



EACS European
AIDS Clinical Society

Biennial Report



October 2015



EACS
European
AIDS
Clinical
Society

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THE EUROPEAN AIDS CLINICAL SOCIETY BIENNIAL REPORT OCTOBER 2015

EUROPEAN AIDS CONFERENCE

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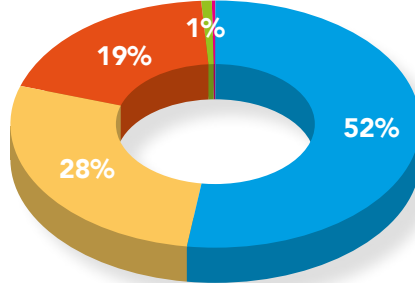
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MESSAGE FROM THE PRESIDENT

It is my great pleasure and privilege on behalf of the European AIDS Clinical Society to present the first edition of the EACS Biennial Report. Thus begins a new way to illustrate to our constituency during each biennial EACS Conference what has been achieved and what lies ahead for Europe's largest Society of health care professionals working in the field of HIV/AIDS. It is a pleasure to inform you that the EACS has gained many new members over the last two years, reaching 2,540 by August 2015.

Our mission to provide excellence in standard of care, research and education in HIV infection and related co-infections, in particular the hepatitis viruses, is still vitally important. There are around 2.5 million people living with HIV in the European region and about 140,000 new HIV infections encountered in Europe per year.

4 | In this biennial report, you can read about newly launched programmes for education and training such as the Medical Exchange Programme, as well as the e-learning course being developed by CHIP in Copenhagen in collaboration with WHO Europe. This course aims to provide high quality training in the clinical management of HIV to clinicians in Eastern Europe and Central Asia. We are especially proud that the EACS is broadening its support to the professional life of young colleagues early in their careers with a variety of programmes, building on our many years of experience with the Advanced HIV Course and the European Clinical Research Course. Complementing this, the European Young Investigators course is planned in 2016.

During the 15th European AIDS Conference, we wish to honour dear colleagues and friends. A memorial lecture will be given on 23 October to commemorate Professor Martin Fisher, a leading HIV clinician and researcher and firm advocate for high standards of HIV care. We are grateful for having generously benefited from his talents, in particular as a much appreciated faculty member of the EACS Advanced HIV Course. To honour the legacy of Professor Joep Lange, an extraordinary pioneer and charismatic leader since the early days of the AIDS epidemic, and his collaborator and partner Jacqueline van Tongeren, we are naming the EACS scholarship programme after them: the Joep Lange and Jacqueline van Tongeren EACS Scholarships.

Another new programme is WAVE – Women Against Viruses in Europe that aims to promote the health of HIV-positive women in Europe. We feel that there is still an existing gender issue and that this is an area where EACS can raise awareness and implement beneficial change.



Professor Manuel Battegay

EACS President



Our mission to provide excellence in standard of care, guidelines, research and education in HIV infection and related co-infections, in particular the hepatitis viruses, is still vitally important.”

Other new EACS activities relate to collaboration with societies such as the European Society for Clinical Microbiology and Infectious Diseases, the European Association of the Study of the Liver, the European Centre for Disease Prevention and Control (ECDC), the WHO and others. Another highlight was the standard of care meeting co-organised by the EACS in the fall of 2014 with very stimulating interactions between clinicians, community members, researchers, epidemiologists and public health experts on ways to provide the best possible HIV care.

Many clinicians as well as clinical researchers, and community members contribute to the success of the EACS. We therefore believe that our Society should take part in advocating HIV/AIDS health policies in Europe, in particular in Eastern and South-Eastern Europe where the HIV epidemic is still far from being controlled. To provide clinical care guidance and support on a daily basis, a special effort was undertaken in recent years to

constantly update the comprehensive EACS Guidelines, the latest edition of which is being presented at the 15th European AIDS Conference in Barcelona.

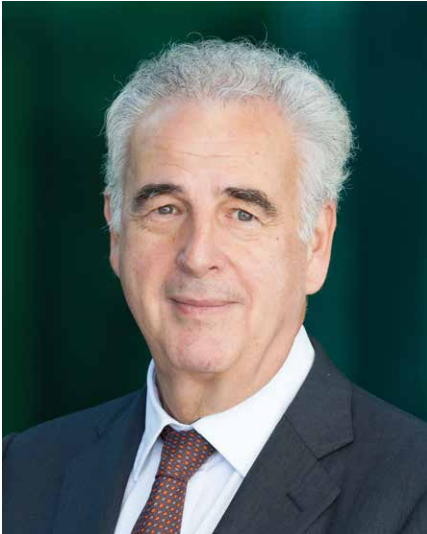
6 | The Governing Board together with the Secretariat meet annually for a retreat to consider the Society's future priorities. We hope that the many new activities the EACS is undertaking illustrate our motivation and enthusiasm. In order to increase transparency, but especially to stimulate increased participation in the activities of the EACS, we have restructured our governance – as depicted in this report and published on our Society's webpage. Also, we restructured our Secretariat in Brussels, whom we thank sincerely for their great work: Executive Secretary, Joëlle Verluyten, and her Administrative Assistants, Audrey Desagher and Egzon Sulejmani. In addition, the EACS Secretariat continues to be supported by the valuable work of Anne Welles, Assistant to the Treasurer and Stefanie Bersacola, Assistant to the President. Together they help ensure our Society's effectiveness and productivity. As with previous European AIDS Clinical conferences, K.I.T Group is our prime partner in the organisation of the conference with Verena Storch and Stephane Talboom, and their team's support. A special thanks goes to all coordinating the newly-formed working groups, panel heads and members – they come up with ideas, design projects and translate them into action. Finally, we wish to acknowledge the unrestricted educational support from our industry partners without which much of our work and our educational programmes in particular would not be possible.

I now encourage you to read through this Biennial Report and to be stimulated by the scope of the Society's activity. We look forward to your feedback and active participation so we can improve our work.

Prof Manuel Battegay

EACS President

AN INTRODUCTION TO THE EACS



*Professor Michel
Kazatchkine*

The European AIDS Clinical Society (EACS), founded in 1989, has had a pioneering and leading role among HIV/AIDS scientific societies. Its work is recognised by the European and international AIDS community, WHO and UNAIDS. The Society's value to the HIV/AIDS field is widely acknowledged by physicians, scientists, patients' groups, and the pharmaceutical industry. Importantly, Eastern Europe has been included as a key stakeholder of the EACS from the outset.

The EACS is to be commended for bringing together scientists from all over Europe, for facilitating an exchange of the latest information on the clinical aspects of the disease, and for holding the European AIDS Conference.

The Society produces and updates the European guidelines for the treatment of HIV-infected adults in Europe. Available in twelve languages, including English, French, Russian, Spanish, and Turkish, these comprehensive and practical guidelines take into account some of the most complex aspects of HIV/AIDS and associated diseases. The guidelines help physicians and patients to optimise bedside care and

treatment. Many clinicians from countries beyond Europe use them as their main reference, in addition to the WHO guidelines.

In training and educating the next generation of clinicians and researchers through its educational programme, the EACS supports future international care and prevention of HIV/AIDS.

The EACS is an independently-funded Society, raising income through its conferences. It does, however, receive some additional and specific funding from industry for its educational programme. All such industry grants are unrestricted and have no influence on the educational programme or on any other activities conducted by the EACS.

I am pleased that this current report coincides with the Barcelona conference. The 15th European AIDS Conference is taking place in a European country that has contributed so much to the clinical, social and basic science of HIV.

Prof Michel Kazatchkine

UN Secretary General Special Envoy on HIV/AIDS in Eastern Europe and Central Asia
Senior Fellow, Global Health Program, the Graduate Institute
of International and Development Studies, Geneva

EACS GOVERNANCE

The Society's mission is to promote excellence in clinical practices, research and education in HIV infection and related co-infections, and to actively engage in the formulation of public health policies so as to reduce the HIV disease burden across Europe.

All EACS activities are subject to a transparent governance system.

The entire Governing Board, the Regional Representatives, and the different faculties of the educational activities work pro bono.

EACS PRIORITIES

1. Delivering education and training
2. Issuing the European Treatment Guidelines
3. Organising the biennial European AIDS Conference
4. Improving standard of care throughout Europe

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 currently 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 EACS strategic vision.

REGIONAL REPRESENTATIVES

EACS members belong to five different regions: Europe-North; Europe-South; Europe-East; Europe-West; and Rest of World. Regional elections take place every four years. The current Regional Representatives were elected in 2012.

North

1. Dr Sanjay Bhagani, United Kingdom
2. Dr Nina Friis-Møller, Denmark

South

1. Prof Andrea Antinori, Italy
2. Prof Esteban Martínez, Spain
3. Prof Cristina Mussini, Italy
4. Dr Stefano Rusconi, Italy

East

1. Prof Andrzej Horban, Poland
2. Dr Cristiana Oprea, Romania

West

1. Prof Georg Behrens, Germany
2. Prof Stéphane De Wit, Belgium
3. Prof Hansjakob Furrer, Switzerland
4. Dr Annemarie Wensing, The Netherlands

Rest of World

1. Prof M. John Gill, Canada
2. Prof Scott Letendre, United States



Prof Antonella d'Arminio Monforte, Italy



Prof José Arribas, Spain



Prof Manuel Battegay, Switzerland



Prof Nathan Clumeck, Belgium



Prof José M. Gatell, Spain



Prof Anna Maria Geretti, United Kingdom



Prof Christine Katlama, France



Prof Jens D. Lundgren, Denmark



Prof Fiona Mulcahy, Ireland



Prof Cristina Mussini, Italy



Dr Cristiana Oprea, Romania



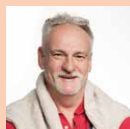
Dr Anton Pozniak, United Kingdom



Prof Peter Reiss, The Netherlands



Prof Jürgen Rockstroh, Germany



Dr Mike Youle, United Kingdom

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 the EACS. The President represents the EACS strategic vision developed by the Governing Board. Prof Manuel Battegay was elected to a 4-year term in December 2012. The EACS Bureau was elected in 2012.

