



EACS
European
AIDS
Clinical
Society



BIENNIAL REPORT

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- **Project coordinator:** Audrey Desagher
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- **Photographers**
 - Valentin Boboc
 - Benoit Bouchez
 - Grégory Burel
 - Anna Dos Santos
 - Lorenza Mercuri
 - Johan Aubin Rakotomavo
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Welcome

FROM THE EACS PRESIDENT

Following my recent appointment as President, I would like to thank my predecessor, Prof. Fiona Mulcahy, Ireland, for her outstanding contribution to EACS during her tenure. Not only did she oversee significant changes to the internal structure and the running of the organisation, but she also created a more inclusive and geographically representative society, and helped to facilitate discussions about areas of Europe and Asia that have previously been underrepresented.

Despite our best efforts over the years, there is still a significant unmet need in HIV management, with the greatest need being in Eastern Europe and Central Asia. In fact, according to the World Health Organisation (WHO), parts of Africa have a higher percentage of people on antiretroviral treatment (66% in Eastern and Southern and 44% in Western and Central Africa) than Eastern Europe and Central Asia (35%),^{1,2} which is well below the global average of 59%.³ Eastern Europe and Central Asia are also regions of the world where annual infection rates continue to rise at a concerning rate.² Conservative legislation around same sex relationships, drug use and sex work continues to act as a barrier to patients seeking treatment in some countries.⁴ As an organisation,

we should be working with these countries to break down these hurdles to improve HIV care for all those affected.

HIV has been around for a long time, with the first known case in 1959, and reaching epidemic proportions by the early 1980s.^{5,6} However, alarmingly, not all regions have an existing HIV healthcare policy.⁷ In these countries, healthcare professionals are adopting the EACS Treatment Guidelines in the absence of local guidance. To effectively ensure that all patients receive appropriate care and achieve optimal outcomes, we must act to influence policy change in these regions, drawing on our HIV expertise and working in collaboration with local key opinion leaders, especially in Eastern Europe and Central Asia.

The EACS Guidelines form a cornerstone of routine clinical practice around the world, however, their use has never been properly assessed. Following the 2019 Standard of Care for HIV and Coinfections in Europe meeting hosted in Bucharest, Romania, a pilot study was initiated to assess how clinical practice across Europe compares to the EACS Guidelines. The countries involved in the initial phase were Georgia, Germany, Poland, Romania and Spain; the results of which are to be analysed by the European Centre for Disease Prevention and Control (ECDC) and will be presented at the 17th European AIDS Conference. The purpose of this is to set the benchmark for HIV treatment across the region, celebrate the successes of gold standard patient management and identify areas where we can make a real impact on those living with HIV.

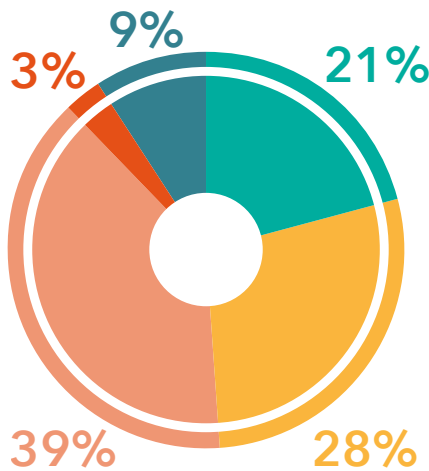
3% Rest of population*

9% Sex workers

21% Gay men and other men who have sex with men

28% Clients of sex workers and other sexual partners of key populations

39% People who inject drugs



*Individuals in this category did not report any HIV-related risk behaviour. Source: UNAIDS special analysis, 2018.

This image has been taken and adapted from the UNAIDS data 2018 report.²

DISTRIBUTION OF NEW HIV INFECTIONS IN EASTERN EUROPE AND CENTRAL ASIA



Prof. Jürgen Rockstroh

EACS President

It gives me great pleasure to introduce the third edition of the EACS Biennial Report, which aims to provide our members with an overview of the society's activities over the past two years. As a priority, we have been working to improve and streamline the EACS framework, ensuring that we have better representation from all regions, and at all levels, within our organisation, allowing us to disseminate our messages to the wider infectious diseases community. This year, we have been working in collaboration with our scientific partners to create a programme that establishes a better understanding of how scientific research translates into clinical practice, and how updates in delivering standards of care can lead to better patient outcomes throughout Europe.

As a society, we have a responsibility to ensure our messages reach a wider audience. EACS has been partnering with other infectious diseases societies in an effort to develop educational workshops and assist in the training of the next generation of infectious diseases doctors. As a result, a joint educational workshop with the IAS will be taking place in Saint Petersburg in 2020. EACS will also be partnering with the European Society of Clinical Microbiology and Infectious Diseases (ESCMID), with the aim of enhancing conversations around HIV at their congresses, as well as developing training programmes to further support the educational needs of clinicians. Within the organisation, we have also established working groups such as WAVE. WAVE was established to promote the welfare of women living with HIV in Europe, address equality of access to care and

encourage excellence in standards of care for women living with HIV. The most recent meeting, titled *On track to improve health of women living with HIV in Ukraine*, took place in Ukraine and was translated into Russian, increasing the amount of people who could access the educational content to enhance the outcomes for patients in areas with a high unmet need.¹

EACS is Europe's largest society of healthcare professionals working to reduce the spread of HIV. Working together we can achieve great things and affect real change. I look forward to updating you on the progress of our EACS Guidelines, educational programmes and research in improving the standard of care in the prevention and treatment of HIV and its related coinfections.

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About the European AIDS Clinical Society

Founded in 1989, EACS is a not-for-profit organisation which plays a crucial role in improving the delivery of care for people living with HIV across Europe, and provides support to clinicians via the development of the EACS Guidelines and educational programmes. It is Europe's largest society of healthcare professionals working in the field of HIV and AIDS.

The society's mission is to promote excellence in clinical practices, research and education in HIV infection and associated conditions, and to actively engage in the formulation of public health policies to reduce the HIV burden across Europe. To achieve this mission, EACS hosts a biennial European AIDS Conference, which has become an

essential international meeting, for those working in the field of HIV, to engage, discuss and learn about the latest research and clinical developments in HIV management. EACS also provides a wide variety of education and training programmes, which help to ensure that HIV clinicians, researchers and healthcare professionals are equipped with the knowledge needed to provide the best care possible to their patients. Aligned with this, the EACS Guidelines consider some of the most complex aspects of HIV management and are a valuable resource for the delivery of consistent clinical care across the European region. The EACS Guidelines are a powerful tool in supporting clinicians in settings where HIV national treatment guidelines do not exist.

GOVERNING BOARD

The Governing Board is elected every four years by the General Assembly. Fifteen board members were elected in 2018. The Governing Board and Regional Representatives meet each year to discuss the EACS strategy, as well as review the financial position and membership of the society, alongside the General Assembly.



Prof. Antonella d'Arminio,
Italy



Prof. Manuel Battegay,
Switzerland



Prof. Georg Behrens,
Germany



Dr Sanjay Bhagani,
United Kingdom



Prof. Christine Katlama,
France



Prof. Jens D. Lundgren,
Denmark



Prof. Esteban Martínez,
Spain



Prof. Fiona Mulcahy,
Ireland



Prof. Cristina Mussini,
Italy



Dr Cristiana Oprea,
Romania



Prof. Anton Pozniak,
United Kingdom



Prof. Peter Reiss,
Netherlands



Prof. Jürgen Rockstroh,
Germany



Dr Ann Sullivan,
United Kingdom



Dr Annemarie Wensing,
Netherlands

WORKING GROUPS

EACS activities are organised through a series of working groups, which are nominated by the Governing Board members.

EACS Award

Prof. Nathan Clumeck, Belgium

Education & Training

Dr Sanjay Bhagani,
United Kingdom

European AIDS Conference

Prof. Jürgen Rockstroh, Germany

Funding & Grants

Prof. Jürgen Rockstroh, Germany

Guidelines

Prof. Manuel Battegay,
Switzerland

Policy & Partnerships

Dr Ann Sullivan,
United Kingdom

WAVE - Women Against Viruses in Europe

Dr Karoline Aebi-Popp &
Dr Justyna D. Kowalska, Poland



REGIONAL REPRESENTATIVES

EACS members belong to five different regions: Europe North, Europe East, Europe South, Europe West and Rest of World. Regional Representatives are elected by the EACS members every four years and are the point of contact between the society and its members. Due to the disparity in HIV services across Europe, regional representation is vital, and this system supports the integration of members from all of the regions mentioned below. EACS is working to nurture new leaders and provide opportunities in order to strengthen the regional network across the continent.

NORTH



Dr Sanjay Bhagani,
United Kingdom



Prof. Paddy Mallon,
Ireland



Dr Ann Sullivan,
United Kingdom

EAST



Prof. Andrzej Horban,
Poland



Dr Mariana Mardarescu,
Romania



Dr Cristiana Oprea,
Romania

SOUTH



Prof. Andrea Antinori,
Italy



Prof. Esteban Martínez,
Spain



Prof. Cristina Mussini,
Italy

WEST



Prof. Georg Behrens,
Germany



Prof. Stéphane De Wit,
Belgium



Prof. Hansjakob Furrer,
Switzerland



Dr Annemarie Wensing,
Netherlands

REST OF WORLD



Prof. M. John Gill,
Canada



Dr Sharon Walmsley,
Canada



BUREAU

The EACS Bureau consists of five members who are elected among the Governing Board: the President, Vice President, Secretary and Treasurer, and the Immediate Past President who stays on the Bureau until the next President is elected. The Bureau meets regularly throughout the year and is responsible for developing the society's strategy, delivering on its objectives and ensuring that the Governing Board has the resources they need to set and implement the strategy for the year.



Prof. Jürgen Rockstroh,
President



Dr Sanjay Bhagani,
Vice President



Dr Ann Sullivan,
Secretary



Prof. Esteban Martínez,
Treasurer



Prof. Fiona Mulcahy,
Immediate Past President

The next regional elections will take place in
2020

SECRETARIAT

The Secretariat manages the day-to-day activities of the association and supports the Governing Board and working groups.

