<table>
<thead>
<tr>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
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<tr>
<td>Anar S. Andani</td>
<td>Silvia Bino</td>
<td>Daniel Candotti</td>
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<td>Vladimir Chulanov</td>
<td>Angela Dominguez Garcia</td>
<td>Oluwaseun Falade-Nwulia</td>
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<td>Erika Garner-Spitzer</td>
<td>Dieter Glebe</td>
<td>David Goldberg</td>
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<td>Johannes Hallauer</td>
<td>Mira Kojouharova</td>
<td>Wolfgang Jilg</td>
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<td>Mark Kane</td>
<td>Mengji Lu</td>
<td>Daniel Lavanchy</td>
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<td>Giedrius Likatavicius</td>
<td>Mojca Maticic</td>
<td>Olga Lyabis</td>
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<td>Rui Tato Marinho</td>
<td>Antons Mozalevskis</td>
<td>Pieter Meysman</td>
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<td>Mario Mondelli</td>
<td>Daniel Shouval</td>
<td>Helene Norder</td>
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<td>Vana Papaevangelou</td>
<td>Pierre Van Damme</td>
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<td>Giovanni Raimondo</td>
<td>John Ward</td>
<td>Teresa Pollicino</td>
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<td>Françoise Roudot-Thoraval</td>
<td>Naveed Zafar Janjua</td>
<td>Stijn Raven</td>
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<td>Thomas Vanwolleghem</td>
<td>Man-Fung Richard Yuen</td>
<td>Tatjana Reic</td>
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Groups discussion

1. Does the “hurdle” have an impact on public health and/or the elimination goals

2. Is there a need to adopt or create guidelines/recommendations

3. What can be the role of VHPB or other stakeholders in this process
Does the “hurdle” has an impact on public health and/or the elimination goals

• Failure to treat versus treatment failure ratio:
  • In countries with DAAs available: 98% failure is due to failure to treat
  • We do not have the denominator ie what % screened and treated
  • Most of these screen high risk populations

• Big discrepancies in different areas of the world ......

• Also hurdles have different impact in countries depending on epidemiology and genotype distribution – bigger problem in large countries
Does the “hurdle” has an impact on public health and/or the elimination goals

• Failure to treat versus treatment failure ratio :
  • In countries with DAAs available : 98% failure is due to failure to treat
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• Big discrepancies in different areas of the world
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• Europe: unknown % has access to care, screening and treatment
• POLARIS study (limitations) Denmark 70% ... Italy 30%
• Screening to be implemented once treatment is available for patients
Is there a need to adopt or create guidelines/recommendations

- Recommendations for screening in areas where DAAs available
- To reach WHO target – universal screening necessary – also depends on local epidemiology?
  - Age is a consideration?
  - Risk factors?
- Harm reduction education is needed at the same time
- Lack of National registries
- Reinfection post SVR: Need for screening every 6 months in high-risk treated patients - if reinfection possibly need to implement contact tracing? Discrimination issues?
- People on PREP a distinct risk group needed to be screened Q6 mos
- Goal: reduce the “spreaders” versus total pool of chronic HCV patients
What can be the role of VHPB or other stakeholders in this process

• Help WHO with identifying gaps in reality world by collecting real-time data on different countries
• Country meetings: get people together – connect and help defining priorities based on local data
• Facilitate and identify way to work towards the goals