

EACS HIV
SUMMER SCHOOL 2019:
**EVALUATION
REPORT**



CONTENTS

EXECUTIVE SUMMARY	4
THE EVALUATION METHODOLOGY	8
KEY STATISTICS TO HIGHLIGHT FROM THE REPORT	9
PROGRAMME AGENDA	10
STEERING COMMITTEE MEMBERS AND THE EXPERT FACULTY	16
THE GLOBAL SPREAD OF ATTENDEES	17
THE RESULTS	18
ACKNOWLEDGEMENTS	38
REFERENCES	39

EXECUTIVE SUMMARY

This document provides an overview of the European AIDS Clinical Society (EACS) HIV Summer School 2019 programme and the feedback received from those who attended.

The HIV Summer School 2019, which is designed for clinicians involved in HIV management who wish to deepen their knowledge about all aspects of HIV medicine and research methodology, gathered 59 clinicians, representing 31 countries to join a five-day training programme from August 30 to September 3, 2019, in Montpellier, France. Accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) this course offered attendees 27 European CME Credits (ECMEC®s) reflecting the time dedicated to their education outside of daily clinical practice.

The course was chaired by Professor Christine Katlama (Pitié-Salpêtrière Hospital, Paris, France) and the programme was developed by a Steering Committee, made up of six members from across Europe. The faculty consisted of 14 global experts in HIV clinical care and research. A full list of the Steering Committee members and expert faculty can be found on page 16.

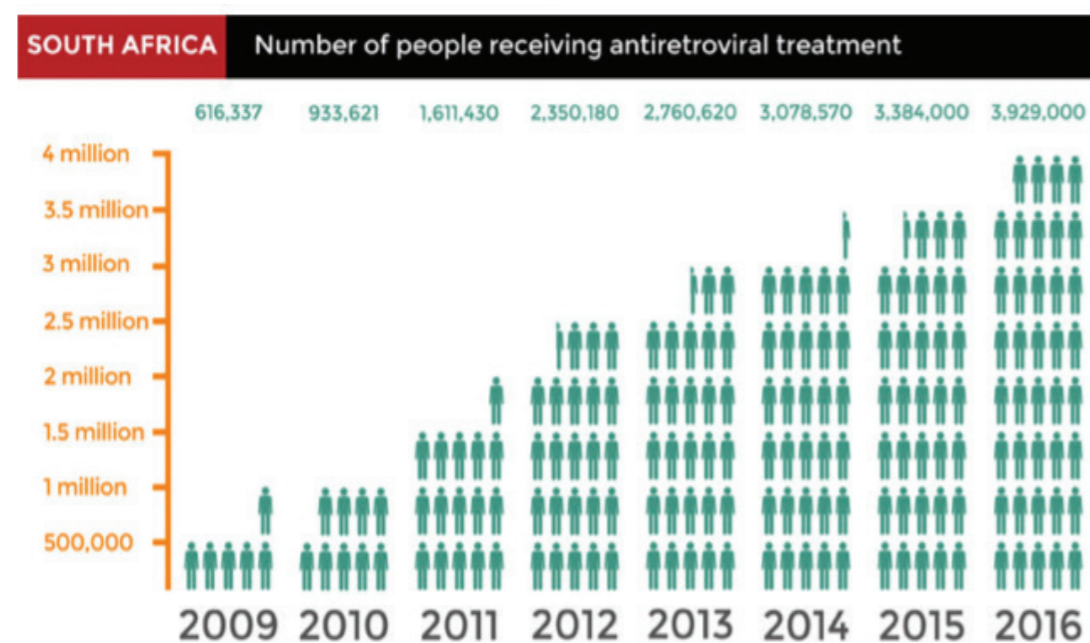


Figure 1. Selected data from two posters: 1) Japan focussing on access to PrEP and 2) South Africa looking at access to ART over time

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 the prevalence and incidence of HIV (with a focus on at-risk groups), the level of misinformation and stigma experienced by people living with HIV, routes of transmission and the treatments that were routinely used or not available within their region. The posters highlighted the HIV landscape in each country, establishing the situation in which the attendees were working in and the challenges that they face in their clinical practice.

Attendees of the HIV Summer School could select either the research or clinical track to receive intensive guidance on certain aspects of HIV care. This allowed them to work in smaller groups on

practical aspects such as clinical study trial design, statistics, and calculation of sample sizes (research module), or participate in workshops on managing/starting antiretroviral therapy (ART), pre-exposure prophylaxis (PrEP), sexually transmitted infections (STIs) and the management of co-morbidities and opportunistic infections (clinical module). The days were divided into two halves of morning plenary sessions and afternoon workshops. Plenary sessions covered topics such as optimising ART, HIV prevention strategies, selection of study design, and identifying bias in clinical trials.

For those following the research track, there were presentations designed to improve their knowledge of the theoretical and statistical side of clinical trial design, equipping attendees to contribute further to HIV research in their home countries. For example, the session titled "Developing a clinical research programme" followed one investigator's route into research and gave practical steps to empower audience members in establishing their own research careers and programmes. Key factors for success were access to an appropriate patient population, a good and reliable data collection tool, establishing a plan for sample storage, and developing a protocol for sharing data. The presentation on "Choosing the right study design" discussed the pros and cons of different study designs, concluding that although randomised controlled trials (RCTs) are considered the highest standard of evidence, other study types such as cohort and case-control studies can provide information where a RCT is not feasible. Other talks focused on statistical methods and interpretation of trial results. Two presentations titled "P-values and hypothesis testing" and "Confidence intervals" highlighted the complementary nature of these two statistical tools in the interpretation of study data. The first talk discussed the role of p-values in determining treatment effect, but cautioned they have significant drawbacks. For example, confidence intervals can compensate for some of the shortcomings of p-values, including distinguishing results that may be clinically significant as opposed to only statistically significant. In the talk titled "What to look for in a paper?", the acronym PICOT (Patient, Intervention, Comparator, Outcome, Time frame) is used to summarise the aspects to consider when reading a study. This should allow attendees to more confidently evaluate and interpret study data.



Attendees of the HIV Summer School within an educational session

The clinical presentations topics were varied, ranging from the pathophysiology of HIV to the management and prevention of co-morbidities. One talk focused on the different mechanisms of resistance that can evolve during HIV treatment, and included a summary of on-going clinical trials, demonstrating the dynamic nature of this field. The presentation on co-morbidities highlighted that as the population of people living with HIV increases, there will be a more pressing need to manage the age-related complications, such as selecting an appropriate regimen to maintain bone mineral density. The "HIV prevention strategies" presentation was heavily focused on studies of PrEP. One key area of interest was whether widespread PrEP use outside of a controlled setting would lead to an increase of HIV-resistant strains. A survey on this topic revealed a large range of opinions among virologists, with many disagreeing with that viewpoint.

Greater loss in BMD with ART containing NRTI

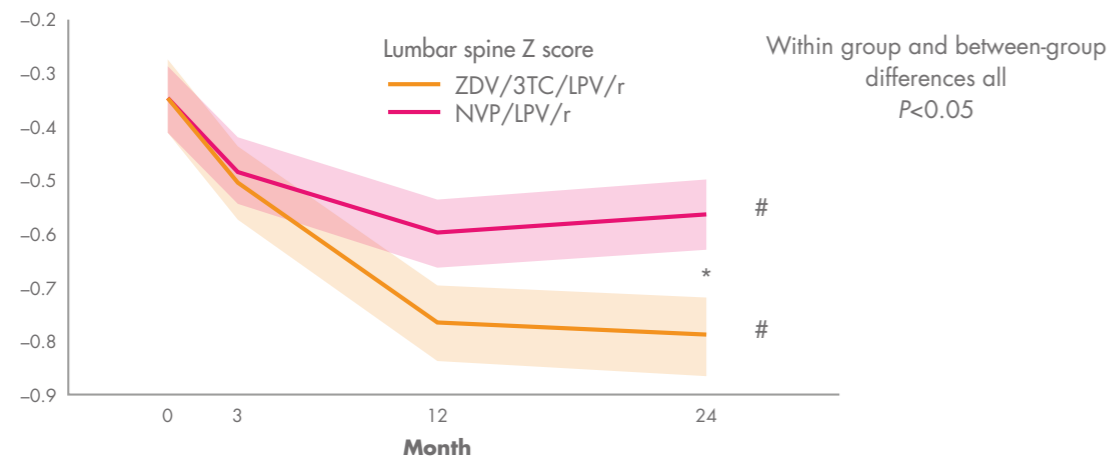
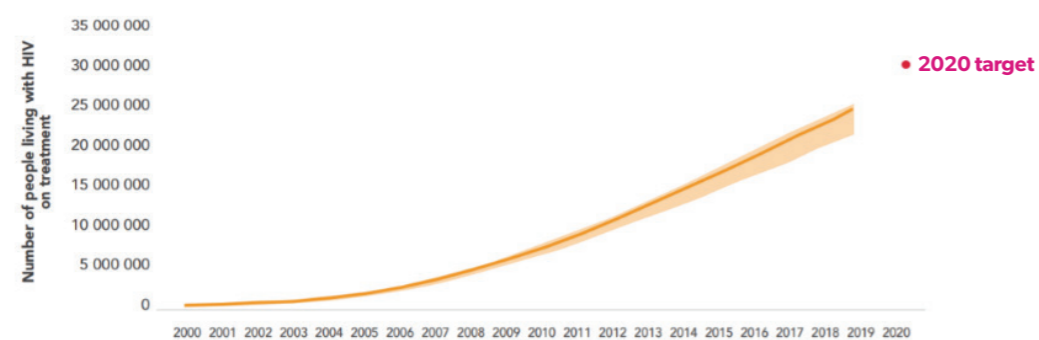


Figure 2. This image was presented by Paddy Mallon during the talk titled “Management & prevention of co-morbidities”

For their workshop sessions, the clinical module participants considered case studies focusing on topics such as the management of unsuppressed viraemia and resistance, hepatology, opportunistic infections, PrEP and STIs. This format allowed for lively discussion on how each patient should be managed. This provided attendees with the opportunity to learn from the experiences of their peers and experts from across the world, which could shape their day-to-day clinical practice in the future. The clinical module group then prepared topics for a debate for all the attendees to participate in. Votes were taken on whether the audience agreed with the motion prior to the debates, and the “pro” and “con” teams had ten minutes to sway the audience to their side before a second vote recorded the success of their arguments. The topics up for debate 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.

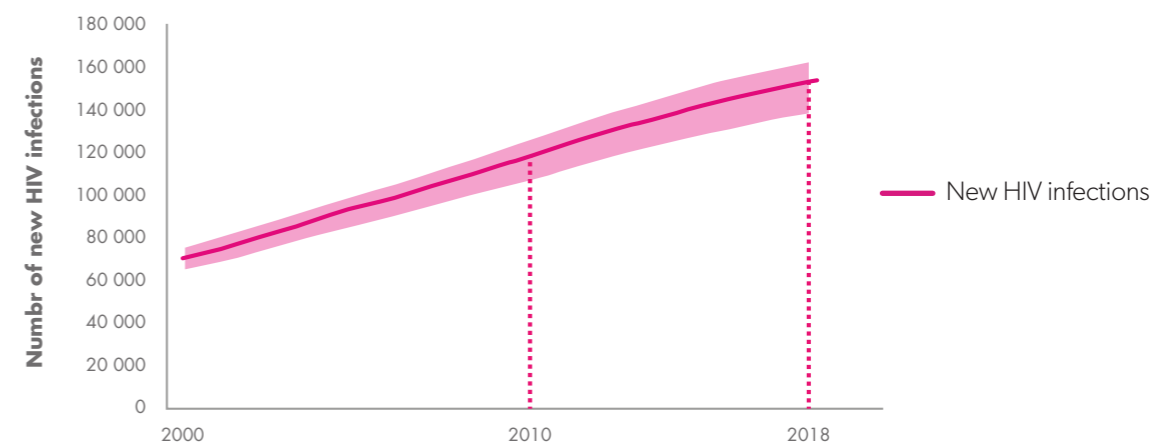
Number of people living with HIV on treatment, global, 2000 to mid-2019



Source: UNAIDS Global AIDS Monitoring, 2019 (see <https://aidsinfo.unaids.org/>) and UNAIDS special analysis, 2019 (for more details please see Annex on methods in Communities at the centre: defending rights, breaking barriers, reaching people with HIV services. Geneva: UNAIDS; 2019).

Figure 3. Change in the number of people treated for HIV globally. 2000–2019¹

The UNAIDS 2019 “Power to the people” report showed that strong progress has been made towards the 90–90–90 testing and treatment targets in several regions across the globe. However, despite this, Eastern Europe and Central Asia have the fastest growing HIV epidemic in the world, with a 29% increase in new HIV infections since 2010. Two countries in particular, the Russian Federation and Ukraine, contributed to this figure (84%) which was compounded by a lack of awareness/education about HIV, poor access to testing facilities and issues with ART procurement.² These factors result in numerous vulnerable people not being diagnosed and in some circumstances even when their HIV



Source: UNAIDS estimates

Figure 4. HIV infection rate in Eastern Europe and Central Asia between 2010–2018²

status is known, a high proportion of people are not on ART3 due to difficulties in treatment access, creating an ever larger gap in being able to reach the 90-90-90 targets by 2020.¹

In 2018, the majority of global infections were among key at-risk populations and their sexual partners,² who are often at greatest risk of exclusion from vital healthcare due to stigma. One of the themes of the UNAIDS report was highlighting the crucial role local community-led efforts can play in decreasing rates of new HIV infections and improving access to, and quality of, treatment.¹ This is especially true in the context of poor-resource settings, where government investment cannot be relied upon to support HIV treatment schemes.

