

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

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# Existing Health System for hepatitis C control

CDC

Prevent new infections

HPA

Screening  
Health promotion

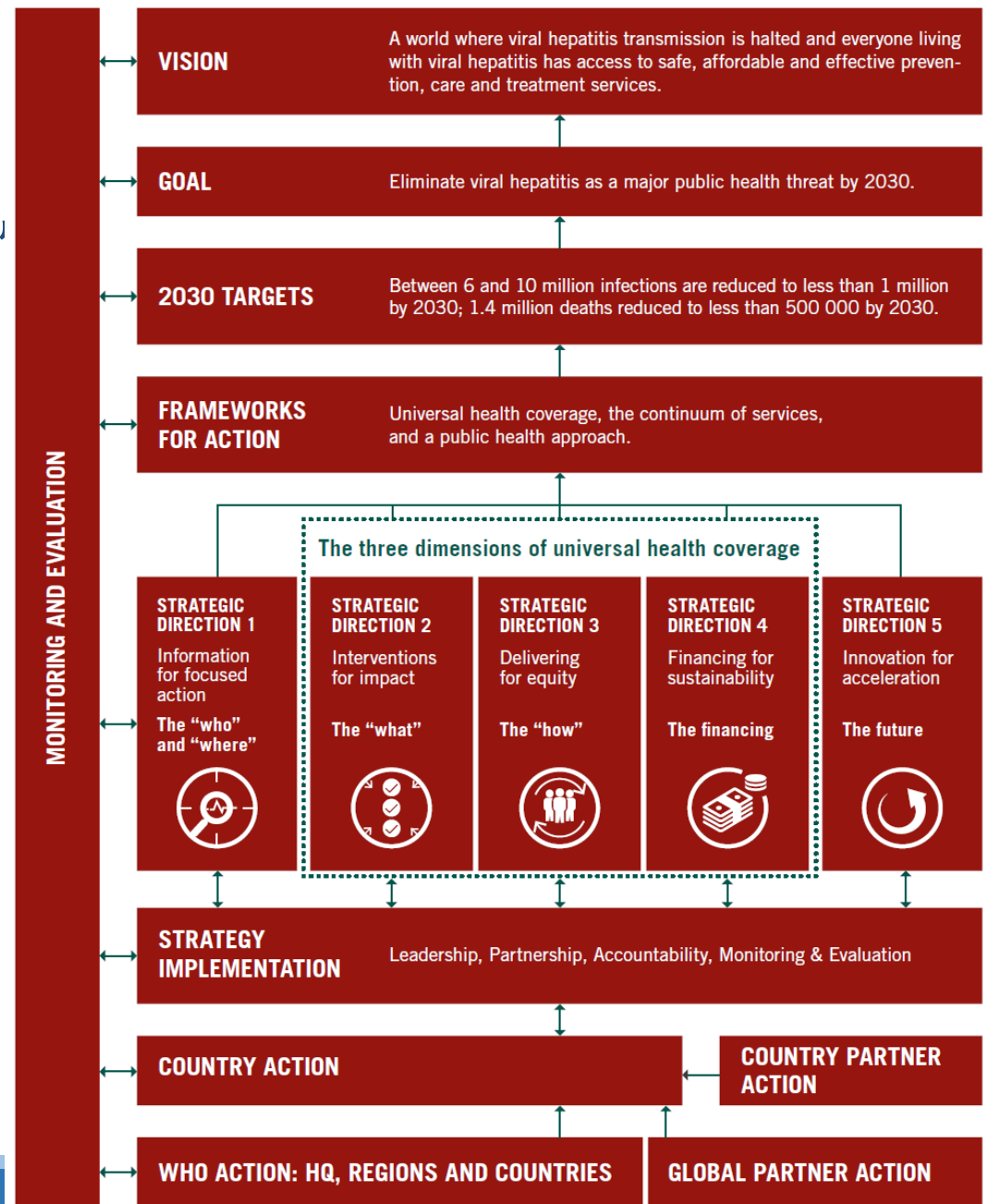
