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As I reflect on the past two years, it’s gratifying to see how EACS continuously flourishes. Our landscape was drastically altered by the COVID-19 pandemic. The pandemic tested our resilience and adaptability, yet it has also reinforced the strength of our community and the values we hold dear.

I must commend the organising team of the previous European AIDS Conference in London in 2021. They displayed admirable resilience, creativity and flexibility by organising an outstanding hybrid conference in the face of shifting pandemic goalposts.

Such values came to the fore when another emergency struck: the war in Ukraine. Beyond our statements condemning the Russian invasion, we have been taking practical steps to support Ukrainian medical professionals and people living with HIV, both within and outside the country. We organised educational webinars and sourced antiretroviral therapy, addressing both immediate and long-term needs. To make sure Ukrainian migrants continued to get essential medication while displaced, we tackled the complex landscape of legal and commercial restrictions in their new countries. We ran a dedicated Short Clinical Exchange Programme for displaced Ukrainian doctors, giving them an opportunity to continue working and find their footing outside their home country. And the 19th European AIDS Conference in Warsaw will run specific sessions about Ukraine and HIV.

The EACS Conference in Warsaw, 20 years after our last meeting in the same city, is an occasion to reflect on the progress and challenges that have marked the HIV landscape across Europe, particularly in eastern and central Europe. Over the past two decades, some countries have made significant strides in terms of standards. Yet numerous challenges remain our priority: including stigma, discrimination, mental health and access to care.

Our partnerships with other organisations continue to be impactful. Just one example: when Mpox emerged, we rapidly collaborated with ECDC to organise very popular webinars offering crucial guidance to clinicians.

We also worked with other organisations both within and outside Europe, including collaboration with infectious disease societies from Japan and from Egypt. This brings us different knowledge and experiences. For example, the ceremonial aspect that the Japanese Society for infectious Diseases attaches to conferences is appreciated by many of us. We’re facing a future in which working together from our different perspectives can only bring value, and it’s important that we continue to nurture impactful collaboration.

EACS education and training is a hallmark of our organisation. Over the next years, I look forward to seeing it develop further and I’m particularly excited about the European Diploma in HIV Medicine. I commend my EACS colleagues for their work on the diploma. Likewise, I am grateful to the teams who work tirelessly on essential initiatives such as the EACS Guidelines, Standard of Care, and the WAVE working group. I know how much dedication these require and I am always in awe of the high quality of the output.

Finally, my special thanks go to Sanjay Bhagani, my predecessor as President of EACS, for his steadfast guidance. His input was invaluable, as was the support from the rest of the Bureau team. When I hand over the reins to Milosz Parczewski in 2025, I have complete faith that he will guide the organisation with attentiveness and a solutions-oriented approach. EACS is well-positioned to navigate the future effectively.
EACS 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, to diminish disparities in care across Europe, and to actively engage in the formulation of public health policies to reduce the HIV burden.

EACS hosts a biennial European AIDS Conference which has become an essential international meeting for those working in the field of HIV. 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. Aligned with this, the EACS Guidelines cover 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 Guidelines are a powerful support to clinicians in settings where HIV national treatment guidelines do not exist.

“...testing but they also made us a resilient, more flexible, and more creative team. This newfound agility enabled us to swiftly address the Ukraine crisis and Mpox. Our driving force is the dedication of our members who generously contribute their time and expertise despite demanding schedules. EACS has become a sought-after and valued partner for organisations across Europe”

Joëlle Verluyten, Executive Director

Arising from the first European AIDS conference in 1987, EACS was legally established as a not-for-profit organisation in 1991. EACS brings the HIV/AIDS scientific community together to improve the delivery of care for people living with HIV across Europe, and to provide support to clinicians through educational programmes, the EACS Guidelines and a dynamic information-sharing network.

EACS EUROPEAN REGIONAL ELECTION

The EACS Governing Board has 16 members, representing four European scientific regions: Europe-East, Europe-North, Europe-South, and Europe-West. Through the European regional elections, each region contributes four board members, limited to two from any one country. Board members serve a four-year term.

The next elections are scheduled for 2024, with the new mandate commencing on 1 January 2025. Voting is open to all paid up European members. Each member can vote for candidates within their own region, respecting the two-member country limit.
GOVERNING BOARD
The 16-member Governing Board consists of four members from each of the European scientific regions: Europe-East, Europe-North, Europe-South and Europe-West. Equal regional representative is important to help mitigate disparities in HIV services across Europe. The Governing Board is elected by EACS members through the European regional elections and has a mandate of four years. The next Governing Board will be elected in 2024. The Governing Board meets each year to discuss the EACS strategy, review the financial position and assess membership of the society.

Prof. Sanjay Bhagani
Immediate Past President

Prof. Miłosz Parczewski
Vice President

Prof. Esteban Martínez
President

Prof. Dr Ann Sullivan
Secretary

Dr Christoph Boesecke
Treasurer

Prof. Dr Karoline Aebi-Popp
Switzerland

Dr Juan Berenguer
Spain

Prof. Sanjay Bhagani
United Kingdom

Dr Christoph Boesecke
Germany

Prof. Antonella Castagna
Italy

Prof. Justyna Kowalska
Poland

Prof. Jens D. Lundgren
Denmark

Prof. Paddy Mallon
Ireland

Prof. Esteban Martínez
Spain

Prof. Jean-Michel Molina
France

Prof. Cristina Mussini
Italy

Dr Cristiana Oprea
Romania

Prof. Milosz Parczewski
Poland

Prof. Jürgen Rockstroh
Germany

Dr Ann Sullivan
United Kingdom

Dr Marta Vasylyev
Ukraine

BUREAU
The EACS Bureau is elected by the Governing Board from amongst its members. The 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 President and Vice President are elected for a period of two years renewable. The mandates of Secretary and Treasurer are awarded for a period of four years renewable. 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. Esteban Martínez
President

Prof. Miłosz Parczewski
Vice President

Dr Ann Sullivan
Secretary

Dr Christoph Boesecke
Treasurer

Prof Sanjay Bhagani
Immediate Past President
SECRETARIAT
The Secretariat manages the day-to-day activities of the association and supports the Governing Board and working groups.