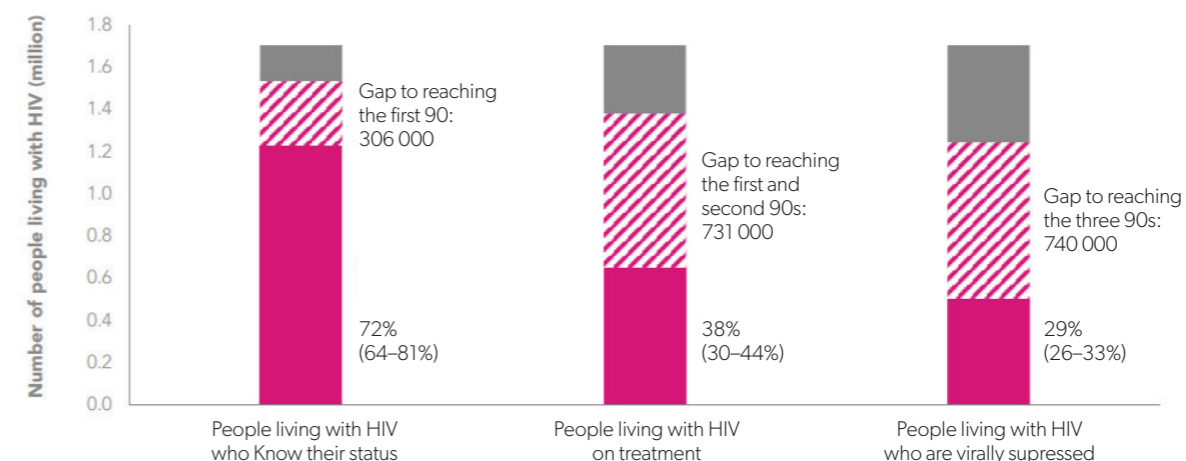


Figure 5. HIV testing and treatment cascade. Eastern Europe and Central Asia, 2018

The EACS HIV Summer School supports this ground-up approach to fighting HIV by providing rising stars with direct access to the world’s leading clinicians and the most cutting-edge information in the field. The attendees can then infuse their communities with this knowledge upon their return home, enriching the local networks that have been proven to be so vital in testing for and treating HIV. A re-occurring theme throughout all attendees’ feedback was how much they enjoyed and appreciated their interactions with the expert faculty. This was described as one of the biggest draws to attend, and participants said that learning from global leaders in HIV research and treatment meant their own practice would be enhanced once they returned to their home countries. The motivation and inspiration that attendees gain from programmes such as the EACS HIV Summer School should not be underestimated and is a credit to the efforts of the faculty, and the organisers, in producing such a highly-valued educational experience.

THE EVALUATION METHODOLOGY

The attendees were sent a SurveyMonkey link (an online platform that specialises in gathering data in a digital format). Data was analysed 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. Out of 60 participants, 59 participants provided their feedback, with the number of responses varying between the questions.

Only those selected to join the clinical module were asked to provide their feedback specifically on the sessions relating to it: questions 21–24. This was also the case for those who chose the research module: questions 25–28. The maximum number of responses for the modules should therefore be 36 and 23 respectively.

There were 38 questions asked in total and the responses are displayed along with the number of respondents, plus the number who skipped each question (for transparency). All quantitative results are displayed as either 100% stacked column bar charts, clustered column bar charts or scatter graphs that were produced in Excel. The qualitative results have been edited for grammatical purposes only (the sentiment has not been changed). Furthermore, 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 organisers, 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.

KEY STATISTICS TO HIGHLIGHT FROM THE REPORT



Overall, the programme was incredibly well received, with 100% of delegates saying that they would recommend the HIV Summer School to their colleagues.

89.83% of delegates thought that the event fulfilled the educational goals and learning objectives set by EACS.

91.52% of delegates said that they intended to change their clinical practice based on the education provided.

100% of delegates said that the programme content was good or excellent.

100% and 89% of attendees stated that the clinical and research modules met their educational expectations respectively.

96.61% of the attendees stated that the preparation work that the EACS Secretariat carried out was excellent.

PROGRAMME

Friday, August 30, 2019

Morning				
8:30-9:00	Welcome & introduction			
9:00-9:30	Plenary 1	Clinical	Introduction to pathophysiology of HIV	Dr Roger Paredes (Spain)
9:30-10:00	Plenary 2	Clinical	Drug resistance of HIV	Dr Annemarie Wensing (Netherlands)
10:00-10:30	Plenary 3	Clinical	State of the ART of ARV therapy	Dr Nicola Mackie (United Kingdom)
10:30-11:00	Break			
11:00-11:30	Plenary 4	Research	Why is research important?	Prof. Paddy Mallon (Ireland)
11:30-12:00	Plenary 5	Research	Choosing the right study design	Prof. Caroline Sabin (United Kingdom)
12:00-12:30	Practical work	Research	Choosing a study design	
12:30-13:30	Lunch			

Afternoon				
Module A - Research		Module B - Clinical		
13:30-15:30	Study design Prof. Dominique Costagliola (France) Dr Tracy Glass (Switzerland) Prof. Caroline Sabin (United Kingdom)	13:30-15:30	Working Groups (3 groups) ARVs – Treatment initiation Coordinators: Prof. Stéphane De Wit (Belgium)/Dr Nicola Mackie (United Kingdom) Dr Sanjay Bhagani (United Kingdom) Prof. Paddy Mallon (Ireland) Dr Roger Paredes (Spain) Dr Annemarie Wensing (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) Identifying the research question and study design Prof. Dominique Costagliola (France) Prof. Stéphane De Wit (Belgium) Dr Tracy Glass (Switzerland) Prof. Christine Katlama (France) Prof. Paddy Mallon (Ireland) Prof. Caroline Sabin (United Kingdom)	16:00-18:00	Working Groups (3 groups) Management of unsuppressed viraemia/resistance Coordinators: Prof. Christine Katlama (France)/Dr Annemarie Wensing (Netherlands) Dr Sanjay Bhagani (United Kingdom) Dr Yvonne Gilleece (United Kingdom) Dr Nicola Mackie (United Kingdom) Dr Roger Paredes (Spain) Prof. Sanjay Pujari (India)

Saturday, August 31, 2019

Morning				
8:30-9:00	Plenary 6	Research	P-values and hypothesis testing	Prof. Caroline Sabin (United Kingdom)
9:00-9:30	Plenary 7	Research	Confidence intervals	Dr Tracy Glass (Switzerland)
9:30-10:15	Practical work	Research	Interpreting results from abstracts	
10:15-10:45	Break			
10:45-11:25	Plenary 8	Clinical	Optimizing ART in the suppressed patient	Prof. Christine Katlama (France)
11:25-12:05	Plenary 9	Clinical	Management & prevention of co-morbidities	Prof. Paddy Mallon (Ireland)
12:05-12:45	Plenary 10	Clinical	HIV prevention strategies	Dr Yvonne Gilleece (United Kingdom)
12:45-13:30	Lunch			

PROGRAMME

Saturday, August 31, 2019

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

Sunday, September 1, 2019

Morning				
8:30-9:15	Plenary 11	Clinical	Hepatitis B / Hepatitis C	Dr Sanjay Bhagani (United Kingdom)
9:15-10:00	Plenary 12	Clinical	Opportunistic infections	Prof. Sanjay Pujari (India)
10:00-10:30			Break	
10:30-11:15	Plenary 13	Clinical	HIV & malignancies	Prof. Stéphane De Wit (Belgium)
11:15-12:00	Plenary 14	Research	Developing a clinical research programme	Prof. Paddy Mallon (Ireland)
12:00-12:30	EACS President's Lecture		EACS – Active engagement and visions for the future	Prof. Jürgen Rockstroh (Germany)
12:30-			Lunch and free afternoon	

Monday, September 2, 2019

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

PROGRAMME

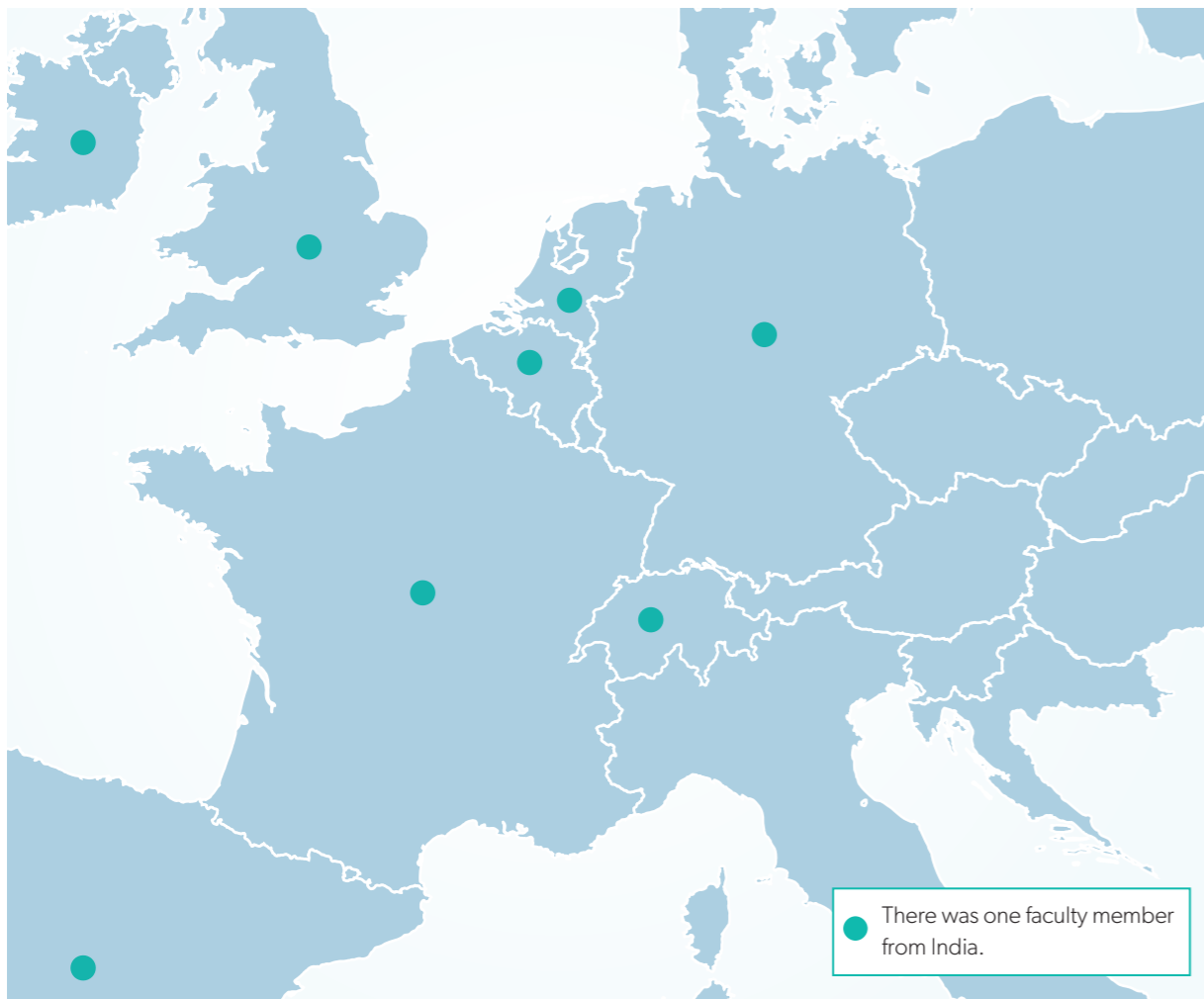
Monday, September 2, 2019

Afternoon			
Module A - Research		Module B - Clinical	
13:30-15:30	Sample size calculations and data analysis Prof. Dominique Costagliola (France) Dr Tracy Glass (Switzerland) Prof. Caroline Sabin (United Kingdom)	13:30-15:30	Working Groups (3 groups) Hepatology Coordinators: Dr Sanjay Bhagani (United Kingdom)/Prof. Christine Katlama (France) Dr Yvonne Gilleece (United Kingdom) Prof. Paddy Mallon (Ireland) Dr Roger Paredes (Spain) Prof. Sanjay Pujari (India) Dr Dominic Rowley (Ireland)
15:30-16:00	Break	15:30-16:00	Break
Module A - Research		Module B - Clinical	
16:00-18:00	Working Groups (3 groups) Sample size calculations, data analysis and completion of presentations Dr Tracy Glass (Switzerland) 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) Opportunistic infections Coordinators: Prof. Sanjay Pujari (India)/Prof. Stéphane De Wit (Belgium) Dr Sanjay Bhagani (United Kingdom) Dr Yvonne Gilleece (United Kingdom) Dr Nicola Mackie (United Kingdom) Dr Roger Paredes (Spain) Dr Dominic Rowley (Ireland)

