical groups</b>	<b>Coordinators:</b> Dr Sanjay Bhagani (United Kingdom)/ Prof. Christine Katlama (France)
<b>12:00-13:00</b>			Lunch	

# SCIENTIFIC PROGRAMME

## Sunday, September 2, 2018

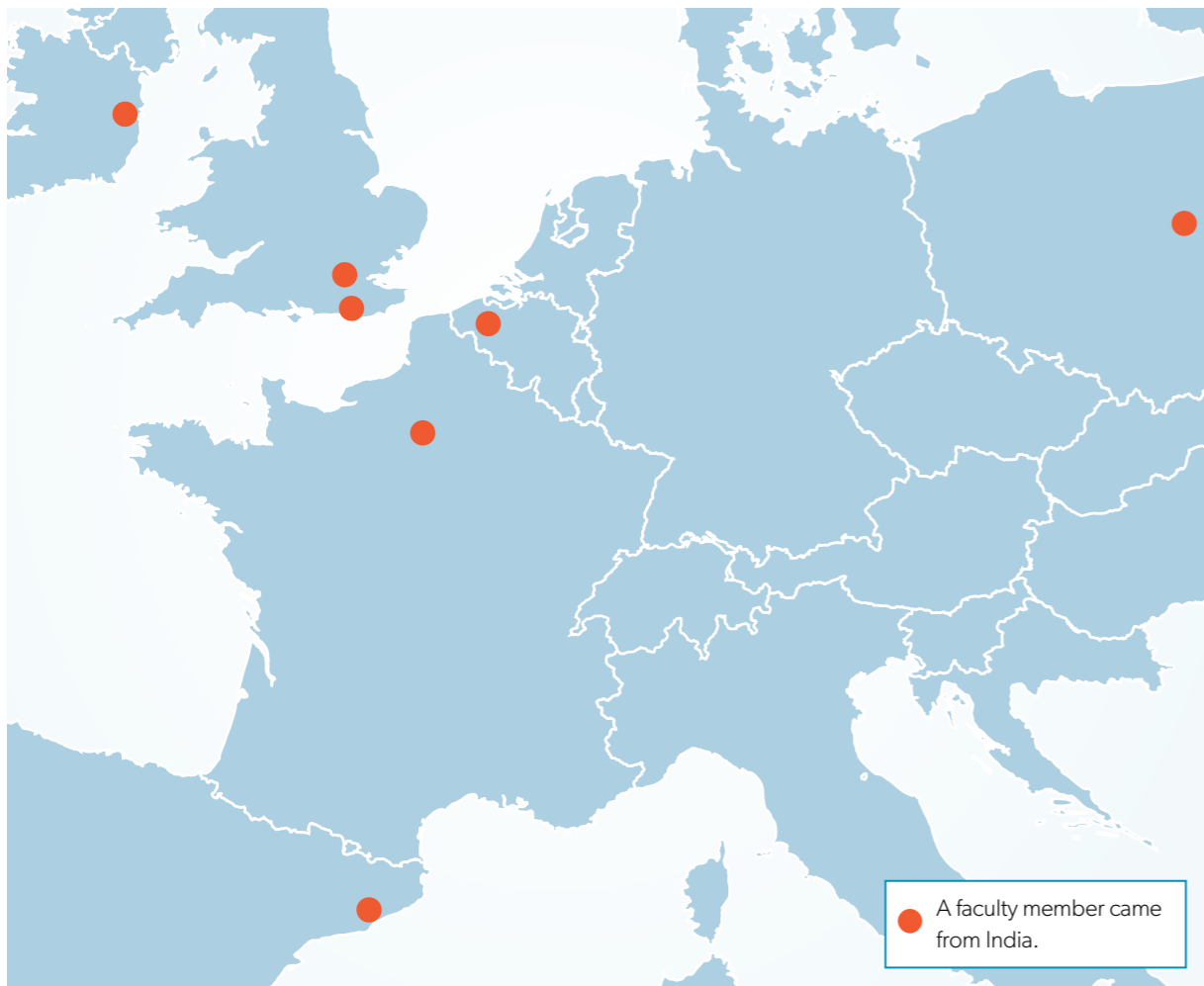
Afternoon			
Module A - Research		Module B - Clinical	
<b>13:00-15:00</b>	<b>Sample size calculations and data analysis</b> Dr Valentina Cambiano (United Kingdom) Prof. Dominique Costagliola (France) Prof. Caroline Sabin (United Kingdom)	<b>13:00-15:00</b>	Working Groups (3 groups) <b>Hepatology</b> <b>Coordinators:</b> Dr Sanjay Bhagani (United Kingdom)/Prof. Christine Katlama (France) Prof. Yvonne Gilleece (United Kingdom) Dr Justyna Kowalska (Poland) Prof. Paddy Mallon (Ireland) Dr Roger Paredes (Spain) Prof. Sanjay Pujari (India)
<b>15:00-15:30</b>	Break	<b>15:00-15:30</b>	Break
Module A - Research		Module B - Clinical	
<b>15:30-17:30</b>	Working Groups (3 groups) <b>Sample size calculations, data analysis and completion of presentations</b> Dr Valentina Cambiano (United Kingdom) Prof. Dominique Costagliola (France) Prof. Stéphane De Wit (Belgium) Prof. Christine Katlama (France) Prof. Paddy Mallon (Ireland) Prof. Caroline Sabin (United Kingdom)	<b>15:30-17:30</b>	Working Groups (3 groups) <b>Opportunistic infections</b> <b>Coordinators:</b> Prof. Sanjay Pujari (India)/Prof. Stéphane De Wit (Belgium) Dr Sanjay Bhagani (United Kingdom) Prof. Yvonne Gilleece (United Kingdom) Dr Justyna Kowalska (Poland) Dr Nicola Mackie (United Kingdom) Dr Roger Paredes (Spain)
<b>17:30-18:00</b>	<b>Special Session</b>	<b>Science of HIV infection</b>	Prof. Brigitte Autran (France)

## Monday, September 3, 2018

Morning			
<b>9:00-11:00</b>	Research	<b>Research presentations (6 groups)</b>	The participants from the research module present their research study
<b>11:00-11:30</b>		Break	
<b>11:30-13:30</b>	Clinical & Research	<b>Quiz &amp; take home messages</b>	Dr Sanjay Bhagani (United Kingdom)
<b>13:00-13:30</b>		Closing	
<b>13:30-</b>		Lunch and departure	



# STEERING COMMITTEE MEMBERS AND EXPERT FACULTY



- **Brigitte Autran**, Sorbonne-University, Paris, France
- **Sanjay Bhagani**, Royal Free NHS Foundation Trust and University College, London, United Kingdom (Steering Committee)
- **Valentina Cambiano**, University College London, London, United Kingdom
- **Dominique Costagliola**, Institut Pierre Louis d'Epidémiologie et de Santé Publique, INSERM and Sorbonne Universities, UPMC University Paris, Paris, France (Steering Committee)
- **Stéphane De Wit**, Saint-Pierre University Hospital, Brussels, Belgium (Steering Committee)
- **Yvonne Gilleece**, Royal Sussex Country Hospital, Brighton, United Kingdom
- **Christine Katlama**, Pitié-Salpêtrière Hospital, Paris, France (Steering Committee)
- **Justyna D. Kowalska**, Medical University of Warsaw, Warsaw, Poland
- **Nicola Mackie**, Imperial College Healthcare NHS Trust, London, United Kingdom (Steering Committee)
- **Patrick Mallon**, UCD School of Medicine and Medical Science, Dublin, Ireland
- **Roger Paredes**, Hospital Universitari Germans Trias i Pujol, Barcelona, Spain
- **Sanjay Pujari**, Institute of Infectious Diseases, Pune, India
- **Caroline Sabin**, University College London, London, United Kingdom (Steering Committee)
- **Annemarie Wensing**, University Medical Center Utrecht, Utrecht, The Netherlands