MEMBERSHIP
Since the 2021 biennial report, EACS membership has increased by over 200 members to 2856. This results from efforts to engage members. To increase inclusivity, EACS strives to diversify speakers at events and hold more online events. These initiatives give a platform to new voices and make the organisation more accessible to a wider audience.

Note: There is an increase in total confirmed members of 9% from December 2021 to December 2022.
The EACS education and training programme remains at the heart of our organisation. The past two years have been a hive of activity – equipping many HIV clinicians, researchers, and other healthcare professionals with the knowledge they need to provide the best care possible to their patients.

The HIV Summer School, the Pre-Educational course and the online course on Management of HIV and Co-infections are all thriving. The Medical Exchange Programme also works very well, with four young physicians in the Career Development Fellowship and nine in the Short Clinical Exchange Programme in 2022. Those in the Short Clinical Exchange Programme include five Ukrainian doctors – the result of a dedicated EACS action in response to the war in Ukraine. The action has swiftly and successfully supported the Ukrainian doctors with the necessary skills and knowledge to handle the healthcare needs during difficult times.

‘EACS Live!,’ born in lockdown, has become an established part of the education programme. A series of monthly sessions organised by YING on selected topics attracts high numbers of participants.

YING is focusing more than ever on being “by young people for young people”. Recent times have seen a renewed push to recruit and place of new and diverse YING members, faculty, and scientific committee.

This approach ensures that YING activities remain fresh, relevant and a rich source of learning for young people in HIV medicine.

Finally, I am delighted that we are accelerating towards a diploma in HIV Medicine. This diploma will comprise an examination based on an agreed EACS European HIV Medicine curriculum, which established the minimal standards of education and training in HIV medicine in Europe. It will contribute to the harmonisation of knowledge, skills, attitudes, and competencies in the practice of HIV medicine across Europe and beyond. The development of this examination will be in partnership with the Royal College of Physicians in Ireland (RCPI) which will provide end-to-end candidate management and examination administration.

By embracing online platforms, expanding learning opportunities, bringing in new people and ideas and establishing a European Diploma in HIV Medicine, we are building our strength and our sustainability as a provider of HIV education and training in Europe and internationally.
YING, EACS YOUNG INVESTIGATORS

YING is an educational project that builds relationships between young clinicians and scientists across Europe who are passionate about advancing outcomes for people living with HIV.

Organised by young people for young people, extra efforts have recently been made to ensure that YING remains dynamic by attracting new members. The professional friendships formed through YING will benefit “YINGers” throughout their entire career. The YING conference is a platform for exchange of knowledge and experience and has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®).

**YING conference 2022**

There was much positive energy on display at the fourth YING conference in July 2022 in Brussels. 22 countries were represented by the 57 young attendees, including Ukrainian medical doctors. Over two days, experts presented the latest research and thinking in four key areas: Knowledge gaps in SARS CoV-2 and HIV; Tops and flops in the field; Equality, diversity, and inclusion; and Vaccination and cure.

Participants also joined interactive workshops on examples of successful 90-90-90; translation of research into clinical practice; complex clinical cases; and public and patient involvement.
In addition to factual learning, the YING conference proved extremely useful in forging connections for young physicians to form research networks and improve their skills in writing research proposals and securing funding. Of particular benefit to many participants were insights on how best to apply public and patient involvement principles in research projects.

Some key themes emerged from the conference that are essential for the young physicians’ work. These include unpredictability (pandemics and war); the importance of inclusive dialogue and diversity in research; the need to improve accessibility of support and treatment; the continued innovation in the HIV care, research and education community, and the potential need for a European network of scientists so that the 90-90-90 goal can be reached more quickly.

In the post-conference evaluation, every one of the 57 participants found the event useful. 97% said they would recommend the next EACS YING conference to their colleagues. A tangible and impactful outcome is that as a result of the YING conference, several attendees became more active in EACS by joining the YING Scientific Committee.
Every two years on the eve of the European AIDS Conference the popular one-day Pre-Educational Course run by YING takes place.

The aim is to provide practical clinical skills and advice mainly to those at an early stage of their career (although all are welcome). The meeting bridges the gap between junior clinicians and researchers and experienced experts. It is a platform for the next generation of HIV specialists to showcase at an international level.

Once the course content is approved, 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.

In 2021, a hybrid Pre-Educational Course took place in London before the 18th European AIDS Conference. Chaired by Tristan Barber, Annemarie Wensing, and Laura Waters, over 390 people took part onsite and online. When designing the programme, care was taken to ensure that a diverse range of people were given the opportunity to speak. The subjects on the agenda were: COVID-19 and HIV; inflammation in HIV; heart failure, new drugs, & drug-drug interactions; dermatological malignancies; and women and breastfeeding.

Each topic was introduced through a captivating case study, followed by an expert review of the current evidence and guidelines. Throughout the day, a strong focus on interactivity and networking opportunities allowed participants to share best practices, address unmet needs, and cultivate a collaborative approach to HIV care across Europe.

Our mission for the Pre-Educational Course remains unchanged: we want it to be a springboard for research, improved clinical care, and future engagement with YING and with EACS as a whole.
Exchanges have been at the heart of EACS’ educational programme for the past twenty years. We see the enormous benefit to young physicians of learning in new settings from more experienced colleagues.

Today’s Medical Exchange Programme allows people to choose between a Short Clinical Exchange Programme or a more immersive Career Development Fellowship. Since the exchange programme began, over 168 doctors have seized the opportunity provided by EACS to work and learn abroad.

In 2022, EACS ran a dedicated Short Clinical Exchange Programme for displaced Ukrainian doctors, giving them an opportunity to continue working and find their footing outside their home country. Five doctors took part, hosted by hospitals in Paris, London and Basel.