Joëlle Verluyten,
Executive Secretary

Audrey Desagher,
Project Coordinator

Justyna Kopeć,
WAVE Project Administrator

Véronique Van Hal,
Secretary



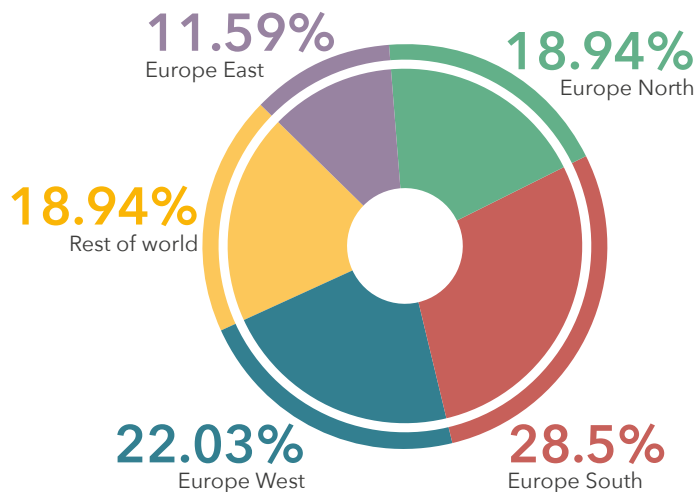


MEMBERSHIP

The EACS society has over **2,300** members, who all work in the field of HIV. EACS offers two membership types:

- **Regular membership fee of €60 for one year or €110 for two years**
- **Reduced membership fee of €30 for one year or €55 for two years** for allied professionals, community members, people from low- and middle-income countries, students and young clinicians/scientists (below the age of 35)

THE SPLIT OF EACS MEMBERS FROM AROUND THE WORLD



MEMBERSHIP BENEFITS

EACS membership comes with a wide range of benefits to assist clinicians and scientists in their day-to-day practice, which include:

- Receiving free access to the EACS Resource Library
 - The EACS Resource Library was launched in 2017, with the objective of gathering the EACS scientific content and making it easily accessible to EACS members and conference delegates
 - EACS is currently working on extending this library to include the scientific material from all EACS events and conferences. Event participants will be able to access the content of the relevant event for one year, while current EACS members will have access to all materials
- Possibility of actively participating in the EACS working groups panels and faculty
- Access to the membership database to network with other EACS members
- Voting rights in the EACS regional elections
- Ability to nominate candidates for the EACS awards
- Receiving the EACS newsletter with all the latest information about upcoming courses, conferences and other important deadlines
- A discount for the HIV Medicine Journal

Education & Training - Investing in our future

Since its inception, the education and training programme has been the nucleus of EACS. The motivation for the majority of our activities is to ensure that HIV clinicians, researchers and other healthcare professionals are equipped with the knowledge they need to provide the best care possible to their patients. Primarily, the focus has been on the European region, but the endeavours of EACS stretch far beyond that. One testament to this has been the geographical spread of applications to the HIV Summer School, with attendees being accepted from all over the world. This global mindset to educate as many HIV clinicians as possible is why EACS has committed to enhancing and expanding its education and training programme to provide new and exciting opportunities for those looking to further their knowledge in this field.

As education is one of the principle aims of EACS, the society is in the process of developing a postgraduate qualification, which when completed, will lead to an award of a European diploma in HIV medicine. A postgraduate qualification, recognised across Europe, would be an opportunity to ensure that clinicians managing HIV have the core knowledge required to deliver the highest possible standard of care for patients living with HIV. This diploma will ensure that there is a consistent level of HIV care being delivered across Europe, using the EACS Guidelines as the benchmark. Although it will not be a requirement to have previously attended the courses offered by EACS, doing so will put any clinician in good stead for their exam.

Dr Sanjay Bhagani, Education & training coordinator



YING - YOUNG INVESTIGATORS

YING is an educational project which aims to foster relationships between young clinicians and scientists across Europe. Since it began in 2016 with the first YING conference, it has created a strong network of like-minded individuals who are passionate about advancing outcomes for people living with HIV.

The second YING conference was held on April 13-14, 2018 in Brussels, Belgium, and had representation from over 20 countries. In order to promote excellence in patient management amongst young clinicians and create an advanced clinical scientific programme, the conference was developed in collaboration with a Steering Committee composed of four European key experts. The role of the Steering Committee is to mentor young experts and support them with developing the meeting agenda and themes that include updates from the HIV research field, professional development and building relationships throughout Europe.

In 2018, updates from the field consisted of the treatment of comorbidities associated with HIV, HIV prevention, drug-drug interactions, and gender issues in HIV. Within the workshops, there were interactive case studies, including evidence-based medicine, and a summary of the relevant aspects from the EACS Guidelines. Another component of the case-based session was identifying uncommon manifestations of the disease that present in, what was thought to be, well known HIV-related conditions. This was an opportunity for attendees to learn how to approach these uncertain clinical scenarios in

STEERING COMMITTEE

- Dr Tristan Barber, United Kingdom
- Prof. Nathan Clumeck, Belgium (Chair)
- Dr Laura Waters, United Kingdom
- Dr Annemarie Wensing, Netherlands



order to better manage them in practice.

A key objective of the conference was to support the enhancement of the attendees' professional development. As part of this, Dr Annemarie Wensing facilitated a workshop titled *How to Build Your Career in Europe?*, which included results from a questionnaire shared with ten experienced HIV clinicians prior to the event, intended to determine steps young investigators could take towards professional development. Key advice and recommendations for career advancement were that young clinicians should gain experience abroad, obtain suitable mentorship (if possible), and that failure should be accepted and embraced in order to learn first-hand from their own mistakes.

As well as the invaluable advice from experienced clinicians, the need for a professional development programme for young clinicians in Europe was identified during the workshop. A key learning was that clinicians working in centres of excellence progress quicker in their professional development due to the access they have to more experienced role models.

Another output of the 2018 YING conference was the coordination of the Young Innovation Platform, which will aim to establish a platform promoting excellence in HIV research and care, as well as connections between young investigators, by bringing ambitious scientists together from centres across Europe and the world. This will lead to the exploration of new and disruptive (e-)solutions to patient care and innovative scientific ideas.

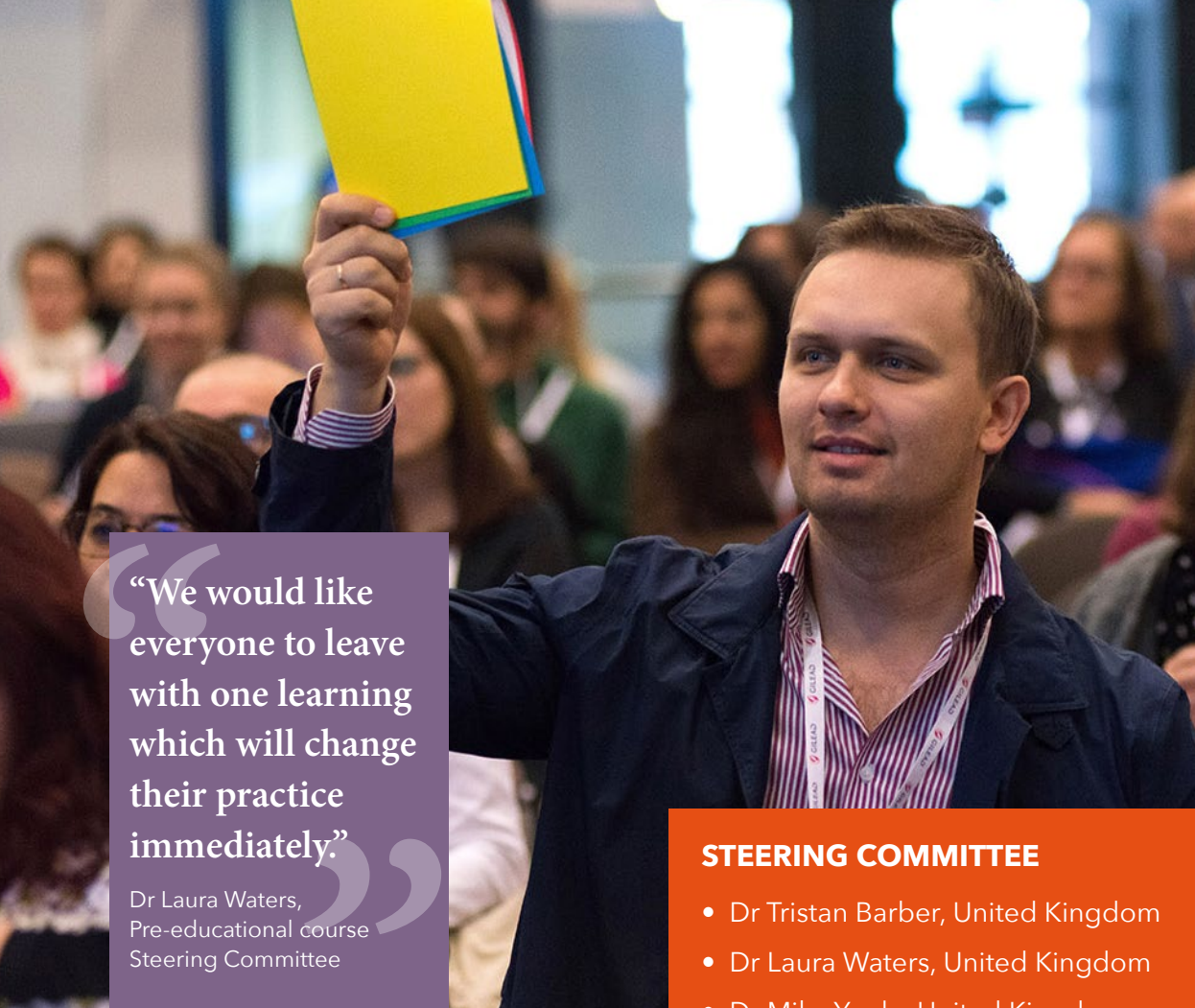
In order for YING to achieve our global HIV targets, this mindset of collaboration and innovation must be entrenched within everything YING does – it is the key to success, and it will help empower and inspire not only young, budding scientists, but everyone who has committed themselves to a career in the continued fight to eradicate HIV.



*Representation
from over
20 countries*

“A key learning was that clinicians working in centres of excellence progress quicker in their professional development due to the access they have to more experienced role models.”

Dr Casper Rokx, YING faculty



“We would like everyone to leave with one learning which will change their practice immediately.”

Dr Laura Waters,
Pre-educational course
Steering Committee

STEERING COMMITTEE

- Dr Tristan Barber, United Kingdom
- Dr Laura Waters, United Kingdom
- Dr Mike Youle, United Kingdom (Chair)

PRE-EDUCATIONAL COURSE

The EACS pre-educational course, currently led by three clinicians based in the United Kingdom, is a one-day course held on the day prior to the European AIDS Conference. The course is primarily aimed at clinicians, trainees, young researchers and doctors (although anyone can attend) and provides an inclusive atmosphere for interactive learning and connecting with peers. Networking helps to enhance the overall experience as well as the accessibility of the Conference, especially for the first-time attendees.

Content is updated for each meeting to reflect emerging trends in HIV care and includes updates from relevant Guidelines. The aim is to include experts mixed with juniors from across Europe. In 2017, topics included HIV related comorbidities, such as kidney and liver disease, which are of concern for ageing HIV patients. This year's course will feature sessions on *Chem Sex: East and West*, as well as *Dermatology in the Modern Era of HIV*, topics that reflect a progressive and changing landscape. With such topical and varying content, and a rotating

panel of experts from across the region, it is no surprise the course attracts around 200 participants every year.

