

Legislative barriers and constrained health promotion: the Aotearoa New Zealand mpox response

Authors:

SIMRAN SAINI¹, CAMERON LEAKEY¹, JEANNIE OLIPHANT², PETER SAXTON³, JOE RICH¹, VICTORIA WALSH¹, CIARIN BUTLER-SMITH¹, BROOKE HOLLINGSHEAD¹

¹Burnett Foundation Aotearoa, Auckland, New Zealand, ²Auckland Sexual Health Regional Service, Auckland, New Zealand, ³School of Population Health, Faculty of Medical and Health Science, University of Auckland, Auckland, New Zealand

Background/Purpose:

In mid-2022, Aotearoa New Zealand (NZ) faced several hurdles responding to the mpox pandemic primarily affecting men who have sex with men (MSM). Major health system reforms hampered timely leadership and global supply shortages delayed vaccine arrival until January 2023. The vaccine remains “unapproved” and delivered under section 29 (S29) of the Medicines Act, complicating prescribing processes and prohibiting ‘advertisement of the availability’ of the vaccine. These barriers have significantly limited mpox vaccine uptake. As a trusted community organisation, Burnett Foundation Aotearoa (BFA) was well positioned to lead aspects of the response.

Approach:

BFA advocated at multiple levels, including a joint open letter to the Prime Minister, to foster urgency and ensure government responded to MSM. While awaiting vaccine arrival, we developed health promotional materials on symptoms, behaviour change, and testing. Restricted from discussing ‘vaccines’, we designed an innovative marketing campaign for mpox ‘consultations’ instead. We used a ‘news-reporting’ style, digital advertising, face-to-face marketing, and supported a mass mpox consultation event in Auckland.

Outcomes/Impact:

To date, NZ has only recorded 42 mpox cases (31 locally-acquired). Strong initial demand saw 522 vaccines administered at the mass event. However, as of 5 March, less than 10% of estimated at-risk MSM had booked an mpox consultation. Advertising restrictions, amplified by government agencies’ conservative approach to legislation, severely constrained information dissemination and community awareness of the vaccine. Chronically underfunded sexual health services struggled with capacity under S29 requirements that doctors personally consent and prescribe each vaccination.

Innovation and Significance:

In the context of severe constraints, BFA delivered an innovative health promotional campaign for mpox. However, significant barriers remain in delivering mpox vaccines, limiting uptake and protective effect for vulnerable populations. The restrictive legislative environment has led to a confusing mpox vaccination rollout delivered at insufficient scale to ensure community resilience to future outbreaks.

Disclosure of Interest Statement:

None