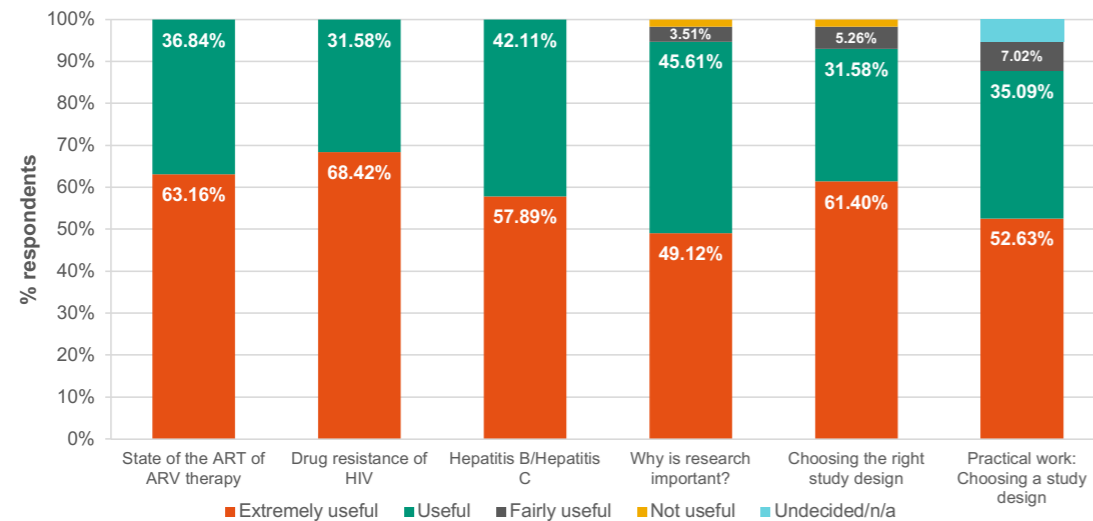
# GLOBAL SPREAD OF ATTENDEES



- Albania 1
- Argentina 3
- Armenia 1
- Belgium 3
- Brazil 1
- Canada 1
- China 1
- Denmark 1
- Germany 1
- Ghana 1
- Ireland 1
- Italy 3
- Moldova 1
- The Netherlands 2
- Nigeria 1
- Panama 1
- Poland 2
- Portugal >4
- Romania 3
- Russian Federation 2
- South Africa 1
- Spain 1
- Sweden 1
- Switzerland 1
- Tanzania 2
- Turkey 3
- Uganda 1
- Ukraine 4
- United Kingdom >4

# RESULTS

## Question 1: How useful to you personally was each plenary session on Day 1?

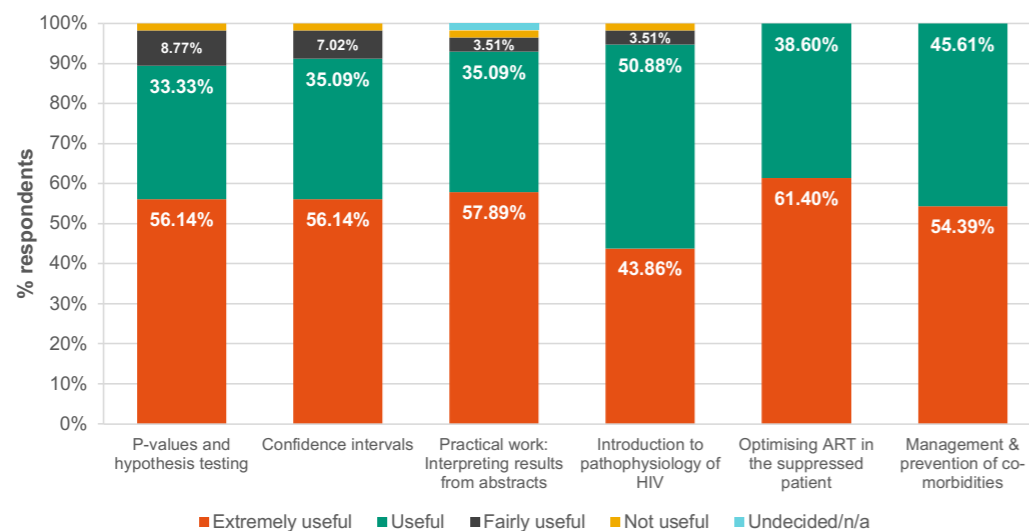


Number of respondents = 57

87%–100% of the attendees found the sessions on Day 1 to be either extremely useful/useful.

Please note that the percentages for not useful and undecided/n/a have not been shown but are available upon request.

## Question 2: How useful to you personally was each plenary session on Day 2?

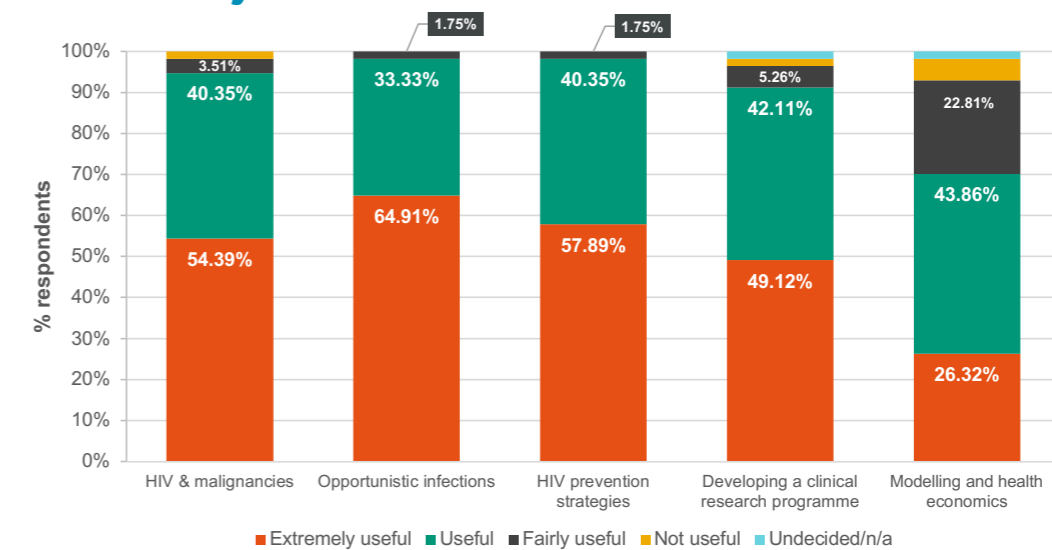


Number of respondents = 57

89%–100% of the attendees found the plenary sessions on Day 2 to be either extremely useful/useful.