- Prof Manuel Battegay, President
- Prof Fiona Mulcahy, Vice President
- Prof Anna Maria Geretti, Secretary
- Prof Nathan Clumeck, Treasurer
- Prof Peter Reiss, Immediate Past President

SECRETARIAT

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

- Ms Joëlle Verluyten, Executive Secretary
- Ms Audrey Desagher, Administrative Assistant
- Mr Egzon Sulejmani, Administrative Assistant

With the support of

Ms Stefanie Bersacola, Personal Assistant to the President

Ms Anne Welles, Assistant to the Treasurer

We thank Ms Sylvie Chatelin and Mr David Haerry for their valuable work at the EACS.



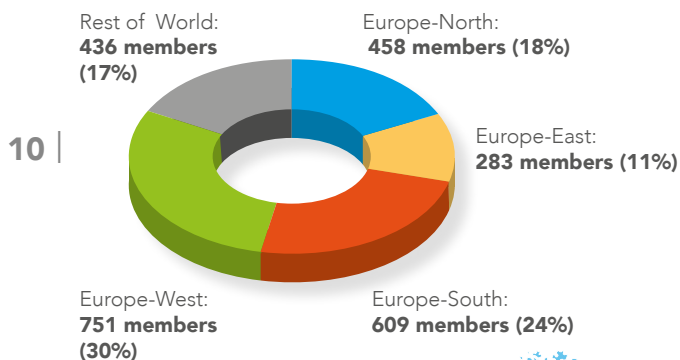
Ms Joëlle Verluyten
Executive Secretary

EACS MEMBERSHIP

The EACS has over 2,500 members. The membership is made up of active and ordinary members. Active members comprise the Governing Board members and all elected Regional Representatives of the Society. Active members work in research or clinical practice regarding the infection by the HIV virus or in any analogous, similar or connected areas.

Participants in the EACS European AIDS Conference can become ordinary members, as can anyone who applies independently of the conference and who does research or clinical work in the field of HIV or is otherwise professionally involved in HIV care and/or policy.

EACS MEMBERSHIP BY REGION



10 |

2,537
EACS members



Joining the EACS
Membership of the European AIDS Clinical Society is open to individuals working professionally in HIV. For any questions about EACS membership, contact members@eacsociety.org or visit the EACS website: www.eacsociety.org





The EACS members are not only clinicians or workers in healthcare but professionals who envision a better standard of care for HIV/AIDS infected people not only through education and guidelines but also through their personal engagement in clinical care.”

Ms Joëlle Verluyten,
Executive Secretary

Members and delegates, 14th European AIDS Conference, Brussels, Belgium

MEMBERSHIP BENEFITS

Ordinary and active members pay an annual fee of 60 EUR or 110 EUR for two years. Allied professionals, students or people from low-income countries can benefit from a reduced fee as low as 30 EUR for one year or 55 EUR for two.

All members:

- have voting rights in the EACS regional elections;
- receive the EACS newsletter with all the latest information about upcoming courses, conferences, and important deadlines;
- receive a discount on the HIV Medicine Journal; and
- receive a free ebook access to Touch Briefings European Infectious Disease, Volume 5, Issue 2.

Prof Cristina Mussini with an EACS member at the 14th European AIDS Conference, Brussels, Belgium



MAKING AN IMPACT

EACS Working Groups

Education & Training
Guidelines
Standard of Care
Women Against Viruses in Europe
EACS Awards

EACS Guidelines HIV
Treatment Panel meeting, May
2015, Brussels, Belgium



EDUCATION & TRAINING

Training and educating the next generation of HIV clinicians and researchers is a core EACS activity. We deliver teaching and training in seminars, workshops and through e-learning to those who provide clinical care to people affected by HIV/AIDS.

The Education & Training Working Group concentrates its efforts on where the training need is highest. For each activity, the audience, target and method are first agreed. Knowledge is then disseminated based on best standard-of-care practice, as defined by the EACS Treatment Guidelines.

ADVANCED HIV COURSE

The Advanced HIV Course initiated and led by Prof Christine Katlama was first held in 2003 in Montpellier, France. Since then, over 600 young HIV specialists have been trained. Interested participants must be physicians or clinical scientists working in infectious diseases and/or HIV. The three-day course, which is held every year, focuses on antiretroviral therapy and comprehensive care for people living with HIV/AIDS. It comprises plenary sessions and interactive workshops, taught by the distinguished EACS faculty.

In 2014, the Advanced HIV Course was accredited by the European Accreditation Council of Continuing Medical Education (EACCME) for European external CME credits.

Every year, half to two-thirds of the participants receive a scholarship covering registration, tuition, travel, and accommodation. The remainder pay a moderate fee of 150 EUR covering registration, tuition, and accommodation.

EACS EDUCATIONAL PROGRAMME

- Advanced HIV Course
- European Clinical Research Course
- Clinical Management of HIV E-learning Course
- Medical Exchange Programme
- European Young Investigators
- Pre-Educational Course



I started the Advanced HIV Course because I wanted to transmit beliefs and values as well as knowledge – HIV is no ordinary disease.”

Prof Christine Katlama,

Chair of the Advanced HIV and European Clinical Research courses

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2013-2014

Advanced HIV Course Faculty

Steering Committee

Dr Sanjay Bhagani, United Kingdom
Prof Stéphane De Wit, Belgium
Prof Anna Maria Geretti, United Kingdom
Prof Christine Katlama, France (Chair)

Faculty members

Prof Brigitte Autran, France
Prof David Back, United Kingdom
Prof Manuel Bategay, Switzerland
Prof Georg Behrens, Germany
Dr Sanjay Bhagani, United Kingdom
Prof Jacqueline Capeau, France
Dr Lize Cuzin, France
Prof Stéphane De Wit, Belgium
Prof Martin Fisher, United Kingdom †
Prof Anna Maria Geretti, United Kingdom
Prof Deniz Gökengin, Turkey
Prof Christine Katlama, France
Dr Fiona Lyons, Ireland
Dr Nicola Mackie, United Kingdom
Dr Valérie Martinez, France
Prof Cristina Mussini, Italy
Dr Sanjay Pujari, India
Dr Stefano Rusconi, Italy

EUROPEAN CLINICAL RESEARCH COURSE - ECRReCO

Many clinical physicians are not taught basic research skills. Thus they have little or no training in how to write a grant application for a research study, or in how to write up their results in a suitable format for conference abstracts and journal publication. To remedy this knowledge deficit, the EACS created the European Clinical Research Course (ECRReCO).

The first ECRReCO was held in Croatia in 2011. It was primarily directed at physicians from Central Asia, Caucasus and Southeast Europe. Since 2012, enrolment was widened to include candidates from all regions. In addition, the course is now scheduled in conjunction with the Advanced HIV Course in Aix-en-Provence, France, meaning that participation at both summer training events is possible.

2013-2014 ECRReCO Faculty

Steering Committee

Prof Dominique Costagliola, France
Prof Christine Katlama, France (Chair)
Prof Caroline Sabin, United Kingdom

Faculty members

Prof Dominique Costagliola, France
Ms Sophie Jose, United Kingdom
Prof Christine Katlama, France
Prof Santiago Moreno, Spain
Dr Alison Rodger, United Kingdom
Prof Caroline Sabin, United Kingdom
Dr Colette Smith, United Kingdom
Prof Linos Vandekerckhove, Belgium

Over 100 physicians have now been trained on how to: translate clinical observations into potential research questions; develop such questions into viable research projects; and successfully compete for clinical research grants. The ability to write coherent reports and concise abstracts is a vital skill; ECRReCO is passing it on to a new generation of clinicians interested in research.

As with the Advanced HIV Course, more than half of the participants obtain a scholarship covering the cost of participation. The rest pay a moderate fee of 150 EUR

covering registration, tuition, and accommodation.

Interested participants must be physicians or clinical scientists working in infectious diseases and/or HIV. In 2014, the ECRReCO was accredited by the EACCME for European external CME credits.

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POSITIVE FEEDBACK

from 12th Advanced HIV and 4th ECRReCO courses participants



Simply amazing experience; it has been great to participate in this course; I have learned a lot from virology to managing complex-challenging HIV-infected patients, and above all from truly competent people in the field.”

Dr Furaha Lyamuya, Tanzania



It has been a lovely experience meeting very nice people working tirelessly in various parts of the world hoping for better days ahead in the field of HIV/AIDS.”

Dr Bikash Khatri, Nepal



Thanks very much for the opportunity to meet a lot of people from all over the world that have the same passion and want to improve the HIV situation in their country. To hear what obstacles are being encountered in other parts of the world and what my colleagues are doing to overcome them has been inspiring!”

Dr Julia Enkelmann, Ireland



12th Advanced HIV Course participants and Faculty, Aix-en-Provence, France



I particularly admire how much effort my EACS colleagues expend in making their educational projects available to those who need them most. It's very rewarding to partner with them."

Mr Ben Collins,
Project Manager at International HIV Partnerships

SHARPENING SKILLS

ECSReCO partners early-career physicians together with European clinical and statistical experts during an intensive three-day training course. Participants work in small groups to develop a collaborative research project with continuous feedback from experts and their peers. ECSReCO graduates are ready to go on to develop research projects.

SCHOLARSHIPS

The EACS is committed to a scientific and philanthropic activity. Scholarships, promoting greater knowledge of the clinical aspects of infection by the HIV virus, are an important part of the Society's activity.