To further unify the network of young physicians within EACS, one of the course sessions this year will be dedicated to YING. In the future, YING will also be responsible for the scientific content of the pre-educational course, ensuring it is of interest and relevance to practicing clinicians, and young researchers, to help them apply what they have learned to their own clinical practice and research.

The pre-educational course hopes to foster ongoing conversation between those who attended by facilitating connectivity between young and experienced clinicians from across Europe. The central ethos to HIV care that we should all embody is that it should be patient-centred and stand for “collaboration, not competition”. By embracing this, we can ensure that people living with HIV receive the right support, advice and care to achieve optimal treatment outcomes.

MEDICAL EXCHANGE PROGRAMME

Since its establishment, EACS has continuously adapted the programme to ensure it delivers on its promise to those working in HIV. 2001 saw the initial launch of the Clinical Exchange Programme, where young clinicians were able to spend up to three months in an EACS centre to acquire clinical skills through observation of experienced physicians so they could understand what best practice care looks like. Then, in 2008, EACS launched its 1-year Medical Exchange Programme (replacing the 3-month programme) which allowed the participants to spend their time working on a research project that was of particular importance to an EACS centre. Those who received a place on the Medical Exchange Programme were awarded a grant and we are proud to state that 149 HIV clinicians from over 50 different countries have been trained since the programme began.

In 2019, with guidance from a Steering Committee made up of eight HIV experts, the Medical Exchange Programme was restructured and will now offer a Short Clinical Exchange Programme (launching in November 2019) and a Career Development Fellowship (launching in 2020), both targeted at young physicians.

Candidates involved in the Short Clinical Exchange Programme have the opportunity to visit an EACS Clinical/Research Excellence Centre (CREC) for a period of 2-4 weeks. The aspirations of the programme are to promote clinical research and education links between centres across Europe and to facilitate the exchange of care and public health models in HIV medicine. Participants have the opportunity to observe and learn from the practice of institutions in other countries. There is also an opportunity for the CREC to nominate a member of its team for a reciprocal visit within the same period of time and with the same financial support. This aims to facilitate the development of long-lasting relationships and increases collaboration between centres from different European regions.

The 1-year Career Development Fellowship programme is a direct output from the 2018 YING conference, where the need for a career development programme was identified during Dr Annemarie Wensing's workshop on *How to Build a Career in Europe?*. It includes mentoring by a key opinion leader for the entire year, a short stay at the mentor's institution i.e. up to four weeks with similar goals to the Short Clinical Exchange Programme, and attendance of both the fellow and mentor to a conference. The purpose of the 1-year scheme is for participants to build longer-lasting relationships with their assigned mentor, and work together on a specific project, which can be implemented within their home country upon their return. > [cont. page 14](#)



STEERING COMMITTEE

- Dr Sanjay Bhagani, United Kingdom
- Prof. Stéphane De Wit, Belgium
- Prof. Christine Katlama, France
- Prof. Jens D. Lundgren, Denmark
- Prof. Fiona Mulcahy, Ireland
- Prof. Jürgen Rockstroh, Germany
- Prof. Linos Vandekerckhove, Belgium
- Dr Annemarie Wensing, Netherlands



This can be a grant proposal, a clinical research project or a management project. In addition, the mentor will develop a communication strategy with their fellow to accompany the project, as it can often be difficult for younger physicians to implement change in their home centre.

Participants and their mentors must attend the European AIDS Conference or the HIV Glasgow Conference as part of the programme. Young physicians are guided through the conference, and with their mentor, they select the plenaries, workshops and poster sessions of interest. Furthermore, the mentor coaches the young physician on how to interpret and discuss the presented work with their peers, and how to build

their network in the field. This arrangement assists the young physician in gaining the most that they can from the conference, both educationally and from a development perspective.

The most recent iterations of the Medical Exchange Programme are one way in which EACS is committed to enhancing the repertoire of the European HIV clinical community to help establish new and long-lasting relationships between institutes across the region. Not only will the Medical Exchange Programme help to advance the clinical skills of young physicians, but increased connectivity will contribute towards improved health outcomes for everyone living with HIV in Europe and the rest of the world.

FELLOWS CURRENTLY ENGAGED ON THE MEDICAL EXCHANGE PROGRAMME



Dr Serkan Aydemir
Host institution: University College Dublin, Dublin, Ireland
Project: Impact of interferon polymorphisms on immunological responses to ART



Dr Tetiana Kyrychenko
Host institution: Saint-Antoine University Hospital, Paris, France
Project: The minor population seeking care in sexual health clinics – needs and challenges



Dr Svetlana Degtyareva
Host institution: Royal Free London NHS Foundation Trust, London, United Kingdom
Project: Evaluating the cascade of care in the diagnosis and management of latent TB infection in people living with HIV



Dr Thandi Milton
Host institution: Brighton and Sussex Medical School, Brighton, United Kingdom
Project: Clinical utility of the RBANS neurocognitive battery in evaluating cognitive impairment in people with HIV: experience from a multidisciplinary memory service (the Orange clinic) for people with HIV



Dr Lourdes Domínguez-Domínguez
Host institution: Centre of Excellence for Health, Immunity and Infections (CHIP), Copenhagen, Denmark
Project: Impact of genetic variation of the APOBEC3G gene on HIV-related pathogenesis



Dr Maryna Sukach
Host institution: Saint-Antoine University Hospital, Paris, France
Project: Health-policy related factors associated with treatment failure and reinfection in HCV-infected patients treated with direct antiviral agents

HIV SUMMER SCHOOL

When applying for the course, attendees are required to choose between a research or a clinical module. The research module allows attendees to work in smaller groups on the practical aspects of clinical study trial design, statistics, the process of organising studies and applying for research grants. The clinical module offers case-based discussions around managing/starting/switching ART, and how to manage comorbidities and opportunistic infections. The participants who select the research module become more familiar with topics such as the theoretical and business side of HIV research, for example, *Why is research important?; Choosing the right study design; Modelling and health economics and Identifying bias*. In comparison, the clinical module focusses more on real-life cases that can range from patients with viral hepatitis to unsuppressed viremia and includes questions throughout to spark debate on what the optimal management strategy should be for the patient. In addition to the plenaries and workshops, the course provides the opportunity for attendees to network with peers from around the world, and through creating presentations in small groups, enables them to enhance their interpersonal skills.

The HIV Summer School is open to young applicants from many different economic settings,

and to support access, EACS grants a number of scholarships ensuring that as many people from a variety of backgrounds as

possible can benefit from the course. Initiatives like the HIV Summer School are crucial for those working in the field of HIV as they provide the necessary elements to keep those within the field up to date and on the forefront of new treatments and technology. However, they are also just as vital in supporting, empowering and inspiring the upcoming generation of budding clinicians from Europe and the rest of the world.




STEERING COMMITTEE:

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

The EACS HIV Summer School offers participants the chance to attend a 5-day intensive learning experience that provides education in two main areas – the clinical management of HIV and the practical consideration of HIV research and funding. Now in its fourth term, the HIV Summer School originally formed from the merger of two previous educational courses – the Advanced HIV Course and the European Clinical Research Course. Each edition of the course invites ~60 clinicians from 30 countries and offers those who participate the opportunity to network and learn from experts. The programme was developed by a Steering Committee of six HIV experts.





“Wow! What a package! Thanks, EACS team! The networking, the lectures and best of all the group work! So much fun. Lots of learning. Inspired to build a career in research!”

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

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

“I believe that the strengths of both YING and the HIV Summer School lie on the opportunity of spending time with fellow clinicians and researchers of roughly the same age.”



CLINICAL MANAGEMENT OF HIV ONLINE COURSE

The clinical management of HIV online course is an enrolment-free learning platform that aims to build the knowledge of HIV clinicians across the globe. The course is led by Prof. Jean-Michel Molina, France and co-chaired by Prof. Jens D. Lundgren, Denmark and Prof. Manuel Battegay, Switzerland. Together they work with an experienced faculty* to review and update the training modules annually, ensuring they reflect the latest developments in the HIV field. EACS works closely with WHO Europe, who provides guidance on public health-related topics, aimed especially at clinicians in Eastern Europe and Central Asia, where the burden of HIV is high and access to information may be difficult. To combat this and to further enhance access to information for clinicians from these regions, the course modules are translated into Russian and the videos contain Russian subtitles. This resource has been very successful in its delivery with more than 3,500 participants having accessed the content from many parts of the world.

The online course was originally split into two: **Clinical Management of HIV** and **PrEP**. However, following a review of the structure, these have been combined into one all-encompassing syllabus. The course provides clinicians with an in-depth understanding of the scope and manifestations of HIV-related diseases, how to prevent and manage them, as well as how to provide gold-standard care. Special emphasis is placed on coinfections and comorbidities, in addition to promoting the latest research findings and Guidelines updates related to HIV treatment. The course comprises four main sections: HIV epidemiology, key populations and continuum of HIV care; opportunistic infections; ART; and prevention of HIV. The course uses a mixture of case studies and video lectures to support learning, and treatment recommendations are in-line with the EACS Guidelines. The duration of each module is ~1.5 hours and the course was designed to be completed in any order, allowing clinicians to select the most appropriate subjects to suit their educational needs. Those who have completed 80% of the course can earn a Statement of Participation - a certificate

*The expert faculty who are involved with the development of the clinical management of HIV online course can be found in the appendices.

that recognises the time dedicated to learning outside of clinical practice. This is awarded from completing set quizzes as well as paying a nominal fee. Participants are also supported by online mentors who can answer questions and are able to discuss topics directly with them.

The flexibility and the content of the course are key attributes contributing to the success of this initiative providing clinicians with the power to further their knowledge when it is most convenient for them. Feedback from participants supports this approach to learning, which compliments the variety of training and education formats that EACS provides.

“Great video course! Lectures are relevant, professional, easy to follow and up to date. All modern approaches in assisting people living with HIV are reflected and scientifically grounded.”

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

“Broad coverage of a variety of daily clinical practice scenarios.”

“Interesting having faculty from all over Europe as teachers.”

“Very relevant to my work, delivered in a simple and easy-to-digest format.”

For more information about EACS, please visit [www.http://www.eacsociety.org/](http://www.eacsociety.org/) or use the QR code that will take you to the education and training page.

