

# New Zealand

## Hepatitis Foundation of New Zealand\*

NGO – direct service provider

Whakatane, New Zealand  
hepatitisfoundation.org.nz

### SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of New Zealand reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **80.0%** of items.

Survey points marked "accurate":  
1.1, 1.2, 1.3, 2.2, 3.1, 3.3, 3.4, 3.5, 4.1, 4.2, 4.4, 4.5, 4.6, 4.8, 4.9, 4.10, 5.2, 5.3, 5.4, and 5.5.

✗ The government information was thought to not be accurate for **8.0%** of items.

Survey points marked "not accurate": 2.1 and 5.1.

— The respondent took no position on the government information for **12.0%** of items.

Survey points marked "take no position": 3.2, 4.3 and 4.7.

### Survey comments from the Hepatitis Foundation of New Zealand:

#### Information reported by government (2012–2013)

✓ To our knowledge, this information is accurate.

**1.1** There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.

**1.2** There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities: the Public Health, Sector Capability and Implementation Business Unit of the Ministry of Health. It has one tenth of one full-time staff member. It is not known how many people work fulltime on hepatitis-related activities in all government agencies/bodies.

**1.3** The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific population: people who inject drugs.

**3.1** There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: A, B, C, D and E, and for chronic hepatitis B.

**3.5** There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target population is people who inject drugs. The last serosurvey was carried out in 2009.

#### Civil society respondent comments (2014)

*A first draft of a national hepatitis C strategy will be developed mid-2014.*

*There is also a staff member working on hepatitis C in Long Term Conditions, Sector Capability and Implementation.*

*Needle exchange.*

*Hepatitis Foundation of New Zealand is government-funded to follow up chronic hepatitis B in a national hepatitis B programme: to date we have 16,000 hepatitis B patients in long term follow-up.*

*The latest serosurvey was conducted November 2013 by Needle Exchange.*

## Information reported by government (2012–2013)

## Civil society respondent comments (2014)

✓ To our knowledge, this information is accurate.

5.3 People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are free of charge for all individuals. Hepatitis B tests are compulsory for blood donors and immigrants, and hepatitis C tests for blood donors.

However this information is impossible to retrieve given the huge number of different codes for hepatitis.

5.4 Publicly funded treatment for hepatitis B and hepatitis C is available to some segments of the population, but information was not provided on who is eligible. In fiscal year 2011/2012, the government spent NZ\$ 16 080 000 (US\$ 13 026 971) on such treatment for hepatitis B and hepatitis C.

New Zealand citizens and residents only.

✗ To our knowledge, this information is not accurate.

5.1 Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education), on-the-job training and postgraduate training. There are no national clinical guidelines for the management of viral hepatitis, but there are for the management of HIV, which include recommendations for coinfection with viral hepatitis.

I would suggest more needs to be done with health workers to require the correct skills to deal with people with viral hepatitis.

#### Statement from the Hepatitis Foundation of New Zealand regarding key hepatitis policy issues in New Zealand:

New Zealand is unique in that it has addressed hepatitis B for the past 30 years working in partnership with the Hepatitis Foundation (New Zealand)

and the New Zealand government. To date New Zealand has a robust system in place to identify hepatitis-infected individuals. However there is still a lack of empathy in general practice and other healthcare providers that viral hepatitis is not a serious disease regardless of continuing education. The New Zealand government

could do more by listing viral hepatitis as a health target for general practice. By doing so patients would be screened and appropriate action taken, i.e. follow-up, treatment or vaccination. In saying this though New Zealand is resourced better than most countries but still has many hills to climb.