Please note that the percentages for not useful and undecided/n/a have not been shown but are available upon request.

## Question 3: How useful to you personally was each plenary session on Day 3?

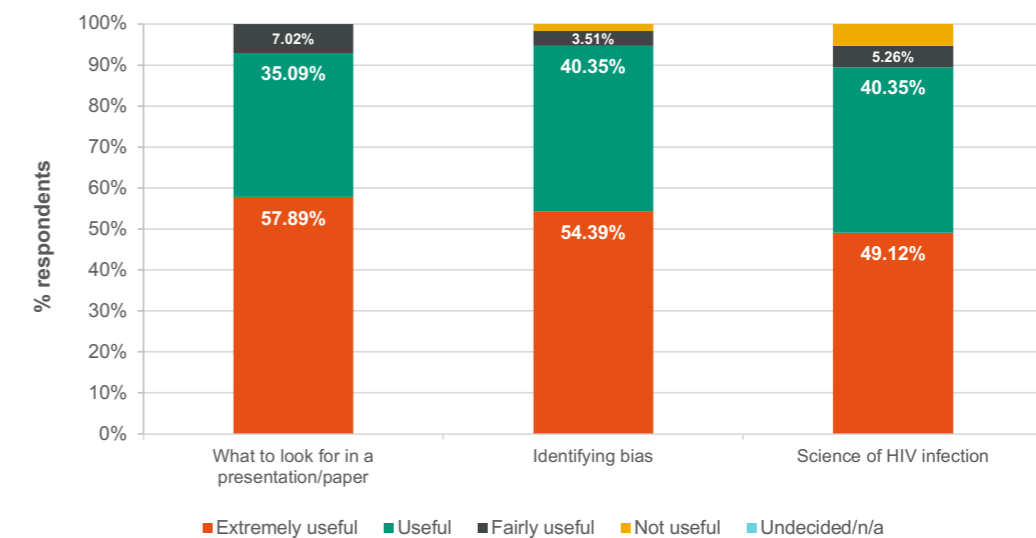


Number of respondents = 57

70%–98% of the attendees found the plenary sessions on Day 3 to be either extremely useful/useful.

Please note that the percentages for not useful and undecided/n/a have not been shown but are available upon request.

## Question 4: How useful to you personally was each plenary session on Day 4?

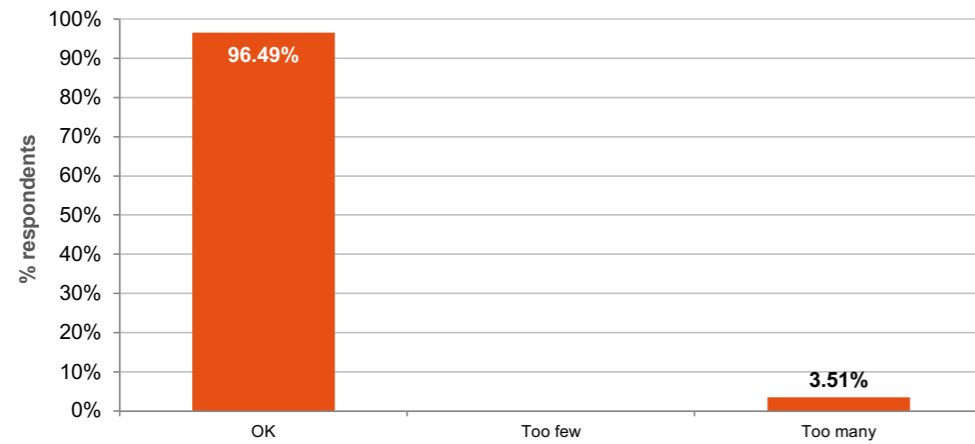


Number of respondents = 57

89%–93% of the attendees found the Day 4 plenary sessions to be either extremely useful/useful.

Please note that the percentages for not useful and undecided/n/a have not been shown but are available upon request.

### Question 5: How did you find the number of plenaries?

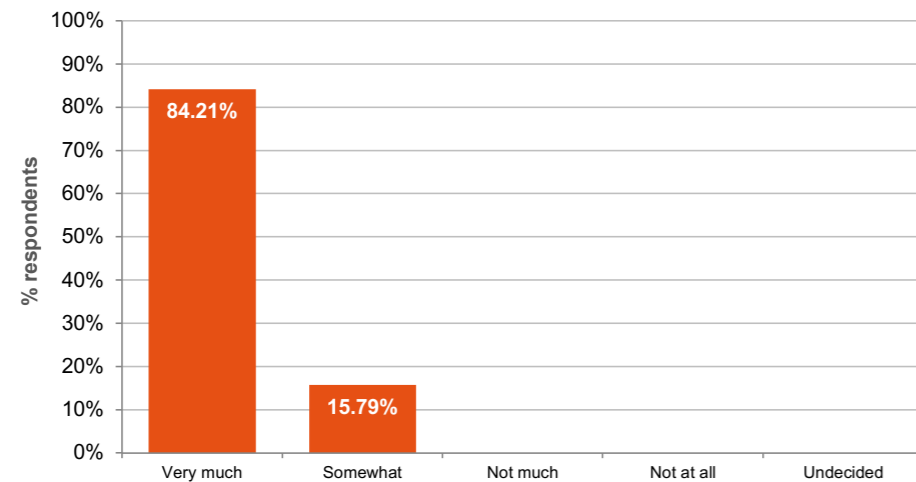


Number of respondents = 57

#### Additional feedback from the attendees

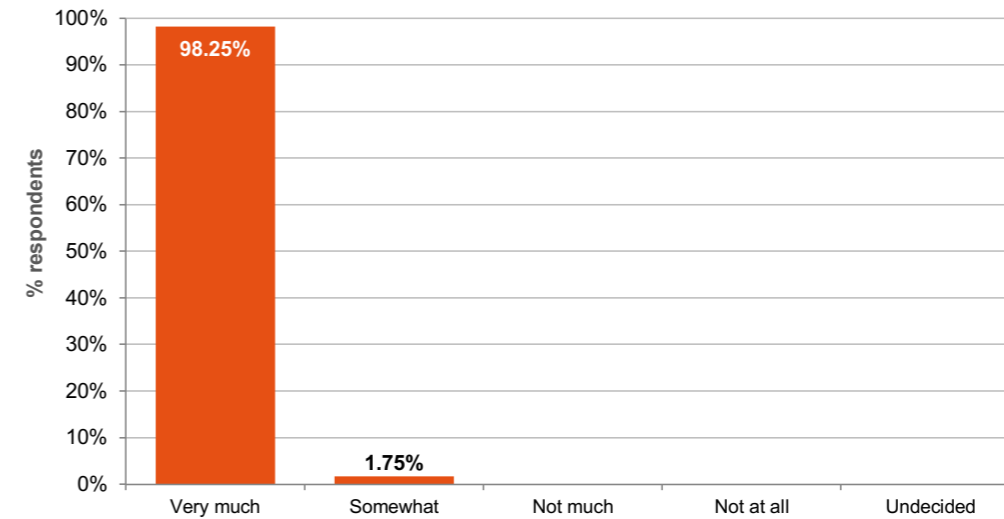
- Participants stated that more time could have been dedicated to the plenaries, so they could have been covered in more detail, and it was suggested to cover topics such as how to manage HIV in pediatrics & teenagers, drug-drug interactions and maintain the psychological health of PLHIV.

