Group

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Groups discussion

1. Does the “hurdle” has 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 proces

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

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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 proccess

- 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