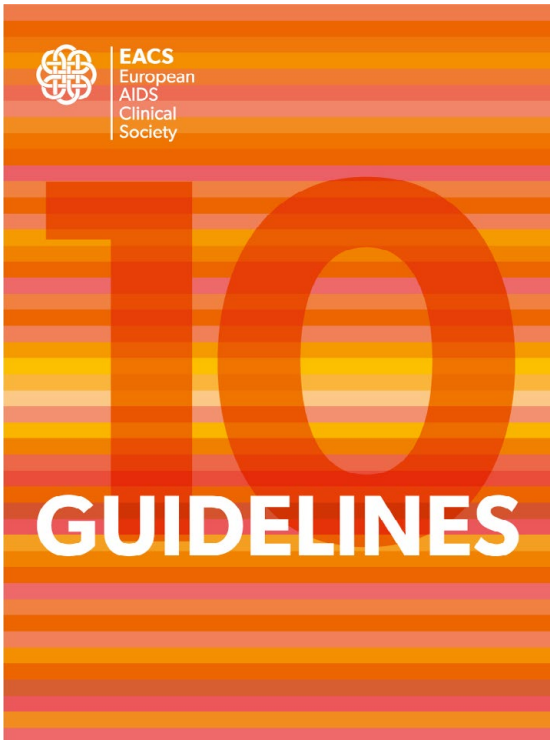


EACS Guidelines

The EACS Guidelines have been published since 2005 and are internationally recognised as an essential tool for clinicians working in the fast-evolving field of HIV management.

The Guidelines are available in print, online as a PDF and a web-based version, and as a free app, available for iOS and Android devices. The EACS Guidelines aim to be as beneficial to those from a wide geographical area as possible and have been translated into the following languages: Chinese, French, German, Japanese, Portuguese, Russian and Spanish.





THE PHILOSOPHY AND METHOD

The philosophy behind the EACS Guidelines is to provide accessible and comprehensive recommendations to clinicians involved with the care of people living with HIV. 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 ART, drug-drug interactions, drug dosage, diagnosis, monitoring and treatment of comorbidities, coinfections and opportunistic diseases. The recommendations provided in the EACS Guidelines are continuously revised to ensure they are up to date and deal with the most relevant questions from everyday clinical practice.

Formal revisions are made annually for the online version and biennially for the print version, but interim updates can be carried out in real time if new essential information is released between those updates. Each section is reviewed by a panel of European HIV experts* and governed by a leadership group consisting of a Chair, a Vice-Chair and a Young Scientist. The overall process is managed by the EACS Guidelines Chair and supported by a Coordinator, who work closely with the EACS Secretariat. The panel chairs rotate every two years and the Guidelines Chair every three years. The panellists are selected based on expertise.

*The panel of European HIV experts involved with the development of the Guidelines can be found in the appendices.

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

FROM VERSION 9.1 TO 10.0

In 2019, a new EACS Guidelines panel was formed focussing on drug-drug interactions, and on the adjustment of ART in an ageing population and other groups at risk of poly-pharmacy. Below are the main updates which occur in the new version of the EACS Guidelines:

ART SECTION

• What to start with

- New recommendation favouring unboosted INSTI with high genetic barrier (DTG or BIC) as third agent for treatment-naïve persons initiating treatment
- 2 NRTIs + DOR included in recommended regimens
- When indicated, TDF/3TC has been added as a backbone
- Dual therapy with DTG + 3TC has been upgraded to recommended regimens

• Primary HIV infection

- High genetic barrier INSTI or PI/b recommended for initial therapy if resistance testing is not available

• Switch strategies for virologically suppressed persons

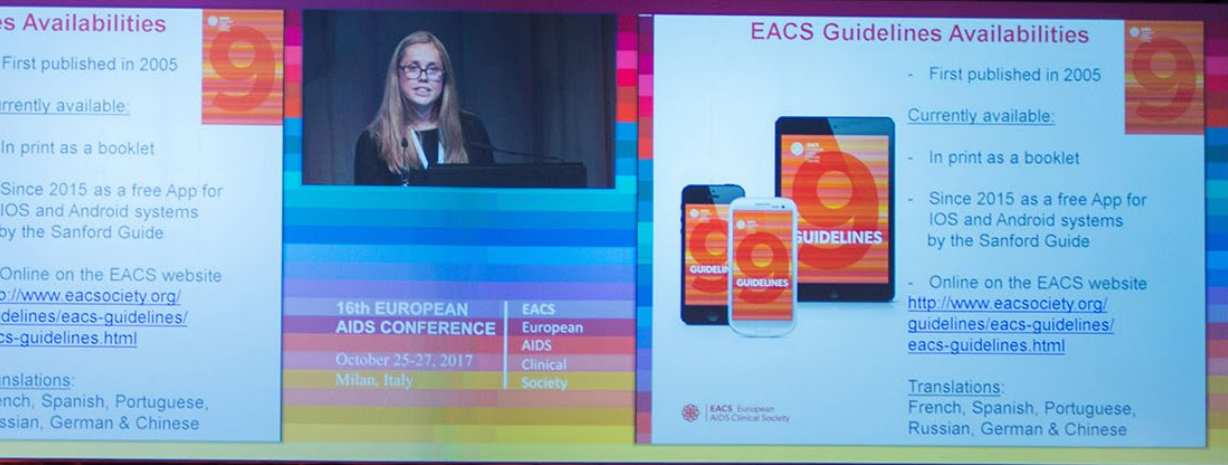
- DTG + 3TC has been included in dual therapies supported by large clinical trials
- DRV/b + RPV has been included as dual therapy option supported by small trials
- Monotherapy with PI/b is not recommended

• Treatment of HIV-positive pregnant women or women considering pregnancy

- Whole section has been updated with treatment guidance regarding different scenarios (Tables 1, 2 and 3)

• ART in TB/HIV coinfection

- New tables have been included (ART in TB/HIV coinfection and DDIs) > [Cont. page 20](#)



- **PEP**

- TAF/FTC, RAL qd and BIC have been included as possible drugs to include in a PEP regimen

- **PrEP**

- TAF/FTC has been included as alternative in MSM

DRUG-DRUG INTERACTIONS SECTION

- Older generation ARTs (DDI and d4T) have been removed from the EACS Guidelines
- All DDI tables have been updated with data on DOR and revised to include recent data on DDIs
- Data on DOR and the fixed dose combination DOR/3TC/TDF have been added to the tables on swallowing difficulties and dose adjustment for renal and hepatic insufficiency
- A novel table *Dosage recommendations for hormone therapy when used at high doses for gender transitioning* provides guidance on dosage adjustments to overcome DDIs with ARTs
- Two new tables: *Top 10 drug classes to avoid in elderly PLWH* and *Non-HIV drugs requiring dosage adjustment in renal insufficiency* have been developed to prevent inappropriate prescribing in elderly PLWH

COMORBIDITY SECTION

- All tables have been updated with the addition of BIC and DOR and older ARTs (DDI and d4T) have been removed from all sections apart from that on lipoatrophy
- A comment has been included on use of e-cigarettes in the lifestyle intervention section
- Screening for kidney disease recommends the use of albumin/creatinine ratio for glomerular disease and protein/creatinine ratio for screening for and diagnosing ART related tubulopathy
- There are updated targets for lipids and a change in threshold for ART modification from 20% 10-year risk of CVD to 10% 10-year risk of CVD
- Blood pressure targets have been updated
- The medical management of hypertension has been updated to include amended drug sequencing suggestions and recommendations on drugs to use
- There is an additional fourth step in the work-up of liver disease in PLWH to include risk stratification based on risk prediction tools and transient elastography and an updated algorithm for surveillance of varices

- There is a minor update for the screening guidance for HCC in non-cirrhotic persons with HBV
- In the sexual health section, there is a statement about U=U, including how this information affects options for conception for HIV-positive persons and their partners and screening for menopause
- In the section on depression, there is a statement on the impact of depression on overall well-being
- In the cognitive guidelines, recommendations for modification of ART are based on either CSF resistance testing or on likely ART toxicity

VIRAL HEPATITIS AND COINFECTIONS SECTION

- The chapter has been renamed “Clinical Management and Treatment of Viral Hepatitis Coinfections in HIV-positive Persons”
- The structure of the chapter has been reorganised: General recommendations, Treatment and Monitoring of Persons with HBV/HIV coinfection, and Treatment and monitoring of Persons with HCV/HIV coinfection
- HCC screening recommendations have been updated with the comorbidities panel
- Practical points on diagnosing hepatic fibrosis have been updated and a table on cut-off values of non-invasive tests for the detection of significant fibrosis and cirrhosis have been added

- The section on HBV reactivation has been updated
- Recommendations for persons who have failed on DAA treatment have been updated
- The DAA table has been updated and split into two parts: one with preferred regimens and one with alternatives
- The figure on management of recently acquired HCV infection has been updated
- The sections on HEV and HDV have been updated

OPPORTUNISTIC INFECTIONS SECTION

- A table on when to start ART in the presence of opportunistic infections has been added
- A table on clinical presentation and management of IRIS has been added
- Treatment of the following OIs has been updated: CMV, HSV, VZV, histoplasmosis, cryptococcosis
- Treatment details of initial and recurrent genital/mucocutaneous HSV has been removed from the OIs section. A cross reference to the Sexual and Reproductive Health of HIV-positive Women and Men section was made instead
- Treatment of Talaromycosis has been added
- Details on management of MDR-TB have been added to the TB section, as well as a table detailing doses for all TB drugs, major side effects and caution when using with ART

“The fast-moving and diverse field of HIV is reflected in the EACS Guidelines and is condensed into the clinical essentials in an easily accessible and practical manner. The EACS Guidelines have come together thanks to the immense team effort of dedicated researchers, clinicians, coordinators, linguists, and technicians who work tirelessly to provide the best possible version of the EACS Guidelines.”

Dr Lene Ryom, EACS Guidelines Coordinator

Standard of Care for HIV and Coinfections in Europe

The EACS Standard of Care for HIV and Coinfections in Europe meeting is a staple event offered by the society for those working in HIV. Now in its third edition, the 2019 meeting was held on January 30-31 in Bucharest, Romania to continue the campaign of supporting those, especially within Eastern Europe and Central Asia, with information to help reduce the increasing HIV transmission rates that have been witnessed over the years.¹

A total of 89 attendees representing 30 countries joined a one-and-a-half-day meeting, hosted at the National Institute for Infectious Diseases, "Prof. Dr. Matei Bals". The meeting involved representatives from public health institutional partners such as ECDC, WHO, UNAIDS, HIV in Europe and community representatives from the European AIDS Treatment Group (EATG). The programme was developed alongside six Steering Committee members from across Europe and the meeting was chaired by Prof. Fiona Mulcahy, Ireland, Dr Cristiana Oprea, Romania, and Prof. Jürgen Rockstroh, Germany.



