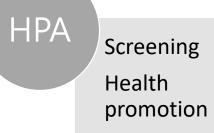
Potential solutions and actions and future commitment needed to overcome the problems

Jasmine Pwu, PhD NHCP Office, MOHW, Taiwan

Existing Health System for hepatitis C control







Framework for the Global Health Sector Strategy on Viral Hepatitis, 2016-2021

DAA era

FIG. 1.2. Framework for the Global Health Sector Strategy on Viral Hepatitis, 2016–2021 A world where viral hepatitis transmission is halted and everyone living VISION with viral hepatitis has access to safe, affordable and effective prevention, care and treatment services. GOAL Eliminate viral hepatitis as a major public health threat by 2030. Between 6 and 10 million infections are reduced to less than 1 million **2030 TARGETS** by 2030; 1.4 million deaths reduced to less than 500 000 by 2030. **FRAMEWORKS** Universal health coverage, the continuum of services, **FOR ACTION** and a public health approach. **MONITORING AND EVALUATION** The three dimensions of universal health coverage STRATEGIC STRATEGIC STRATEGIC STRATEGIC STRATEGIC **DIRECTION 1 DIRECTION 2** DIRECTION 3 **DIRECTION 4 DIRECTION 5** Information Interventions Delivering Financing for Innovation for for focused sustainability for impact for equity acceleration action The "who" The "how" The "what" The financing The future and "where" **STRATEGY** Leadership, Partnership, Accountability, Monitoring & Evaluation IMPLEMENTATION **COUNTRY PARTNER COUNTRY ACTION** ACTION WHO ACTION: HQ, REGIONS AND COUNTRIES **GLOBAL PARTNER ACTION**

2025 肝病減半

THE GOAL OF NHCP OFFICE

50% reduction in NEW infection reduction in HCV-related MORTALITY

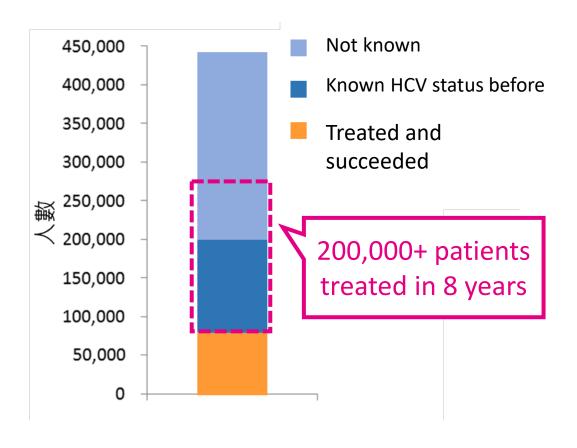
Over 50% COVERAGE in access to treatment



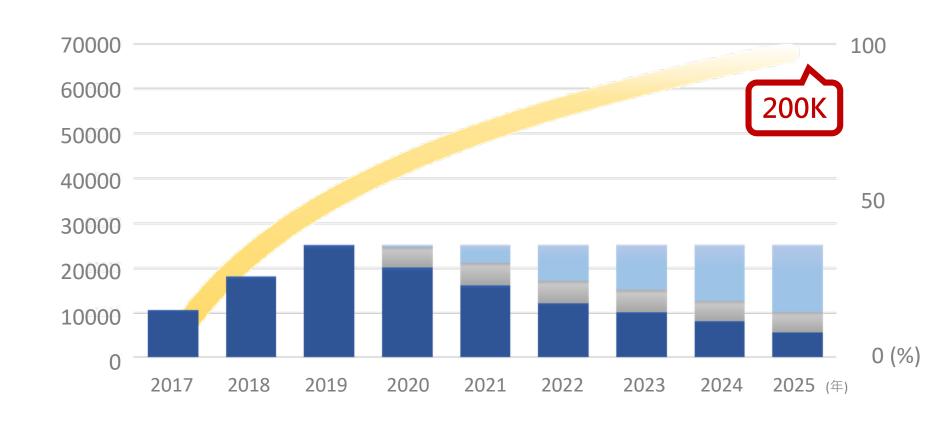
Two key strategies identified



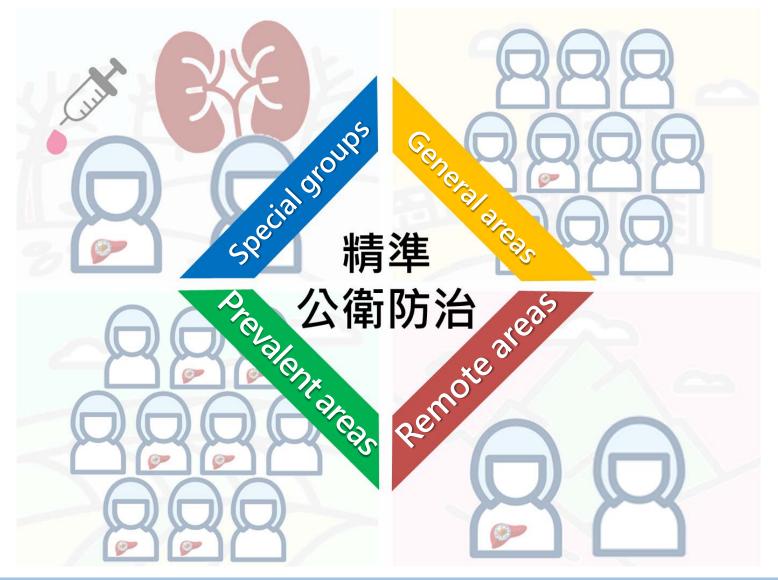
Target number of patients to be treated

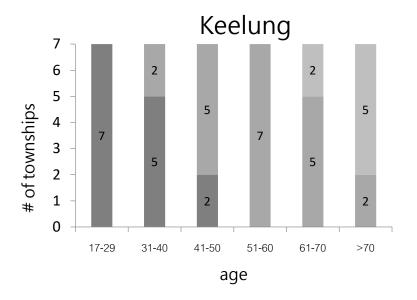


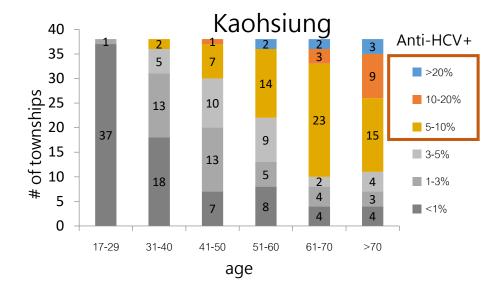
200,000 patients treated... but how?