### Question 6: Did the event fulfil your educational goals?



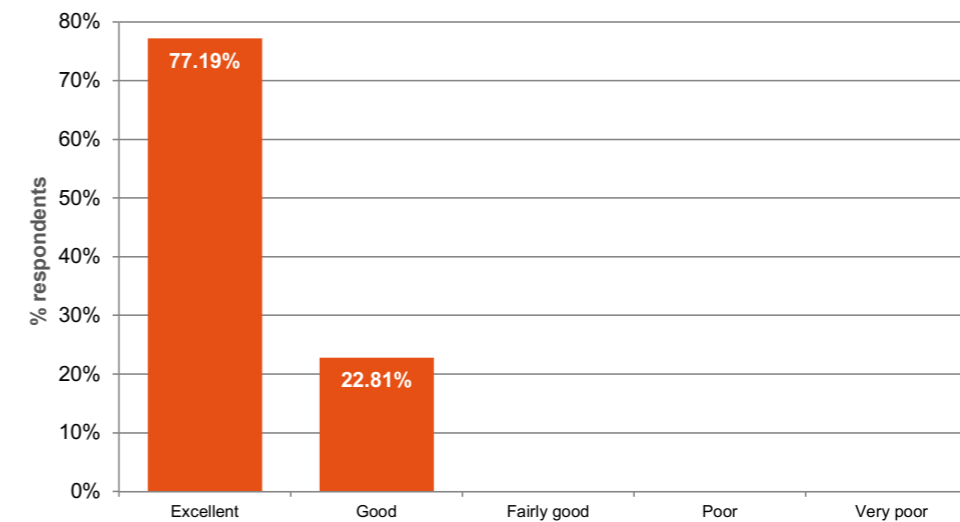
Number of respondents = 57

### Question 7: Was the presented information well-balanced and consistently supported by a valid scientific evidence base?



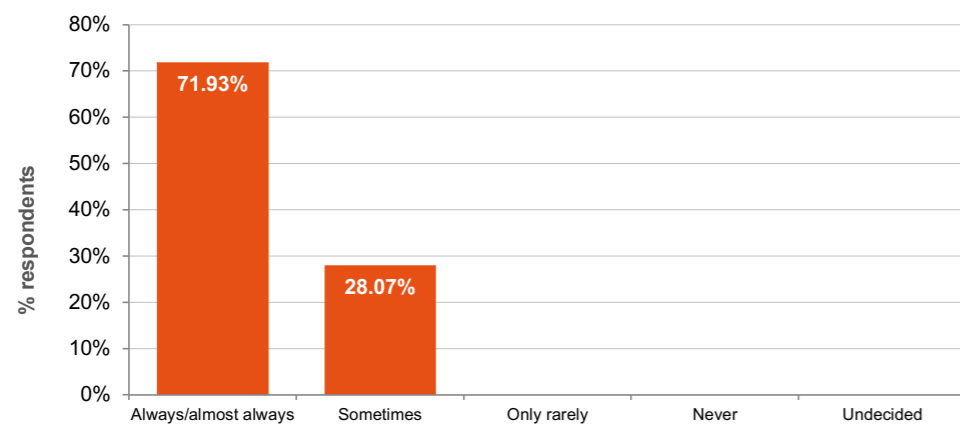
Number of respondents = 57

### Question 8: How do you rate the quality and the format of the HIV Summer School?



Number of respondents = 57

### Question 9: Was there adequate time available for discussions, questions & answers and learner engagement?

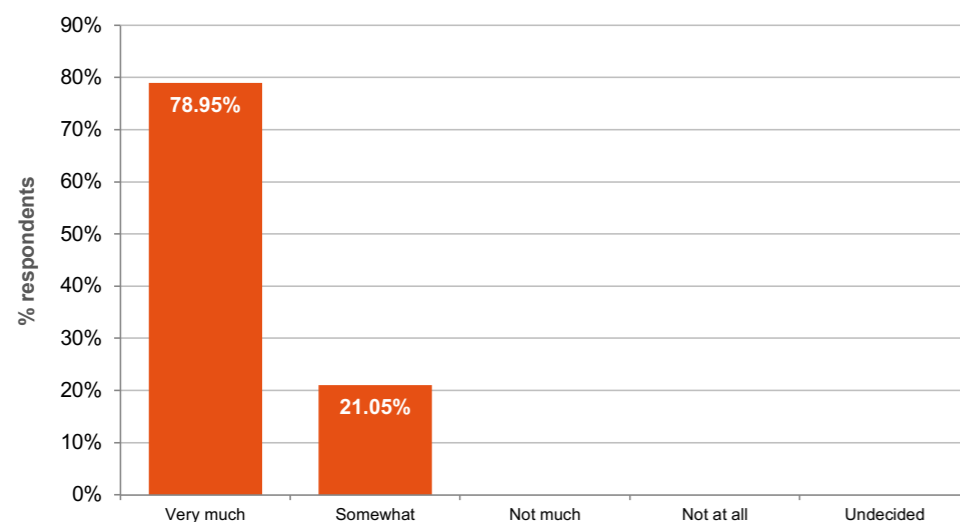


Number of respondents = 57

#### Additional quantitative feedback

- The attendees stated that it was very effective to have plenary sessions followed by consolidation exercises and group workshops. They also found the debates and quizzes very informative and they suggested to have the attendees present an interesting clinical case from his/her clinical country, as this, alongside the posters, would have been very interesting.