NHIA

Treatment

# 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



# 2025 肝病減半

## THE GOAL OF NHCP OFFICE

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

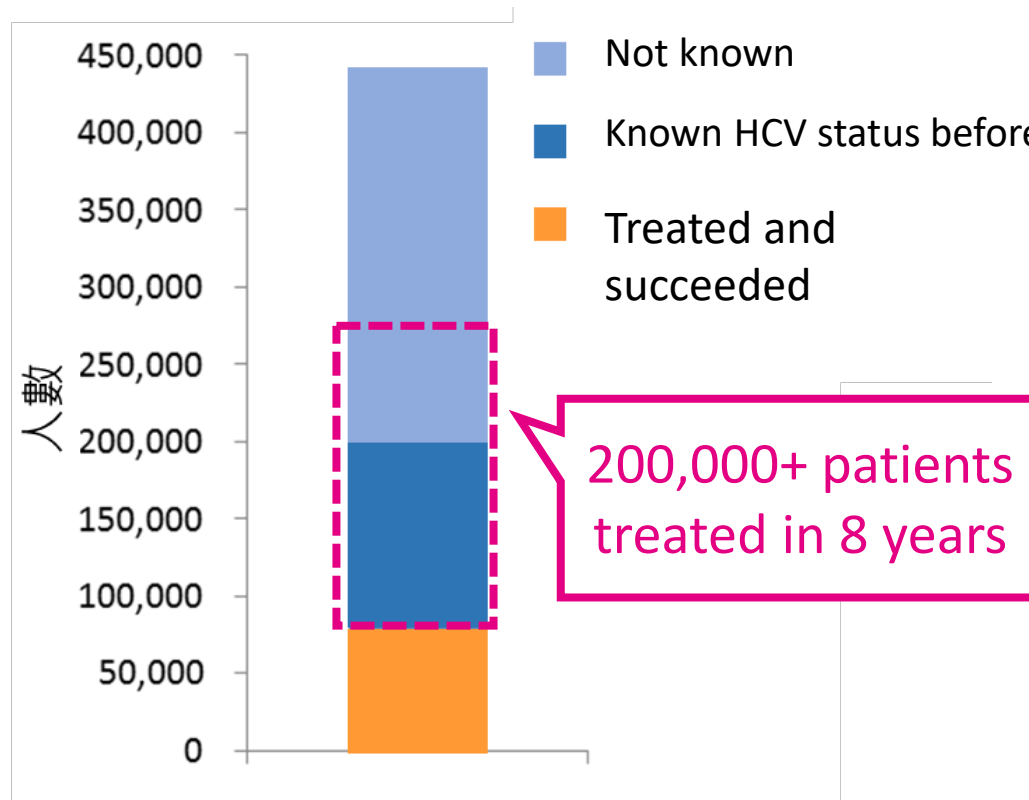
Over **50% COVERAGE** in access to treatment