**Short Clinical Exchange Programme**

Candidates involved in the Short Clinical Exchange Programme (SCEP) visit one of 17 EACS Clinical/Research Excellence Centres (CREC) in 10 countries for a period of two to four weeks. The programme promotes clinical research and education links between centres across Europe and facilitates 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. The CREC can nominate a member of its team for a reciprocal visit during the same time slot and with the same financial support. This helps develop long-lasting collaborative relationships between centres from different European regions.

**Short Clinical Exchange Programme participants:**

- **Dr Dagny Krankowska, Poland**
  
  **HOST:**
  Prof. Yvonne Gilleece, Brighton and Sussex Medical School, United Kingdom

- **Dr Siobhan Quirke, Ireland**
  
  **HOST:**
  Prof. Justyna Kowalska, Hospital for Infectious Diseases in Warsaw (HIDW), Poland

- **Dr Bogusz Aksak Was, Poland**
  
  **HOST:**
  Prof. Jürgen Rockstroh, University Hospital Bonn, Germany

- **Dr Martina Laura Colombo, Italy**
  
  **HOST:**
  Prof. Christine Katlama, Pitié-Salpêtrière Hospital, Paris, France

- **Dr Anna Koval, Ukraine**
  
  **HOST:**
  Prof. Sanjay Bhagani, Royal Free Hospital, London, United Kingdom

- **Dr Tetiana Melnyk, Ukraine**
  
  **HOST:**
  Prof. Karine Lacombe, St Antoine Hospital, Paris, France

- **Dr Maryna Sira, Ukraine**
  
  **HOST:**
  Prof. Karine Lacombe, St Antoine Hospital, Paris, France

- **Dr Myroslava Nikolaichuk, Ukraine**
  
  **HOST:**
  Prof. Manuel Battegay, University Hospital Basel, Switzerland

- **Dr Anzhela Sainchuk, Ukraine**
  
  **HOST:**
  Prof. Jean-Michel Molina, Saint-Louis Hospital, Paris, France
The Career Development Fellowship Programme

The Career Development Fellowship Programme (CDF) offers young physicians the chance to work closely with a key opinion leader for the entire year. The programme includes a four-week stay at the mentor’s institution, similar to the Short Clinical Exchange Programme, and attendance at a conference for both the fellow and the mentor.

Throughout the programme, the participant and mentor collaborate on a specific project. This could range from a grant proposal to a clinical research or management project, to be implemented in the participant’s home country upon return. Recognising the challenges faced by young physicians when implementing change at their home centres, the mentor and participant develop a communication strategy to support the project.

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.

Career Development Fellowship Programme participants:

| Dr Yaroslav Basarab, Ukraine                  | HOST: Prof. Jürgen Rockstroh, University Hospital Bonn, Germany |
| Dr Vincenzo Malagnino, Italy                | HOST: Prof. Karine Lacombe, St Antoine Hospital, Paris, France |
| Dr Camilla Muccini, Italy                   | HOST: Prof. Linos Vandekerckhove, Ghent University Hospital, Ghent, Belgium |
| Dr Kiersten Simmons, United Kingdom         | HOST: Prof. Manuel Battegay, University Hospital Basel, Switzerland |

“I am genuinely grateful to the EACS for international fellowship opportunities, which were particularly an invaluable experience for me. My short clinical exchange experience with Prof Kowalska in Poland was a transformative experience that profoundly shaped my scientific journey.”

Dr Hazal Albayrak Ucak
Infectious Diseases and Clinical Microbiology Specialist
Medical Exchange Programme participant 2020-2021
Short Clinical Exchange Programme 2021

“This experience was extremely positive because I was able to create networks both with greatest experts in HIV field and young researchers, grow professionally and improve my knowledge and expertise in HIV, particularly in the context of HIV cure.”

Dr Camilla Muccini
Career Development Fellowship Programme participant 2022
The HIV Summer School is a residential course designed for clinicians involved in HIV management who wish to deepen their knowledge about all aspects of HIV medicine and research methodology.

The course is delivered by an experienced faculty of key opinion leaders in the fields of HIV clinical care and research. Teaching is based around a combination of plenary sessions, covering recent advances in HIV clinical science and a general introduction to clinical research methodology, as well as interactive small working groups.

Due to COVID-19, the HIV Summer School 2021 was a two-day online event. Topics included evolving treatment strategies, novel drugs, and approaches to reduce drug burden. The critical issue of opportunistic infections, particularly tuberculosis, was addressed. An emphasis was placed on the rising incidence of cancer in HIV patients, requiring better prevention and screening strategies. Forgotten aspects, such as pain, sleep, and mental health issues, were given due attention. It also addressed the mounting challenges and presented holistic management solutions for the ageing HIV-positive population.

Other topics discussed were HIV-related liver issues, unsuppressed viraemia management, paper reviewing techniques, sexually transmitted infections (STIs) and pre-exposure prophylaxis (PrEP), strategies for co-morbidity management, and tips for writing academic papers and abstracts. Practical case studies were used which gave realistic insights and recommendations. In September 2022, the HIV Summer School resumed its four-day format, convening in Bordeaux. Key themes included understanding the evolution of HIV and the importance of early infection, ART management, HIV immunopathology, drug resistance, and effective study design. Sessions by Prof. Brigitte Autran, Dr Annemarie Wensing, and Dr Nicola Mackie addressed these topics. Day two, led by experts such as Caroline Sabin and Paddy Mallon, focused on data analysis, ART optimisation, and HIV & malignancies. On the third day, Prof. Sanjay Bhagani and Prof. Yvonne Gilleece spoke on liver disease in HIV and prevention strategies, respectively. The final day featured participant presentations and a debate from the “Clinical” modules.

A course evaluation is conducted at the end of the course where participants are requested to assess the effectiveness of the course and determine the needs. 100% of respondents agreed that the course was useful while 81% said that it was extremely useful. 99% of respondents said they would recommend the HIV Summer School to their colleagues.
Born out of necessity during the COVID-19 pandemic, the EACS Live! Journal Club was such a success that it is now a regular feature in the EACS calendar.