In 2014, of the 42 participants from 27 countries of the Advanced HIV Course, 22 of them benefited from scholarships. For ECSReCO, 22 of the 31 participants received a scholarship.

2013-2014 Advanced HIV and ECSReCO Courses Scholarships

Dr Mohammed Mecha Abagofi, Ethiopia
 Dr Tchomian Clément Adje, Côte d'Ivoire
 Dr Victoria Akogwu-Ogala, Nigeria
 Dr Wilma Alponse Juma, South Sudan
 Dr Racheal Ayanga, Uganda
 Dr Bruno Javier Bartoletti, Argentina
 Dr Pritish Barua, Bangladesh
 Dr Cristina Loredana Benea, Romania
 Dr Jema Bisimba, Tanzania
 Dr Emiliano Bissio, Argentina
 Dr Gabriel Buluku, Kenya
 Dr John Mark Bwanika, Uganda
 Dr Moïse Compère, Haiti
 Dr Jayne Cunningham Japhet, South Africa
 Dr Julia Dabravolskaj, Belarus
 Dr Shorena Dvali, Georgia
 Dr Olubunmi Fakule, Nigeria
 Dr Valeriu Gheorghita, Romania
 Dr Smaranda Gliga, Romania
 Dr Diego Lins Guedes, Brazil
 Dr Frederick Haraka, Tanzania
 Dr Ana Flor Hexel Cornely, Brazil
 Dr Irina-Cristiana Ianache, Romania
 Dr Samson Isa, Nigeria
 Dr Pawel Jakubowski, Poland
 Dr Bitokwela Pierrot Kanyinda, Botswana
 Dr Mercy Karoney, Kenya
 Dr Jaiving Kazitanga, Tanzania
 Dr Bikash Khatri, Nepal
 Dr Jairus Kipyego, Kenya
 Dr Radka Komitova, Bulgaria
 Dr Valbon Krasniqi, Kosovo
 Dr Vinay Kulkarni, India
 Dr Lukman Ademola Lawal, Nigeria
 Dr Tetyana Loginova, Ukraine
 Dr Maia Lomtadze, Georgia
 Dr Furaha Lyamuya, Tanzania
 Dr Eliana Lara Maldonado, Colombia
 Dr Johnface Fedes Mdala, Namibia
 Dr Jimson Mgaya, Tanzania
 Dr Bijoux Enganga Mimpongo-Moolman, South Africa
 Dr Ruxandra Valentina Moroti-Constantinescu, Romania
 Dr Masika Moses Muia, Kenya
 Dr Frank Mukonde, Zambia
 Dr Seya Mulume Franklin Mwamba, Botswana
 Dr Harshita Narkhede, India
 Dr Sara Nsibirwa, Uganda
 Dr Jyoti Pawar, India
 Dr Rufina Ana Perez, Argentina
 Dr Andres Sanchez, Colombia
 Dr Innocent Lule Segamwenge, Namibia
 Dr Elichilia Shao, Tanzania
 Dr Barbara Silva de Sousa, Brazil
 Dr Igor Stoma, Belarus
 Dr Thierry Tokam Sangou, Cameroon
 Dr Francisco Trinchan, Zimbabwe
 Dr Paul Yonga, Kenya
 Dr Šime Zekan, Croatia

** Refer to Appendix I for the list of all participants of 2013-2014 Advanced HIV and ECSReCO courses*

CLINICAL MANAGEMENT OF HIV E-LEARNING COURSE

The scale of the HIV/AIDS challenge in Eastern Europe and Central Asia is significant. That is why the EACS is working in collaboration with WHO Europe to deliver a much-needed e-learning course on the clinical management of HIV. This innovative capacity-building platform for health care professionals is set to go live in 2016.

The course, led by Prof Jens D. Lundgren and Ms Dorthe Raben, will provide high quality training to clinicians in Eastern Europe and Central Asia (primarily countries from the former Soviet Union) through a flexible and efficient online-learning model. The Scientific Committee* developing the course curriculum includes experts in the field of HIV and clinicians from Eastern Europe.

Available in both Russian and English, the course will provide an in-depth understanding of the scope and manifestations of HIV-related diseases, their prevention, management, and care. Special emphasis will be placed on co-infections and co-morbidities as well as state-of-the-art treatment of HIV in line with the EACS and WHO guidelines.

The online learning activities will comprise a mix of individual and group assignments, discussions, multiple-choice tests, video lectures, case studies or another activating element. This model promotes more flexibility than a traditional face-to-face approach as participants can join in when their schedule allows.

Want to know more?

Contact the coordinators of the Clinical Management of HIV E-learning Course: Ms Maria Campbell (maria.athena.campbell@regionh.dk); and Ms Dorthe Raben (dorthe.raben@regionh.dk).

*Refer to Appendix II for the list of Scientific Committee and faculty members

HIV/AIDS IN EASTERN EUROPE AND CENTRAL ASIA

There are more than one and a half million people living with HIV in Eastern Europe and Central Asia. In 2014, there were an estimated 140,000 new HIV infections in the region. New HIV infections rose by 30% between 2000 and 2014. Unchecked transmission of tuberculosis, much of it multi-drug resistant, and high rates of co-infection with viral hepatitis C are taking a heavy toll. Around 62,000 people died of AIDS-related causes in 2014. The regional challenges to be overcome include poorly implemented prevention measures and the lack of a comprehensive harm reduction approach.

Source: UNAIDS – 2014 Global Statistics



12th Advanced HIV Course participants, Aix-en-Provence, France



There is too much demand for a classroom-based course. So we are using a ‘train the trainers’ strategy combined with an e-learning course. We hope to reach up to 500 clinicians over the next few years.”

Prof Jens D. Lundgren,
Chair of the Clinical Management of HIV E-learning Course

MEDICAL EXCHANGE PROGRAMME

The Medical Exchange Programme, led by Prof Fiona Mulcahy, offers trainees the opportunity to further their clinical experience within specialised HIV units and enhance their clinical research skills. It is successfully fostering future collaboration. To date, more than 130 HIV clinicians from 49 different countries have been trained since the programme began in 2001.

In addition, a one-year fellowship programme was created in 2008 with an emphasis on clinical research. So far, 13 young researchers from 7 different countries have taken part in research projects, leading to publications in peer-reviewed journals and presentations at major HIV/AIDS conferences.

The EACS has now merged the research and clinical practice initiatives.

Scholarship allocations vary according to the duration of the project. The programme is proposed by the candidate and the host institution as part of the application process. The project should be led by a specific centre but collaboration with other centres is actively encouraged. Programme participants typically get to present their work at the EACS Conference. In this way, the Medical Exchange Programme, with its focus on younger EACS members, is helping to develop future EACS leaders.

The list of clinical centres participating in the Medical Exchange Programme and full details on how to apply are available online:
<http://www.eacsociety.org/education/medical-exchange-programme/>
[medical-exchange-programme.html](http://www.eacsociety.org/education/medical-exchange-programme/medical-exchange-programme.html)

The EACS Medical Exchange Programme
2015 APPLICATIONS ARE OPEN!

GERMANY Brussels Copenhagen Modena
France Bonn-Venusberg
DENMARK Dublin
ENGLAND Liverpool Nantes
ITALY Edinburgh
BELGIUM Brighton Milano
IRELAND London Madrid
SWITZERLAND Basel
SCOTLAND
SPAIN Barcelona

EACS
 European
 AIDS
 Clinical
 Society

The programme is project based and runs over a period of 4 to 12 months in a selected EACS clinical centre in Europe.

info@eacsociety.org • <http://www.eacsociety.org/education>



The Medical Exchange Programme is working to facilitate the successful development of future EACS leaders.”

Prof Fiona Mulcahy,
 Chair of the Medical Exchange Programme

EUROPEAN YOUNG INVESTIGATORS

The European Young Investigators is an exciting new educational project being led by Prof Nathan Clumeck that aims to foster deeper and more frequent exchanges among young HIV experts across Europe. A discussion to fund the meeting by an unrestricted educational grant is underway. It will build on the work Viiv Healthcare began with their European Network of Young HIV Experts.

The first EACS European Young Investigators conference is planned in 2016. The one-day event which involves plenary sessions and workshops will be organised by a scientific committee composed of 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.



One of our major duties in our professional life as “seniors” is to transmit to our younger colleagues: knowledge, expertise, commitment, and hopefully some enthusiasm. The EACS European Young Investigators meeting will be the platform for these goals.”

Prof Nathan Clumeck,
Chair of the European Young Investigators

European Young Investigators

Steering Committee

Prof Georg Behrens, Germany
Prof Nathan Clumeck, Belgium (Chair)
Dr José Maria Llibre, Spain
Prof François Raffi, France

PRE-EDUCATIONAL COURSE

The Pre-Educational Course, led by Dr Mike Youle, is a very popular one-day event held immediately prior to the EACS main meeting, the biennial European AIDS Conference. The focus is on providing practical clinical skills and advice.

The style has evolved over the years from didactic lectures to the use of contemporary case studies followed by an explanatory talk. The subject matter is continually updated to reflect emerging trends. For example, ‘chemsex’ or the use of recreational drugs by MSM and the role these have in HIV infection will be addressed this year.

Once the course content is approved by the 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.



It has been great to see course participants develop in seniority, both as clinicians and as EACS members working on projects within the Society.”

Dr Mike Youle,
Chair of the Pre-Educational Course



4th ECRcCO and 12th Advanced HIV courses participants, Aix-en-Provence, France



GUIDELINES

All EACS members have a shared ambition: to reduce the HIV disease burden. The Society's work – be it promoting excellence in standard of care, encouraging research and education or actively engaging in the formulation of public health policy – is guided by this overriding ambition. This combined effort is crystallised in the EACS Guidelines for treatment of HIV-infected adults in Europe. The Guidelines, which are recognised around the world, are a pathway to best-in-class treatment.