Tuesday, September 3, 2019

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

STEERING COMMITTEE MEMBERS AND THE EXPERT FACULTY



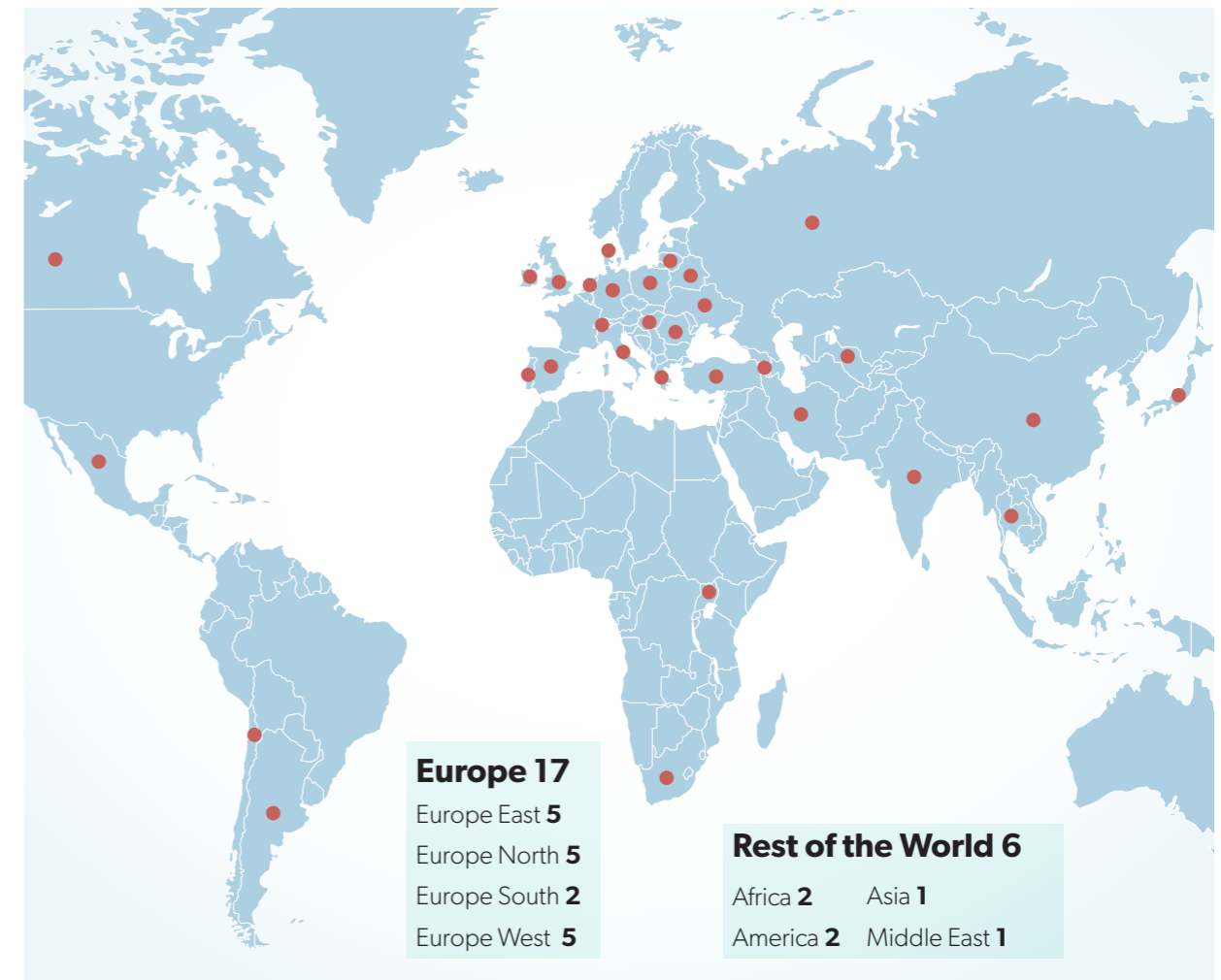
Steering Committee

- **Sanjay Bhagani**, United Kingdom
- **Dominique Costagliola**, France
- **Stéphane De Wit**, Belgium
- **Christine Katlama**, France
- **Nicola Mackie**, United Kingdom
- **Caroline Sabin**, United Kingdom

Faculty

- **Sanjay Bhagani**, United Kingdom
- **Dominique Costagliola**, France
- **Stéphane De Wit**, Belgium
- **Yvonne Gilleece**, United Kingdom
- **Tracy Glass**, Switzerland
- **Christine Katlama**, France
- **Nicky Mackie**, United Kingdom
- **Paddy Mallon**, Ireland
- **Roger Paredes**, Spain
- **Sanjay Pujari**, India
- **Jürgen Rockstroh**, Germany
- **Dominic Rowley**, Ireland
- **Caroline Sabin**, United Kingdom
- **Annemarie Wensing**, Netherlands

THE GLOBAL SPREAD OF ATTENDEES

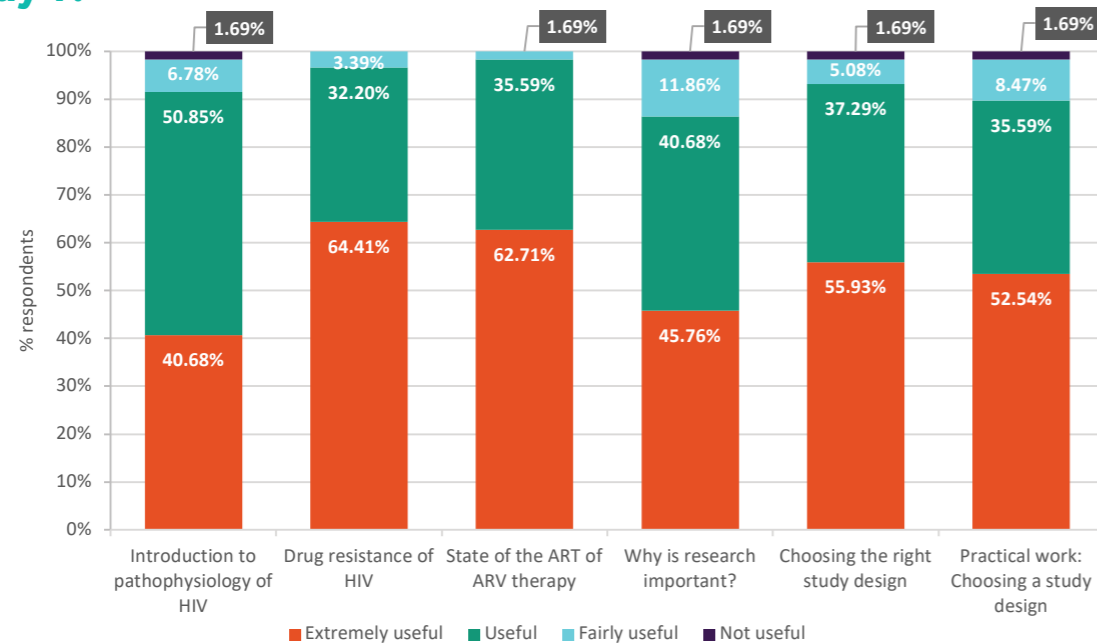


- Argentina 3
- Armenia 1
- Austria 1
- Belarus 1
- Canada 1
- Chile 1
- Denmark 2
- Germany 3
- Greece 1
- Hungary 1
- India 1
- Iran 1
- Ireland 1
- Italy 3
- Japan 1
- Lithuania 1
- Mexico 1
- Netherlands* 4
- Poland 1
- Portugal* 4
- Romania 3
- Russia 2
- South Africa 1
- Spain 2
- Switzerland 1
- Thailand 1
- Turkey 1
- Uganda 3
- Ukraine 3
- UK* 8
- Uzbekistan 1

*These countries had four or more representatives at the Summer School

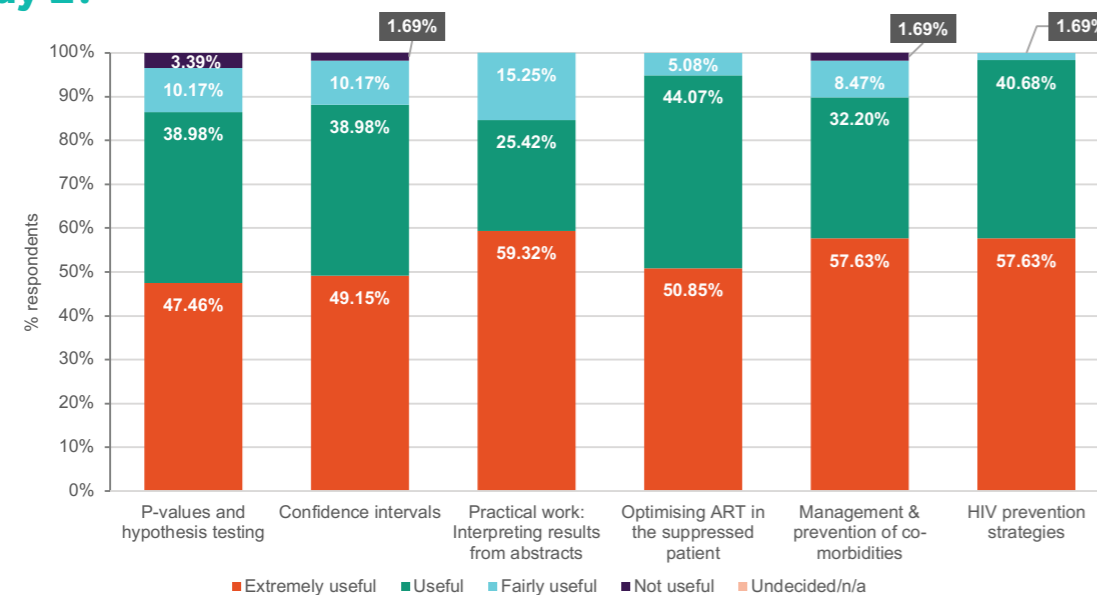
THE RESULTS

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



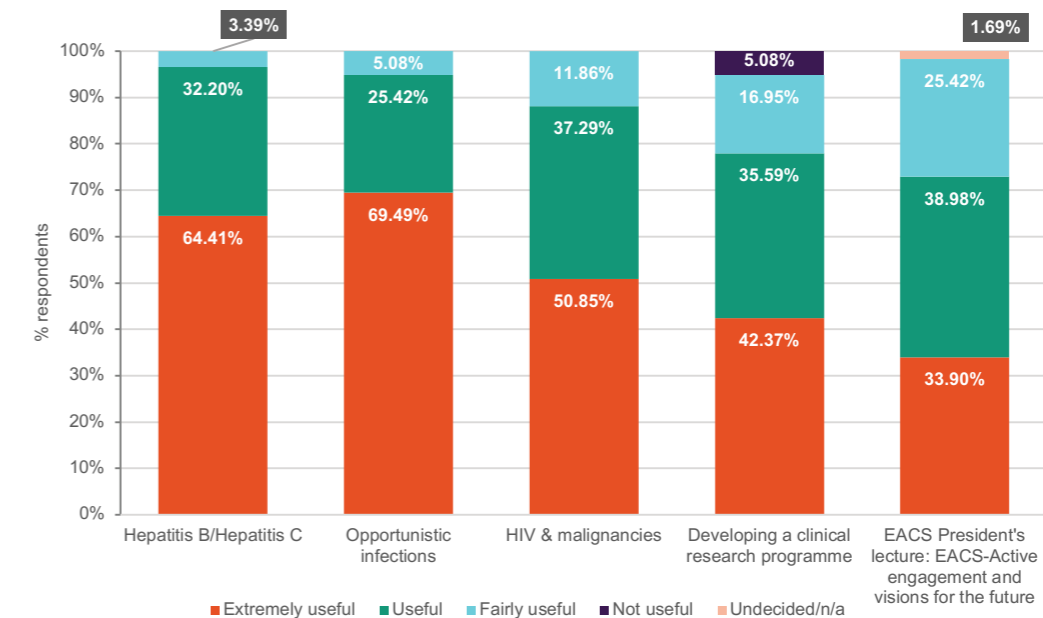
Number of respondents = 59
86%–97% of the attendees found the plenaries on Day 1 to be either extremely useful/useful.

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



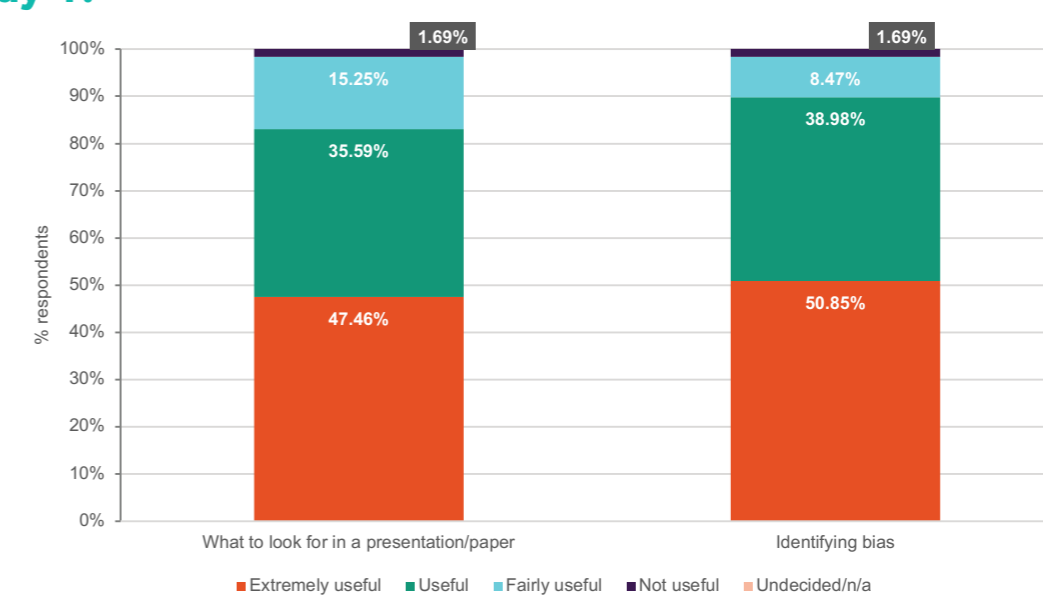
Number of respondents = 59
89%–95% of the attendees found the plenary sessions on Day 2 to be either extremely useful/useful.