### Question 10: Will the information you learnt be implemented in your practice?

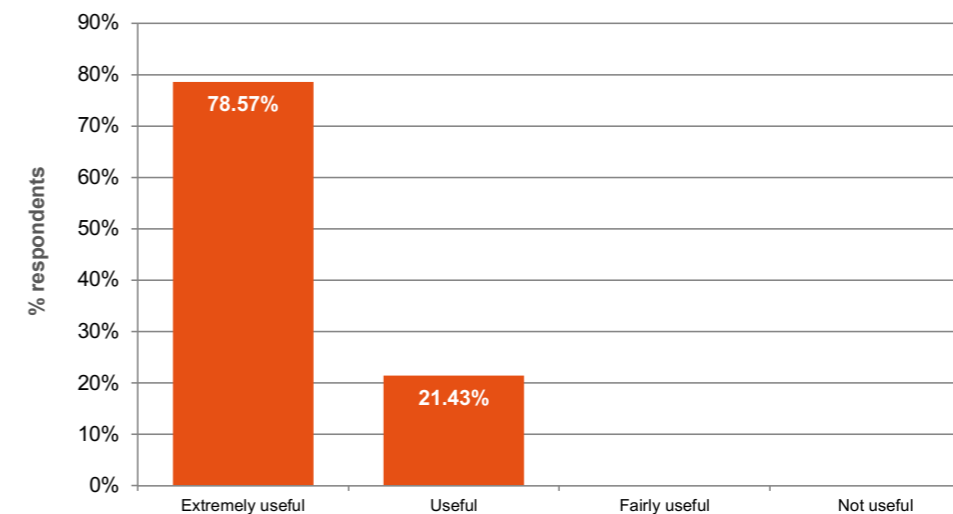


Number of respondents = 57

#### Can you provide one example how this event will influence your future practice?

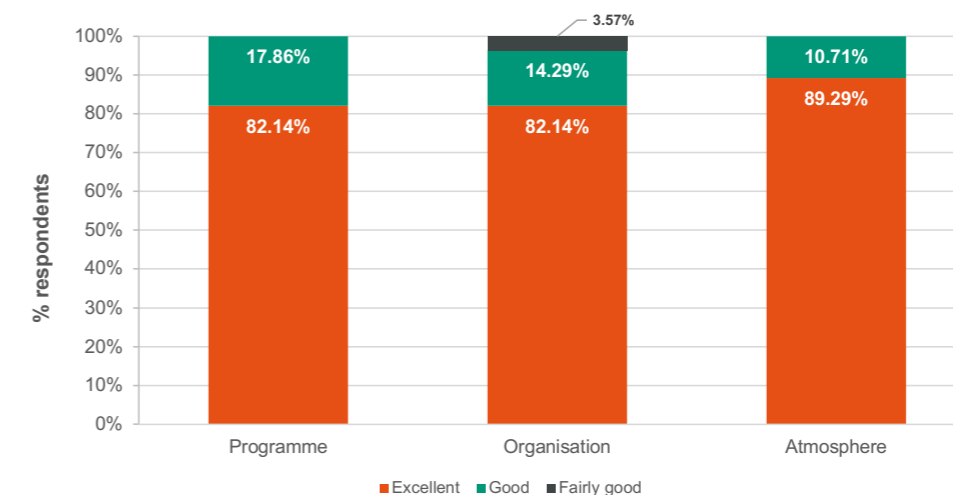
- The attendees commented that the programme had increased their knowledge on statistical analysis and how to write a research proposal for future funding applications, or abstracts for scientific conferences.

### Question 11: How useful for your professional activity did you find this event?



Number of respondents = 56; 1 attendee skipped this question.

### Question 12: What was your overall impression of this event?



Number of respondents = 56; 1 attendee skipped this question.

### Question 13: What was the best aspect of this event?

- The attendees spoke incredibly highly of the HIV Summer School. The overriding theme was that attendees really enjoyed meeting other like-minded peers from around the globe to share their experiences with. We have displayed some of the specific comments below:
  - The discussions and the open mindedness of the members from the various countries
  - Meeting other HIV clinicians and researchers and hearing about their experiences
  - The enthusiasm of the teachers and the attendees; I have left this place with hope for the future!
  - The excellent teaching supported by up-to-date evidence and the opportunity to hear about the experience of others working in HIV around the world

Number of respondents = 56; 1 attendee skipped this question.

- Drawing up a research proposal within the small working groups and collaborating with people from different parts of the world
- The enthusiasm of the faculty; the kindness and availability of the organising team; the diversity of delegates and the opportunity for networking
- It was great to meet so many delegates from around Europe, the Americas and Africa to learn from their practices, as well as the faculty who were very knowledgeable and supportive.
- The incredible lectures and the excellent programme. The research module was extremely useful and helped me with my long-term goals.
- Meeting the other attendees was such a great experience! We prefer this format much more to online/distance learning!
- This course really inspired me to do more research when I return home.
- Learning new approaches in HIV management by discussing these techniques with the students was great. The EACS HIV Summer School is an amazing opportunity for HIV specialists.

Number of respondents = 56; 1 attendee skipped this question.

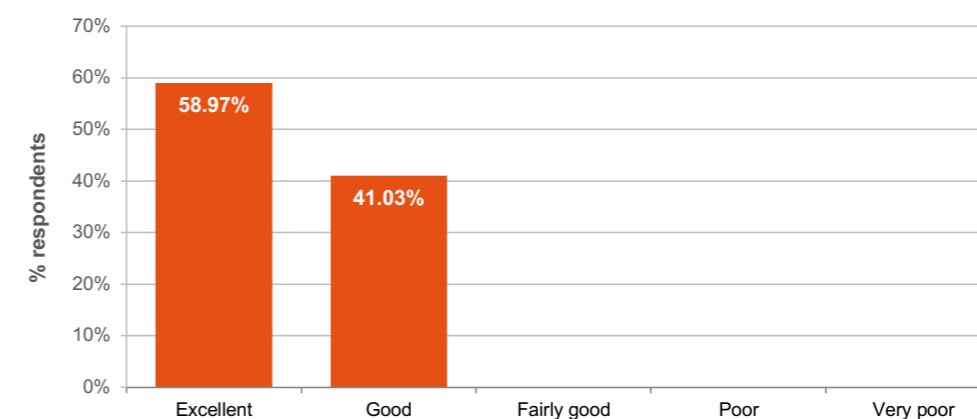
### Question 14: What aspects of the meeting could we improve?

- In general, the attendees thought that while the agenda was very comprehensive, at times it was quite overwhelming. They suggested that some of the days could have finished earlier so time could be dedicated to personal reading or to prepare for the clinical debates. It was also recommended to increase the time of certain sessions that may be more difficult to grasp e.g. health economics.

Number of respondents = 56; 1 attendee skipped this question.

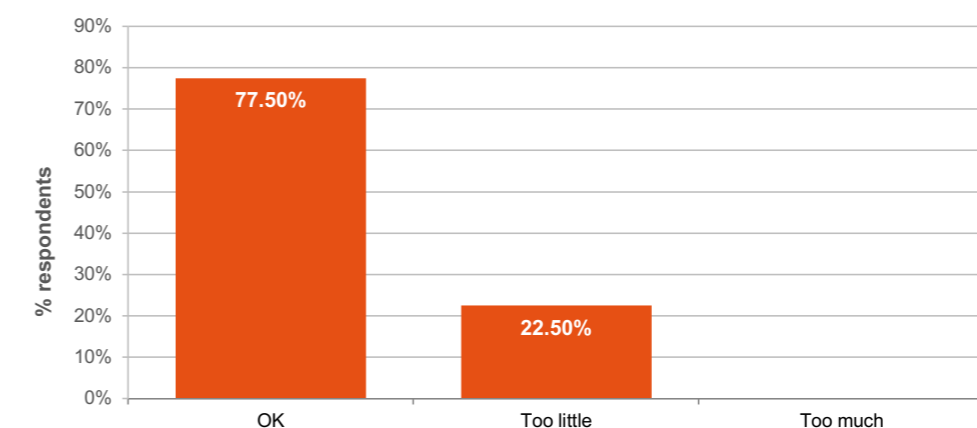
## Clinical module feedback

### Question 15: How well did your clinical working group meet your expectations?



Number of respondents = 39

### Question 16: Was there enough time dedicated to complete your clinical group work?



Number of respondents = 40

### Question 17: What topics were missing from the clinical group, if any?

- The attendees would have liked to have spent more time, or seen topics, on HIV in pregnant women, managing HIV resistance, co-morbidities and opportunistic infections, and perinatal transmitted HIV pediatrics.