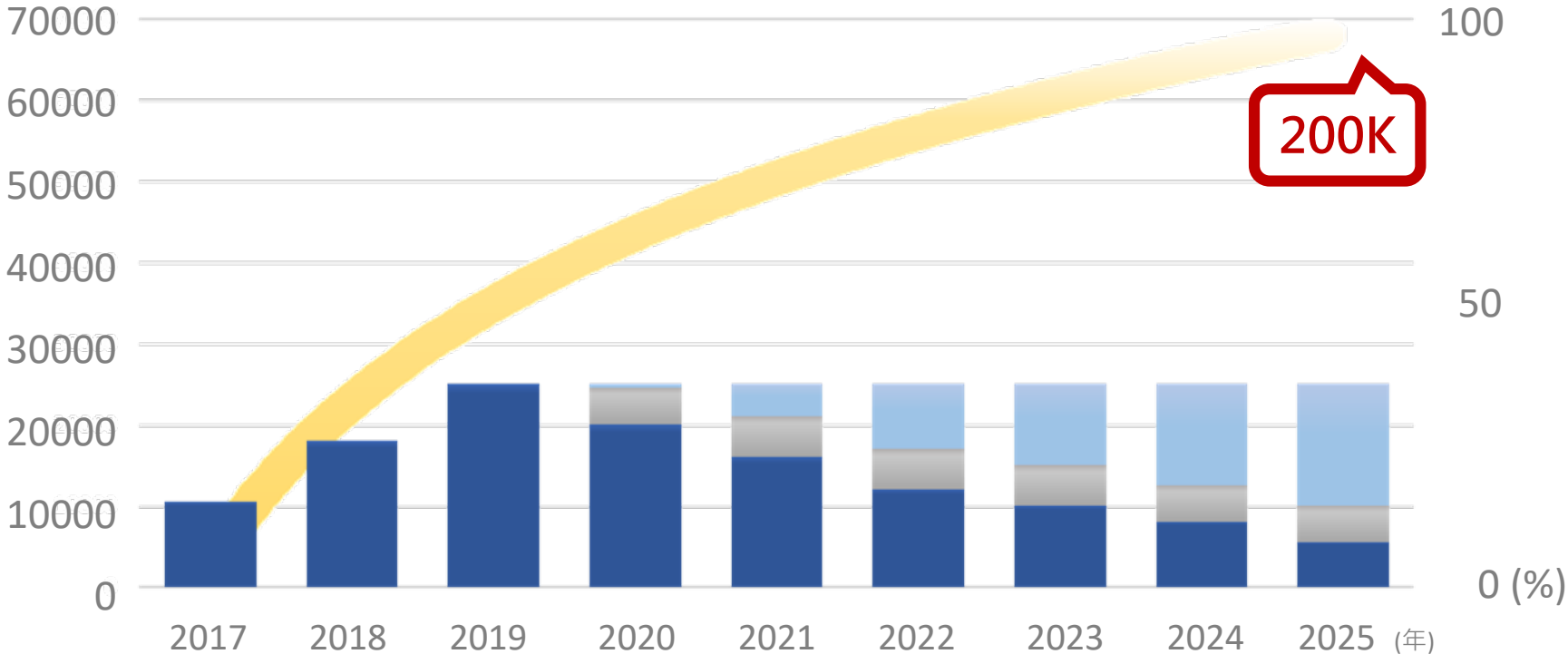
# Two key strategies identified