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



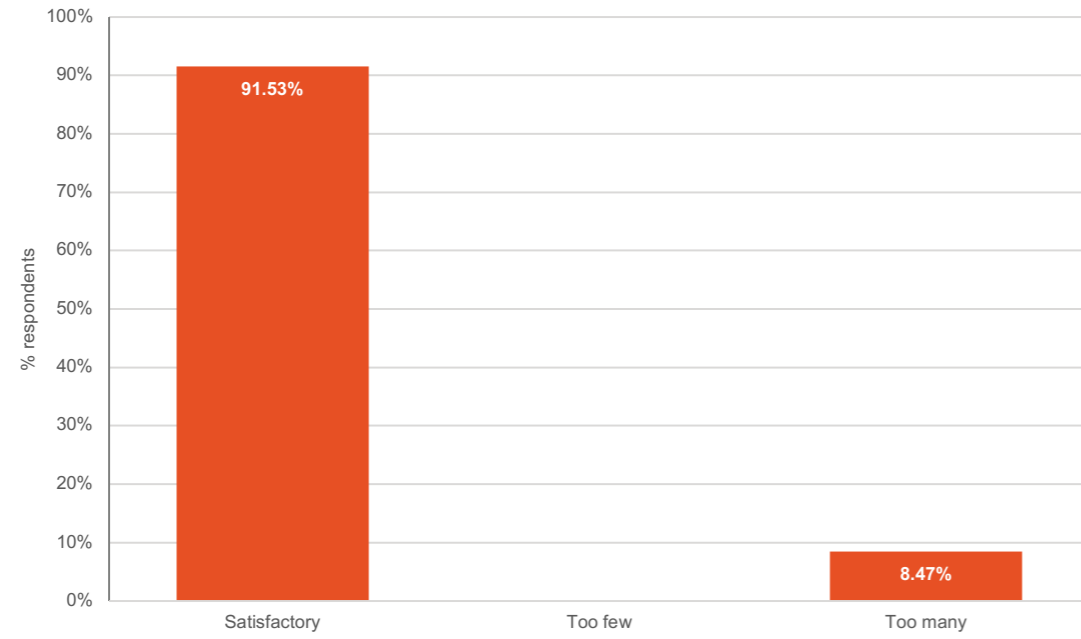
Number of respondents = 59
73%–97% of the attendees found the plenary sessions on Day 3 to be either extremely useful/useful.

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



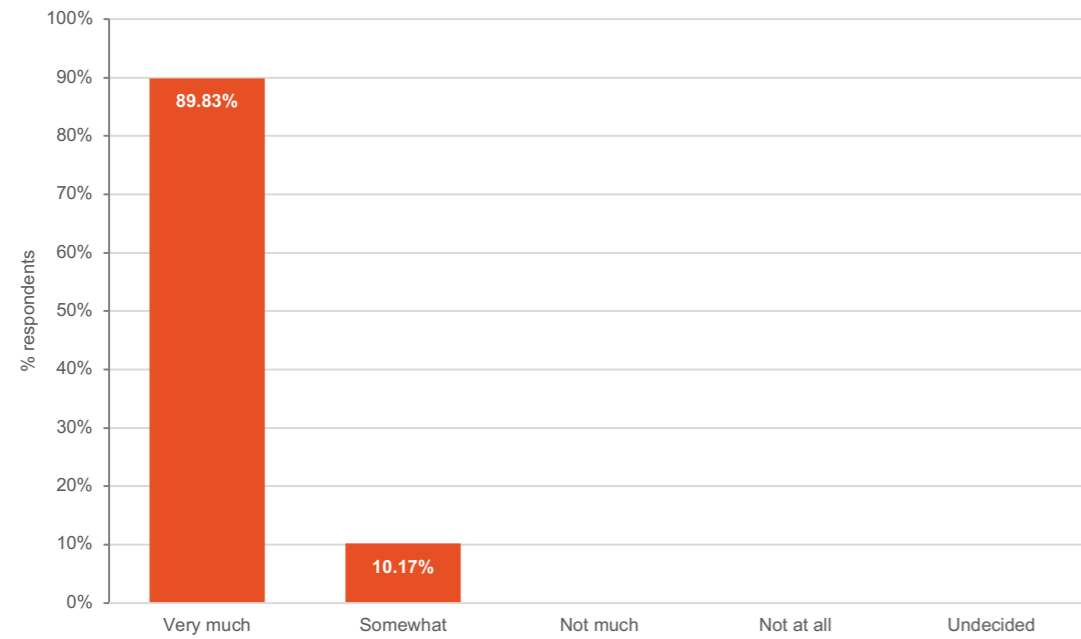
Number of respondents = 59
83%–90% of the attendees found the Day 4 plenary sessions to be either extremely useful/useful.

Question 5: How did you evaluate the number of plenaries?



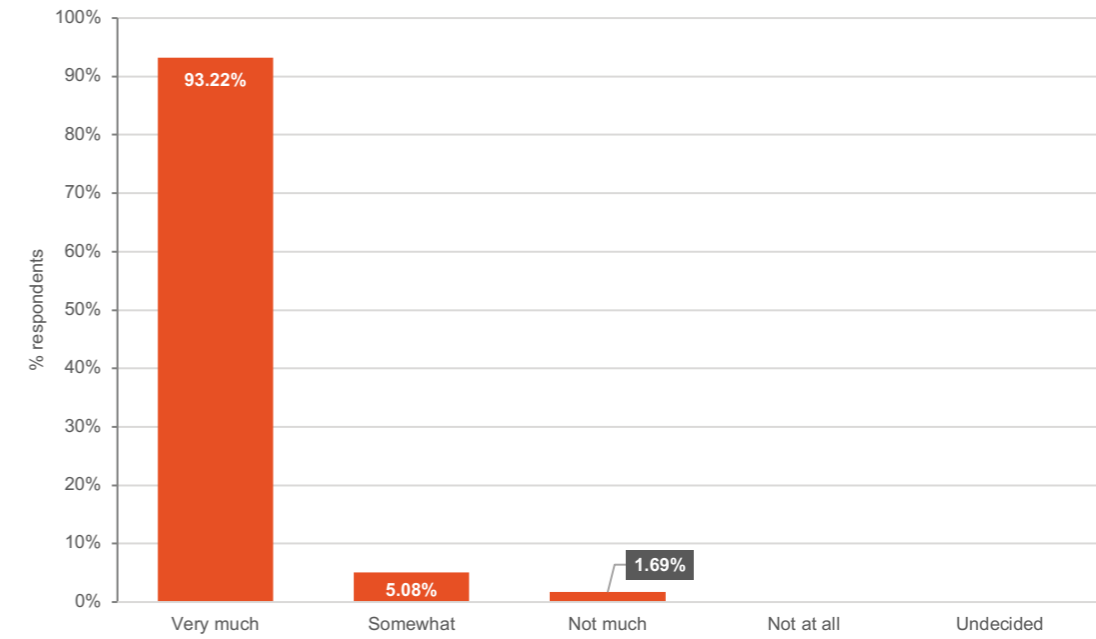
Number of respondents = 59

Question 6: Did the event fulfil your educational goals and expected learning outcomes?



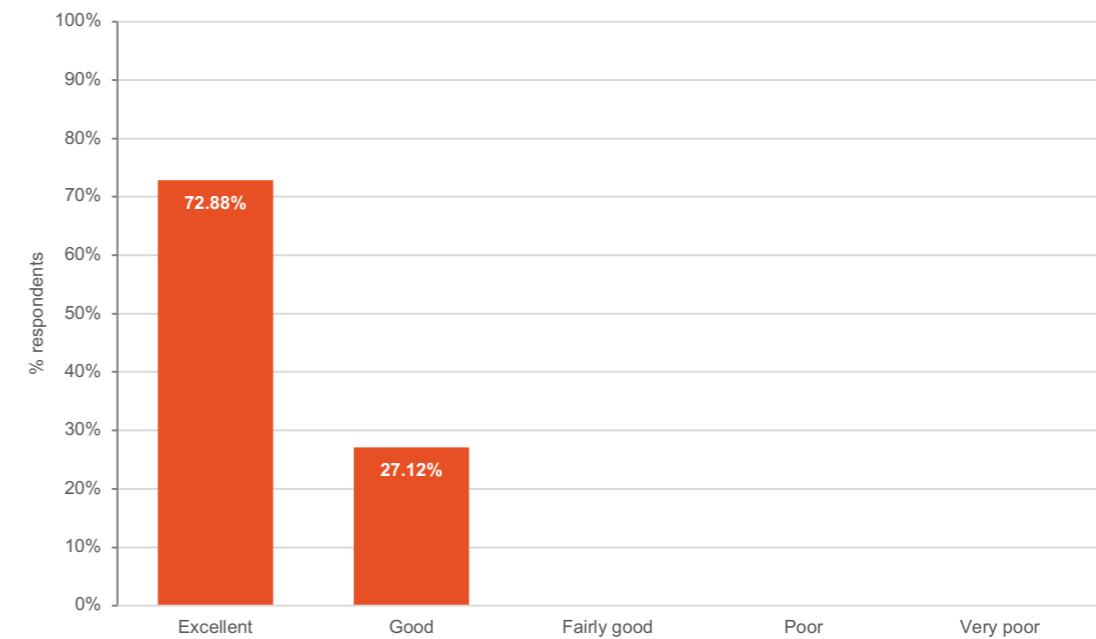
Number of respondents = 59

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



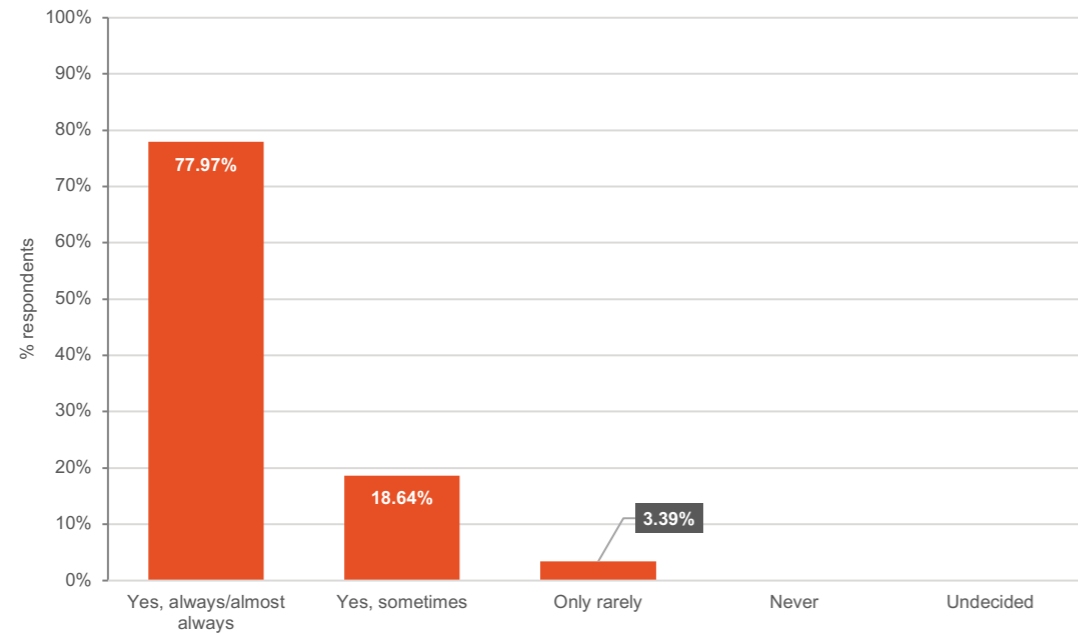
Number of respondents = 59

Question 8: How do you evaluate the quality of the formative method used?