THE PHILOSOPHY AND METHOD

The philosophy behind the EACS Guidelines is to provide easily accessible recommendations to clinicians centrally involved with the care of HIV-positive individuals. The Guidelines are not to be considered as an in-depth medical textbook reading, for which we refer to more elaborate work, but rather as a hands-on guide for everyday clinical practice. The Guidelines provide an up-to-date overview of the most relevant clinical issues in HIV.

The content is revised every year and is made available digitally in the autumn. The printed version is published every other year during the EACS biennial European AIDS Conference.

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), diagnosing, monitoring and treatment of co-morbidities, co-infections and opportunistic infections.

Each section of these guidelines is managed by a panel of experienced European HIV experts, and governed by a three-person leadership group consisting of a panel chair, vice-chair and young scientist. Furthermore, the 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.

HIGHLY ACCESSIBLE

- To encourage maximum outreach, the EACS Guidelines are freely available in 12 languages.
- For ease of reference, the Guidelines are produced in online, printed and mobile formats.
- Version 8.0 of the Guidelines is to be launched at the 15th European AIDS Conference in October 2015.

INDEPENDENT GUIDELINES

The EACS Guidelines panel members, including chairs, vice-chairs and young scientists have to sign a declaration of interest form. The declaration notes potential or actual conflicts of interest, whether due to a financial or other relationship. Declarations are available upon request at the EACS Secretariat. All contributors to the Guidelines provide their services free-of-charge.



Professor Jens D. Lundgren
EACS Guidelines Chair and
Coordinator

EACS Guidelines Leadership*

EACS Medical Secretariat

Chair and Coordinator: Prof Jens D. Lundgren, Denmark
Assistant Coordinator: Dr Lene Ryom, Denmark

HIV Treatment Panel

Chair: Prof José M. Gatell, Spain
Vice-Chair: Dr Anton Pozniak, United Kingdom
Young scientist: Dr Christian Manzano, Spain

Co-morbidities Panel

Chair: Prof Jens D. Lundgren, Denmark
Vice-Chair: Prof Georg Behrens, Germany
Young scientist: Dr Lene Ryom, Denmark

Co-infections Panel

Chair: Prof Jürgen K. Rockstroh, Germany
Vice-Chair: Dr Massimo Puoti, Italy
Young scientist: Dr Christoph Boesecke, Germany

Opportunistic Infections Panel

Chair: Prof Hansjakob Furrer, Switzerland
Vice-Chair: Dr José M. Miro, Spain
Young scientist: Dr Valentin Gisler, Switzerland

* Refer to Appendix II for list of all panel members

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All recommendations in the EACS Guidelines are evidence-based whenever possible, and in the rare instance where such data is not available, based on expert opinions.

Each panel leadership group is responsible for the annual content revision of their section and convenes with other panels should there be potential overlaps. Once finalised, the revisions are cross-reviewed by the remaining panels and by the Guidelines Chair and Coordinator and the Assistant Coordinator for consistency. A team of linguists, translators and layout/typesetters then takes over to produce the final version of the Guidelines.

PANELS AND CHAIRS

The EACS Guidelines are led by Prof Jens D. Lundgren 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; and opportunistic infections.

FROM VERSION 7.1 TO 8.0

Version 8.0 includes major revisions to almost all sections of the EACS Guidelines. Most notably, the antiretroviral treatment (ART) recommendation of when to start ART has changed based on the results of the START study, and the co-infections section has been updated to reflect the major advances in anti-HCV treatment with direct acting antivirals (DAAs) and the phasing out of interferon-containing treatment. The section below describes in more detail the most important changes to each section of the 2015 edition of the Guidelines.

HIV TREATMENT SECTION

When to start: ART is now recommended for all HIV-positive persons, irrespectively of CD4 cell count. The main reasons for this change are the results of the START trial showing more favourable clinical outcomes among HIV-positive persons initiating ART at high CD4 cell counts as compared to persons initiating ART at lower CD4 cell counts. Along with this change, the recommendation of what to start has also changed.

What to start: Preferred regimens have been reduced from 13 to 6 options, 4 integrase inhibitors INSTI-based (DTG both with TDF/FTC or ABC/3TC, TDF/FTC/EVG/c and TDF/FTC + RAL), 1 non-nucleoside reverse transcriptase inhibitors - NNRTI-based (RPV/TDF/FTC), and one protease inhibitors - PI/r-based (DRV/r+ TDF/FTC). Changes are mainly based on the results of trials with regimens containing INSTIs. The panel also considered that at least one regimen containing a PI/r and one containing a NNRTI should be listed as 'preferred'.

Post-exposure prophylaxis (PEP): Based on the results of the PARTNER study, the recommendations on PEP were revised to reflect that if an HIV-positive source person has documented undetectable plasma HIV-RNA, PEP is no longer recommended. The use of TDF/FTC + RAL or DRV/r is now also recommended as ARV regimens for PEP.

Pre-exposure prophylaxis (PrEP): A new section on PrEP has been added to the Guidelines. PrEP (TDF/FTC) should be recommended to high-risk MSM and transgender individuals and considered for high-risk heterosexual men and women. Both continuous and 'on demand' options are discussed as possible approaches.

CO-MORBIDITIES SECTION

Ageing and co-morbidities: A highlight was added on the advancing age of the general HIV-positive population, which may result in multiple simultaneous co-morbidities which again may require a comprehensive multidisciplinary assessment. As such, a more aggressive monitoring of renal function was recommended in individuals with an estimated glomerular



Prof Georg Behrens at the EACS Guidelines session, 14th European AIDS Conference, Brussels, Belgium

filtration rate (eGFR) < 90 ml/min and with progressively declining eGFR. The use of chronic kidney disease risk equations is also recommended. Furthermore, screening for depression is now encouraged more widely due to the high prevalence, recommendations for smoking cessation were further elaborated and recommendations for regular assessment of liver disease in individuals with viral hepatitis co-infection with ultrasound and fibrosis staging were added.

New drugs/drug combinations: A number of new antiretroviral drugs/drug combinations were included in the revised drug-drug interaction tables, adverse effect tables, dose adjustment for renal/liver insufficiency tables and for administration recommendation of ART in individuals with swallowing difficulties. Several of these tables have, in previous versions of the EACS Guidelines, been available exclusively in the electronic version. However, due to requests from Guidelines users, the tables on dose adjustment for renal/liver insufficiency and administration of ART in individuals with swallowing difficulties are now also available in the printed version.

Drug-drug interactions: Two additional drug-drug interaction tables on possible interactions on corticosteroids and contraceptive drugs with the use of ART have been included in this new version.

Cardiovascular diseases (CVD) risk factors: In the general population, several guidelines on risk factors (i.e. dyslipidemia) for CVD have ceased to use threshold values. However, the co-morbidities panel has kept threshold values for all CVD risk factors to help everyday clinical practice.

Vaccination: A general recommendation to avoid polysaccharide vaccination was added, as was a recommendation of influenza and streptococcus pneumonia vaccination in all HIV-positive persons.

CO-INFECTIONS SECTION

Treatment of HBV: The text and table now reflect the general recommendation to start ART in the presence of HBV co-infection regardless of CD4 cell count.

Treatment of HCV: A stronger emphasis is put on interferon-free treatment regimen as well as earlier start of direct-acting antivirals - DAA treatment (well before F3 fibrosis). Although all detailed recommendations on interferon-containing regimens have been removed from the main section of the Guidelines, they are still available in a separate online addendum as several countries still use interferon-containing regimens. The text and tables have been updated following the licensing of SOF/LDV and AbbVie 3D Combo. The drug-drug interaction table on DAAs and ARVs has subsequently also been updated.



14th EUROPEAN AIDS CONFERENCE
October 16-19, 2013 / Brussels - Belgium


14th EUROPEAN AIDS CONFERENCE
OCTOBER 16-19, 2013
BRUSSELS, BELGIUM

EACS Guidelines go Mobile

With version 7.0, EACS treatment guidelines are also available as mobile applications for

- Apple devices (iPhone, iPad, iPad Mini, iPod Touch)
- Smartphones and tablets running Google's Android operating system

Download the applications from the iTunes store and Google Play



14TH EUROPEAN AIDS CONFERENCE

14th EUROPEAN AIDS CONFERENCE
OCTOBER 16-19, 2013 - BRUSSELS, BELGIUM




14th European AIDS Conference, Brussels, Belgium

Acute HCV: The wording regarding management of acute HCV has been updated in the light of ongoing studies assessing interferon-free DAA regimens in acute HCV.

OPPORTUNISTIC INFECTIONS SECTION

Whilst the overall content of this section has not undergone major changes, the structure has changed considerably. Rather than being subdivided into three large tables on primary prophylaxis, treatment and secondary prophylaxis/maintenance treatment as previously, the content is now ordered by the individual pathogens/diseases. Additionally, a new overview table on CD4 count thresholds for different primary prophylaxes has been produced.

New tables: Entirely new tables were added on PML, Histoplasmosis, Cryptosporidiosis and Cyclosporiasis and a section on Preemptive therapy for Cryptococcosis. In addition, diagnostic criteria are provided for each pathogen/disease.

“The outstanding commitment of the distinguished panel members, and in particular the young scientists, to this substantial revision of the Guidelines, makes me proud to be part of this Society. The Guidelines remain an important contribution in the daily care for HIV-positive individuals and a real help for care givers.”



