

Tonga

The Government of Tonga 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 raising awareness, surveillance, vaccination and prevention in general.

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), newborns and infants.

Awareness-raising and partnerships

The government did not hold events for World Hepatitis Day 2012, but has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

The government collaborates with the following in-country civil society group to develop and implement its viral hepatitis prevention and control programme: Tonga Red Cross Society.

Evidence-based policy and data for action

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

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Of hepatitis cases, 30% are reported as "undifferentiated" or "unclassified" hepatitis.

Liver cancer cases are registered nationally, but cases with HIV/hepatitis coinfection are not.

The government publishes hepatitis disease reports annually.

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 and hepatitis B, but not for hepatitis C and hepatitis E.

Population (in millions) (2011)	0.1
Country classification (2012)	Lower-middle-income
Gross national income per capita (PPP int \$) (2011)	\$5000
Total health expenditure as % of GDP (2010)	5.07%
Per capita total health expenditure (PPP int \$) (2010)	\$229.18
Per capita government health expenditure (PPP int \$) (2010)	\$186.78
Life expectancy at birth (in years) (2009)	71
Human Development Index (2011)	0.704
Median age (in years) (2010)	21
Total fertility rate per woman (2010)	3.9

There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly, but they are conducted when donor funding is available. The target population is children aged 5–6 years. The last serosurvey was carried out in 2010.

Prevention of transmission

There is no national policy on hepatitis A vaccination.

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

Nationally, 98% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 98% of one-year-olds (ages 12–3 months) in a given recent year 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.

No injection administered annually in health-care settings is unnecessary, according to official government estimates.

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, but not for hepatitis C.

There is no national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government has 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, but they do not include recommendations for cases with HIV coinfection.

The government has national policies relating to screening and referral to care for hepatitis B, but not for hepatitis C.

People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B tests are free of charge for all individuals. Information was not provided on whether hepatitis C tests are free of charge for all individuals. Hepatitis B and hepatitis C tests are compulsory for migrants.

Publicly funded treatment is not available for hepatitis B or hepatitis C.

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

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