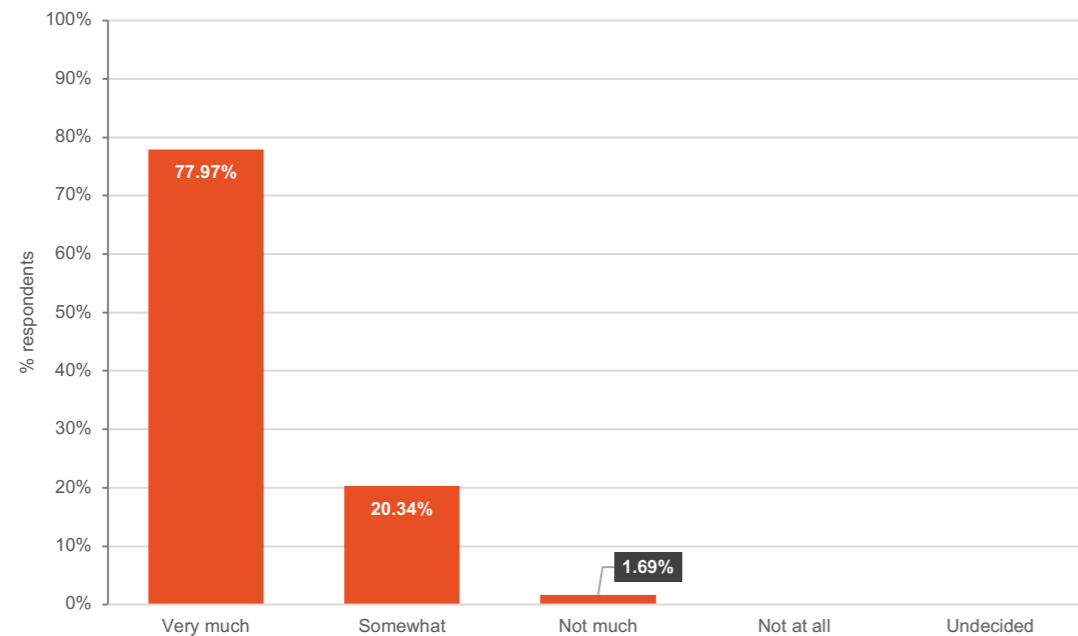
Number of respondents = 59

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



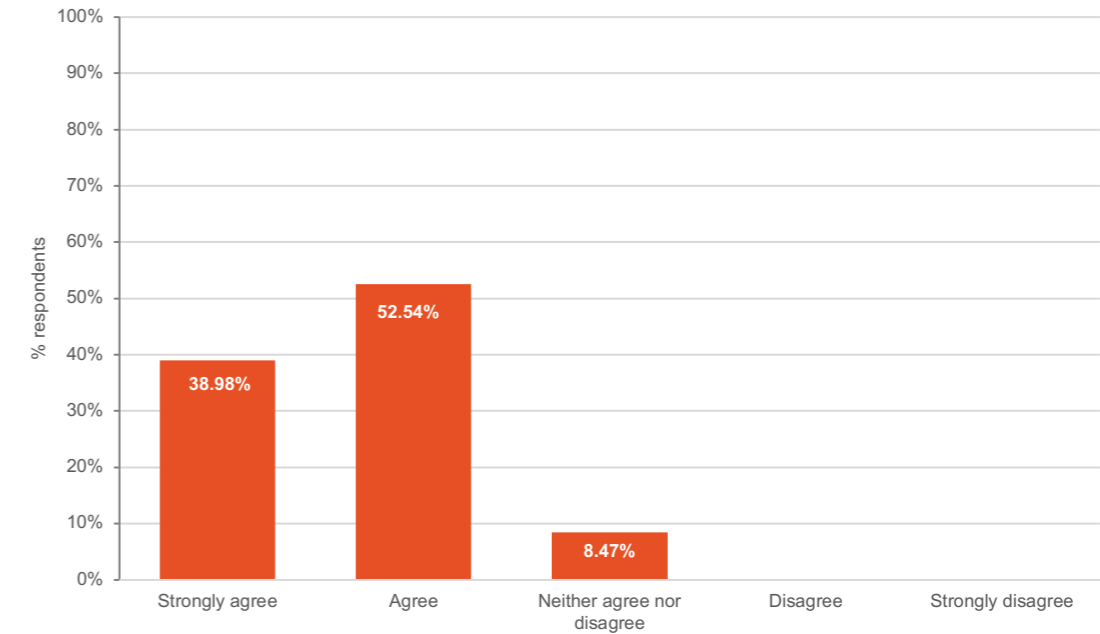
Number of respondents = 59

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



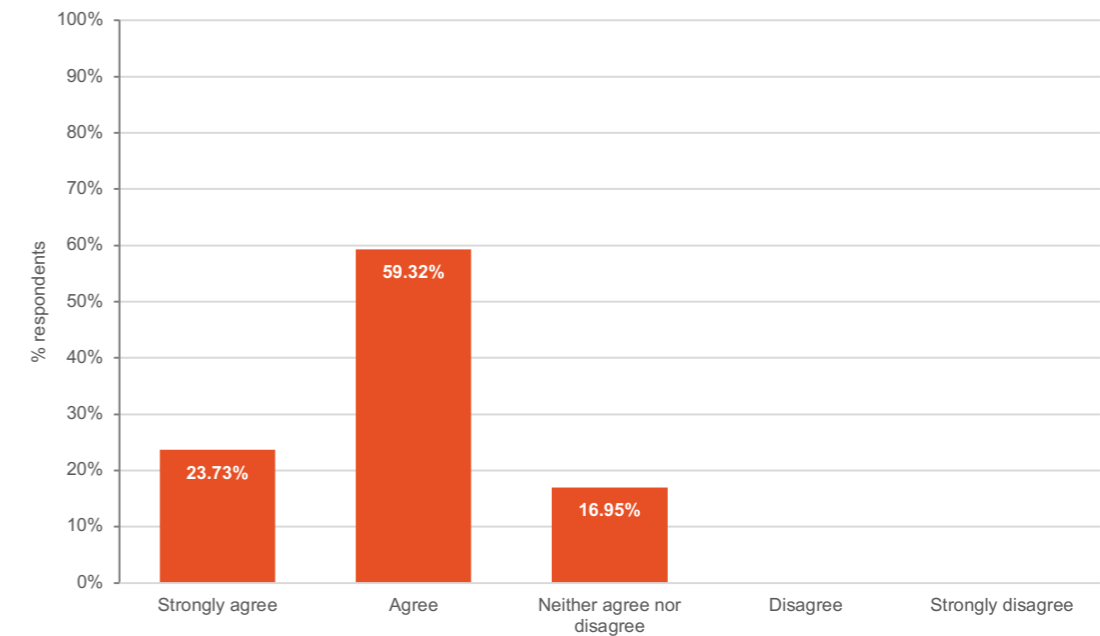
Number of respondents = 59

Question 11: Do you intend to modify/change your clinical practice based on this educational activity?



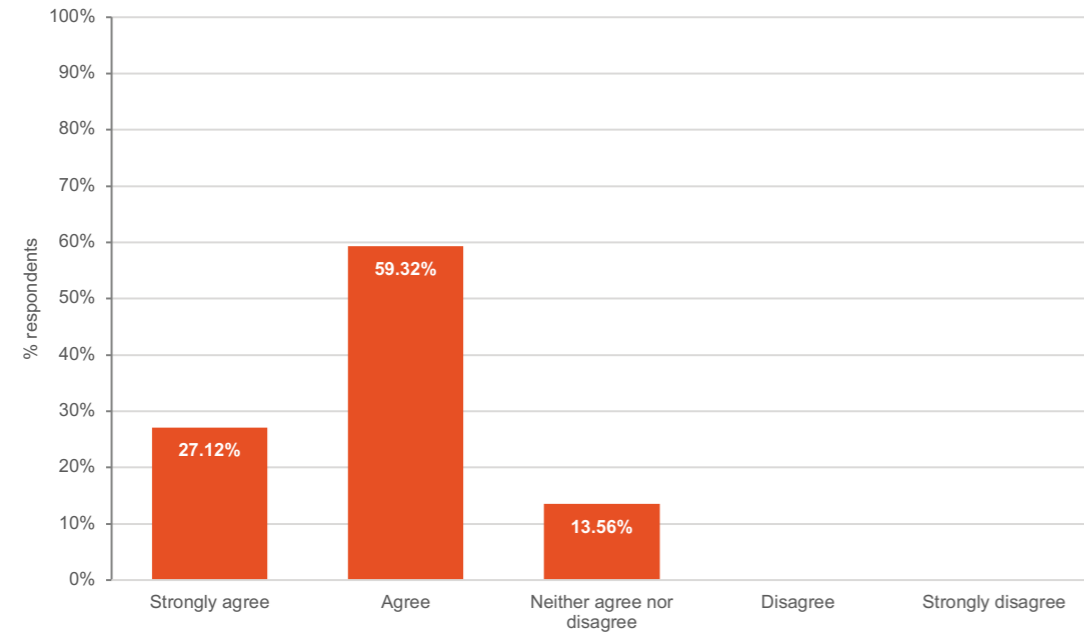
Number of respondents = 59

Question 12: Can your office and practice systems accommodate these changes?



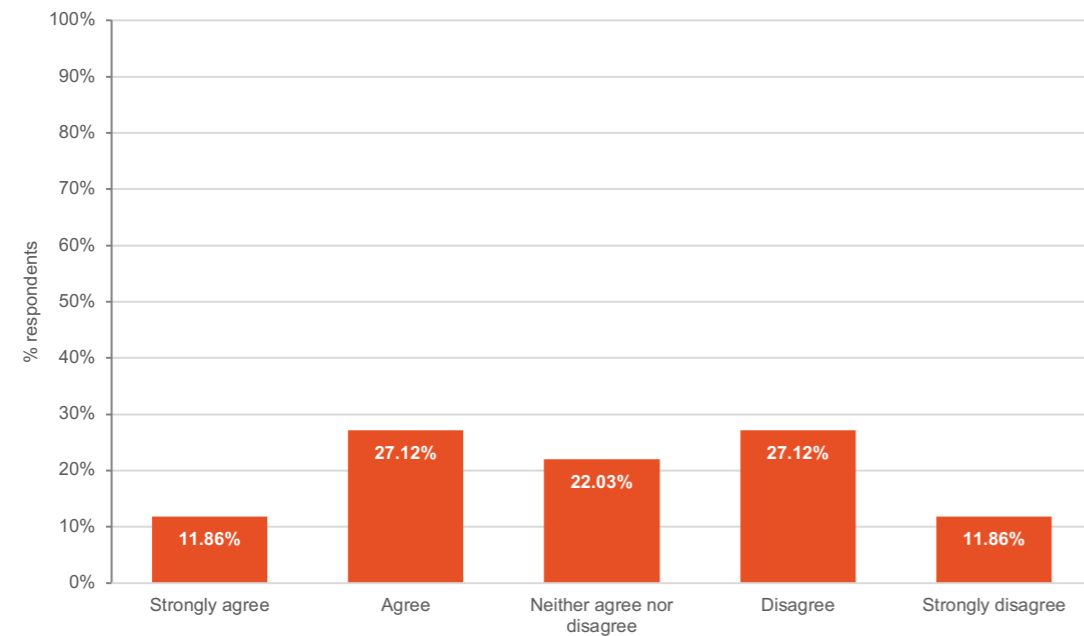
Number of respondents = 59

Question 13: Can your patients accommodate these changes?



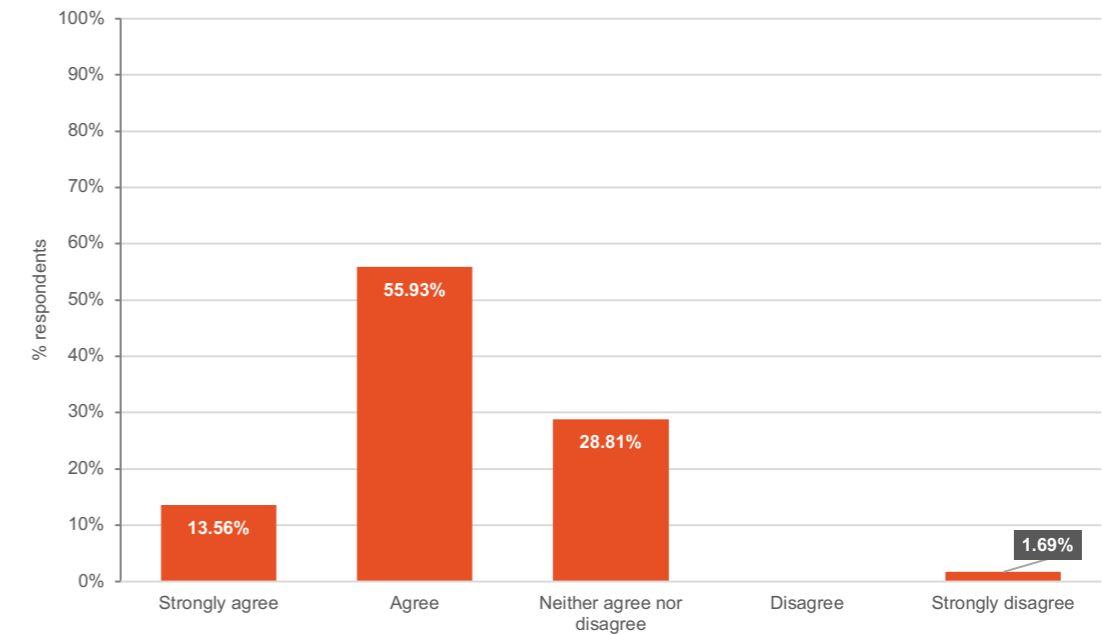
Number of respondents = 59

Question 14: Will patient access to the treatments provided be a barrier to implementing these changes?



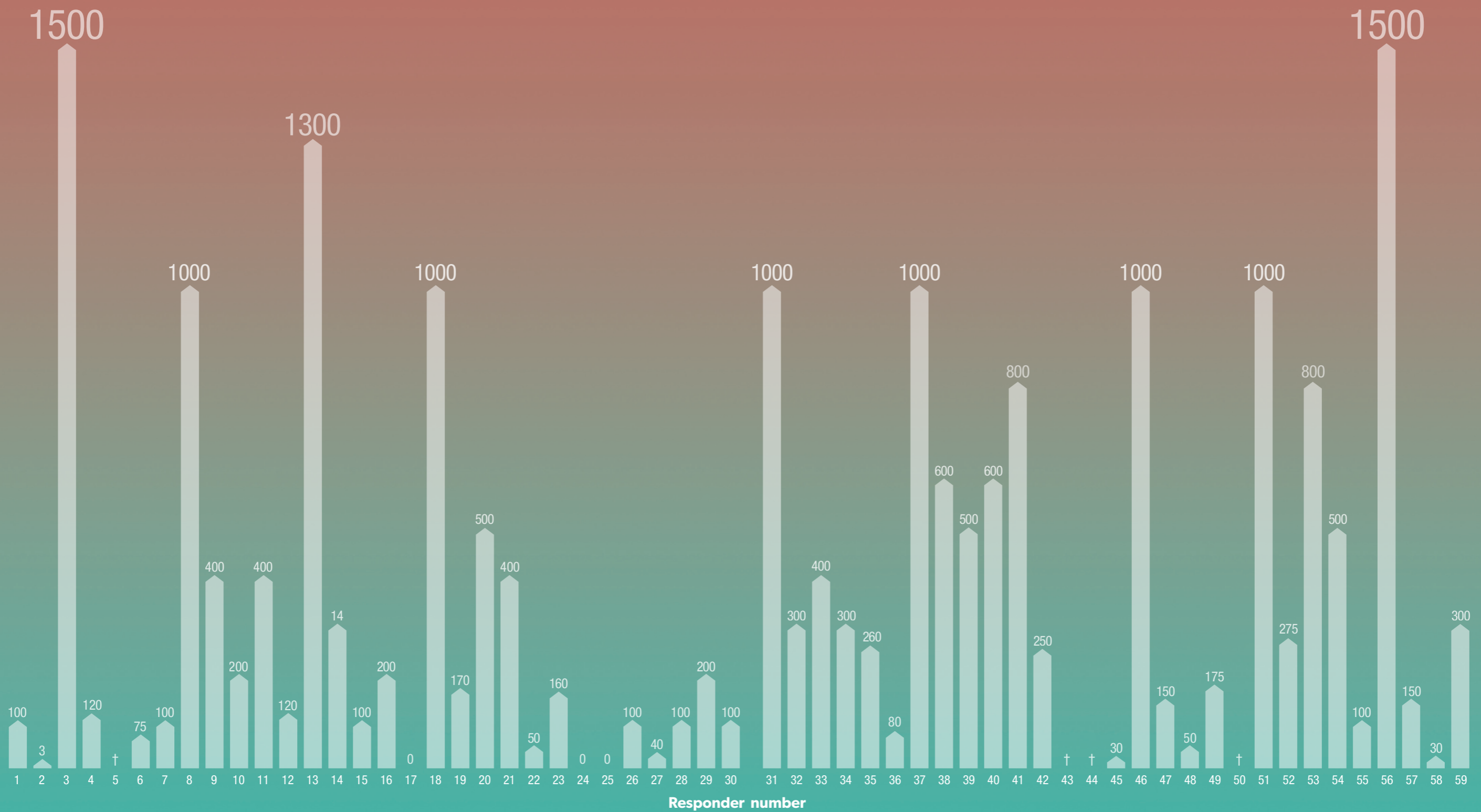
Number of respondents = 59

Question 15: On average, how did you utilise the patient treatment strategies described in this educational activity prior to your participation?