The aim of the 2019 meeting was to define current standards for clinical and public health practice in Europe, stimulate clinical and/or public health practice audits against these standards, and to make recommendations and explore joint European initiatives for improving European standards of care. The benchmark used to define these standards is the EACS Guidelines, with a key output being the launch of a European-wide pilot study looking to audit HIV centres from around Europe. The purpose of the audit would be to achieve a common standard of practice in providing HIV care, determine where resources and support need to be allocated, champion exemplary centres which others can learn from, and measure progress towards reaching European





STEERING COMMITTEE

- Prof. Andrzej Horban, Poland
- Dr Mariana Mardarescu, Romania
- Prof. Fiona Mulcahy, Ireland (Chair)
- Dr Cristiana Oprea, Romania (Chair)
- Prof. Jürgen Rockstroh, Germany (EACS President) (Chair)
- Prof. Adrian Streinu-Cercel, Romania

standards for HIV and coinfections treatment. Due to healthcare provision being dependent on a number of factors – funding, politics, education – it is prudent to ensure these recommendations are considered to provide solutions that are bespoke to each setting, yielding the desired outcomes. The preliminary results of this audit are being presented at the 17th European AIDS Conference during the EACS/ECDC/British HIV Association (BHIVA) Standard of Care session.

As well as highlighting the need for a European-wide audit, the meeting also focussed on the challenges clinicians face when tackling the needs of HIV patients, including those with coinfections like viral hepatitis and TB. To remedy this, the content of the meeting featured sessions that discussed the epidemiology and treatment landscape of HIV and coinfections across Central and Eastern Europe, case examples of HIV and hepatitis prevention programmes, the integration of testing services and linkage to care for HIV, hepatitis, and TB in Europe.

There were also workshops to promote discussions in three key areas: the challenges associated with the diagnosis and treatment of the HCV coinfection, HIV testing and late presentation, and the integration of HIV-TB services. In addition, discussions on socio-political issues were a cornerstone of this meeting, such as the reduction of stigma and discrimination, as it is often seen that these marginalised communities have the highest rates of new HIV infections, as well as being diagnosed late, due to the reduction in access to HIV testing services.²

Initiatives such as the Standard of Care for HIV and Coinfections in Europe are essential as they are pushing the boundaries to ensure that HIV care is consistently provided across Europe, especially to vulnerable communities who may be overlooked in certain regions. As we approach 2020 and beyond, it is imperative that the standardisation of HIV treatment becomes a reality so that we are able to achieve the global target of 90-90-90.

“Thanks for all the efforts. Activities further East are hard but need to be promoted. This was a realistic effort. Thanks.”

“Great start for addressing unique aspects of the HIV epidemic and care in Eastern Europe.”

“A successful meeting. EACS Standard of Care should definitely be organised in the future in a Central and/or Eastern European country.”

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WAVE - Women Against Viruses in Europe

WAVE promotes the welfare of women living with HIV in Europe and is made up of healthcare professionals and community representatives. WAVE endeavours to promote equality of access to care and excellence in standards of care for women living with HIV. Since 2017, WAVE has added HIV prevention for women to its mission, aiming at building equal access and contributing to the body of evidence for using prophylaxis for women.

Led jointly by Dr Karoline Aebi-Popp, Switzerland and Dr Justyna D. Kowalska, Poland with the support of the Scientific Committee, WAVE is now focussing on how to address the many barriers that have been identified holding back the care of WLWH.



WAVE CHAIRS

Dr Karoline Aebi-Popp,
Switzerland

Dr Justyna D. Kowalska,
Poland

As part of EACS WAVE have a unique position to advise on the EACS Guidelines and provide expert opinion whenever there are gaps in evidence. The link between EACS, practitioners and community representatives allow WAVE to promote research in areas where it is needed the most.

WAVE is targeting regions of Europe where the HIV burden is highest and/or where specific women's needs are endangered.

Globally in 2018, 50% of people living with HIV were women, and that number rose to 65% in Eastern Europe.¹ As HIV prevalence among women who inject drugs was higher than men in certain parts of Eastern Europe during the same year,² this region is one of WAVE's main focuses.








The 2017 WAVE workshop focussed on the role of integrase inhibitors in women, models of care for women living with HIV in Europe and PrEP in women. Several key points were identified. Firstly, there are many facets in regard to care for WLWH, however there are still barriers to access adequate healthcare across Europe. Secondly, there is a deficit in research in WLWH care, and more cooperative research between European countries is needed. Thirdly, PrEP availability and education for patients and healthcare professionals should be increased across Europe.

In 2018, a joint EACS WAVE session called *What Women Want* took place at the Glasgow HIV Drug Therapy Conference, where approximately 500 people attended. The programme focussed on PrEP for women in Europe, pharmacokinetic studies in women as well as its impact on clinical practice and HCV treatment and pregnancy. During the same conference, WAVE members agreed that the main action should be collecting more specific data concerning women. Currently, a literature review on coinfections and comorbidities in women is being performed and the data collection on breastfeeding is being prepared, as well as a questionnaire on menopause.

The fourth WAVE workshop is scheduled to take place prior to the 17th European AIDS Conference in Basel, Switzerland where the attendees will discuss the topics of menopause and ageing, PrEP in women and breastfeeding.

ACTIVITY

In 2017, WAVE identified key areas of interest, choosing appropriate methods to implement them based on the following criteria:

| | | |
|-----------------------|--|---|
| Peer-2-peer visits | In the areas of: |  BREASTFEEDING AND PREGNANCY |
| Promote research | |  COINFECTIONS AND COMORBIDITIES |
| Expert advisory group | |  HPV-RELATED CANCERS |
| Thematic workshops | |  HIV TESTING AND PREVENTION INCLUDING PrEP |
| | |  MENOPAUSE AND AGEING |
| | |  WOMEN WHO INJECT DRUGS |
| |  SEXUAL AND REPRODUCTIVE HEALTH | |

In 2019, WAVE started a new activity, namely organising workshops in Ukraine with the aim to promote standards of care for women living with HIV and to exchange experience with doctors caring for women in Eastern Europe. In addition, there is a series of peer-to-peer visits, which is a programme for medical doctors interested in strengthening their clinical skills to support the implementation of the EACS Guidelines. It encourages the exchange of good practices between those involved, as well as helping enhance their expertise and addressing the gaps in the treatment of WLWH. This occurs during a one-day visit hosted by a WAVE member.



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The EACS Award and Recognition

The EACS Award for Excellence in HIV Medicine is announced at the European AIDS Conference. The award recognises the achievements of a senior scientist who greatly contributed to the field of HIV/AIDS. Prof. Nathan Clumeck, Chair of the the EACS Award Committee, will announce the winner at the opening of the 17th European AIDS Conference in Basel on November 6, 2019.

NOMINATION AND SELECTION PROCESS

EACS members have the opportunity to nominate a colleague or peer for an EACS award by endorsing the candidate with a letter addressed to the Chair of the EACS Award Committee highlighting the various activities they have been involved with, and the reasons why they should be recognised by the society. The nominations are assessed based on the submitted proposal letter that should include information such as the title of seminal papers the nominee has authored, as well as the journal they have been published in. The EACS Award Committee, consisting of five members who received the EACS Award in the past, then reviews all of the nominations, and puts forward the name of the selected laureate for endorsement to the EACS President.



EACS AWARD COMMITTEE

- Prof. Nathan Clumeck, Belgium (Chair)
- Prof. Bernard Hirschel, Switzerland
- Prof. Jens D. Lundgren, Denmark
- Prof. Jean-Michel Molina, France
- Prof. Marie-Louise Newell, United Kingdom



Prof. Jean-Michel Molina, France, was awarded the EACS Award for Excellence in HIV Medicine.

2017 LAUREATES

EACS AWARD FOR EXCELLENCE IN HIV MEDICINE

Prof. Molina has been involved in the fight against HIV/AIDS from the beginning of his medical internship in Paris hospitals since 1981, and moved into HIV/AIDS research from 1987. As the head of the Department of Infectious Diseases at the Saint-Louis hospital in Paris, he continues to provide clinical care to out- and in-patients, as well as to train medical students, residents and senior infectious diseases physicians on HIV medicine.

Prof. Molina is the current Chair of the Clinical Trial Group at the French ANRS, where multicentre clinical trials are reviewed and implemented in France. Working with the ANRS, Prof. Molina has been the principal investigator of a number of clinical trials in HIV-infected patients.

More recently, he has broadened his field of interest to the prevention of HIV infection with ART and has led the ANRS IPERGAY PrEP trial in men who have sex with men in France and Canada. He is also the principal investigator of a new PrEP study (ANRS Prevenir) to assess the public health impact of PrEP in the Paris region to reduce the number of new HIV infections.



Prof. Adriano Lazzarin, Italy, received the recognition for major contributions to the field of HIV/AIDS.

RECOGNITION FOR MAJOR CONTRIBUTIONS TO THE FIELD OF HIV/AIDS DURING CAREER

In 2017, Prof. Lazzarin, stationed at the Department of Infectious Diseases, San Raffaele Scientific Institute and Hospital, Milan, Italy, received the recognition for his major contributions to the field of HIV/AIDS during his career. His areas of interest include epidemiology, prevention, diagnosis and treatment of HIV and hepatitis, molecular basis of viral resistance, immunodeficiency and viral infections and the control of viral infectious diseases by etiopathogenetic treatment.

Prof. Lazzarin and his group have significantly contributed to the field of HIV/AIDS with their research. His many publications have featured some of the first reports of advanced HIV in the Western world. For example, he discovered and reported the first Italian cases and viral clusters in the Lombardia region as well as highlighted the principal transmission risk factors in this geographic area. Further publications focussed on HIV-related encephalopathy and/or neurologic complications on differential diagnosis of AIDS-associated focal brain lesions, the evaluation of prognostic markers of AIDS-associated primary CNS lymphoma, and the diagnosis and treatment of progressive multifocal leukoencephalopathy.

Prof. Lazzarin is a member of the institutional commissions which are interested in HIV epidemiology and prevention such as the Commissione Nazionale AIDS, Commissione AIDS Regione Lombardia, and HIV advisor Regione Lombardia. He has also designed and conducted HIV prevention programmes such as the EASY Test Programme. He is the principal lead for the HIV Italian Guidelines: Diagnosis and Therapy.

The 16th European AIDS Conference

The European AIDS Conference, held every two years, is the flagship event of EACS. Arising from the inaugural meeting in 1987, it is now an essential international meeting for clinicians, researchers, allied professionals and representatives of people living with HIV to engage, discuss and learn about the latest research and clinical developments in HIV management. The 16th European AIDS Conference - held in Milan from October 25-27, 2017 and co-chaired by Prof. Fiona Mulcahy, Ireland, and Prof. Antonella d'Arminio Monforte, Italy - was attended by 2,860 participants from 82 countries across all five continents. To maximise the impact of the European AIDS Conference and to ensure it remains relevant for years to come, it is important that young healthcare professionals are engaged and involved with the various activities EACS

offers. This was a particular focus of the 16th European AIDS Conference and both co-chairs made a conscious effort to include young clinicians within the 2017 scientific programme.