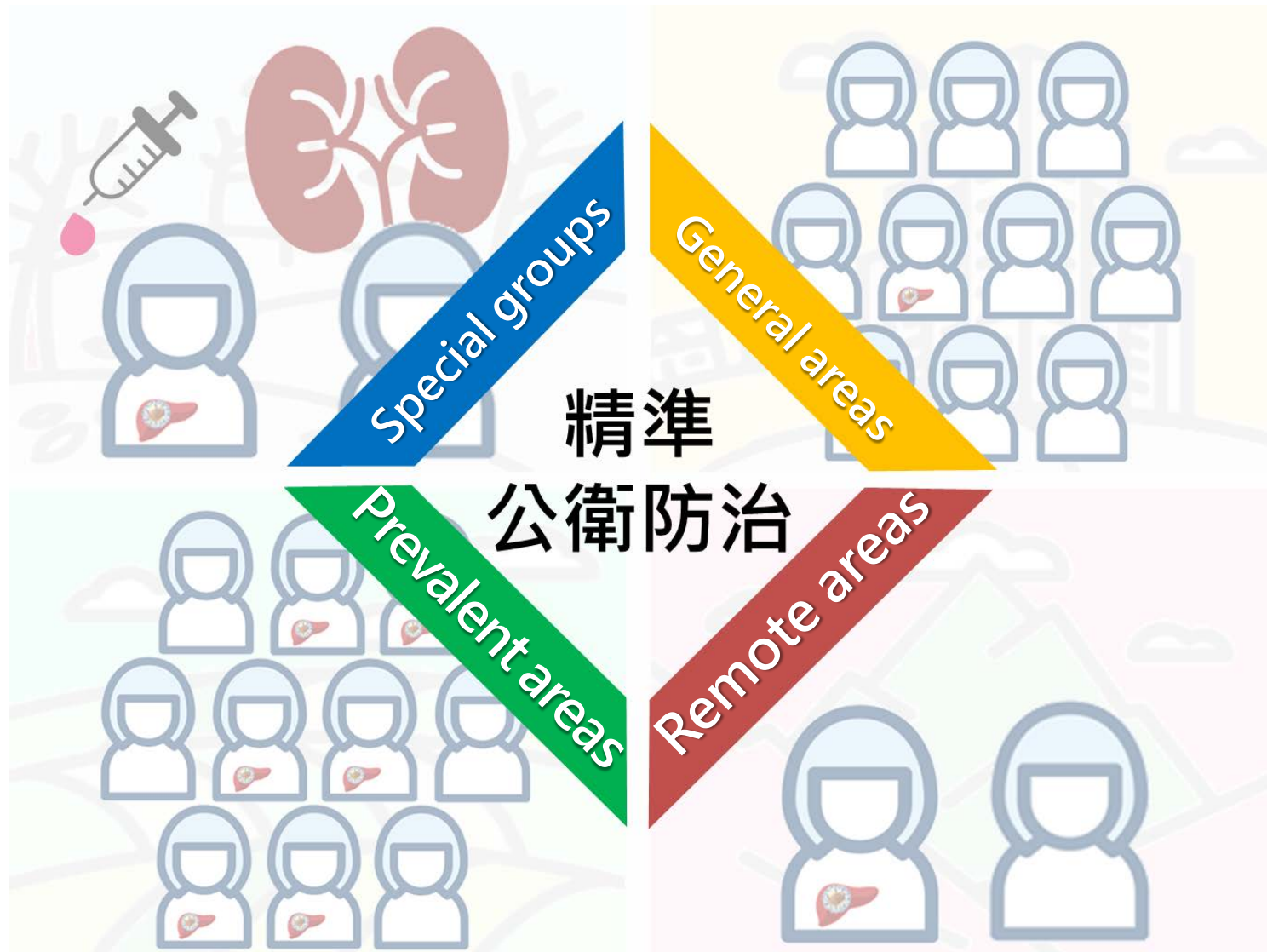
# Target number of patients to be treated