Number of respondents = 59

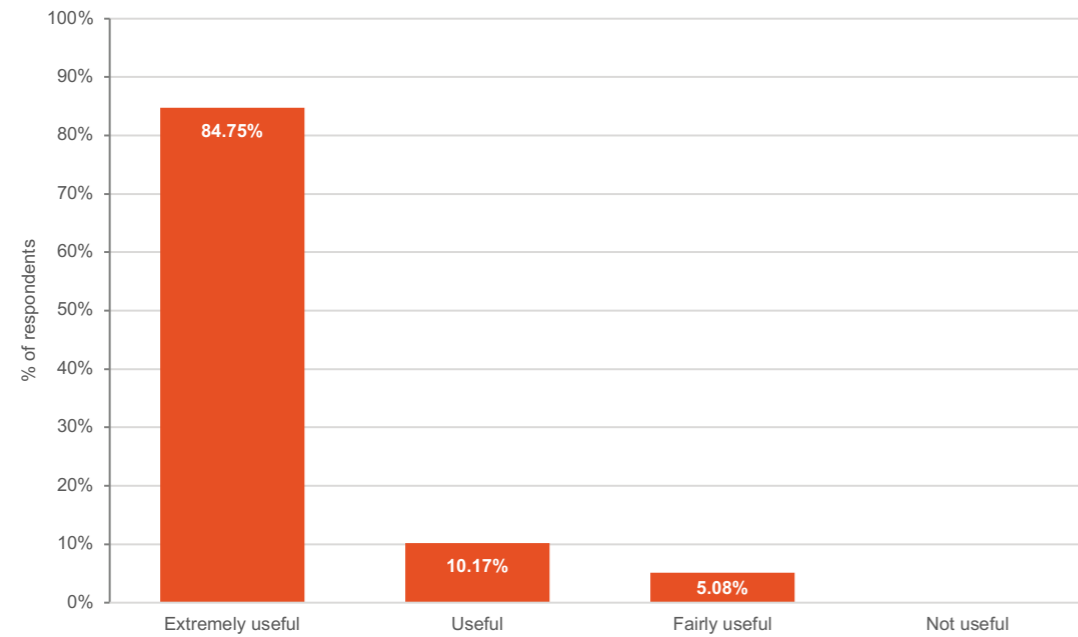
Question 16: What is the average number of HIV patients treated per month in your institution/department?



Number of respondents = 59

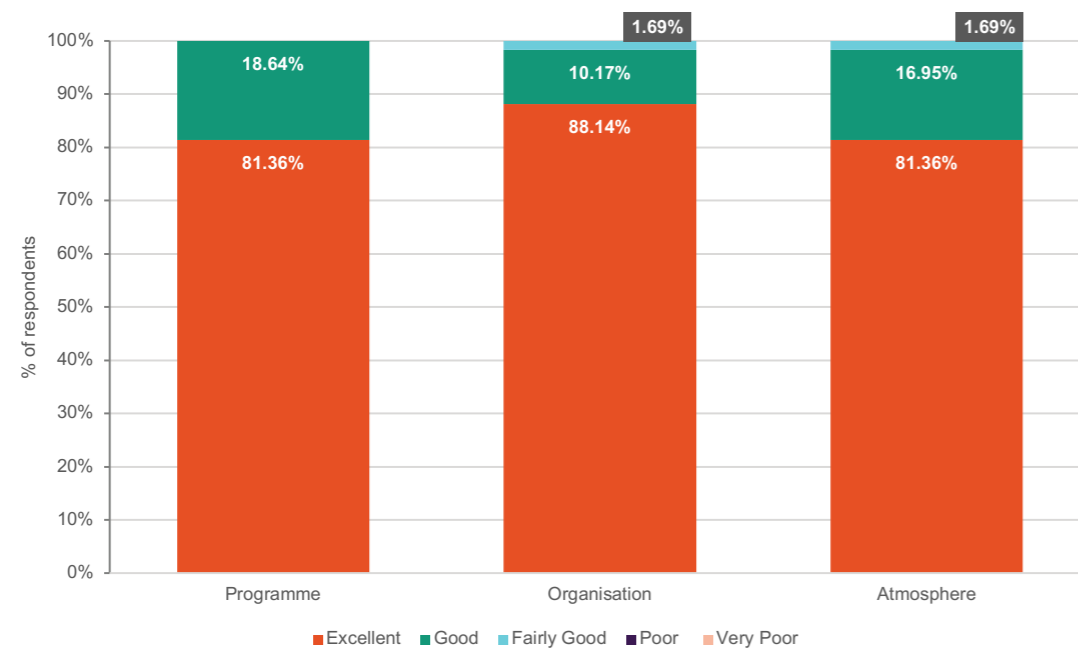
†There were four respondents who treated more than 1,500 patients: Respondents 5 (3,250), 43 (4,000), 44 (2,500) and 50 (3,000)

Question 17: How useful for your professional activity did you find this event?



Number of respondents = 59

Question 18: What was your overall impression of this event?



Number of respondents = 59

Question 19: What was the best aspect of this event?

Attendees spoke highly of the course, highlighting the quality of the teaching by the expert faculty and having the opportunity to network with international colleagues. Many said that the interactive case-study sessions were an excellent platform for discussion to come up with strategies on how to treat patients in challenging scenarios. We have displayed some of the specific comments below:

- There was high-quality teaching by academics from across Europe. It was a great meeting with so many like-minded people!
- The atmosphere was amazing, it was so easy and comfortable to be involved in workshop and discussion sessions.
- The passion and enthusiasm of the faculty members at the HIV Summer School was contagious. There was a great atmosphere, fantastic people, and lots of insight on the HIV-treatment landscape across the world. One of the best meetings I have ever attended.
- This is a great opportunity to improve your knowledge, network with colleagues, exchange information and experiences with one another and establish contacts for future work.
- Having the opportunity to interact with so many amazing clinicians and researchers from across the world with a common goal of caring for people living with HIV.
- There was a good balance between clinical and research programmes, with very recent data and learnings.
- Having the chance to meet people from different backgrounds and learning from them.
- Being able to engage with and learn from experienced colleagues.

Number of respondents = 59

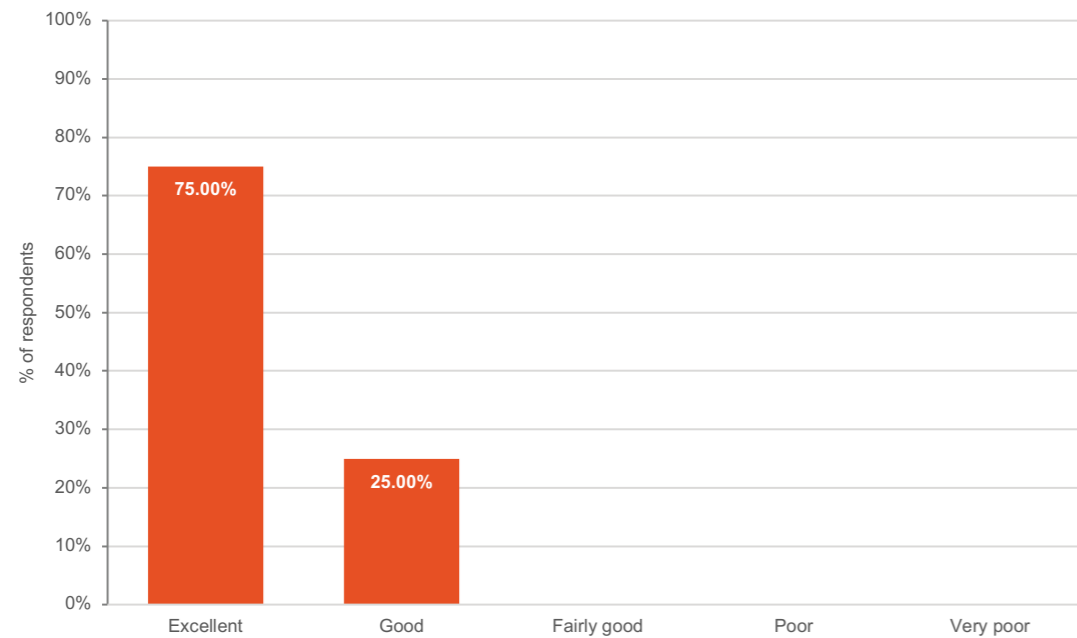
Question 20: What was the worst aspect of this event?

Feedback from attendees highlighted that the comprehensive agenda made it sometimes difficult to process the large amount of information before the next session began. We have displayed some of the specific comments below:

- At times I felt overwhelmed by the length of the day and was especially grateful for the numerous coffee breaks.
- A lot of sessions were over a short period of time, and it was very tiring – two more days would have been helpful!
- The number of plenaries per day was a bit too much, even though the majority were very useful. However, in the afternoon, everyone was very tired and wasn't able to fully concentrate on the work.
- Not having more free time to explore Montpellier, however this is not a real concern because overall the experience was excellent.

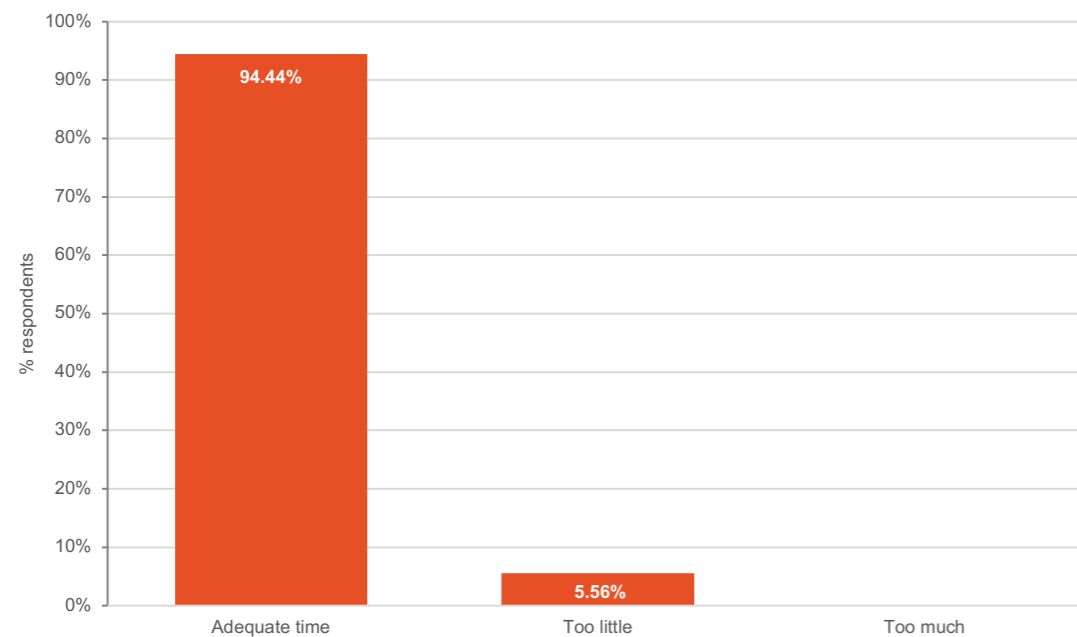
The following three questions were mandatory for the clinical group only, therefore a certain number of attendees skipped the questions as they answered similar questions for the research group.

Question 21: How well did your working group meet your expectations?



Number of respondents = 36; 23 attendees skipped this question

Question 22: Was there enough time for your group work?



Number of respondents = 36; 23 attendees skipped this question

Question 23: What subjects were missing, if any?