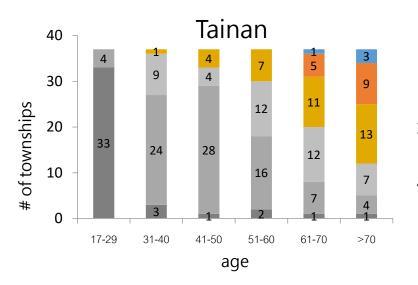


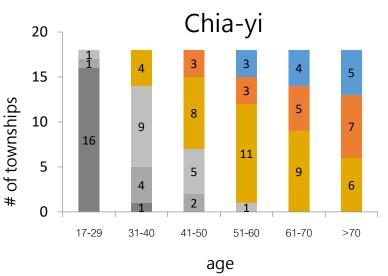
Need cost-effective methods



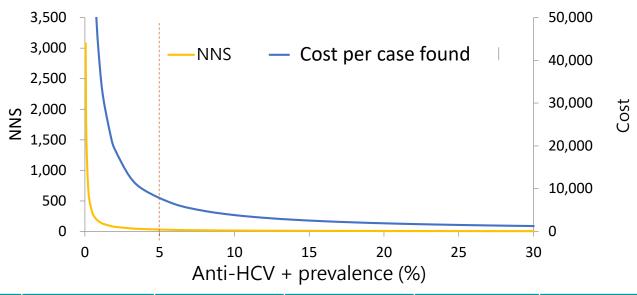








Prevalence, Numbers Needed To Screen and Costs

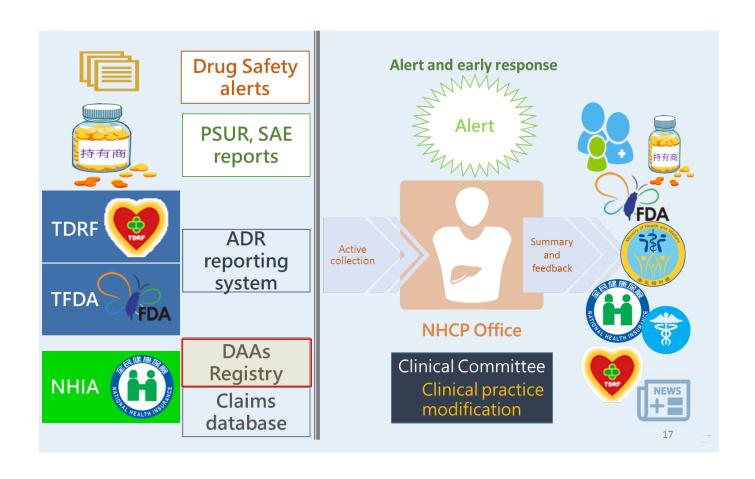


Prevalence	# of screened	Anti-HCV +	Chronic hepatitis C	NNS*	Cost per CHC case identified
0.25%	10,000	25	16	615	153,846
1.00%	10,000	100	65	154	38,462
3.00%	10,000	300	195	51	12,821
5.00%	10,000	500	325	31	7,692
10.00%	10,000	1,000	650	15	3,846
20.00%	10,000	2,000	1,300	8	1,923

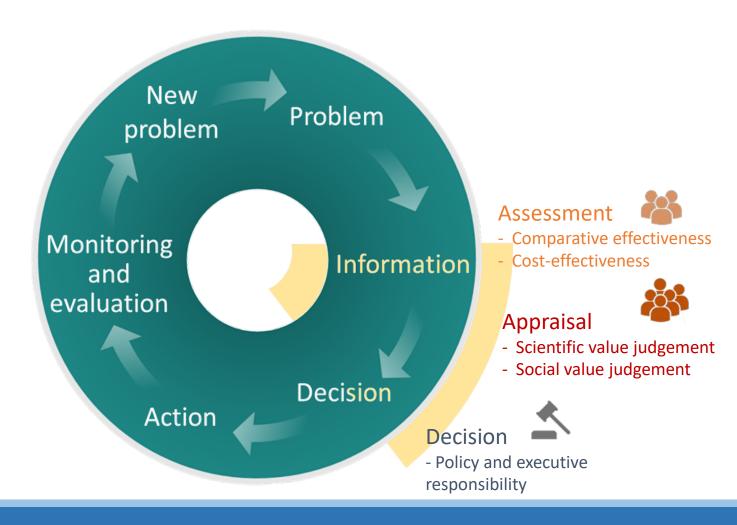
Real-world evidence

- Patient registry created for NHI reimbursed patients
- Monitoring
 - drug safety
 - # of patient receiving treatment
 - applications of generic DAAs imported by individuals for self-use
 - effectiveness

Monitoring – drug safety



HTA and management



三大核心精神

3 core principles



三大政策方向

Learnings

- HTA and management
 - Goals
 - □ Life cycles
 - Infrastructure
- Disruptive technology vs existed system
- Possible solutions
 - □ Remain goals-oriented
 - □ Flexible
 - Communicating
 - Keep monitoring