In a monthly online session, a YING volunteer presents a topical paper together with another EACS member. The Journal Club aims to stimulate open discussion with experts on the chosen topics, and to be an educational opportunity for the YING network.

Topics are identified several months in advance and range from HIV cure to Inequalities and issues in women living with HIV. The sessions are scheduled to accommodate different regional time zones as best as possible. With almost 20 sessions of the Journal Club delivered, its popularity looks set to stay for the foreseeable future.
A restructured version of the Management of HIV and Co-infections course was launched on World AIDS Day 2021. This online course - available since 2016 - provides an in-depth understanding of the scope and manifestations of HIV-related diseases, their prevention, management, and care.

It consists of a mix of self-study materials such as video lectures, readings and learner activities like quizzes and online discussions. The course is available to anyone who wishes to participate free of charge. It is aimed at people working in HIV and infectious diseases in the healthcare sector, community health clinics, testing sites and public health.

Since the restructure of the course in 2021, four individual learning sections are offered: 1. Clinical Management of HIV; 2. Treatment as Prevention; 3. Public Health Perspectives: Prevention, Testing and linkage to care; and 4. Optimisation of treatment programmes. Participants can get a customised certificate based on the sections they complete.

Led by Prof. Jens D. Lundgren, Denmark, Prof. Manuel Battegay, Switzerland, and Prof. Jean-Michel Molina, France, the curriculum is developed by an experienced scientific faculty of experts in the field of HIV and other infectious diseases. Since its launch in February 2016, 4500 participants have enrolled in the course and accessed the online video lectures.

Given the substantial public health challenge that HIV and AIDS pose in Eastern Europe and Central Asia, participations from these regions are particularly encouraged. To this end, all videos, quiz questions and final exam questions in the course are translated into Russian.

Several adjustments are being explored to ensure the course brings maximum value to participants. These include embedding a process for updating the clinical sections in line with updates to the EACS Guidelines; further improvement of accessibility for Eastern European and Central Asian countries; investigating a new host platform; and improving the user’s experience by looking into new teaching tools, such as podcasts.
Introduction to new guidelines

The EACS Guidelines are published for the 18th time in 2023

The philosophy and method
The overall aim of the EACS Guidelines is to provide easily accessible, systematic and comprehensive recommendations to everyone involved with the care of people living with HIV. The EACS Guidelines v12.0 consist of an overview table covering major aspects of HIV management and six main sections with more detailed recommendations on ART in adults and children, drug-drug interactions, co-morbidities, viral hepatitis co-infections, COVID-19 and opportunistic infections, and paediatric HIV treatment.

Guidelines are updated annually to ensure they remain current and address the most pertinent issues encountered in everyday clinical practice. These guidelines are divided into sections, each of which is reviewed and updated by one of six independent panels.

Each panel comprises international HIV experts, overseen by a leadership team including a Chair, a Vice-Chair, and a Young Scientist. These experts are selected for their specific knowledge in the field. The panels work independently, but will collaborate when necessary, particularly if their respective sections overlap.

The process of reviewing and updating these sections is coordinated by the EACS Guidelines Chair and Coordinator, who liaise closely with the EACS Secretariat. To keep the perspective fresh, there is a rotation system in place: panel chairs change every two years, and the Guidelines Chair changes every three years.

The Guidelines are developed based on evidence and, in the rare instances where such evidence is not available, on expert opinion. The multidisciplinary composition of the panels supports unbiased guideline development. Formal revisions are made annually with major revisions every other year and minor revisions in the years in between.

From version 11.0 to 12.0
The 2023 version of the Guidelines includes updates of all existing sections. Several new segments have been added, including one on the use of Patient Reported Outcome Measures (Co-morbidities section) and one on the clinical features and treatment of Mpox (Opportunistic Infections and COVID-19 section). The COVID-19 section has been extensively modified according to the updated evidence from literature.
“The EACS Guidelines continue to be a vital resource for healthcare professionals, equipping them to deliver high standards of HIV care across Europe’s uneven healthcare landscape. The updated 2023 Guidelines – v12.0 - are a testament to research and collaboration, including the valuable input of community representatives. The breadth of contributors to this update reflects EACS’ collective resolve to reduce the HIV disease burden.”

Juan Ambrosioni, Coordinator – EACS Guidelines v12.0 October 2023
Overview of main changes

ART section
• Change the order of priority of the third drug associated with 2 NRTIs when starting ART: preferably a second generation INSTI or alternatively a PI/b
• Recommendations for Initiation of ART in persons with Chronic Infection without Prior ART Exposure
  - Threshold of HIV VL lowered to < 200 cp/ml in a possible exception to immediate start of ART
• Primary HIV Infection
  - Specify that the treatment should be a 3DR and that a 2DR is not recommended
• Switch Strategies for Virologically Suppressed Persons
  - New paragraph on injectable CAB/RPV
• Virological Failure
  - Add lenacapavir to the therapeutic spectrum
• Treatment of Pregnant Women Living with HIV or Women Considering Pregnancy
  - Change phrasing about breastfeeding which is now not recommended
  - ABC moved out from recommended regimens to alternative regimens
  - Deletion of the foot notes rising concerns about DTG and TAF during pregnancy
• ART in TB/HIV Co-infection
  - Add TAF in antiretroviral regimens in TB/HIV co-infection
• PEP
  - Lighten recommendation of PEP in case of receptive oral sex with ejaculation and not on PrEP or low PrEP adherence
• PrEP
  - Need of a fourth generation HIV test before starting PrEP
  - Recommendation of vaccination for all persons under PrEP
  - Suggestions to propose doxycycline PEP on a case by case basis
  - New paragraph on the different drugs available for PrEP
  - Precision about population with the highest risk of adverse renal outcomes under PrEP
  - New paragraph on PrEP to PEP transition with specification of what is defined as low adherence