Dr Lene Ryom,
Assistant Coordinator of the EACS Guidelines



STANDARD OF CARE IN EUROPE

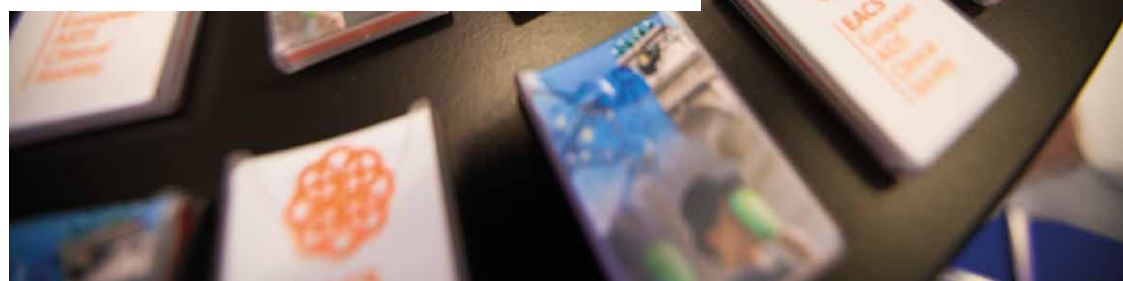
The first Standard of Care for HIV and Coinfections in Europe meeting was held on 25-26 November 2014. It brought leading experts together to identify routes to better clinical care and treatment for HIV and co-infections across Europe. The interactive discussion focused on topics including: epidemiology and late presentation across Europe; HIV testing policies; improving access to antiretroviral therapy (ART); improving retention and quality of care in Eastern Europe; HIV and tuberculosis across Europe; Hepatitis C co-infection; and access to DAAs.

The first EACS Standard of Care in Europe meeting organised by Prof Andrea Antinori, Prof Antonella d'Arminio Monforte, and Prof Cristina Mussini was held in Rome in November 2014 to coincide with the Italian Presidency of the EU. The well-attended event had 110 participants from 21 countries.

MEETING CONCLUSIONS

- 24 |
- There is a need to raise awareness and reduce stigma around HIV testing.
 - Access to care for those diagnosed with HIV should be ensured and periodic evaluation of retention in care is needed.
 - Prevention should pay special attention to key populations, such as people who inject drugs, migrants, prisoners and sex workers.
 - Scaling up ART across Europe is essential, in particular in Eastern Europe.
 - Make care and thereby ART available to migrants. The cost of ART and treatment of co-morbidities as well as of HCV and tuberculosis can limit access to care.

Despite their limited numbers, the participants and panellists from Eastern Europe felt that this first meeting was a step towards empowering further regional activities on access and standard of care.





WAVE

The mission of the new Women Against Viruses in Europe (WAVE) group is to improve the health of HIV-infected women in Europe. The initiative which involves healthcare professionals and community representatives is being led by the EACS Secretary, Prof Anna Maria Geretti. WAVE will promote both equality of access and excellence in standards of care. It will also support a targeted educational programme.

WAVE WORK PLAN

The call for interest to all current EACS members was launched early in 2015. The first WAVE Workshop takes place at the 15th European AIDS Conference on 21 October 2015. The event is to gather individuals – such as junior and senior healthcare professionals, researchers, members of the community and advocacy groups – interested in promoting a better understanding of how HIV infection affects women and how best to manage it.

Educational activities already planned include clinical cases in the EACS Advanced HIV Course and a WAVE workshop to take place in Eastern Europe in 2016. An EU-wide analysis of the impact of social factors on access to care among women is also planned for 2016.

WAVE GOVERNANCE

An ad interim committee was created to set in place the mechanisms for electing members and chairs. From 2016, to become part of the Steering Committee, members will be nominated by a WAVE member provider and a WAVE member seconder. The nominees will then be elected by the WAVE membership.

The Steering Committee to be formed is to comprise nine members. It will include two chairs (one of the two will be an EACS Governing Board member), one community member and six other members.



*Professor Anna
Maria Geretti*
EACS Secretary

WAVE MEMBERSHIP

Wave membership is open to junior and senior healthcare professionals, members of the community and advocacy groups, industry employees, and others that may qualify based upon interest of expertise, regardless of gender and geographical location.

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THE WAVE PROMISE

The WAVE promise is to be completely committed to their members and their needs. WAVE will seek, include and acknowledge the contribution of all their members and will work with them to fulfil their mission – Promoting the welfare of HIV-positive women in Europe.

WAVE

Steering Committee ad interim

Prof Antonella d'Arminio Monforte, Italy
Prof Anna Maria Geretti, United Kingdom (Chair)
Prof Fiona Mulcahy, Ireland
Dr Cristiana Oprea, Romania



EACS AWARDS

The EACS Award for Excellence in HIV Medicine and the EACS Award for Career Achievement recognise senior scientists who greatly contributed to the field of HIV/AIDS and to the Society during their career respectively. Prof Nathan Clumeck, Chair of the EACS Awards Committee, will announce the winners at the opening ceremony of the 15th European AIDS Clinical Conference in Barcelona on 21 October 2015.

EACS AWARDS COMMITTEE

A call for nominations was sent to all EACS members in May 2015. The results were assessed by the committee, which considers the candidates' sustained effort in the field of HIV/AIDS.

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COMMITTEE MEMBERS

- Prof Françoise Barré-Sinoussi, France
- Prof Nathan Clumeck, Belgium (Chair)
- Prof Fiona Mulcahy, Ireland
- Prof Peter Piot, United Kingdom
- Prof William (Bill) Powderly, United States
- Dr Anton Pozniak, United Kingdom





WWW.E

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Prof Stéphane De Wit and Prof Manuel Battegay honouring Prof Nathan Clumeck with the 2013 EACS Award, 14th European AIDS Conference, Brussels, Belgium

EUROPEAN AIDS CONFERENCE

The European AIDS Conference is the Society's flagship event. It brings together scientists from Europe and all over the world. Held every two years, the event is carefully planned to offer a mix of opportunities to engage, discuss and learn. The exciting scientific programme, inclusive lectures, meet the expert events and so on, are all designed to present the latest clinical aspects and the latest research in the field of HIV medicine.

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14TH EUROPEAN AIDS CONFERENCE IN BRUSSELS

The 14th European AIDS Conference – held in Brussels from 16-19 October 2013 – and chaired by Prof Manuel Battegay and Prof Nathan Clumeck surpassed expectations. It was attended by over 3,200 participants from 73 countries. Many of the delegates came from Central and Eastern Europe, as well as from other continents, including Sub-Saharan Africa.

Another positive performance indicator was the number of abstracts submitted – in all there were more than 800 high quality papers. In addition, the delegate experience was greatly enhanced by the use of the latest technology and smart conference design. It meant that the outstanding scientific work presented in the field of HIV/AIDS – including co-morbidities as well as hepatitis viral infections – was presented in the best possible way.

Mr Elio Di Rupo, Belgian Prime Minister at the time, addressed the opening ceremony, which also featured a contribution by the then Deputy Prime Minister and Minister of Social Affairs and Public Health, Ms Laurette Onkelinx. The ceremony also demonstrated the solidarity of the Society when issuing the EACS statement calling upon the government of the Russian Federation to respect the rights of all people and to abolish a harmful law that would discriminate against gay, lesbian, and transgendered persons in Russia.

By closely affiliating the conference with the 15th 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.

The EACS seeks to support European researchers and clinicians in the early stages of their career. It was rewarding to see 56 EACS scholarships granted at the event. They went to medical doctors and nurses from 30 countries, as well as community members.

The conference provided a perfect platform to present the Treatment Guidelines, which were launched in a new complementary format – as a mobile application. Finally, the Society celebrated its 25th anniversary with an event during the conference. It proved to be a fantastic occasion to network and get together in a collegial and friendly atmosphere.

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Mr Elio Di Rupo,
Belgian Prime
Minister in 2013

EACS AWARD 2013

Mary-Louise Newell, Professor of Global Health of the University of Southampton and Nathan Clumeck, Professor of Internal Medicine and Infectious Diseases, Saint-Pierre University Hospital, Brussels won the 2013 EACS Award for Excellence in HIV Medicine.

They were awarded for their outstanding contributions to the field of HIV/AIDS medicine in the last decades.



Mary-Louise Newell
Professor of Global Health of the University of Southampton

Nathan Clumeck
Professor of Internal Medicine and Infectious Diseases, Saint-Pierre University Hospital, Brussels



We would like to thank all colleagues and friends who have helped us organise this conference, the international and local scientific committee, the abstract reviewers and most importantly all who were active during the event - the lecturers, panellists, chairs, and participants. A special thank you also goes to our sponsors from the pharmaceutical industry for their support.

It is the dedicated team spirit which makes such a huge event unforgettable.”

Conference Co-Chairs:

Prof Manuel Battegay,
Co-Chair, EACS President

Prof Nathan Clumeck,
Local Co-Chair

COLLABORATIVE MEETINGS

The EACS collaborates with different conferences and organisations, such as:

- HIV Glasgow
- ESCMID / ECCMID
- IAS
- WHO

and others



It is important for the EACS to engage and collaborate with other organisations in order to embrace a comprehensive and integrated view of research, training and education, and with the ultimate goal of promoting high standards of care for all people living with HIV.”

Prof Anna Maria Geretti,
Responsible for Collaborative Activities



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*Professor Nathan
Clumeck*

EACS Treasurer

FINANCES

ABOUT EACS

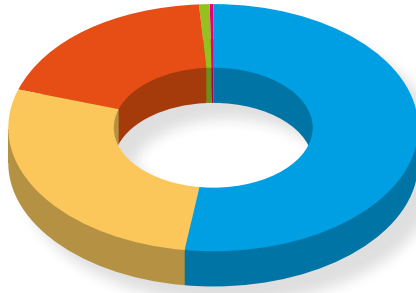
The EACS is an international, non-profit making organisation. The purpose of the Society is to promote research, teaching, management and therapeutic guidelines on the clinical aspects of infection by the HIV virus, and to organise a biennial international conference in Europe. Any funds obtained by the Society are used exclusively for these purposes. The EACS does not permit financial or material gain for its members.