The Conference had a record number of abstracts (911) submitted for inclusion, of which 652 were discussed at the event. The most discussed topics were: antiretroviral observational studies, comorbidities and ageing that represented almost 30% of the total number of submitted abstracts. However, the hot topic of the Conference was PrEP, following its emergence as a management option earlier in the year at the annual Conference on Retroviruses and Opportunistic Infections (CROI). The 16th European AIDS Conference dedicated several sessions to the topic, including a roundtable on the subject, reporting results from

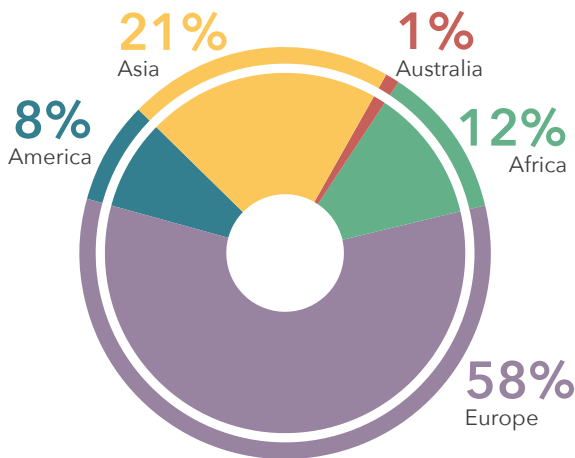


80
conference
scholarships
were awarded
in 2017

2,860
participants
from
82
countries

72% of delegates downloaded the conference app

THE NUMBER OF ABSTRACTS SUBMITTED PER REGION



models of HIV testing and highlighting potential delivery of PrEP in HIV patients.

Additionally, the 16th European AIDS Conference also offered pre-conference meetings that featured content on sexually transmitted diseases and the management of tuberculosis. These were well received by all attendees, particularly those from Eastern Europe who have seen a spike in infection rates over the recent years.¹

Building on from previous years, technology was used to facilitate scientific exchange and clinical discussion to great effect. Five e-Programme stations distributed throughout the conference centre, and the conference app, replaced the need for hard copy programmes – 72% of delegates downloaded the conference app (2,054 downloads; 929 during the conference), an increase up from 2015 by over 20%. Several networking events also took place, encouraging knowledge sharing and collaboration, including the EACS Connectathon, a networking event of 250 held at the Old Fashion Club, Milan.

CO-CHAIRS:

- Prof. Fiona Mulcahy, EACS Conference Co-Chair
- Prof. Antonella d'Arminio Monforte, Local Conference Co-Chair

Looking to the future, hot topics expected to dominate discussion in the community include reaching a consensus on whether women whose viral load is completely suppressed (100% adherent) can breastfeed, and establishing responsibilities for the clinical management of older HIV patients, especially those with comorbidities such as osteoporosis, heart disease and cancer. The next generation of young clinicians will be invaluable in providing new insights into how we tackle HIV in these areas, with a particular focus on management rather than survival. As well as having a relevant agenda, on-going collaboration with other infectious diseases societies will also help ensure that the European AIDS Conference remains agile and appropriate, highlighting specific issues that arise in particular regions of Europe. In addition to clinical research, the European AIDS Conference is a key opportunity to address the barriers that still need to be overcome within the community, in particular stigma. It is of the utmost importance that we continue to empower patients living with HIV, especially in more conservative regions of the world, and in conjunction, promote increased and wider testing of at-risk individuals so that we collectively reduce infection rates to ensure that everyone who has HIV, at a minimum, knows their status and are virally suppressed.

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EACS partnerships

EACS engages, collaborates and endorses organisations that are in-line with the EACS strategy and the mission statement. EACS also organises joint sessions with partners in order to

embrace a comprehensive and integrated view of research, training and education, with the ultimate goal of promoting high standards of care for all people living with HIV.

More information can be found on the EACS website.

Looking ahead



Dr Sanjay Bhagani
Vice President

EMBRACE CHANGE

EACS is continuously changing, ushering in the next generation of HIV clinicians and providing them with the tools to keep up with the evolving landscape of HIV care. More people than ever are living with HIV; UNAIDS reports that 700,000 more people worldwide were living with HIV in 2018 compared to 2017, totalling 37.9 million.¹ We have a commitment to an ageing patient population living with HIV, which now requires a management approach that is very different from clinical care in the past. We are constantly providing relevant practical advice and delivering the most up-to-date research advances through our educational and training offering, all to make sure that we are at the forefront of innovation.

It is only by adapting to our ever-shifting geopolitical and socioeconomic landscape that we will be able to find solutions to our new reality. However, first we must acknowledge, and more importantly, embrace this inevitable change.

EMBRACE CHALLENGE

HIV is a preventable infection, yet across the WHO European region, including countries such as the Russian Federation, the rate of new HIV infections is increasing at an appalling trend, with huge disparity seen across Europe.² From 2016 to 2017, the rate of infections per 100,000 rose from 18.2 to 20.0, even though the rate within the European Union/European Economic Area is decreasing each year and represents a much smaller proportion of this infection rate.^{2,3} Attention must be focussed on Eastern Europe and Central Asia to halt what is now over a decade long battle of increasing HIV transmission.² The diverse epidemiology of HIV across Europe and variances in modes of transmission create a challenge that a single solution will not solve.

As we approach 2020 and reflect on the UNAIDS 90-90-90 target, a unified Europe should be one of our aspirations. Where countries still criminalise those at risk, it is more important than ever to show we are still focussed on a common goal. By bringing people together and speaking as one voice, EACS is striving to create an ever-growing network, unwavering in its motivation to overcome our current challenges.

EMBRACE COALITION

A problem shared is a problem halved. Although perhaps not quite this simple, the sentiment is true. The challenges we are facing at the moment can only be overcome by working together. Where some parts of the world may not be embracing change as quickly as others, the partnerships we are building are most important to help provide support. Stigma in Europe continues to divide people and is a barrier to many seeking HIV testing and treatment.³ From a survey conducted in Eastern and Central Europe, the results from one country showed that ~50% of respondents said they would not buy vegetables from a shopkeeper living with HIV; and this was over 70% in another country.³ Therefore, solidarity is the only stance that will help affect change in these settings.

*More people than ever
are living with HIV;
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EACS helps facilitate cooperation in all its activities. The aim of the Medical Exchange Programme has been precisely this. The European AIDS Conference provides a platform for sharing ideas in HIV and connecting people from all over the region. Our reach goes beyond Europe too, with clinicians from around the world participating in various education and training opportunities that EACS offers online, and in person.

We also understand that collaboration must extend beyond EACS. Our partnerships with other organisations, including community groups and academic institutions help to increase the impact we can have. EACS is currently engaged in collaborations with ECDC, WHO and EuroSIDA, among others. Within this scope, the society is organising several joint sessions at the 17th European AIDS Conference.

It is only by continuing to support each other and unify our work that the 90-90-90 target will be reached and then exceeded, towards our 95-95-95 goal. A Europe where everyone knows their HIV status and is linked into care - is that so hard to imagine?

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3. UNAIDS Databook 2018. https://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf. (Last accessed October 2019)
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A CALL TO ACTION

TIME TO ACT

“There are still countries in Europe where 50% of those with HIV are undiagnosed – we need to go back to basics. It’s no good having a great treatment pathway if we can’t get people onto it. Even if everyone doesn’t need an HIV test, if everyone gets them it will help reduce stigma too.”

Dr Ann Sullivan, EACS Governing Board

REDUCE STIGMA

“An important goal is decriminalising HIV and preventing stigmatisation. If people are in danger when they are open with their HIV status, things will not change. This is a huge barrier to why people present late. Physicians who understand the culture and the political status within their country are the best people to advise on how to move forward with these challenges.”

Prof. Jürgen Rockstroh, EACS President

WORK TOGETHER

“It is of major importance to build collaborative programmes and large networks in the region, to harmonise and integrate strategies and tools across the continuum of HIV care.”

Dr Cristiana Oprea, EACS Governing Board



EACS European
AIDS Clinical Society

18th EUROPEAN AIDS CONFERENCE

October 27–30, 2021
London, United Kingdom

Conference Organiser

EACS - European
AIDS Clinical Society
www.eacsociety.org

Conference Secretariat

EACS Conference Secretariat
c/o K.I.T. Group GmbH
www.eacs-conference2021.com

Conference Venue

ExCeL London
www.excel.london

www.eacs-conference2021.com



Financial summary

EACS is an international not-for-profit organisation of a scientific and philanthropic nature. Its purpose is to reduce the HIV disease burden across Europe. The society promotes research, delivers education, and produces management and therapeutic guidelines on the clinical aspects of infection by the HIV virus and related co-infections.

The Governing Board is required to submit the accounts and the budget at the General Assembly within six months of the year-end. The financial year commences on July 1 and ends on June 30 of the following year.

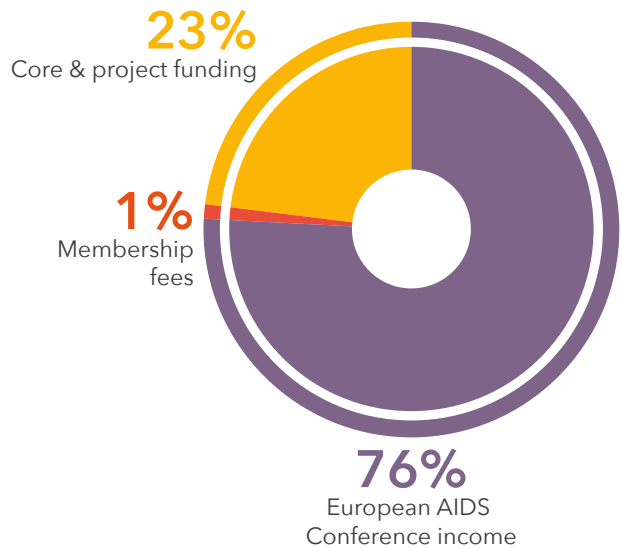
In 2017, the Governing Board requested greater clarity in the reporting and information received from the Bureau. The financial reporting structure was reorganised and a new reporting system was put into place to be in-line with the by-laws of the society.

The new financial reporting draws the attention to the need to assess how EACS conducts its work to meet the objectives defined by the Governing Board, focussing upon each of the programmes and meetings that are organised. It provides an excellent background for the Governing Board and Regional Representatives to work on during their strategic meeting that takes place once a year.

