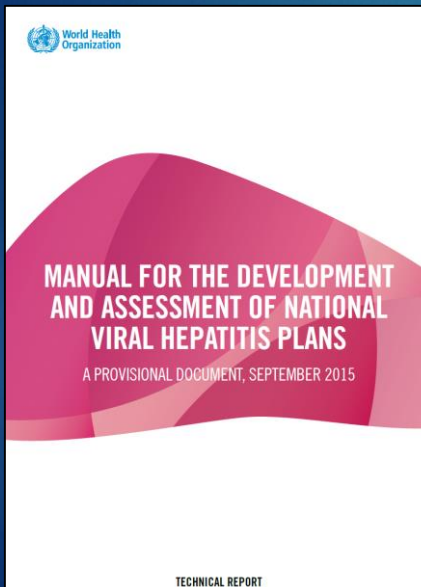


New Zealand's Pathway to Elimination

DR ALEX LAMPEN-SMITH
GASTROENTEROLOGIST, TAURANGA HOSPITAL
CLINICAL DIRECTOR, HEPATITIS FOUNDATION OF NEW ZEALAND



WHO Strategies for Hepatitis



GLOBAL STRATEGY ON VIRAL HEPATITIS

SD1 : Priority Actions for Countries

NATIONAL PLANS

- Establish a national governance structure
- Develop a national plan, with a budget
- Set national targets
- Regularly review the national response
- Raise national awareness (eg. World Hepatitis Day)

INFORMATION FOR ACTION

- Integrate viral hepatitis strategic information activities
- Assess the national hepatitis burden
- Monitor access to and uptake/quality of hepatitis services

Hepatitis C - Currently

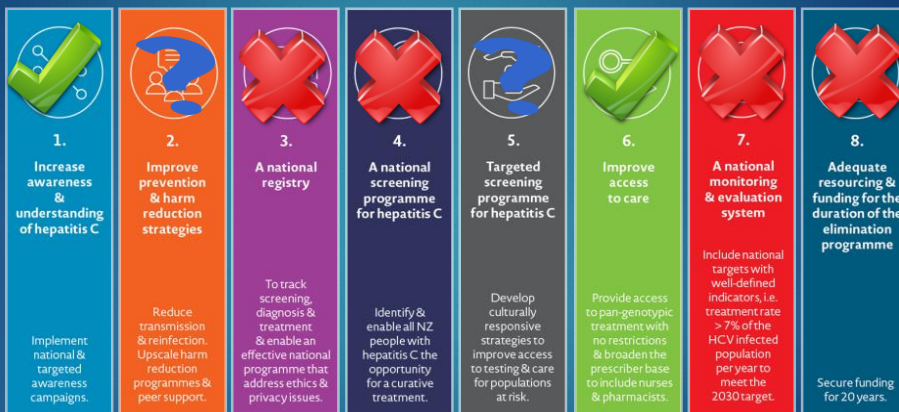


- ▶ Viekira Pak funded for G1 2016
- ▶ Harvoni funded as pangenotypic for decompensated cirrhosis in 2016
- ▶ But no PLAN

EIGHT PILLARS OF NEW ZEALAND'S NATIONAL ACTION PLAN TO ELIMINATE HEPATITIS C



Political will



Destigmatisation

Key message: To eliminate hepatitis C in NZ by 2030, a national action plan must be developed, financed, and implemented as soon as possible.

Hepatitis B



- ▶ 100,000 people infected with hepatitis B in NZ
- ▶ Ethnic prevalences
 - ▶ Pacific Islanders 3-13%
 - ▶ Chinese 9%
 - ▶ South East Asian 9%
 - ▶ Maori 6%
 - ▶ NZ European 1%

Hepatitis B WHO Targets - achieving



- ▶ Vaccination
- ▶ Ante-natal screening
- ▶ Blood safety
- ▶ At least 30% diagnosed (2020 interim target)
- ▶ Hepatitis Foundation of NZ (HFNZ)
 - ▶ Charitable Trust, tasked by Ministry of Health to monitor the liver health of those affected by chronic hepatitis B
 - ▶ Currently have 25,000 registered

Hepatitis B – New developments 2018



- ▶ Framework for action
- ▶ Improved access to care
- ▶ HFNZ IT system modernisation

Hepatitis B – Framework for Action



- ▶ National strategy document to reach WHO Hepatitis Elimination 2030 targets
- ▶ HFNZ initiated, MoH taken over and carrying forward with key stakeholders involved

Hepatitis B – Access to care



- ▶ Pharmac have removed restrictions for prescribing entecavir and tenofovir
- ▶ Prescription by any doctor
- ▶ Removes barriers to care especially for those who have difficulty accessing secondary care clinics

Hepatitis Foundation of NZ



- ▶ Massive IT system modernisation
- ▶ Modern client management system and national registry all in one.
- ▶ Allows advanced interoperability between HFNZ and 3rd parties
- ▶ Linkage to care from the community through to secondary care when needed
- ▶ Macro: interoperability with statistics NZ & mesh block data to identify areas of suspected high prevalence for increased case finding.
- ▶ Increased efficiency in back office processes
- ▶ Better monitoring & care of the patients registered with us
- ▶ Advanced data analysis will enable accurate evaluation of progress

Hepatitis B – the challenges 1



- ▶ Finding the undiagnosed / unmonitored
- ▶ Limited knowledge of Hep B management amongst non-specialist healthcare teams
- ▶ Funding & health information systems in primary care
- ▶ HCC surveillance – increased demand for US services

Hepatitis B – the challenges 2



- ▶ In NZ hep B is a disease predominately affecting vulnerable populations
- ▶ Socioeconomically disadvantaged ethnic minorities
- ▶ Rural Maori
- ▶ Immigrants & refugees – CALD communities
- ▶ Mobile non-engaged populations.

Hepatitis B – cautiously optimistic



- ▶ Political will
- ▶ Modern systems & processes