The Governing Board is required to submit the accounts for the past fiscal year and the budget for the following fiscal year 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. The financial year commences on the first of July and ends on the thirtieth of June the following year.

FINANCIAL PERFORMANCE 2014

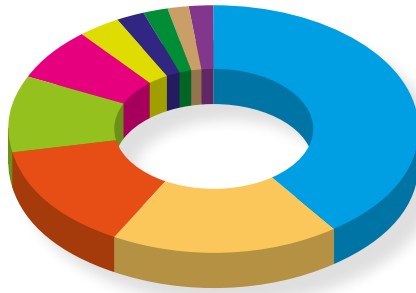
The Society's primary revenue stream is the European AIDS Conference. Alone it contributed approximately 50% of annual income. Receipt of education grants and membership contributions are the other significant sources of funding. The funding of the EACS Educational Programme remains the primary expenditure.

REVENUES



European AIDS Conference/Membership	€ 843,000	52%
Educational Grant	€ 450,000	28%
Membership	€ 307,000	19%
European Guidelines Sales	€ 10,000	1%
Summer Courses 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%



**Professor Fiona
Mulcahy**
EACS Vice President

LOOKING AHEAD

I have been asked to share my thoughts on the strategic direction of the EACS. In the context of the excellent contributions of our members in this EACS Biennial Report highlighting such great progress, it is obvious to me that our Society can look forward.

I say this because today's EACS is in such good shape, largely thanks to the decisive leadership of our President Prof Manuel Battegay. Our governance structures have been thoroughly overhauled and a number of new initiatives – as detailed in this report – mean that our Society can build upon the continuous commitment and dedication of our members, in plotting a course to a successful future.

From my perspective, one clear priority involves reaching out to the new generation of HIV/AIDS clinicians, insuring their involvement in the future development and leadership of the EACS. As a Society, we also need to advocate for state-of-the-art delivery of care and treatment alongside effective sexual health and drug treatment services ensuring equal access to care across Europe.



One clear priority involves reaching out to the new generation of HIV/AIDS clinicians, insuring their involvement in the future development and leadership of the EACS. As a Society, we also need to advocate for state-of-the-art delivery of care and treatment alongside effective sexual health and drug treatment services ensuring equal access to care across Europe.”

Elaborating on these ideas further, our Society's strategy should include the following:

1. Prioritisation of a leadership programme to identify and prepare future EACS leaders

To make this happen, we will develop our youth platform so that we can mentor the potential new leaders needed to take the Society forward. This will be mutually beneficial, combining a wealth of experience with the energy and openness of our younger colleagues.

2. Building partnerships

Our focus as a Society is clear; we want to promote the best possible delivery of care for people with HIV/AIDS. By working in partnership with other appropriate organisations, we are better placed to achieve this goal. For example, an important area for the EACS involves promoting greater access to marginalised groups such as people who inject drugs in Eastern Europe. Partnership is therefore essential to allowing the particular health needs of these and other marginalised groups to be met.

3. Enhance communications to boost reach

The Society has developed a valuable brand. We will build on this recognition to enhance our connection to our constituency of clinicians and researchers. Effective communication is also a conduit for new ideas. We need to ensure that the Society's antennas are tuned in to the next generation of HIV/AIDS professionals. We can also reach out further to young clinicians and researchers through national groups and tune them into our European remit. Valuable EACS activities such as educational programmes and scholarships are clearly attractive to Europe's young professionals. Deepening our connections can help brand our Society more strongly in the minds of potential members, and can build on the brand value generated by our flagship biennial conference.

The EACS is judged on its impact on patient health and we should be proud of the progress our Society has made over the years. As Europe's largest Society of health care professionals working in the field of HIV/AIDS, we are making a real difference to patients in Europe and beyond.

My wish for the Society is to maintain and further develop an open and transparent platform, where fresh thinking flourishes. This requires all of us to facilitate innovative and creative responses to the changing demands of our patient cohort in Europe. We need alternative perspectives, vibrant contributors, and courageous challengers to ensure our ongoing relevance and ultimately our future.

IN MEMORIAM



On 21 April 2015, the Society lost a colleague and dear friend, Prof Martin Fisher, leading HIV clinician and

researcher based in Brighton, United Kingdom. Through many years of prolific work, Professor Fisher established himself as a firm advocate for high standards of HIV care. He was a talented researcher and a great educator, and gave generously of his talents in many of the EACS activities, in particular as a much appreciated faculty member of the EACS Advanced HIV Course. It is difficult to imagine a course, a conference, an EACS event without Martin. He had a charismatic and warm personality, and the memories of many professional and social moments shared with him are treasured. He is sorely missed.

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On 17 July 2014, more than 290 people were on board MH17, many of them en route to the AIDS 2014 conference in Melbourne, Australia. Prof Joep Lange and his partner Ms Jacqueline van Tongeren were among them.

Joep Lange had been an extraordinary pioneer and charismatic leader since the early days of the AIDS epidemic. As past president of the International AIDS Society and as a leading Dutch academic researcher, he continuously fought for the dignity of all HIV-infected people across the world. Joep was a strong voice and committed advocate for access to HIV care for all, especially in Asia and Africa. Throughout the years, he was fearless in speaking truth, in particular in taking public officials to task.

Twelve years ago, during the closing ceremony of the XIVth International AIDS Conference in Barcelona, Joep Lange said "If we can get cold Coca-Cola and beer to every remote corner of Africa, it should not be impossible to do the same with drugs."

His words were an inspiration to us. Later, Joep Lange became the driving force behind the Amsterdam Institute for Global Health and Development.

Many of us knew him as a wonderful friend as well as an outstanding scientific colleague. He was broad of expertise and an outstanding and passionate lecturer. This is an unspeakable loss. He was also a dedicated father of five children.

His partner Jacqueline van Tongeren coordinated many HIV/AIDS and health-related projects. She worked closely with Joep Lange for many years.

ACKNOWLEDGEMENTS

We thank Abbvie, Gilead, and ViiV Healthcare for their financial contributions in the form of unrestricted grants.

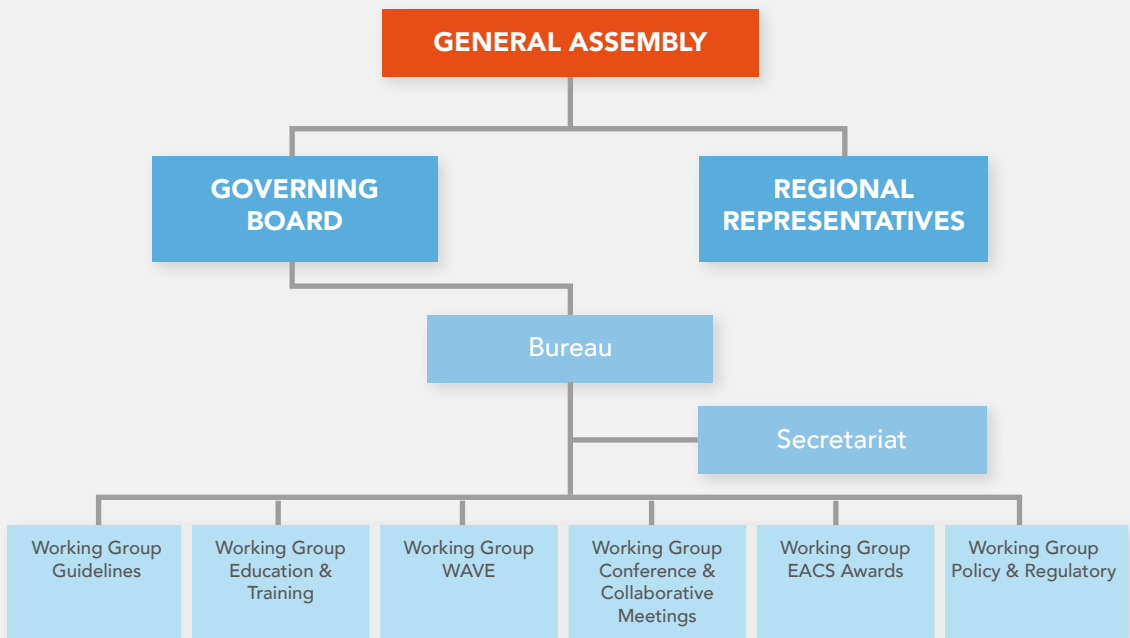
The European AIDS Clinical Society would also like to thank its members, the EACS Regional Representatives, the working groups and panel members, the courses faculty and steering committees, all those who participated actively in the educational programme, the Conference Scientific & Programme Committee,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