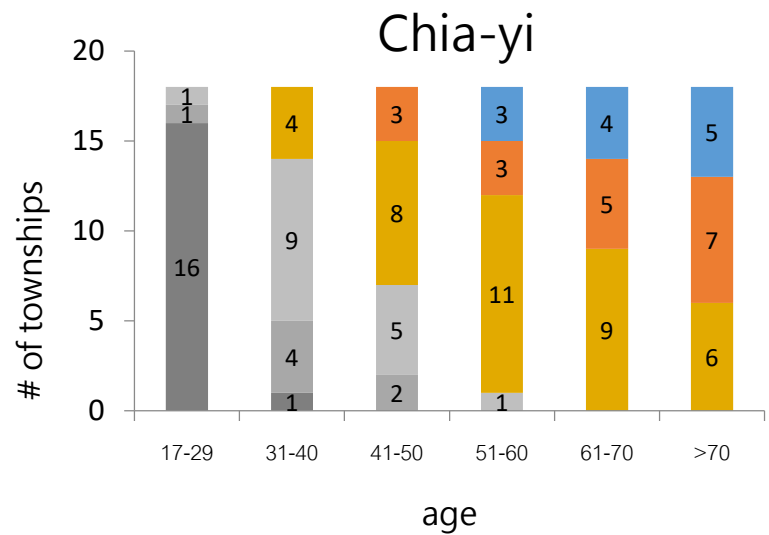
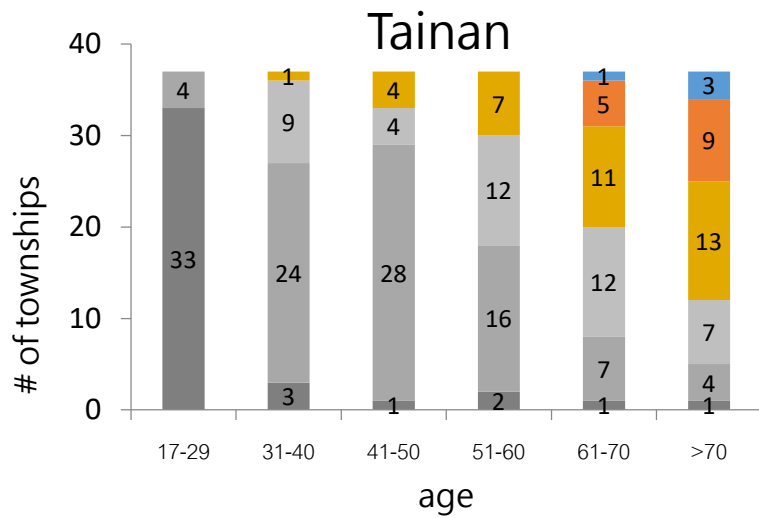
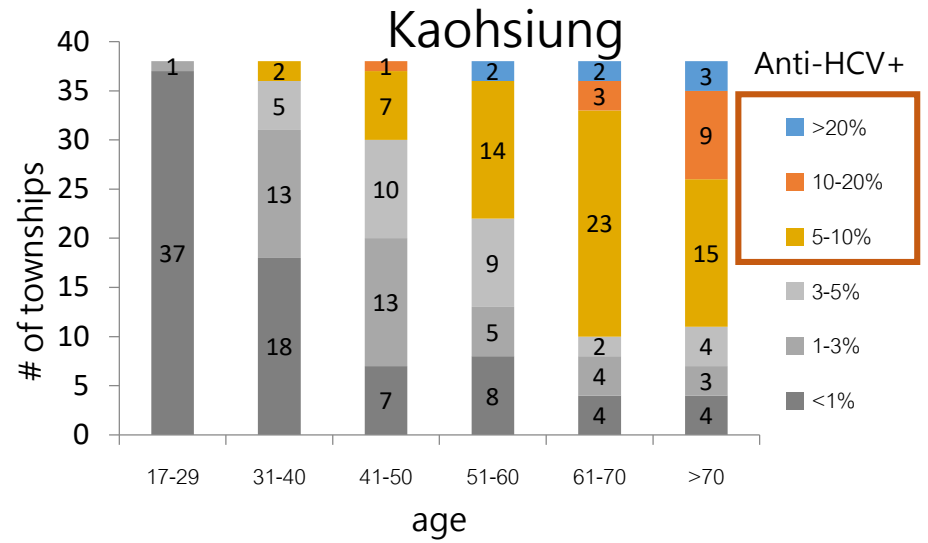
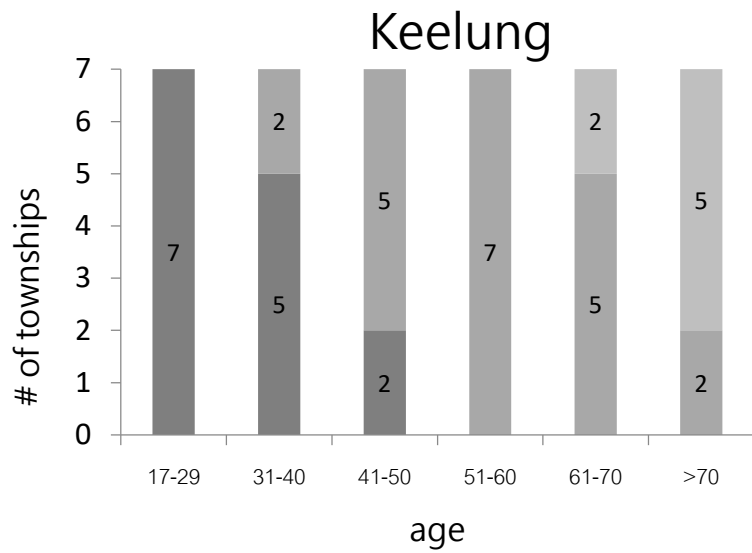
# 200,000 patients treated... but how?