Number of respondents = 36

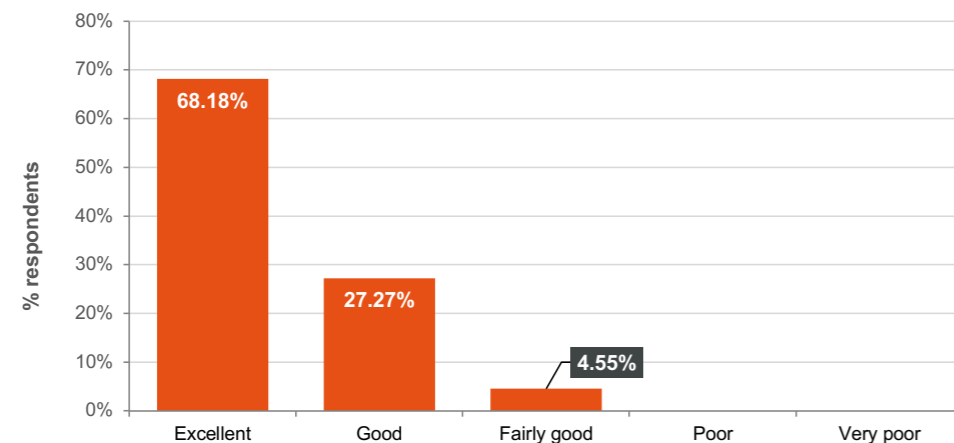
### Question 18: What was your overall impression of the clinical working group?

- Overall, the attendees' impression of the clinical working group was positive, with much of their praise going towards the passionate speakers. To enhance the session in the future, they recommended to have more time to prepare for the debates, or advanced warning before the meeting as this would have allowed them to read the literature. They also recommended that the mentors spend a specific amount of time with each group to avoid the team being over-worked in the short time frame.

Number of respondents = 22

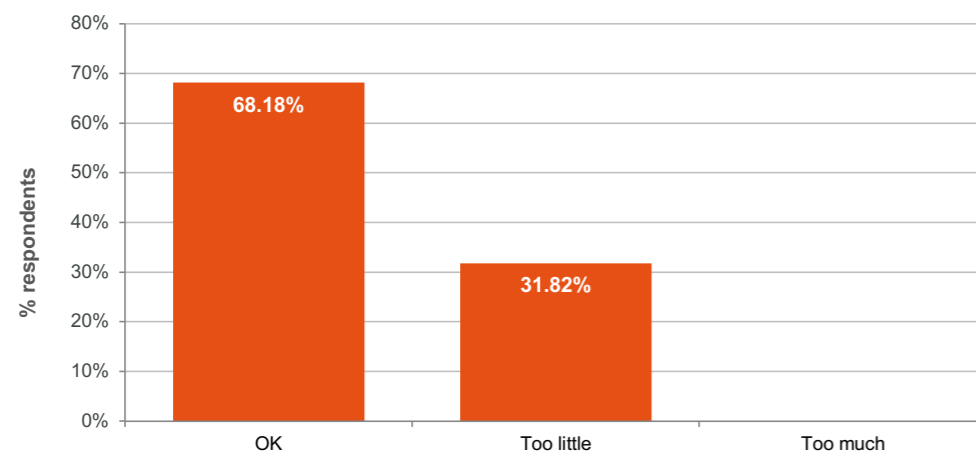
## Research module feedback

### Question 19: How well did your research working group meet your expectations?



Number of respondents = 22

### Question 20: Was there enough time dedicated to complete your research group work?



Number of respondents = 22

### Question 21: What topics were missing from the research group, if any?

- Attendees would have liked to have spent more time on the statistical aspects of the module e.g. regression models and survival analyses, due to their complexity. It was also suggested to have a section on how to raise fund, write a grant application, and how to present a protocol to potential funders and an Institutional Review Board.

Number of respondents = 16

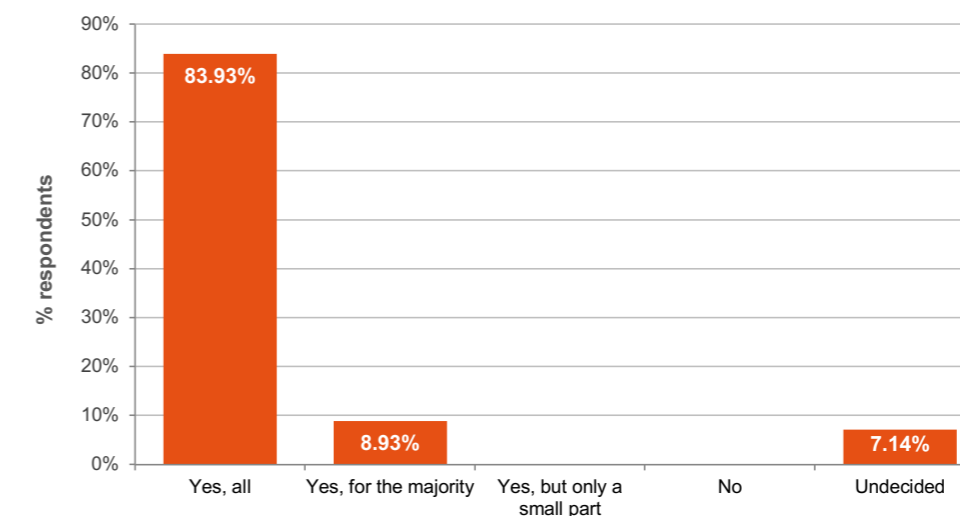
### Question 22: What was your overall impression of the research working group?

- Overall the research module was very well received by the attendees. We have displayed below the comments from the attendees who wanted to offer their gratitude to the course organisers:
  - The research module was great (and far exceeded my expectations). A number of statistical elements, which were previously confusing to me, were explained very well e.g. type I and II errors.
  - This module was great and it really opened my mind to the endless opportunities to learn and grow in research. I cannot wait to start working on the next project with the information I learned from the course. I will surely share this knowledge with my department.
  - It was an absolute privilege to attend the EACS HIV Summer School. I will be recommending the course to my team in Manchester, as it was incredible.
  - You [HIV Summer School] have made a fantastic impression on my career. As a young scientist from Africa, it is very helpful to ensure that we are kept up-to-date with the latest clinical research, so thank you!

Number of respondents = 10

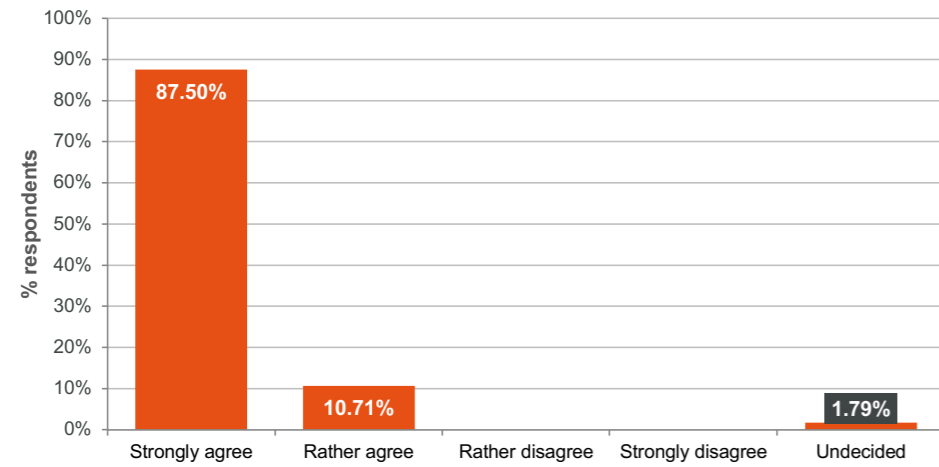
## Programme balance and bias

### Question 23: Did all the faculty members provide their potential conflict of interest declaration with the sponsor(s) as a second slide of their presentation?