- Discussions around barriers to treatment and patient engagement strategies
- The prevention of mother-to-child transmission
- More data about drug-to-drug interaction
- Sessions around ART and family planning
- Opportunistic infections

Number of respondents = 35; 24 attendees skipped this question

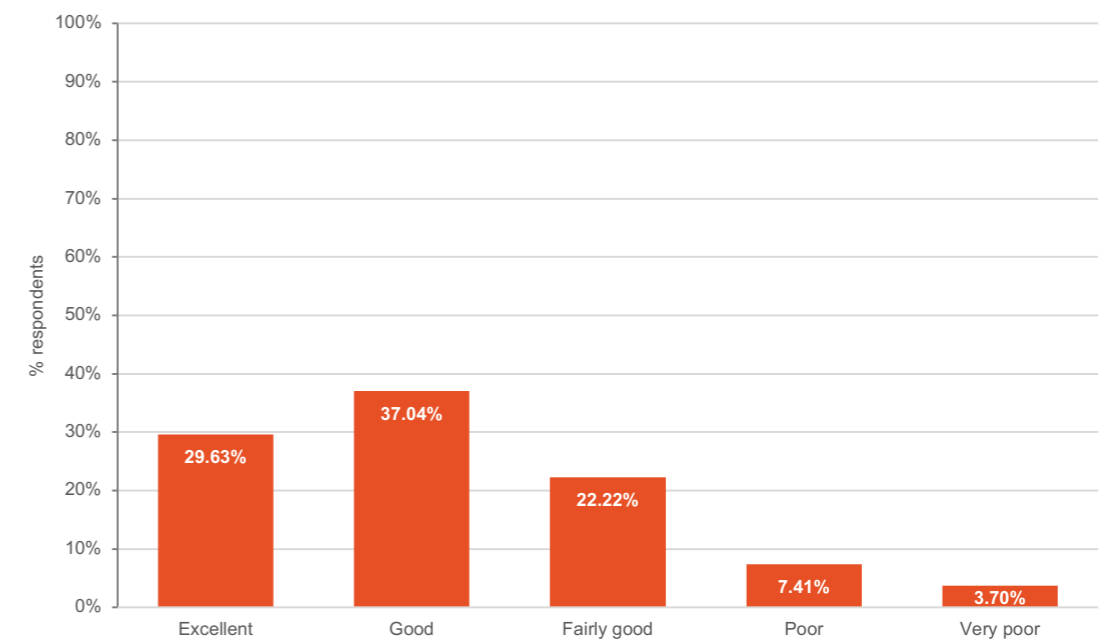
Question 24: Please provide any additional comments about your working group

- Most cases were excellent and well-suited to facilitate constructive and lively discussions. It was very relevant and educational.
- This experience surpassed my expectations. I will return home motivated to improve my practice, share the learnings and focus more on my research skills. I also now have more knowledge about how other countries manage different issues and I am motivated to demonstrate my commitment to patients.
- It was a pleasant experience. I am grateful that I came because I understand a lot more about HIV. It was an opportunity to talk to and to listen to the professors since they are a role model for us. I liked the whole course!
- It has been a very helpful programme. I will have my staff apply to this programme next year.

Number of respondents = 20; 39 attendees skipped this question

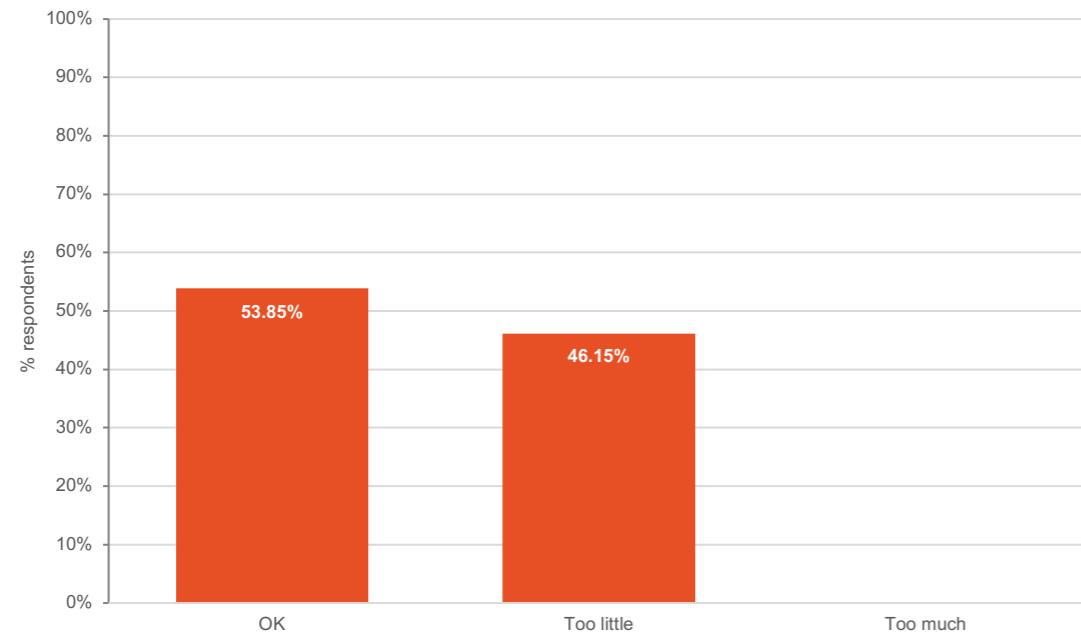
The following three questions were mandatory for the research group only, therefore a certain number of attendees skipped the questions as they answered similar questions for the clinical group.

Question 25: How well did your working group meet your expectations?



Number of respondents = 27; 32 attendees skipped this question

Question 26: Was there enough time for your group work?



Number of respondents = 26; 33 attendees skipped this question

Question 27: What subjects were missing if any?

- I think research module should cover more relevant topics; For example, writing a competitive proposal for an international grant application.
- More sessions about statistical analysis, and practicing this in observational studies would be good.
- Qualitative research sessions
- I would've liked to learn more about how to calculate sample sizes by myself.

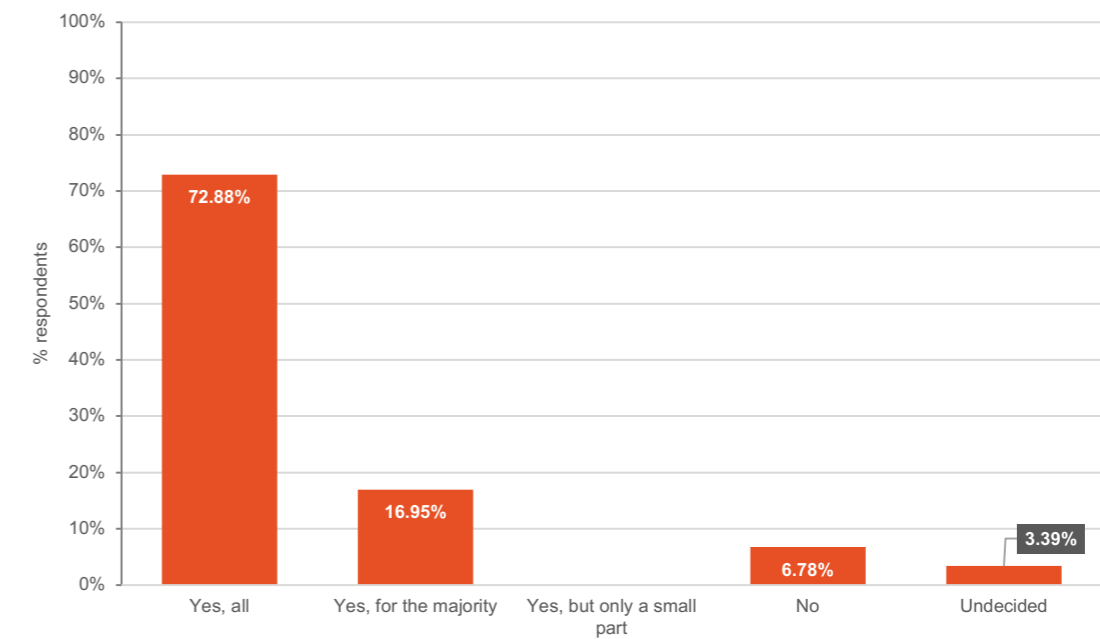
Number of respondents = 23; 36 attendees skipped this question

Question 28: Please provide any additional comments about your working group

- Overall, this was a well-thought-out program. My HIV and research knowledge have improved significantly by attending this course.
- It was the best networking and collaboration time I have ever spent with colleagues. I hope to meet with all of them again at future events!
- There was not enough time to develop the research project in detail. Although my group was very successful, we were quite stressed by the time constraints.
- As constructive advice, I would propose that each single participant is given the opportunity to pre-submit their research project to the faculty. The 6 best proposals could be used during the workshops. This way, we could all come up with great collaborative projects and discuss them in further detail.
- I am very grateful for the dedication of the faculty.
- Both parts of the school (clinical and research) were very important for my professional development. I would have liked the opportunity to attend both of these sections.

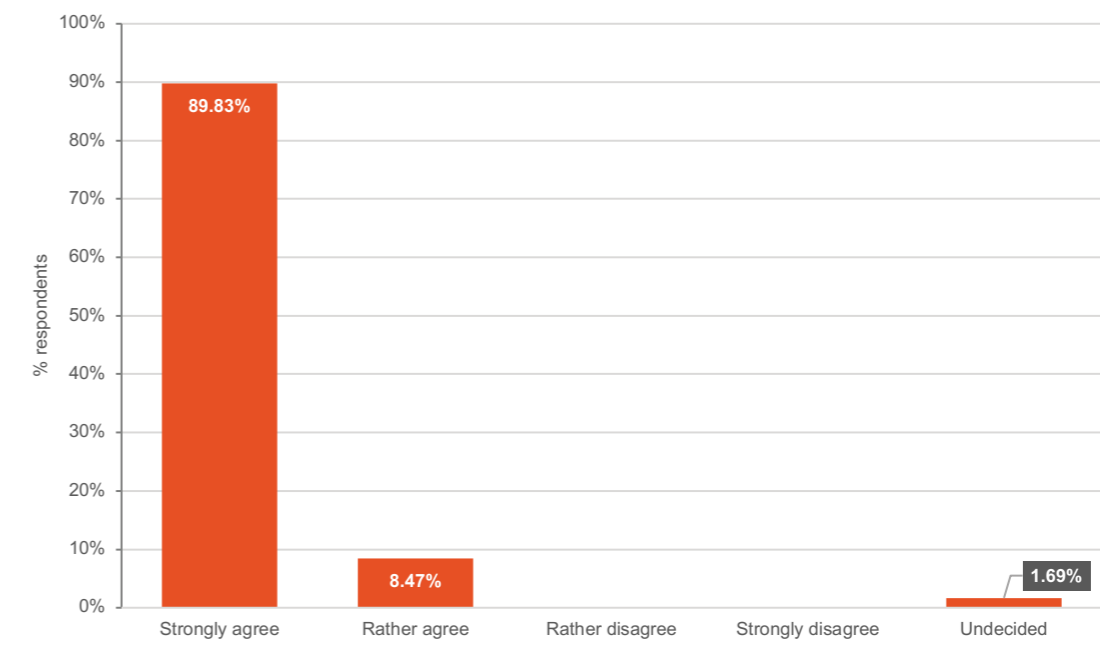
Number of respondents = 17; 42 attendees skipped this question

Question 29: Did all the faculty members provide their potential conflict of interest declaration with the sponsor(s) as a second slide of their presentation?



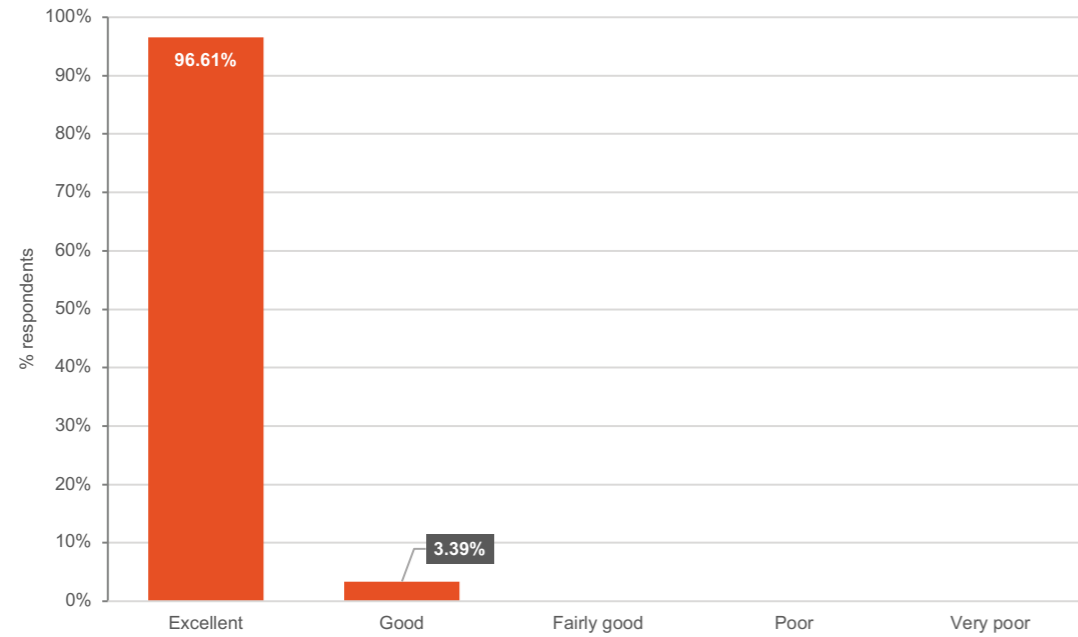
Number of respondents = 59

Question 30: Do you agree that the information was overall free of commercial and other bias (free of commercial influence)?