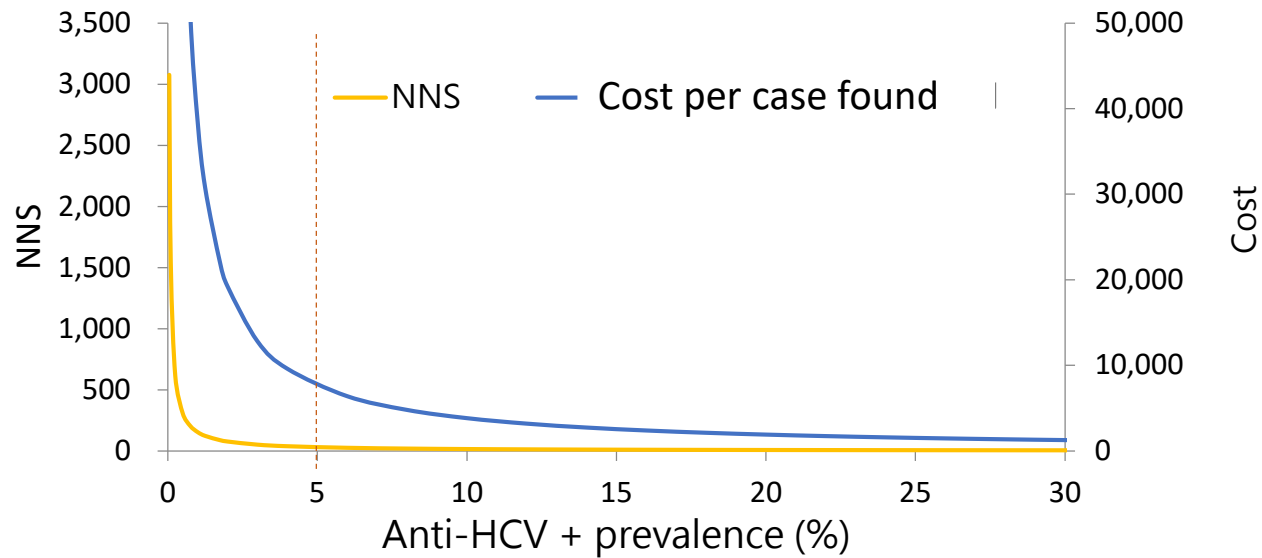
# Need cost-effective methods







# Prevalence, Numbers Needed To Screen and Costs



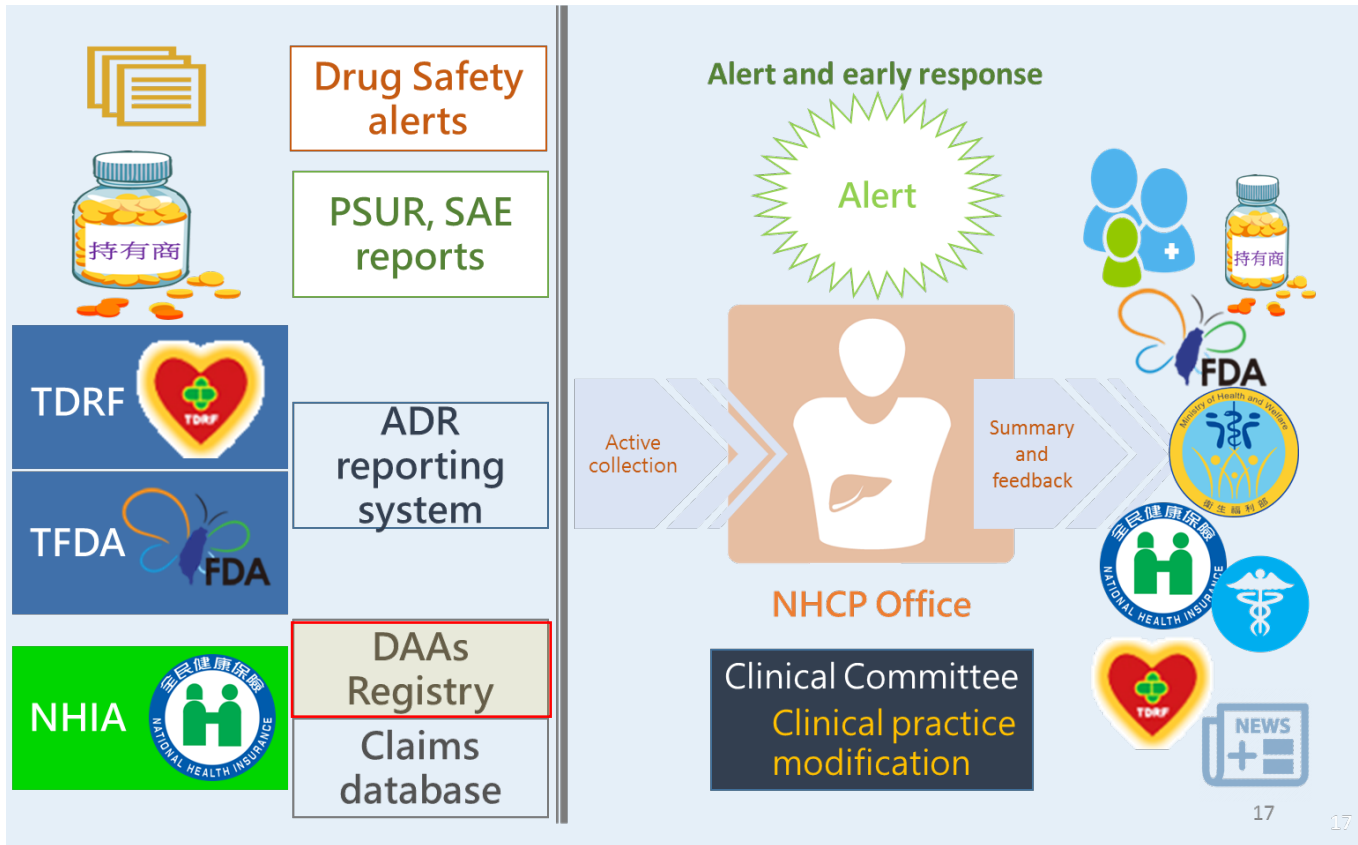
Prevalence	# of screened	Anti-HCV +	Chronic hepatitis C	NNS*	Cost per CHC case identified
0.25%	10,000	25	16	615	153,846
1.00%	10,000	100	65	154	38,462
3.00%	10,000	300	195	51	12,821
5.00%	10,000	500	325	31	7,692
10.00%	10,000	1,000	650	15	3,846
20.00%	10,000	2,000	1,300	8	1,923