DDI section
• The section on long-acting cabotegravir and rilpivirine has been expanded to indicate factors that can potentially impact the drug release from the depot and factors that can increase the risk of virologic failure. The section includes also dosing recommendations in case of missed injections
• The capsid inhibitor lenacapavir administered subcutaneously every 6 months in combination with other antiretrovirals has been added to all DDI tables
• A novel table has been added for DDI between antiretrovirals and anti-infective drugs for opportunistic infections and sexually transmitted infections
• All DDI tables have been updated to include changes implemented in the HIV drug interaction website (University of Liverpool) in the past year
• A novel resource has been added for drug classes to deprescribe in older person with HIV in presence of certain conditions

Co-morbidity section
• A new section on the use of Patient Reported Outcome Measures has been added
• A new section on alcohol use has been added
• Updated guidance on the management of cognitive and central nervous system symptoms in persons with HIV
• Updated guidance to the travel section
• Updated guidance on management of sexual and reproductive health
• Updated guidance on management of type 2 diabetes mellitus
• Updates to cancer screening including anal cancer are included
• Updates on deprescribing in persons with HIV are included
• Updated guidance on managing chronic lung disease
Viral Hepatitis Co-infections section

- Screening for complications
  - HCC screening recommendations have been updated with special regard to validation of PAGE-B-score in persons with HIV
  - For Hepatitis B vaccination the use of the more immunogenic vaccination Heplisav B should be considered where available with the aim to potentially reach better responses
- Treatment and Monitoring of Persons with HBV/HIV Co-infection
  - Caution is warranted when switching from a TDF/TAF-based regimen to drugs with a lower genetic barrier, e.g. FTC or 3TC, and persons with HIV with isolated Anti-HBc concerning viral breakthrough or relapse of HBV. Transaminases and HBV-DNA should be checked regularly
- Management of Recently Acquired HCV Infection
  - The algorithm for the management of acute HCV-infection has been removed as current guidelines recommend immediate treatment of all persons with HIV with recently acquired HCV

Opportunistic Infections and COVID-19 section

- A section on clinical features and treatment of Mpox has been added
- COVID-19 section has been extensively modified according to the updated evidences from literature
- TMP-SMX has been moved from “alternative” to additional “preferred” treatment in toxoplasmic encephalitis. In addition, considerations on diagnostic value of toxoplasma PCR in CSF and corticosteroids use in the context of large lesions with mass effect have been added
- WHO-recommended single-dose liposomal amphotericin B+fluconazole regimen has been added as additional “preferred” regimen in resource limited settings for the treatment of cryptococcal meningitis. In addition, recommendations on primary prophylaxis have been reformulated
- Liposomal amphotericin B+miltefosine has been added as alternative regimen for the treatment of visceral leishmaniasis
- Recommendations on the ART initiation in the context of TB and cryptococcal meningitis have been reformulated
- Hyperlinks to the table describing drug-drug interactions between selected anti-infective agents and ART have been added
- A comment on desensitization in the context of non-severe TMP-SMX allergy has been added
- Minor stylistic changes and rephrasing were made throughout the text

Paediatric HIV Treatment section

- Updated table 1 “Preferred and Alternative First Line Options in Children and Adolescents” to include the most recent treatment options for children
- Removed table 2: Antiretroviral Formulations Useful for Paediatric and Adolescent Dosing and Administration due to redundancy
- Added section on “General principles of postnatal prophylaxis and infant feeding”
- Minor edits in the other sections
In the past two years, the Standard of Care working group has taken significant steps forward. Firstly, in a major development, a funded collaboration with the European Centre for Disease Prevention and Control (ECDC) was announced at the Standard of Care for HIV and Co-infections in Europe meeting in 2022. This project will develop activities over the next four years to harmonise and improve European standards of HIV care and will include audits, and publications.

Secondly, multi-country auditing of standards of care, a long-standing ambition of EACS, really got off the ground. Building from the 2019 pilot audit of hepatitis screening, prevention and management, a re-audit took place across 16 clinics in four countries: Germany, Poland, Romania, and Spain. The results of the re-audit showed quantifiable and promising progress including increased liver cancer screenings and improved hepatitis C treatment plans.

Thirdly, given that many inequalities in standards of care concerns arise in Eastern Europe and countries to the East of the European Union, the working group made the effort to ensure that these countries are not only represented but actively involved in relevant activities. An illustration of this is the expanded scientific committee, which now boasts a more diverse geographical representation of clinicians and community representatives from across all European regions. This more inclusive approach ensures that the work of the Standard of Care working group is relevant and applicable to those countries where it is most needed.
The Standard of Care for HIV and Co-infections in Europe meeting held in October 2022 brought together around 85 HIV experts, community representatives and institutional partners. Due to regional instability, the original location of Tbilisi, Georgia, was switched to Brussels.

Dr Ann Sullivan, EACS Governing Board and Bureau member, was joined by Teymur Noori from ECDC to announce the EACS/ECDC collaboration. They told how the agreement will enable considerable expansion of EACS auditing and related activities. The initiative will also disseminate its audit method and publish audit findings, shedding light on differences in care performance across various locations and populations. The ultimate aim is to measure actual care delivery against desirable targets and provide tools to help health services to improve. Key ‘modules’ or broad areas of care will be covered by the agreement over a four-year period. Identifying modules and the areas was a topic of discussion at the meeting.
MPOX

EACS took swift action following the emergence of the Mpox virus in 2022. In May, a statement was issued to give a status update of Mpox, identify potential treatment and share trusted sources of information. October’s Standard of Care for HIV and Co-infections conference in Europe had a dedicated session on Mpox.

EACS joined ECDC and other stakeholders in organising regular Mpox webinars to discuss updates on the virus and strategies from different countries and organisations.

EACS has shown the strength of its European network by delivering vital audits across different countries, clinicians, and national societies. The collaboration with ECDC will allow us to build on this momentum and we now look forward to making substantial improvements in the care of people living with HIV where they are needed most.