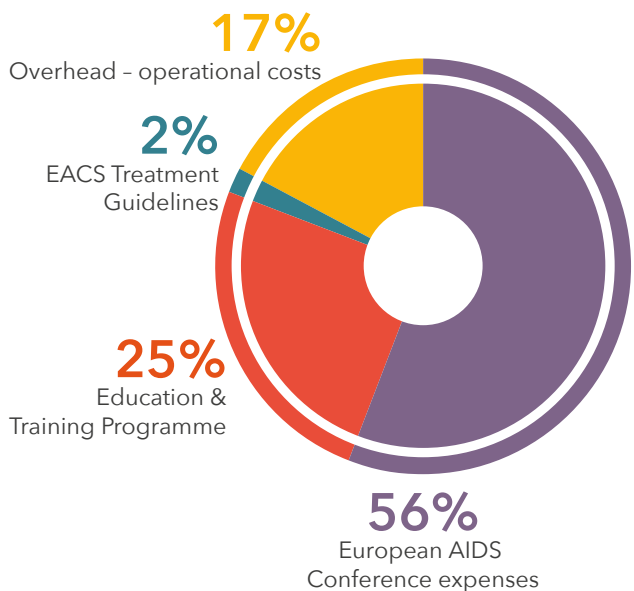
The biennial European AIDS Conference provides the main financial resources that EACS requires to support the education and training programmes, the working groups, the EACS Guidelines and the organisational infrastructure to run the society. The other significant sources of income are the educational grants and memberships. However, alternative sources of funding need to be considered and projects costs and activities need to be assessed and controlled.

Dr Esteban Martínez, Treasurer

INCOME



EXPENSES



Acknowledgements

The European AIDS Clinical Society would like to thank Gilead Sciences Europe, Janssen Pharmaceutica, MSD and ViiV Healthcare Europe for their financial contributions in the form of educational grants.

We would like to express our gratitude to the charities and institutions that have helped us organise our meetings in Eastern and Central Europe.

The European AIDS Clinical Society would like to thank its members, the Governing Board and Regional Representatives, the working groups and panel members, the courses faculty and steering committees, all those who participated in the educational activities, the Conference Scientific and Programme Committees, the EACS Secretariat, K.I.T. Group, the community representatives and to all those who have contributed to the EACS mission.

Appendices

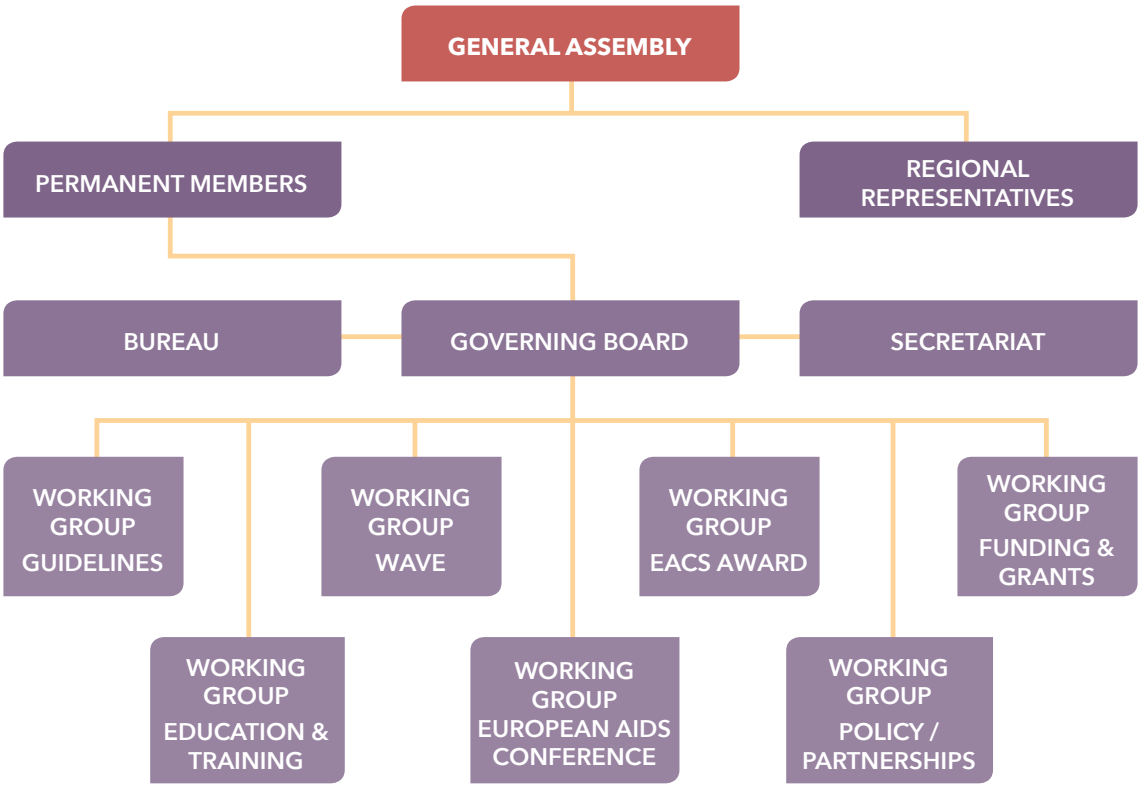
FURTHER READING

If you would like to learn more about EACS, please visit [www. http://www.eacsociety.org/](http://www.eacsociety.org/) or use the QR code that will take you to the EACS homepage.

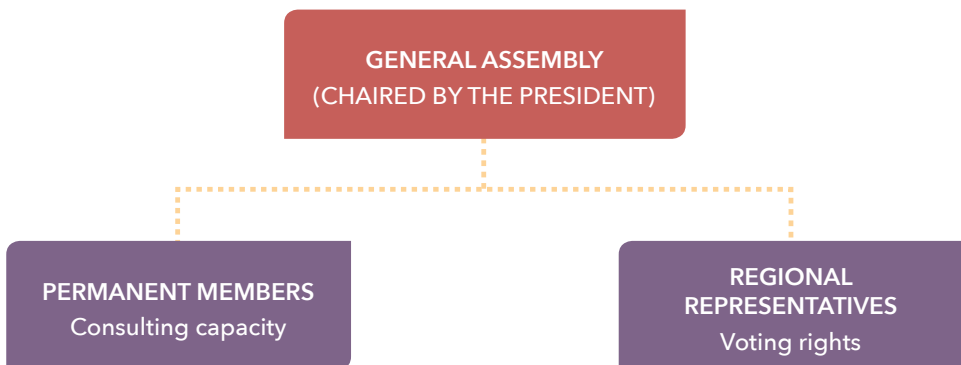


EUROPEAN AIDS CLINICAL SOCIETY (EACS)