\*NNS: Number needed to screen

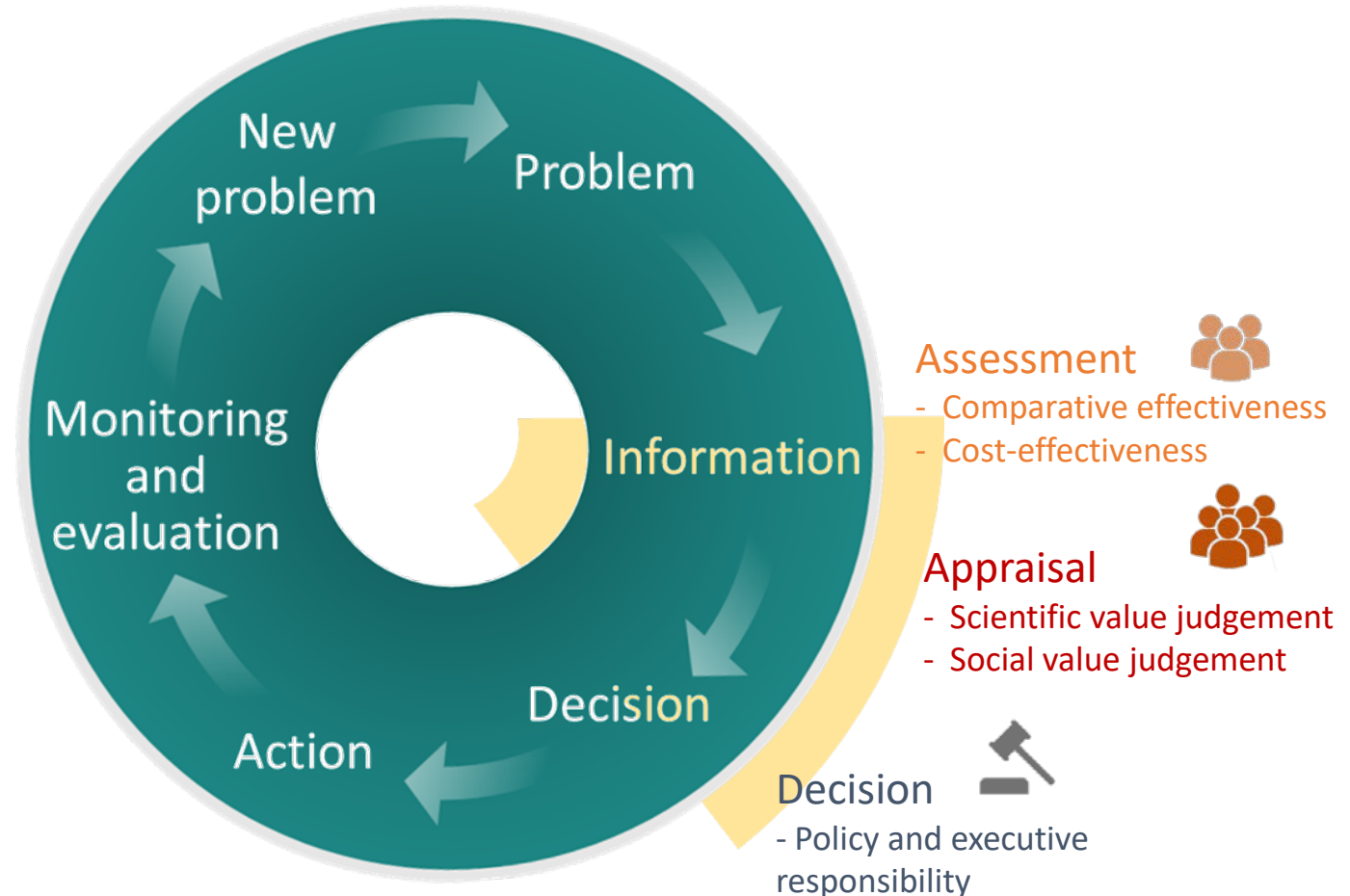
# Real-world evidence

- 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