Following a detailed presentation on the re-audit, Prof. Tengiz Tsertsvadze discussed Georgia’s successful campaign against hepatitis C, aiming to reach the 95-95-95 target by 2025 through an intensive door-to-door screening programme. Dr Bartosz Szetela of Wroclaw Medical University discussed the limited access to HIV PrEP in Central Europe, primarily due to inconsistent guidelines, access restrictions, and stigma. He highlighted Poland’s success in increasing PrEP provision, which prevented an estimated 285 infections, but argued that a pan-European policy was needed. Teymur Noori presented the findings from the community survey on stigma organised by ECDC in partnership with AIDS Action Europe and EATG. It indicated that stigma continues to affect people living with HIV. Prof. Miłosz Parczewski also discussed the low uptake of HIV services among Ukrainian war refugees in Poland, suggesting fear of stigma as a possible cause.
WAVE aims to promote the welfare of women living with HIV in Europe. It brings together healthcare professionals and community representatives to promote equality of access to care and excellence in standards of care for women living with HIV. WAVE continues to grow with 53 members representing 33 countries across all EACS regions.

In Europe, half of the people living with HIV are women\(^1\) and 55% of all women with HIV are diagnosed late\(^2\). There is a particular increase among women in the median age at HIV diagnosis\(^3\). Eastern Europe is a specific focus area for WAVE as the burden on women is highest in this area in terms of HIV prevalence and Intravenous Drug Use.

**Breastfeeding**

In 2022, a study on breastfeeding management for HIV-positive women was undertaken, with findings previewed at HIV Glasgow. Three international webinars were organised with substantial clinical participation. The WAVE breastfeeding working committee is currently compiling a database of national guidelines and launching the European breastfeeding registry.

**Co-morbidities and ageing**

The results of the survey on screening and management of co-morbidities and age-related events among women living with HIV were presented at the 18th European AIDS Conference (EACS 2021), with publication due in June 2023. The questions were related to general health (diabetes, cardiovascular disease, low bone mineral density and mental health) and menopause. Subsequently, two new projects were initiated, one examining healthcare perception among these women and another targeting menopause assessment.

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1. UNAIDS. AIDSinfo. People living with HIV. Adults (15+) living with HIV by sex. http://www.aidsinfo.unaids.org
Healthcare Perception
In May 2023, the survey on perception of healthcare among women living with HIV aged 40 or more was launched in 20 countries. It includes questions about patient perceptions of service provisions and clinical care, including preferences and experiences of care, measured by the validated scale “Quality of care through the patient’s eyes (QUOTE-HIV)”. The results are expected by the end of the year and will be written up in 2024.

Menopause Assessment
In 2022, a multidisciplinary group was formed to review menopause in women with HIV. Two literature reviews are underway: one on data collection in menopause studies and another on HIV and menopause management guidelines. Our findings were shared at the European Menopause and Andropause Society Congress (EMA) in Florence and at the AIDS Impact Congress in Stockholm. A sub-group was established to create a global HRT/MHT registry, in collaboration with international colleagues.

HPV
The HPV working committee finalised the literature review on Evaluation of HPV-related cancer screening and management in women living with HIV across Europe. The results will be presented at the 19th European AIDS Conference in October 2023 in Warsaw.

Migrant women
Migrant women face specific challenges in terms of HIV diagnosis and treatment which is why WAVE focuses on their particular issues. The working committee did a literature review and survey investigating factors that contribute to late HIV diagnoses among migrant women living in Europe. They found individual socio-cultural and structural barriers, including the fact that many HIV prevention interventions are not free of charge for migrants within Europe. The work highlighted the importance of inclusive research, service design and development to address the needs of migrant women and reduce inequalities. It also suggested that working directly with communities and community-based organisations might help design services that are appropriate and accessible for migrant women.
The response from EACS to the Ukraine war was immediate, driven by the desire to support Ukrainian colleagues and the large population of people living with HIV in Ukraine. EACS publicly called for the healthcare community to work together to help the HIV community.

Together with ECDC, WHO, CHIP, EATG, and ECEE, EACS issued a statement and developed a Standardised Protocol. The protocol outlines best practices in clinical management for Ukrainian refugees living with HIV. It also addresses the secure sharing of medical data among health professionals across Europe.

YING spearheaded the #awarehivukraine initiative to sustain the delivery of antiretroviral medicines in Ukraine. YING members committed to not only providing these essential medicines but also to funding the logistics required for effective HIV care.

A Short Clinical Exchange Programme was organised for displaced Ukrainian doctors, providing them the means to continue practicing medicine. Furthermore, the upcoming European AIDS conference in Warsaw will feature specialised sessions on HIV and Ukraine.
EACS AWARD
Rewarding excellence in HIV medicine

The EACS Award acknowledges the accomplishments of a senior scientist who has significantly contributed to HIV/AIDS research. EACS members nominate colleagues or peers through a letter highlighting their achievements. The Award Committee reviews all nominations before endorsing the final laureates.

Professor Andrzej Horban
Prof. Andrzej Horban’s visionary approach and dedication have made a lasting impact on the HIV healthcare landscape in Central and Eastern Europe. He started his career in HIV in Poland in the early 1990s during a period of significant political change. He was instrumental in establishing the first national coordination centre for HIV/AIDS, followed by the implementation of a national antiretroviral therapy programme. His pioneering model of in- and out-patient HIV care incorporated a methadone programme and gynaecological care and serves as an inspiration for neighbouring countries. He was a central figure in organising the first EACS Conference in Central and Eastern Europe in Warsaw in 2003.

As the principal investigator in many pivotal clinical trials, Prof. Horban represented Eastern and Central Europe in over 70 studies, including the EuroSIDA, INSIGHT, SMART, and START studies. Prof. Horban has also been a member of numerous steering committees and consortia, contributing to the advancement of HIV medicine.

Prof. Horban has been actively involved at a high level in international associations such as EACS and IAS.

His career is a testament to his unwavering commitment to improving the lives of people living with HIV. Despite political and economic obstacles, he has managed to create a patient-centred healthcare system that has become a model for the region.
Simon Collins
For over two decades, Simon Collins, a treatment advocate living with HIV, has championed the rights of those affected by HIV to participate in their own healthcare and in HIV research.

