Suriname

Population (in millions) (2011)	**0.5**
Country classification (2012)	**Upper–middle-income**
Gross national income per capita (PPP int $) (2011)	**$7710**
Total health expenditure as % of GDP (2010)	**7.02%**
Per capita total health expenditure (PPP int $) (2010)	**$523.36**
Per capita government health expenditure (PPP int $) (2010)	**$250.17**
Life expectancy at birth (in years) (2009)	**72**
Human Development Index (2011)	**0.680**
Median age (in years) (2010)	**28**
Total fertility rate per woman (2010)	**2.3**

The Government of Suriname reports as follows.

National coordination

There is a written national strategy or plan that focuses primarily on the prevention and control of viral hepatitis, and also integrates other diseases. It includes components for surveillance, vaccination, prevention of transmission in health-care settings and coinfection with HIV.

There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. There are no people working full-time on hepatitis-related activities in any government agency/body.

The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers), people living with HIV and pregnant women.

Awareness-raising and partnerships

The government held events for World Hepatitis Day 2012 and has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

The government does not collaborate with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.

Evidence-based policy and data for action

There is routine hospital-based surveillance for viral hepatitis. The surveillance system registers all patients who have a diagnosis of hepatitis (either acute or chronic).

It is not known whether there are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Information was not provided regarding the percentage of hepatitis cases reported as "undifferentiated" or "unknown" hepatitis.

Liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally.

The government publishes hepatitis disease reports regularly.

Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support outbreak investigations and other surveillance activities for hepatitis A, hepatitis B and hepatitis C, but not for hepatitis E.

There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

Prevention of transmission

There is no national policy on hepatitis A vaccination.

The government has established the goal of eliminating hepatitis B but information was not provided about a specific timeframe for this goal.

It is not known what percentage of newborn infants nationally in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth. In a given recent year, 86% of one-year-olds (ages 12–23 months) received three doses of hepatitis B vaccine.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

There is a national policy on injection safety in health-care settings, which recommends single-use syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

It is not known whether there is a national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government does not have guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

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 national clinical guidelines for the management of viral hepatitis and for the management of HIV, which include recommendations for coinfection with viral hepatitis.

The government has national policies relating to screening and referral to care for hepatitis B and hepatitis C for pregnant women.

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 not free of charge for all individuals, but they are free of charge and compulsory for blood donors.

Publicly funded treatment is available for hepatitis B and hepatitis C, but information was not provided on who is eligible for this. The amount spent by the government on such treatment for hepatitis B and hepatitis C is not known.

The following drug for treating hepatitis B is on the national essential medicines list or subsidized by the government: tenofovir. No drug for treating hepatitis C is on the national essential medicines list or subsidized by the government.

The Government of Suriname welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).