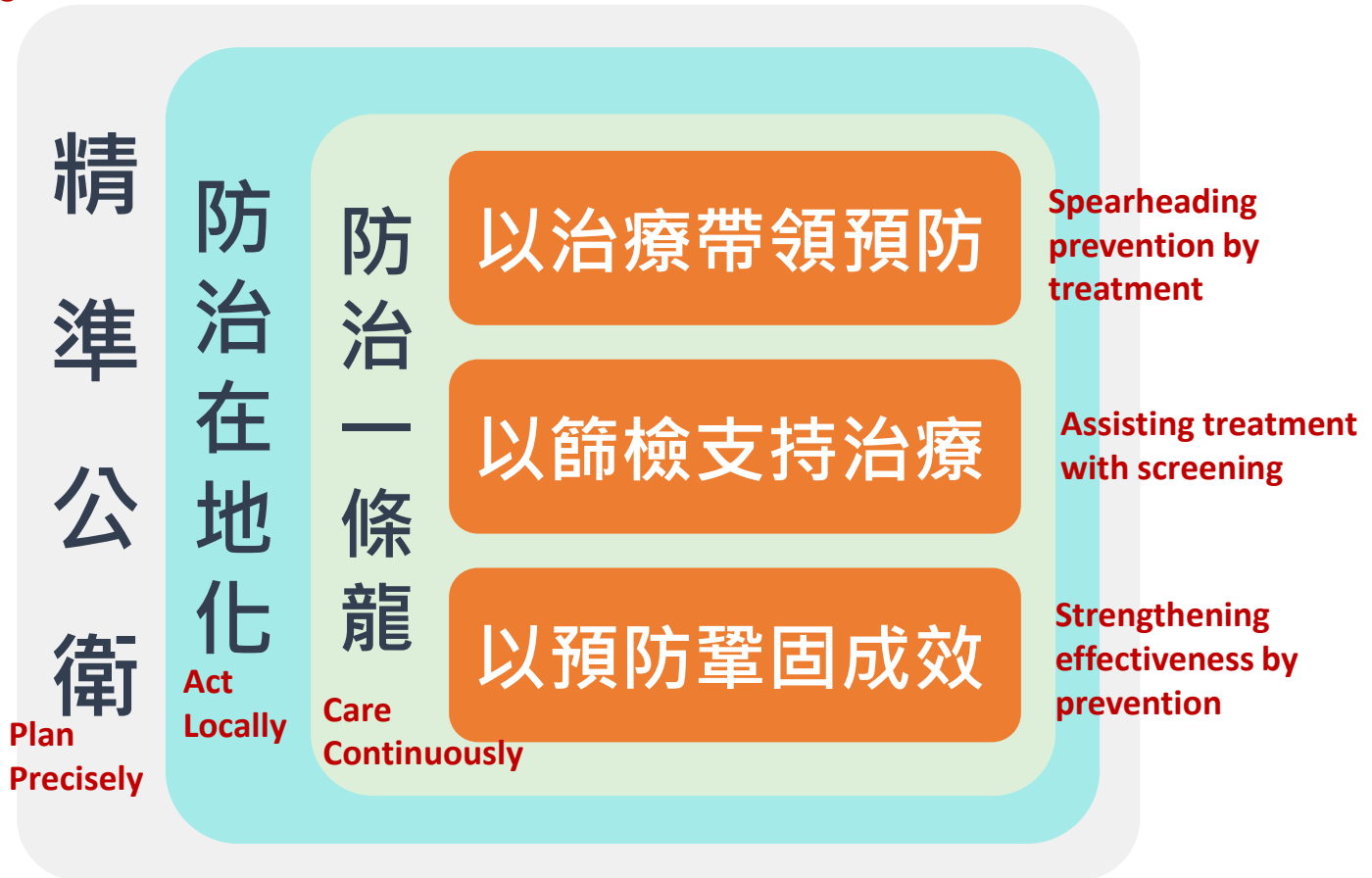


# HTA and management



# 三大核心精神

3 core principles



3 major strategies

# 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