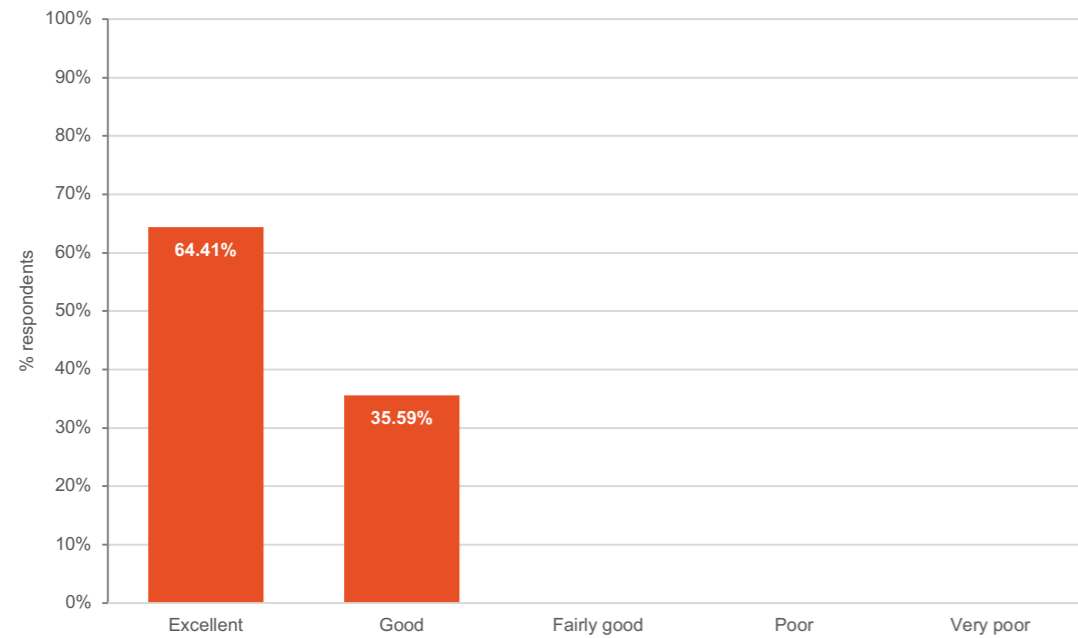
Number of respondents = 59

Question 31: How do you evaluate the work of the EACS Secretariat in charge of your participation in the course?



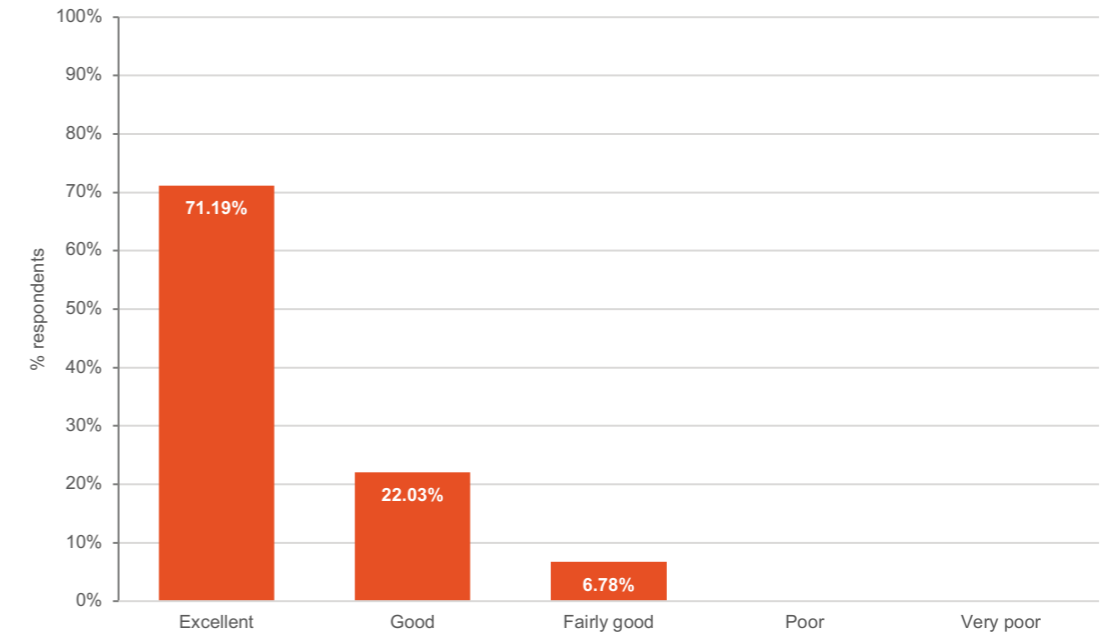
Number of respondents = 59

Question 32: How was the application process for you?



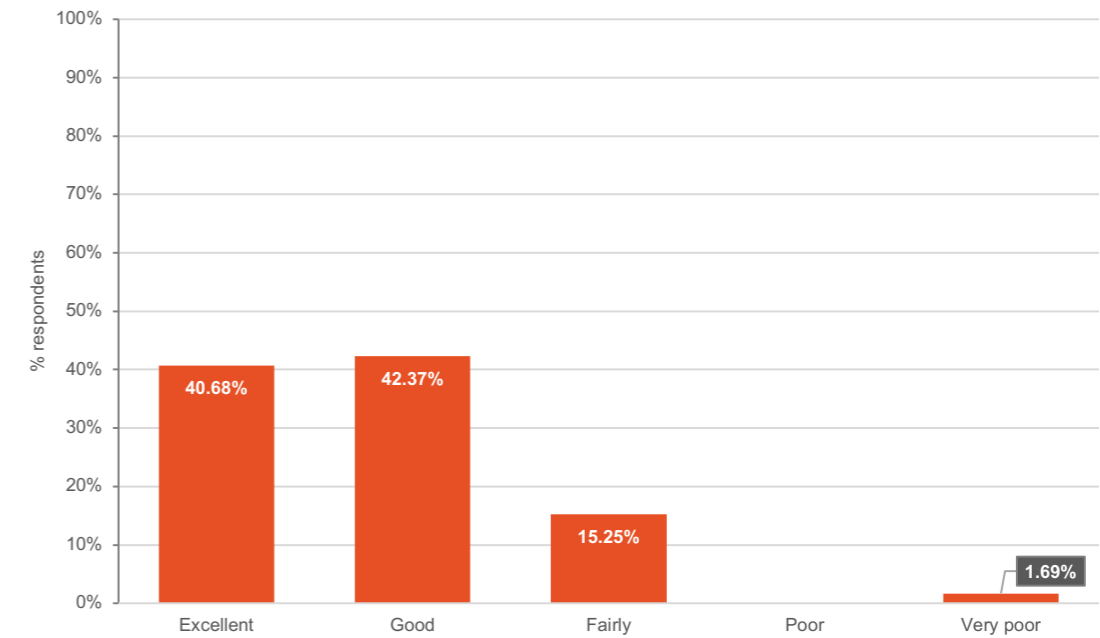
Number of respondents = 59

Question 33: Overall, how was your stay in Montpellier?



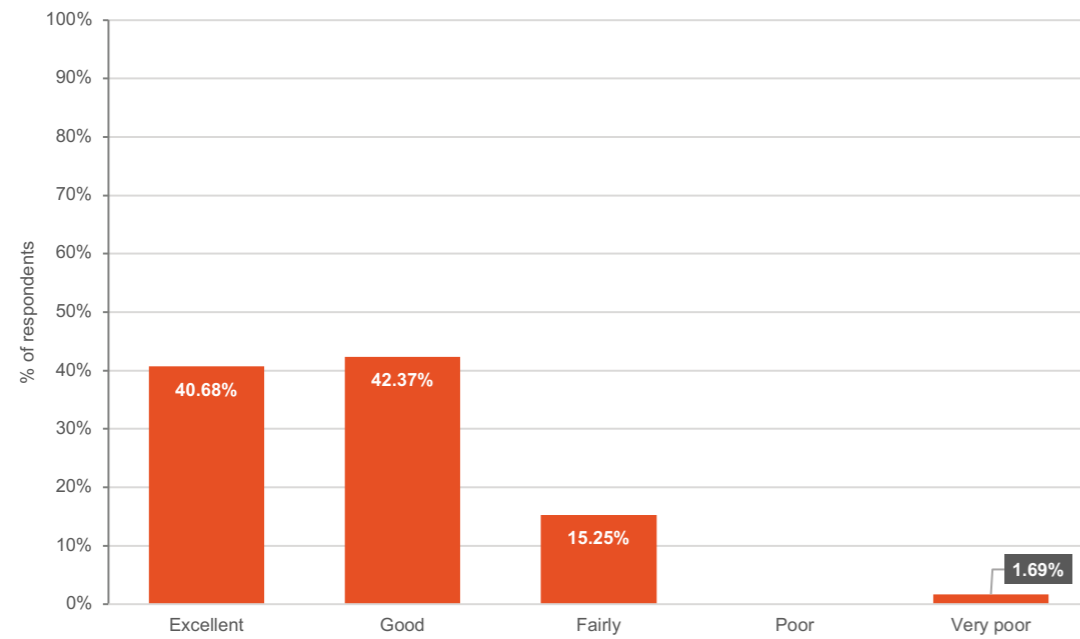
Number of respondents = 59

Question 34: How was your accommodation?



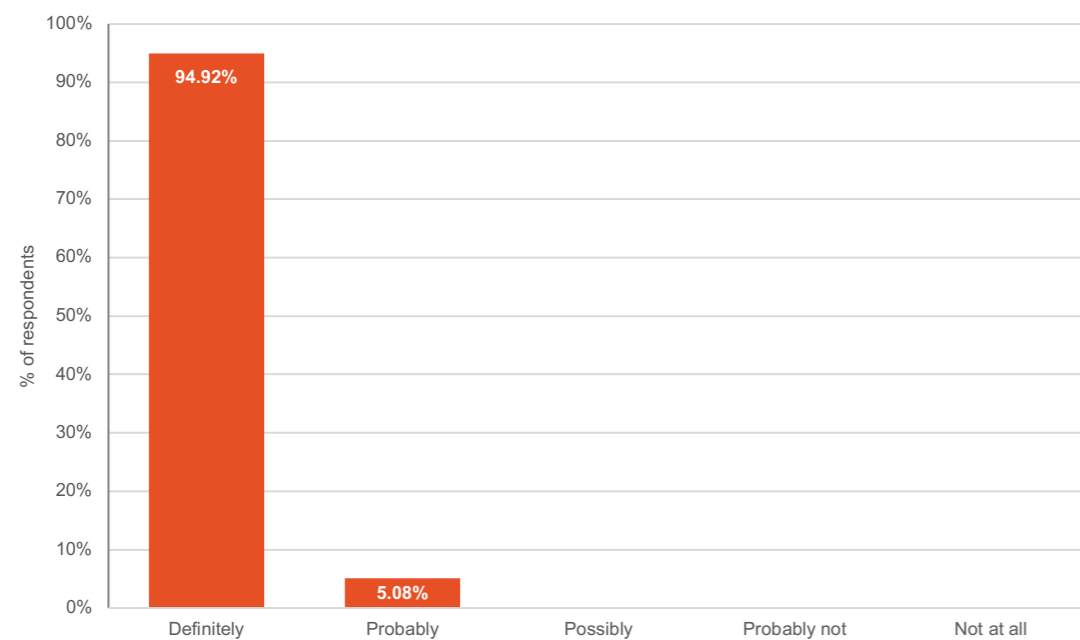
Number of respondents = 59

Question 35: How was the catering?



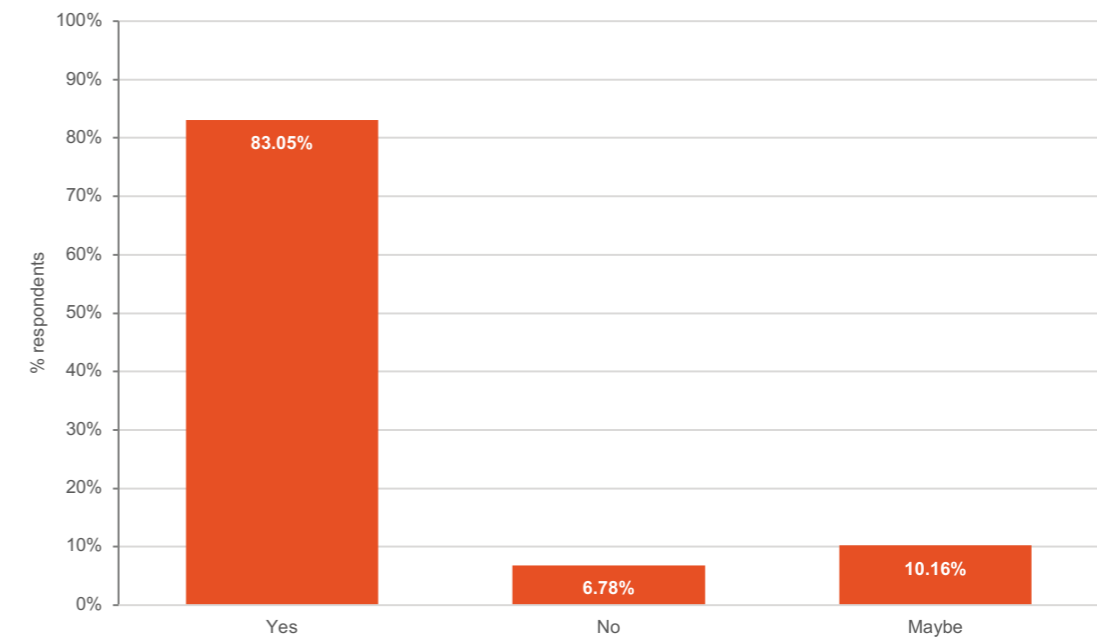
Number of respondents = 59

Question 36: Would you recommend the HIV Summer School to your colleagues?



Number of respondents = 59

Question 37: Would you be interested in a formal diploma course in HIV medicine with the possibility of attaining a diploma by passing a specific graded written/oral exam?



Number of respondents = 59

Question 38: If you had a wish for future projects from EACS, what would they be?

- Further exchange programmes throughout the clinician’s career (for example, including after the age of 35) to allow for ongoing engagement.
- An update of the online course would be good.
- A basic statistic/research online course would be a good addition for those who have limited opportunities for research activities after university.

Number of respondents = 37; 22 attendees skipped this question

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 countries of the Faculty are listed below:

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- **Stéphane De Wit**, Belgium
- **Yvonne Gilleece**, United Kingdom
- **Tracy Glass**, Switzerland
- **Christine Katlama**, France
- **Nicky Mackie**, United Kingdom
- **Paddy Mallon**, Ireland
- **Roger Paredes**, Spain
- **Sanjay Pujari**, India
- **Jürgen Rockstroh**, Germany
- **Dominic Rowley**, Ireland
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