2013-2014 ADVANCED HIV AND ECRECO COURSES PARTICIPANTS

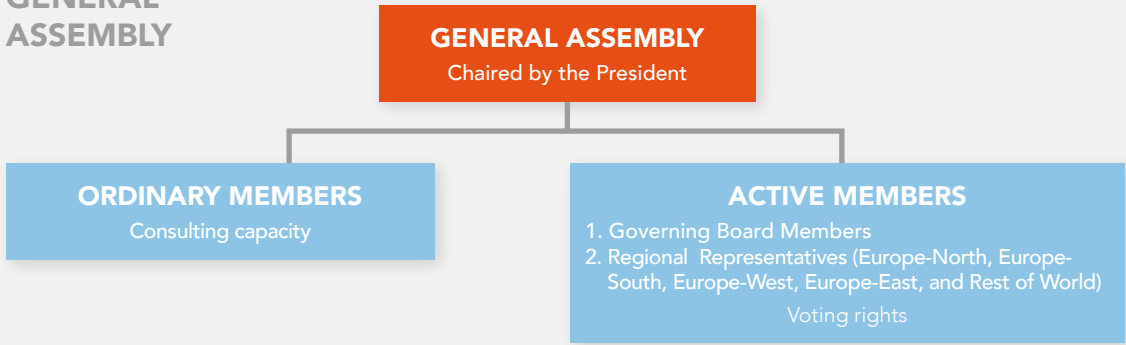
Mohammed Mecha Abagofi, Ethiopia
 Tchomian Clément Adje, Côte d'Ivoire
 Jane Agergarrd, Denmark
 Paulo Aguiar Andrade, Portugal
 Victoria Akogwu-Ogala, Nigeria
 Wilma Alponse Juma, South Sudan
 Racheal Ayanga, Uganda
 Bruno Javier Bartoletti, Argentina
 Pritish Barua, Bangladesh
 Christina Loredana Benea, Romania
 Jema Bisimba, Tanzania
 Emiliano Bissio, Argentina
 Álvaro Borges, Denmark
 Amit Borkar, India
 Gabriel Buluku, Kenya
 John Mark Bwanika, Uganda
 Carlotta Cerva, Italy
 Moïse Compère, Haiti
 Joana Cortez Alves, Portugal
 Paola Costenaro, Italy
 Janneke Cox, The Netherlands
 Jayne Cunnigham-Japhet, South Africa
 Julia Dabravolskaj, Belarus
 Sandra Dröse, Denmark
 Daniel Drozdov, Switzerland
 Shorena Dvali, Georgia
 Sara Maria Fanny Ecclesia, Italy
 Arvid Eden, Sweden
 Ahmet Naci Emecen, Turkey
 Julia Enkelmann, Ireland
 Olubunmi Fakunle, Nigeria
 Marco Franzetti, Italy
 Valeriu Gheorghita, Romania
 Francesca Gili, Spain
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 Tobias Gutting, Germany
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 Camilla Ingrid Hatleberg, Denmark
 Ana Flor Hexel Cornely, Brazil
 Ville Holmberg, Finland
 Irina-Cristiana Ianache, Romania
 Samson Isa, Nigeria
 Pawel Jakubowski, Poland
 Gerrit Kann, Germany
 Bitokwela Pierrot Kanyinda, Botswana
 Mercy Karoney, Kenya
 Jaiving Kazitanga, Tanzania
 Bikash Khatri, Nepal
 Sanna Kilpinen, Finland
 Jairus Kipyego, Kenya
 Radka Komitova, Bulgaria
 Valbon Krasniqi, Kosovo
 Vinay Kulkarni, India
 Milind Kulkarni, India
 Kamilla Grønborg Laut, Denmark
 Lukman Ademola Lawal, Nigeria
 Diego Lins Guedes, Brazil
 Tetyana Loginova, Ukraine
 Maia Lomtadze, Georgia
 Furaha Lyamuya, Tanzania
 Evelyne Maillart, Belgium
 Vincenzo Malagnino, Italy
 Eliana Maldonado Lara, Colombia
 Ula Maniewski, Belgium
 Johnface Fedes Mdala, Namibia
 Jimson Mgamma, Tanzania
 Bijoux Enzanga Mimpongo-Moolman,
 South Africa
 Ruxandra Valentina Moroti-
 Constantinescu, Romania
 Ilaria Motta, Italy
 Masika Moses Muia, Kenya
 Frank Mukonde, Zambia
 John Kivukuto Mutendela, France
 Seya Mulume Franklin Mwamba,
 Botswana
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 Rufina Ana Perez, Argentina
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 Roberta Prinapori, Italy
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 Francisco Trinchan, Zimbabwe
 Aristotelis Tsiakalos, Greece
 Claudio Ucciferri, Italy
 Chloé Wyndham-Thomas, Belgium
 Paul Yonga, Kenya
 Šime Zekan, Croatia