GOVERNANCE



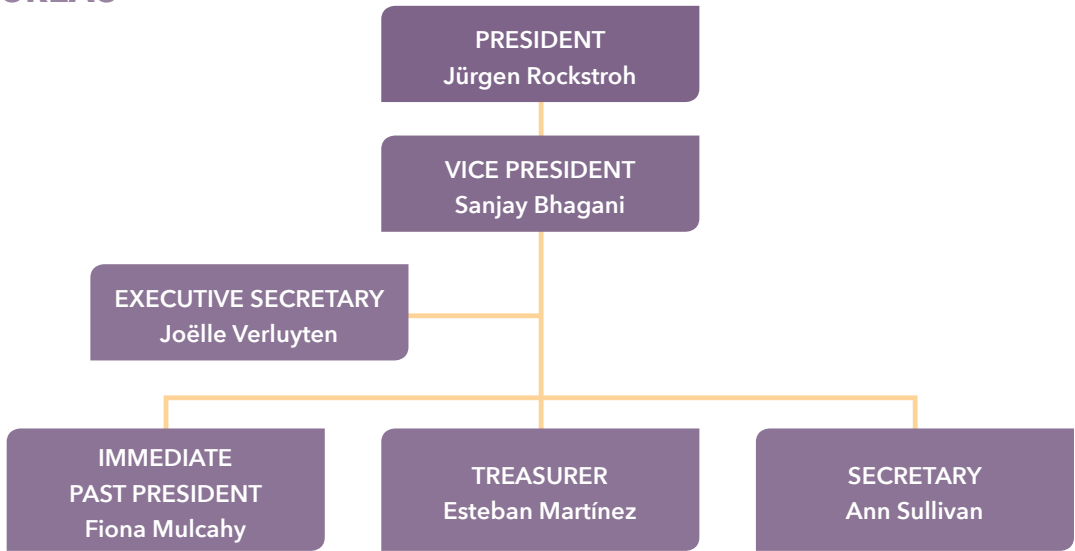
GENERAL ASSEMBLY



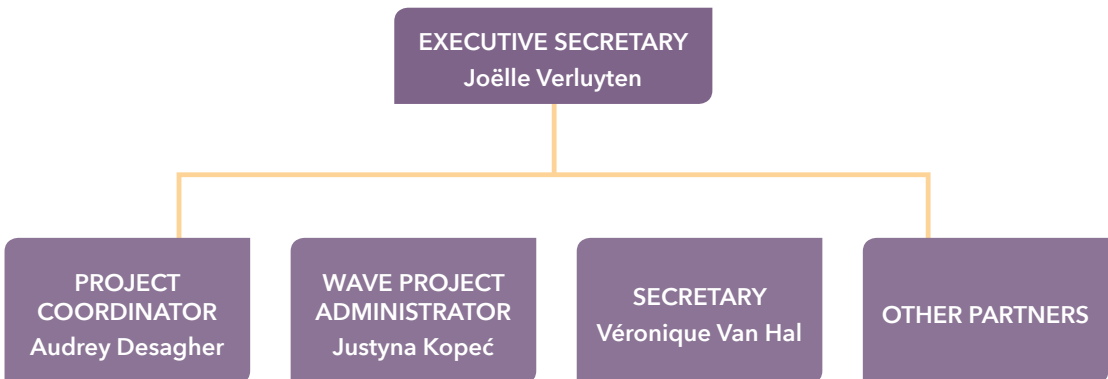
GOVERNING BOARD



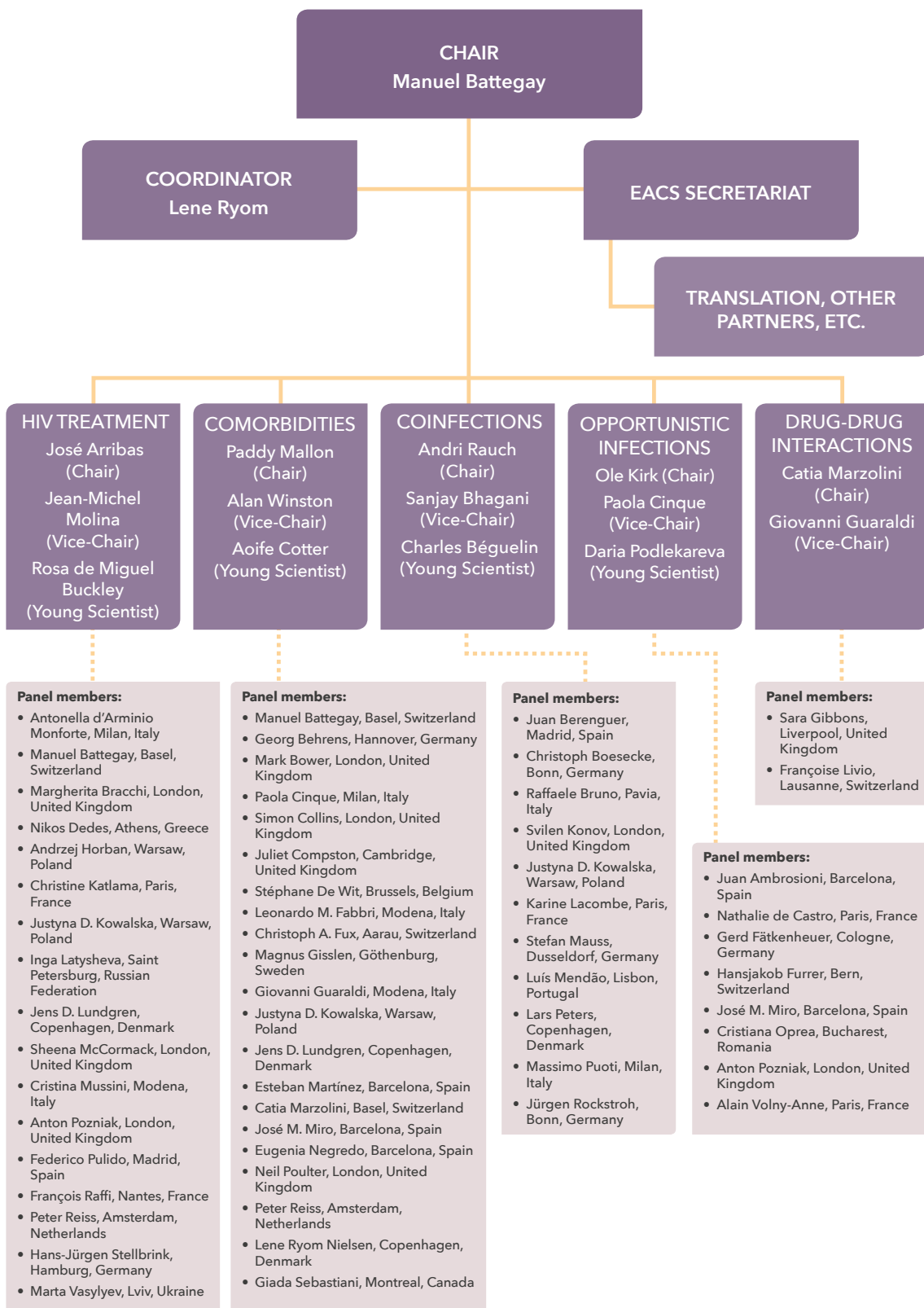
BUREAU



SECRETARIAT



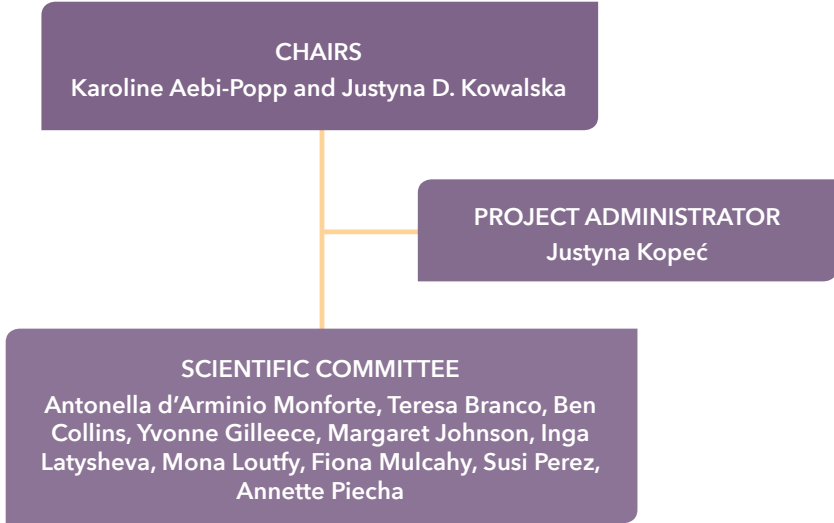
WORKING GROUP: GUIDELINES



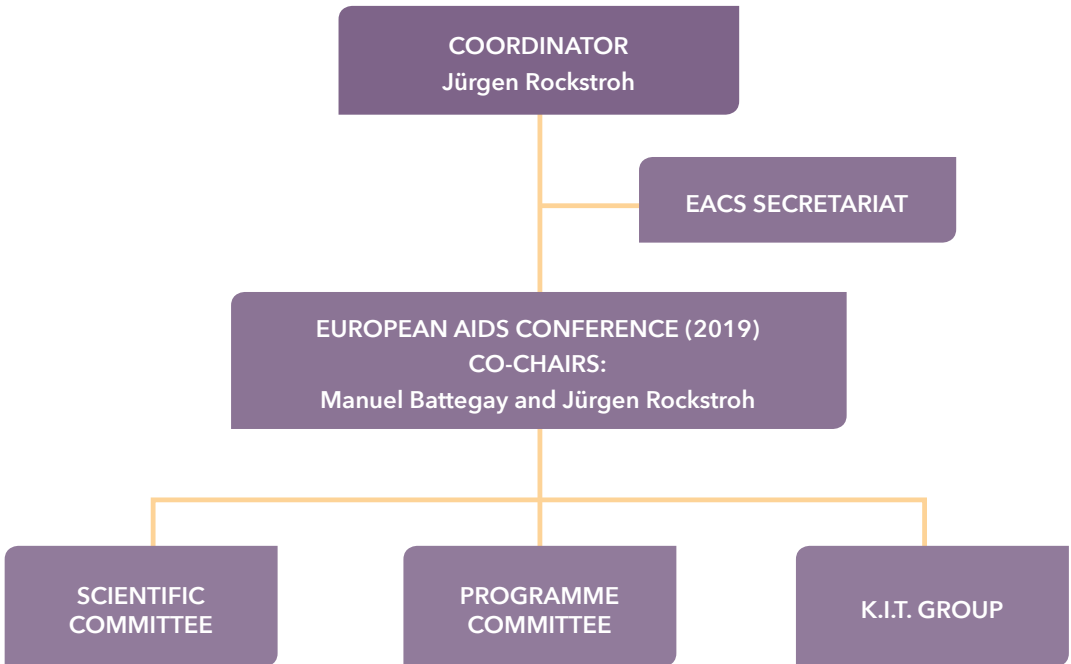
WORKING GROUP: EDUCATION & TRAINING



WORKING GROUP: WAVE



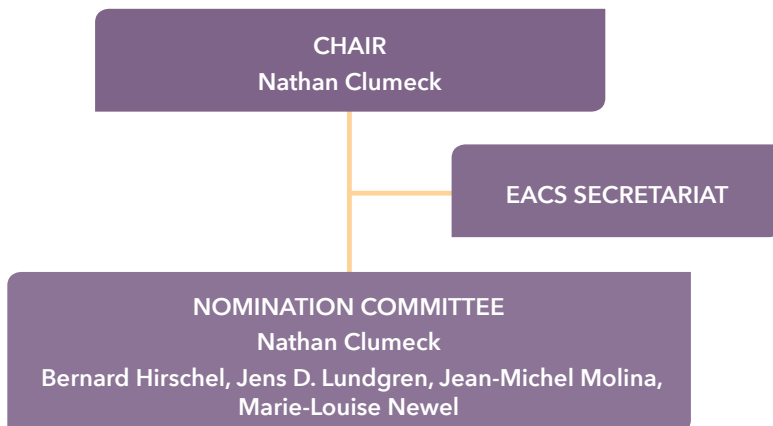
WORKING GROUP: EUROPEAN AIDS CONFERENCE



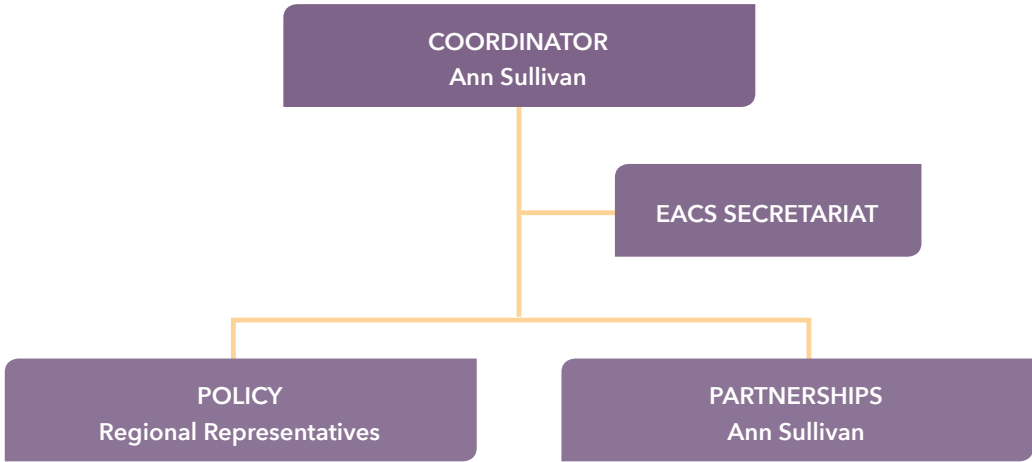
17TH EUROPEAN AIDS CONFERENCE - SCIENTIFIC AND PROGRAMME COMMITTEES



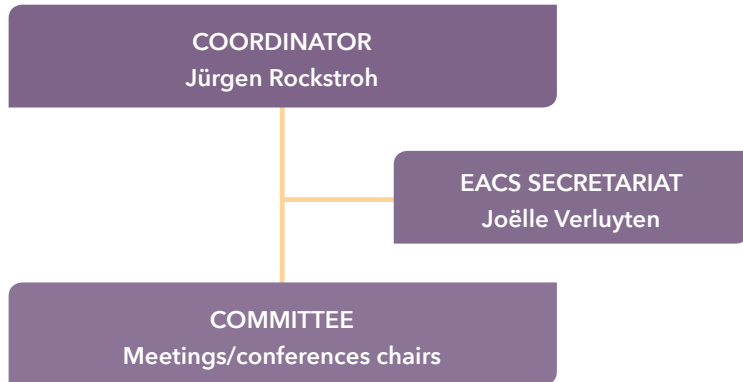
WORKING GROUP: EACS AWARD



WORKING GROUP: POLICY AND PARTNERSHIPS



WORKING GROUP: FUNDING AND GRANTS





EACS
European
AIDS
Clinical
Society

European AIDS Clinical Society
56, rue des Colonies
1000 Brussels, Belgium
T +32 2 316 10 19
info@eacsociety.org
www.eacsociety.org