Committed to running open access services where anyone can easily ask and be informed about their HIV treatment, Simon co-founded i-Base, a UK treatment activist group in 2000. He subsequently co-founded the UK Community Advisory Board (UK-CAB), a 900-member network for community HIV treatment advocates. He has edited the HIV Treatment Bulletin since 2003.

Simon is a long-standing campaigner for the active involvement of advocates in clinical trial design and in clinical guidelines. He has made valuable contributions to numerous leading studies about HIV, its treatment and prevention.

As a member of several scientific committees, Simon was the first community representative on the writing committee for the BHIVA treatment guidelines. Since 2014, he has participated in the Co-morbidities Panel for the EACS treatment Guidelines. He has also advised the London HIV Treatment commissioners and NHS England.

Simon’s work has far-reaching impact on both the global HIV community and the broader research and clinical sectors. i-Base publications have been translated into over 35 languages. As co-chair of the European Community Advisory Board (ECAB) Simon’s influence spans across Europe. His enthusiasm for mentoring young researchers and clinicians reflects his passion for empowering the HIV community with knowledge and understanding.

EACS Award Committee 2021

- Prof. Peter Reiss, Netherlands (Chair)
- Mr. Matthew Hodson, United Kingdom (community)
- Dr Mariana Mardarescu, Romania (clinical medicine & research)
- Prof. Pedro Cahn, Argentina (clinical medicine & research)
- Dr Anastasia Pharris, Sweden (epidemiology/public health)
- Prof. Brigitte Autran, France (fundamental research)
- Dr Julia del Amo, Spain (diverse expertise including policy perspective)
In 2021, the second European Hector prizes were awarded. The H.W. & J. Hector Foundation, Weinheim, Germany, under the initiative of Prof. Jürgen Rockstroh, established the awards in 2019 for the best scientific achievements in HIV research.

Laureates in two categories - best clinical and/or epidemiological paper and the best basic science, translational paper - receive a donation of 10,000 EUR each. Any paper on a HIV-related topic that has been accepted or published in a peer-reviewed journal within a specified 24-month timeframe is eligible for submission.

The 2021 laureates, announced at the 18th European AIDS Conference in London, were Dr Angela Colbers & Dr David Burger and Dr Nicolas Huot et al.

**Laureates Hector prizes**

**Category**

**Clinical and/or epidemiological:**

**Dr Angela Colbers and Dr David Burger**

**Title of the paper:** “Simplified dolutegravir dosing for children with HIV weighing 20 kg or more: pharmacokinetic and safety substudies of the multicentre, randomised ODYSSEY trial”.

*Lancet HIV 2020;7:e 533-44*
Category

**Basic science, Translational:**

**Dr Nicolas Huot et al.**

**Title of the paper:** “SIV-induced terminally differentiated adaptative NK cells in lymph nodes associated with enhanced MHC-E restricted activity”.

*Nature communications vol 12, Article number 1282 (2021)*

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- Prof. Jürgen Rockstroh, Germany
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- Prof. Miłosz Parczewski, Poland
- Dr Laura Waters, United Kingdom

**Basic science, Translational:**
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- Prof. Linos Vandekerckhove, Belgium
- Prof. Annemarie Wensing, Netherlands
- Prof. Marcus Altfeld, Germany
- Dr Javier Martinez-Picado, Spain
- Prof. Alexandra Trkola, Switzerland
Amid a global pandemic, organising the 18th European AIDS Conference was a tough task. But co-chairs Prof. Sanjay Bhagani, Matthew Hodson and Dr Annemarie Wensing rose to the challenge and an extraordinary gathering with over 3200 delegates – 2294 in person and 949 online – took place from 27 – 30 October 2021.

The conference theme ‘crossing borders,’ embodied international collaboration and the sharing of best practices. Equally vital was the focus on dismantling barriers between clinicians, scientists, and the community. Significantly, it was the first international HIV/AIDS conference to be co-chaired by a community representative openly living with HIV.

London’s hosting of the conference reflected the city’s success in meeting the 95-95-95 HIV targets, in implementing innovative HIV care practices and its ethnic diversity. Mayor of London Sadiq Khan addressed the audience in a video speech, and Prof. Kevin Fenton, Regional Director of NHS London, presented lessons from London’s progress in reducing HIV transmission.

The unpredictable global environment called for adaptability. The conference hybrid structure meant as many people as possible could participate, regardless of travel restrictions, cost, time, or ability. It also mitigated the environmental impact of travel. Five continents were represented at the event with a particularly high attendance of young people.

The Conference unveiled a brand-new digital platform. The online experience was carefully crafted to be inclusive for those attending remotely, featuring daily broadcasts that summarised and previewed the day’s events. The virtual environment made it easier for people to chat and also to raise their (virtual) hand and ask questions - regardless of seniority.

A virtual all-women session of young scientists was well attended and sparked a lively discussion. The on-demand function meant participants could cherry pick sessions to suit their interests and agendas.
The agenda remained robust with 48 sessions. The most popular scientific sessions included “The final word on weight for 2021: The past and what should we do in the future?” and “The Ying and Yang of SARS-CoV-2 and HIV vaccinology”. Global circumstances meant that fewer abstracts were submitted than usual, but the 98% acceptance rate far exceeded that of previous conferences. To allow those with fewer resources to participate in the conference, 146 scholarships were awarded to delegates from 35 countries. 317 e-Posters were featured.

There were a broad range of topics covered. New approaches to HIV Cure highlighted the significance of antibodies, their role in treatment and prevention, enhanced immune responses and locating HIV reservoirs. The substantial health disparities faced by women living with HIV were discussed, including the lack of adequate long-term health data and women’s vulnerability to co-morbidities. Tailored treatment options covered the expansion of HIV treatment strategies, including long-acting anti-retroviral medications. It was predicted that future approaches will offer a variety of methods for administering medication. The updated EACS Guidelines were released, offering multi-language treatment information on drug interactions, mental health concerns, and paediatric treatment options.