Number of respondents = 56; 1 attendee skipped this question.

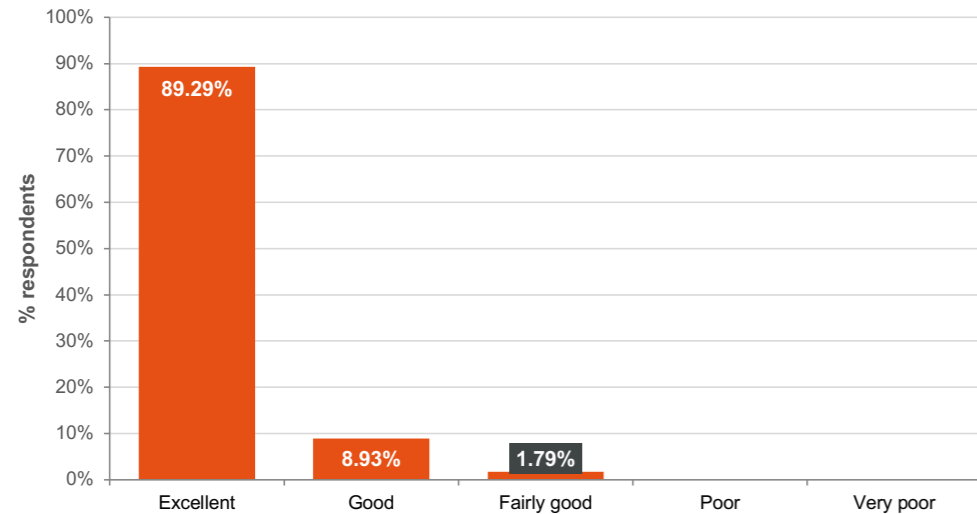
**Question 24: Do you agree that the information was overall free of commercial and other bias (free of commercial influence)?**



Number of respondents = 56; 1 attendee skipped this question.

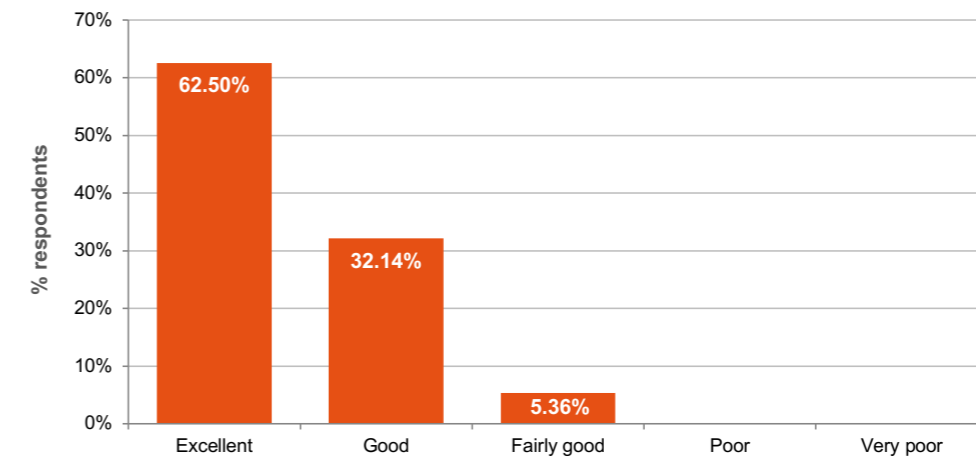
**Course administration and services feedback**

**Question 25: How do you evaluate the work of the EACS Secretariat in charge of your participation in the course?**



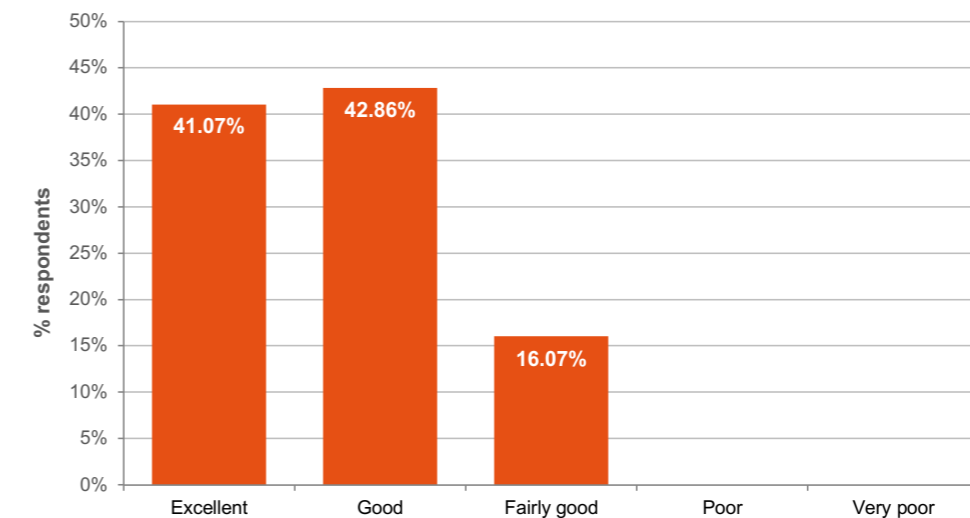
Number of respondents = 56; 1 attendee skipped this question.

**Question 26: How was the application process for you?**



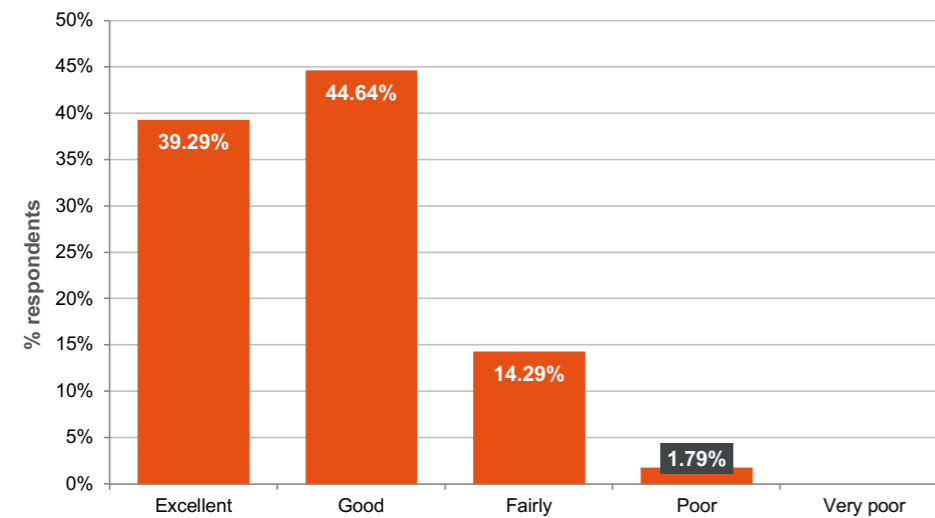
Number of respondents = 56; 1 attendee skipped this question.