GOVERNANCE



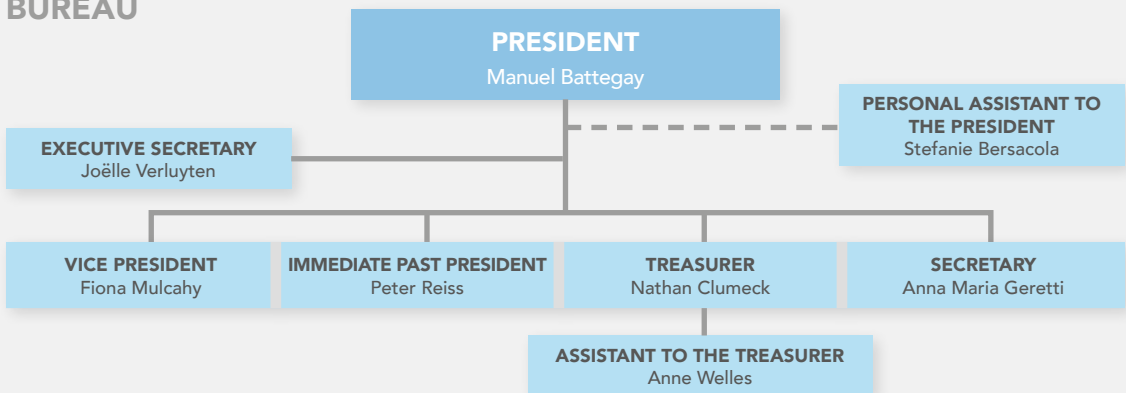
GENERAL ASSEMBLY



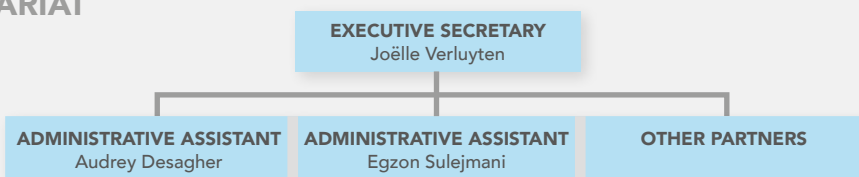
GOVERNING BOARD



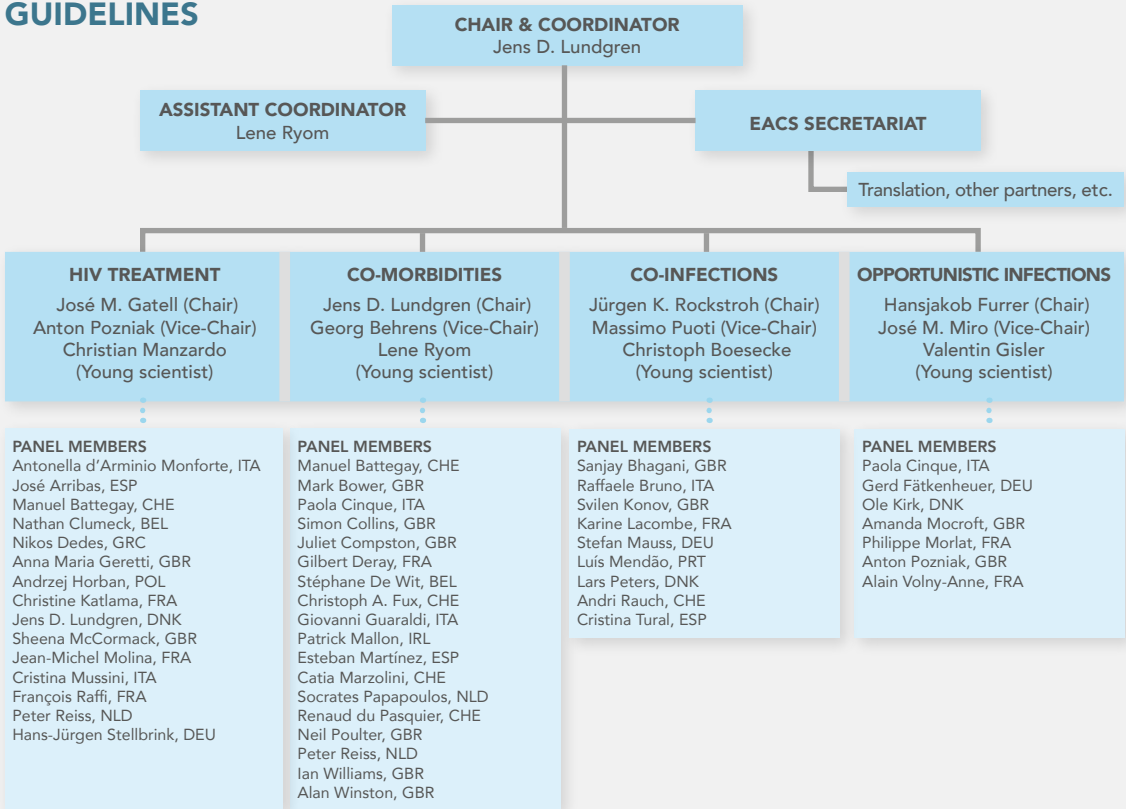
BUREAU



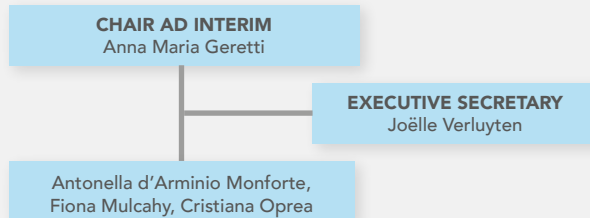
SECRETARIAT



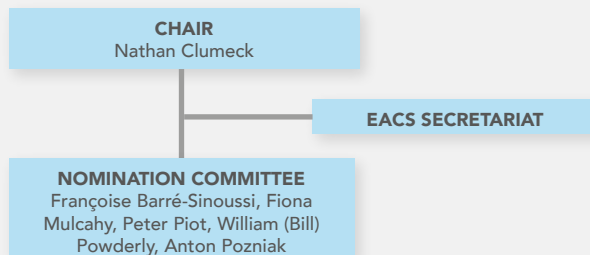
WORKING GROUP GUIDELINES



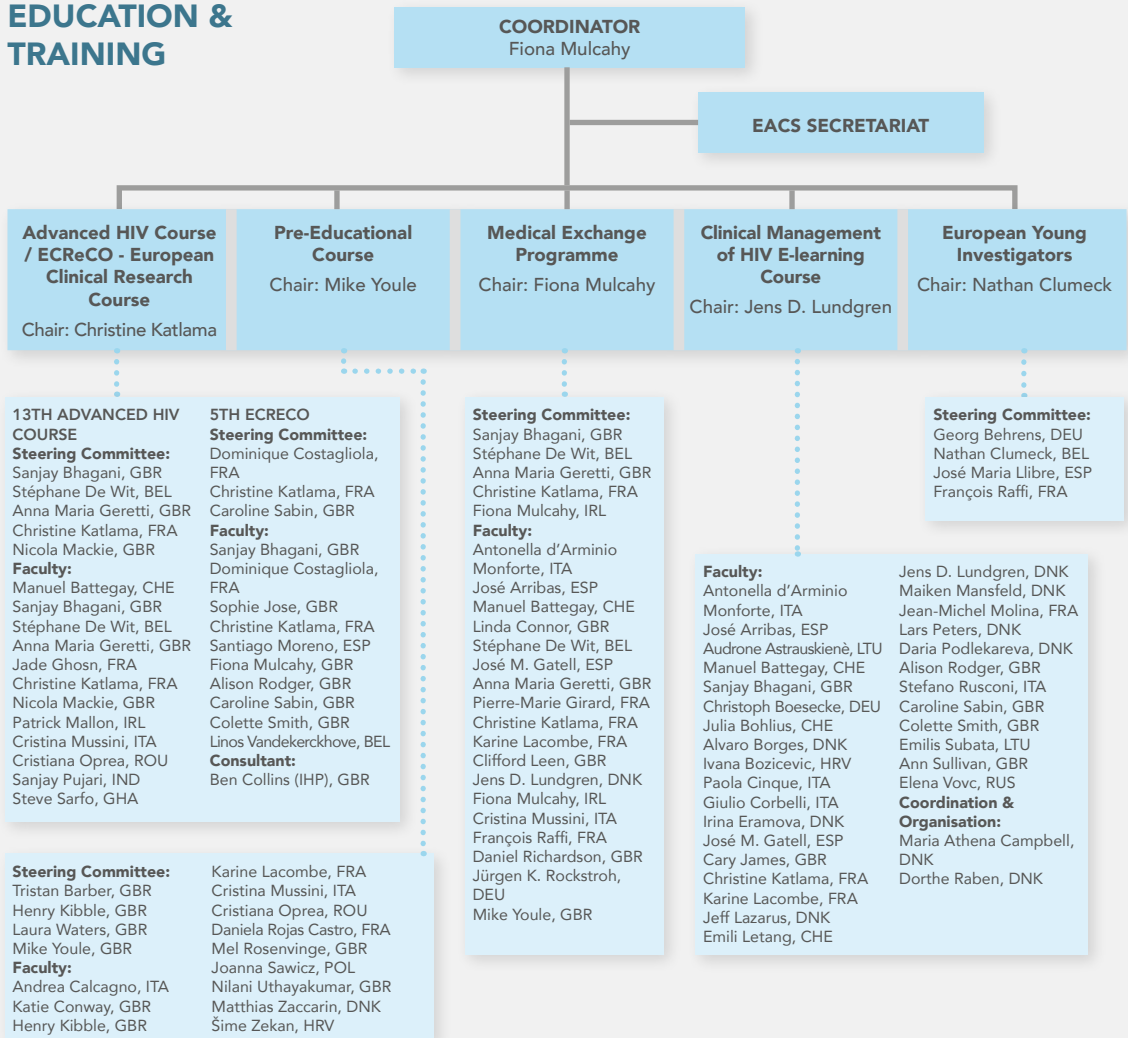
WORKING GROUP WAVE (WOMEN AGAINST VIRUSES IN EUROPE)



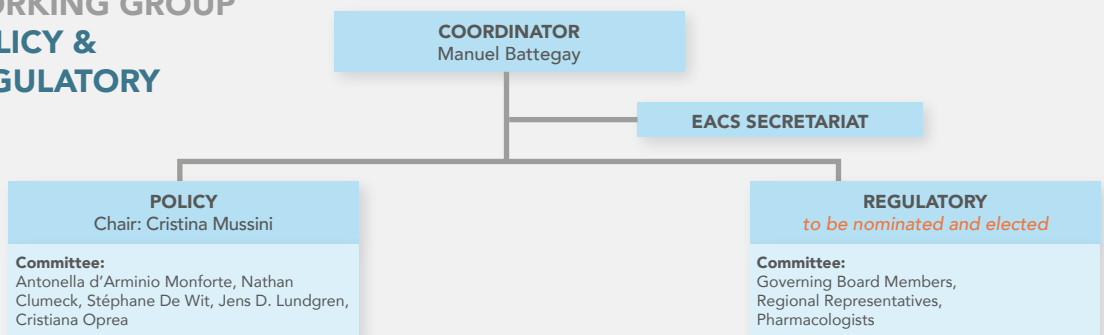
WORKING GROUP EACS AWARDS



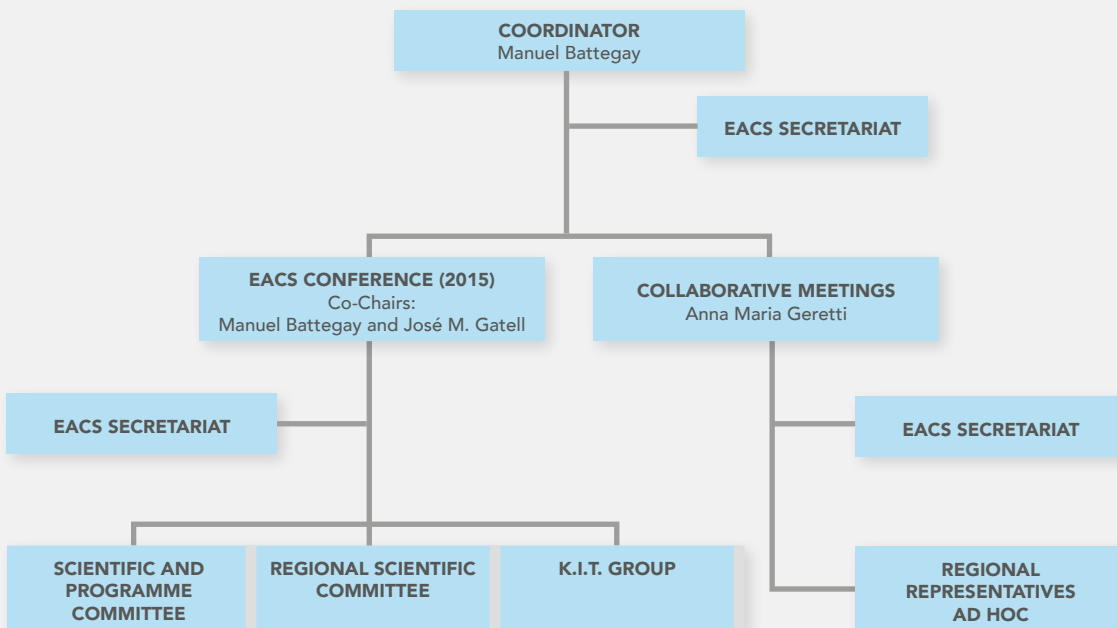
WORKING GROUP EDUCATION & TRAINING



WORKING GROUP POLICY & REGULATORY



WORKING GROUP CONFERENCE & COLLABORATIVE MEETINGS



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15th European AIDS Conference

Marylyn Addo, DEU
 Marcus Altfeld, DEU
 Andrea Antinori, ITA
 Antonella d'Arminio Monforte, ITA
 Manuel Battegay, CHE
 Josip Begovac, HRV
 Georg Behrens, DEU
 Tamás Bereczky, HUN
 Sanjay Bhagani, GBR
 Marta Boffito, GBR
 Karina Butler, IRL
 Vincent Calvez, FRA
 Nathan Clumeck, BEL
 Dominique Costagliola, FRA
 Stéphane De Wit, BEL
 Gerd Fätkenheuer, DEU
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 Ayse Deniz Gökengin, TUR
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 Caroline Sabin, GBR
 Dalibor Sedlacek, CZE
 Anders Sönnnerborg, SWE
 Dan Turner, ISR
 Linos Vandekerckhove, BEL
 Annemarie Wensing, NLD
 Yazdan Yazdanpanah, FRA
 Mike Youle, GBR

15th European AIDS Conference, ESP

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EACS European
AIDS Clinical Society

16th EUROPEAN AIDS CONFERENCE

October 25–28, 2017
Milan, Italy

www.eacs-conference2017.com

Publisher

European AIDS
Clinical Society
(EACS)

Edition Coordinator

Joëlle Verluyten

Administrative

Assistant

Audrey Desagher

Copywriter

Derek McGlynn

Art Direction and

Layout

inextremis.be

mp5167

Photographs

14th European
AIDS Conference -
Philippe Roelants
Governing Board
and meetings -
Bernard De Keyser

Printing Impresor

Number of Copies
4,500

© EACS, 2015



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AIDS
Clinical
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