As well as the presentation of the Hector Prize and the EACS Award, poster awards were given in four categories, and three submitted artworks were selected as winners. Other conference highlights were a dynamic community programme, and a powerful and moving display of the AIDS Memorial Quilt.

At the end of the Conference, there was a march through the streets of London, culminating in a rally in Trafalgar Square, under the banner of “Respect my HIV”. This was the first rally held in Trafalgar Square that directly challenged the stigma that people living with HIV face.

A lasting outcome of the 18th European AIDS Conference is that other conferences have since increased their community involvement. It was a defining moment that set a new standard for collaboration, inclusion, and innovation.

“The first international HIV/AIDS conference to be co-chaired by a community representative openly living with HIV.”
EACS works on building sustainable collaborations with key players in HIV and co-infection research and care. These efforts involve engaging with clinicians, scientists, community representatives, and public health institutions.

EACS’ expertise in HIV management, testing, and prevention is widely recognised and sought after. The organisation’s goal is to develop a comprehensive, integrated approach to research, education, and training that will elevate the standard of care for all people living with HIV.

One example of such partnerships is the funding received from ECDC for country support for the prevention and control of HIV/AIDS, STIs and viral hepatitis in the EU/EEA countries. EACS tendered for the funding as lead partner in collaboration with Centre of Excellence for Health, Immunity and Infections - CHIP. The project’s objectives are to enhance the scientific and technical capabilities of countries and to improve the exchange of scientific information among professionals. The project will involve multiple activities such as capacity building exercises, facilitating scientific exchanges, and developing comprehensive clinical and public health training courses.

EACS collaborates with different conferences and organisations, such as:

- ANRS
- BHIVA
- ECDC
- EuroSIDA
- EuroTEST
- ESCMID / ECCMID
- HIV Glasgow
- IAS
- WHO
- EATG
- SFLS
- and others

EACS Endorsements

- Euroguidelines in Central and Eastern Europe
- European Testing Week, 2022
- awarehivUkraine, 2022
- 15th International Symposium on Neuropsychiatry and HIV, Barcelona, Spain, 2022
- The United Conference of Hepatogastroenterology and Infectious Diseases (UCHID), Cairo, Egypt, 2022

EACS Partnerships and Joint Sessions

- EACS Live! Interactive case-based discussion in Japan, virtual
- SFLS Conference 2022, Paris, France
- HIV Glasgow 2022, Glasgow, United Kingdom
- ECCMID 2022, Lisbon, Portugal
- MonkeyPox & HIV Co-infection Data Dashboard Rument est, etur magnimet et quost quis alitas dia diate
Becoming president of EACS on 1 January 2025 is a huge honour and a challenge, especially as I am the first person from Central and Eastern Europe to take on the role.

I’m well aware that I’m standing on the shoulders of giants. EACS presidents, including current president Esteban Martínez, have done phenomenal work. I will inherit a legacy enriched with a dynamic international membership, invaluable education programmes, robust guidelines, and standards of care that are continually improving.

One of my main objectives as president is for EACS to further bridge gaps between different European regions focusing on the transfer of clinical and scientific knowledge. Combination prevention will also be a priority, covering the broadest possible range of preventive actions. Working together with NGOs and with the community will be essential to achieve our prevention goals.

As much as COVID-19 has shaped recent initiatives, we now need to adapt to new challenges. One is the integration of at-risk populations such as refugees and migrants, particularly in light of the war in Ukraine and other global migration patterns. This involves issues such as late diagnosis and stigma. Stigma remains a priority for EACS. We are currently working with ECDC, with the support by Spanish Presidency of the European Union towards reducing stigma and discrimination, and we will build on this over the next years.

Our partnerships with organisations such as ECDC and WHO have proved most valuable as we leverage our combined expertise and openness to collaboration. While EACS is essentially a Pan-European organisation, exploring the idea of memberships from and further collaboration with non-European countries can only enrich our perspectives on HIV prevention and treatment.

Tackling HIV and AIDS is a constantly evolving challenge. Yet I believe EACS is well equipped. Our strength is in our membership - always dedicated, always pushing boundaries, always seeking and sharing experiences and knowledge. I will strive to ensure we continue to make great steps in advancing HIV and AIDS healthcare across every part of Europe.

“T’m well aware that I’m standing on the shoulders of giants.”
EACS is an international not-for-profit organisation of a scientific and philanthropic nature. Its purpose is to promote knowledge and clinical excellence in HIV medicine to reduce the HIV disease burden across Europe.

The society promotes research, delivers education via classical and innovative platforms, and produces widely used management and therapeutic guidelines on the clinical aspects of infection by the HIV virus and related co-infections in addition to a biennial European AIDS Conference.

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 1 July and ends on 30 June of the following year.

A financial report is produced every month. This financial report assesses and highlights how EACS pursues its work to meet the objectives defined by the Governing Board. It also focuses on the outcomes of each of the programmes and meetings organised, as well as the published updates of the EACS Guidelines that are developed by an international panel of experts. As a result, the report is an excellent and comprehensive background for the Governing Board to work on during their regular strategic meetings.

Several key financial and operational changes have occurred within EACS since the last Biennial Report published in 2021. While the 18th European AIDS Conference saw a 37% dip in revenue due to its hybrid format, expenses were trimmed by 26% through effective management. The organisation saw a 30% increase in funding, including grants from the Maribel Foundation and support for ECDC projects. Thanks to targeted engagement efforts, membership income increased by 96%. Education & Training expenses increased by 71%, reflecting the expansion of initiatives like the WAVE project in Ukraine and the YING Journal Club. Overhead expenses and operational costs also grew, driven by inflation and investments in IT and social media.

In 2022, the EACS Governing Board allocated a reserve fund of 800,000 EUR to enhance financial stability, operational flexibility, and support strategic investments and member benefits. These reserves serve as safeguards, ensuring long-term sustainability, and promoting financial accountability for EACS’s mission fulfillment.
ACKNOWLEDGEMENTS

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

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