**Question 27: How was your stay at the Quality Hotel du Golf Montpellier?**



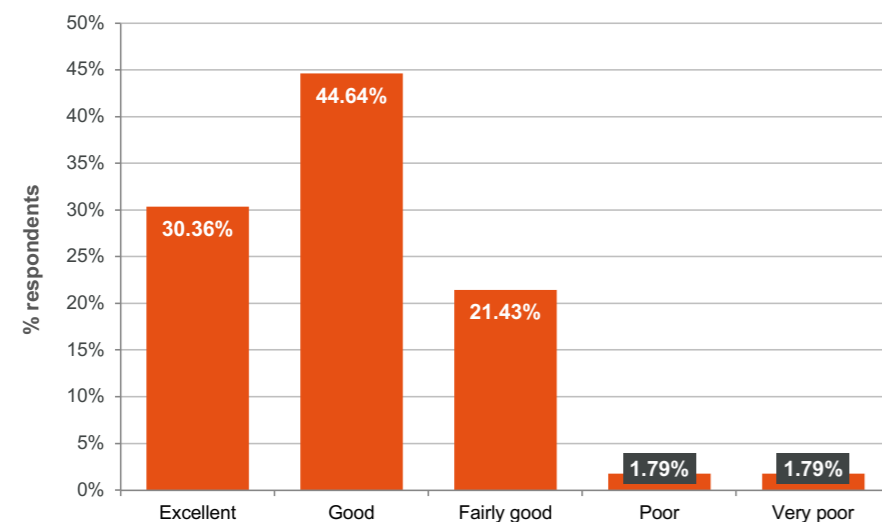
Number of respondents = 56; 1 attendee skipped this question.

## Question 28: How was your accommodation?



Number of respondents = 56; 1 attendee skipped this question.

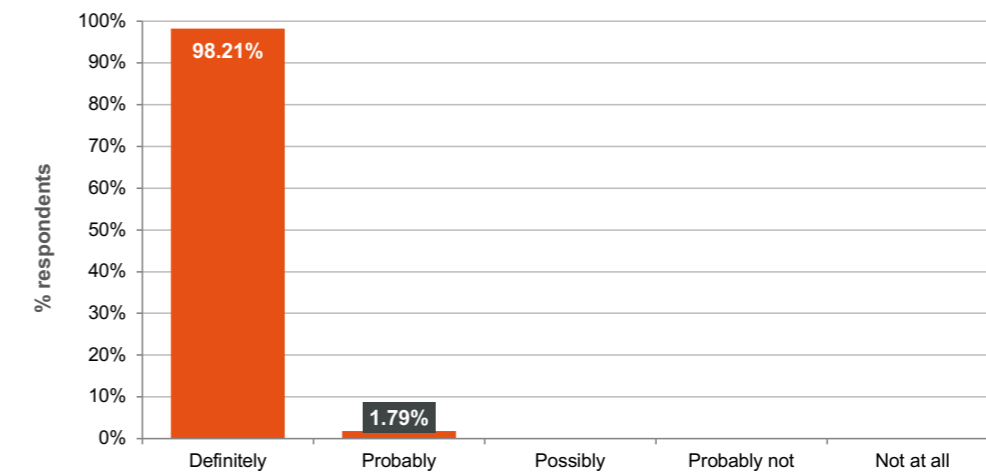
## Question 29: How did you find the catering?



Number of respondents = 56; 1 attendee skipped this question.

## Final thoughts

### Question 30: Would you recommend the HIV Summer School to your colleagues?



Number of respondents = 56; 1 attendee skipped this question.

### Question 31: If you had a wish for future projects from EACS, what would they be?

- An EACS young investigators conference
- There should be more representation on the faculty from Africa as this would allow for more information to reach African colleagues.
- The introduction of an application, such as Whova, which is useful communications tool that allows attendees to easily share contact details, and for the course organisers to provide regular updates to the attendees as well.
- Maybe EACS should organise a winter course to provide further education on the topics discussed at the summer course and provide another touch-point in the calendar year for the attendees to meet up again.
- I think EACS should start a mentorship programme. There are many clinicians who want to go into active research but need guidance/mentors. The faculty members are experts in their various fields and would fulfil this role very well.
- Take this great experience one step further and create a network of EACS HIV Summer School participants to set up international HIV research collaborations.
- For the organisers to set up a Summer School reunion in six months or one year at an international conference such as CROI, European AIDS Conference or IAS.



## ATTENDEE TESTIMONIALS



**Wow! What a package! Thanks EACS team! The networking, the lectures and best of all the group work! So much fun. Lots of learning. Inspired to build a career in research. See you in Uganda someday, maybe for the African AIDS Clinical Society school too!**

Betty – Uganda

**It gives me ideas, enthusiasm and great memories. Life-changing!**

Gonneke – The Netherlands

**Definitely the best summer school ever! Looking forward to other EACS events!**

Diana – Romania

**Thanks a lot for the great experience. Your enthusiasm is inspiring, it is great to see that the future of HIV care is in the hands of all these wonderful people.**

Marie-Angélique – Belgium

**What a sensational week! It has by far exceeded all expectations from the contagious passion and enthusiasm of the faculty, to the kindness and interest of the delegates. Thank you.**

Emilie – United Kingdom

**Thank you for an amazing course. I strongly believe that it will improve the work of all the participants.**

Roman – Ukraine

**This is a content-rich, interesting, inspirational and impressive training. This is the best training I have ever attended.**

Qiaoli – China

## ACKNOWLEDGEMENTS

On behalf of the EACS HIV Summer School Steering Committee, we would like to thank the expert faculty members who were involved as it would not have been possible to create such a programme without them. We are truly grateful for their investment. We would also like to thank the EACS Secretariat for the organisation of the course. The names and institutions of the Faculty are listed below:

- **Brigitte Autran**, Sorbonne-University, Paris, France
- **Sanjay Bhagani**, Royal Free NHS Foundation Trust and University College, London, United Kingdom
- **Valentina Cambiano**, University College London, London, United Kingdom
- **Dominique Costagliola**, Institut Pierre Louis d'Epidémiologie et de Santé Publique, INSERM and Sorbonne Universities, UPMC University Paris, Paris, France
- **Stéphane De Wit**, Saint-Pierre University Hospital, Brussels, Belgium
- **Yvonne Gilleece**, Royal Sussex Country Hospital, Brighton, United Kingdom
- **Christine Katlama**, Pitié-Salpêtrière Hospital, Paris, France
- **Justyna D. Kowalska**, Medical University of Warsaw, Warsaw, Poland
- **Nicola Mackie**, Imperial College Healthcare NHS Trust, London, United Kingdom
- **Patrick Mallon**, UCD School of Medicine and Medical Science, Dublin, Ireland
- **Roger Paredes**, Hospital Universitari Germans Trias i Pujol, Barcelona, Spain
- **Sanjay Pujari**, Institute of Infectious Diseases, Pune, India
- **Caroline Sabin**, University College London, London, United Kingdom
- **Annemarie Wensing**, University Medical Center Utrecht, Utrecht, The Netherlands

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## REFERENCES

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1. Joint United Nations Programme on HIV/AIDS (UNAIDS). UNAIDS data. 2017. Accessed from: [http://www.unaids.org/en/resources/documents/2017/2017\\_data\\_book](http://www.unaids.org/en/resources/documents/2017/2017_data_book). Accessed on October 2018.
2. Global Burden of Disease Health Financing Collaborator Network. Lancet. 2018;391:1799–829.

