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Tēnā koe Dr Scott

Consultation – Working Group Review of the Draft Sexually Transmitted and Blood Borne Infections Strategy – 2022 – 2032

Thank you for the opportunity to provide comment on the Draft Aotearoa New Zealand Sexually Transmitted and Blood Borne Infections Strategy 2022–2032, to achieve an Aotearoa where STBBI's are prevented, and all people living with STBBI live long and healthy lives free from stigma and discrimination.

The Royal New Zealand College of General Practitioners (RNZCGP) is the largest medical college in New Zealand. Our membership of 5,675 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. Our kaupapa is to set and maintain education and quality standards for general practice, and to support our members to provide competent and equitable patient care.

The RNZCGP supports the intent of the Strategy to set a unified direction for sexually transmitted and blood borne infections. We note that two action plans have been developed as part of this work, the National Syphilis Action Plan, and the National Hepatitis C Action Plan. An HIV action plan is currently being developed that aims to eliminate transmission of HIV.

Ministry of Health – STBBI Working Group Review Questions –

1. What is your overall impression of the strategy?

While the principles of Te Tiriti o Waitangi and Equity sections are comprehensive, the document does not translate to capture the intent of the Strategy in the Strategic Directions and Priority Areas. For example, we consider the strategic approaches to meeting Te Tiriti obligations on p.8, could be more specific to guide implementation. The intent is well laid out in the Te Tiriti Section under Tino Rangatiratanga, Partnership, Active Protection, Equity, Options. We suggest that specific objectives for Te Tiriti o Waitangi (p8) and Equity (p10) would provide better direction to inform understanding of progress toward meeting obligations to both.

We welcome the appreciation of the role of antenatal care in addressing STBBI (page 24) and recognition of current inequitable access to antenatal care (p 10)

2. Are any parts of the draft strategy that are unclear or not well explained? If so, please elaborate.

The document does not give enough consideration to the people who need and use services. Reference to consumers is included in the values but needs to be a thread throughout the Strategy to ensure it includes the voice of consumers, and to achieve this we recommend that manaakitanga and accountability are key values that could be strengthened within the Strategy to measure impact.

3. Are there any errors or inaccuracies in the draft strategy? Please include page number and paragraph when explaining so these can be identified and corrected.

We note the footnote on page 5 which states “While HPV is a significant STI, HPV will not be a focus of this strategy. From a strategic point of view HPV and the consequences of HPV are dealt with by the HPV vaccination programme and the New Zealand screening unit strategies and action plans.” Despite this we consider that HPV should be mentioned in Section 5.

4. What priority areas in the draft strategy do you think will have the biggest impact on meeting our Te Tiriti o Waitangi obligations?

Strategic Direction 1

- Access to better data is urgently needed to inform and drive change.

Strategic Direction 3

- Providing culturally safe care. Every interaction with the health system should be a quality interaction and used to opportunistically improve care.
- The challenge is to reach people who have been poorly served in the past. This would also include the 80% of people living with chronic HBV infection who are not engaged in regular monitoring.

Strategic Direction 4 – Integration

- To deliver on the Strategy, information systems would be aligned to share information across services and facilitate care pathways.
- Better integration would support collaborative action and clinical care to deliver health gain and improve equity. It is not clear how well whānau/families are integrated into support systems or how they will be part of the system. While the intent of inclusion is clear in the vision, messages don't translate to the Strategic direction areas. The RNZCGP supports leadership and collaboration of STBBI issues across the Ministry, health sector, general practice and communities.
- Without an integrated IT interface to support services, the Strategy will fail to produce expected results in the identified priority areas. We consider national leadership is required to establish data collection and sharing of information between general practice and hospital funded services to support integrated care and monitoring progress against agreed indicators. Access to shared data will inform the impact of actions by community led health promotion and prevention responses, service providers in general practice, sexual health clinics, addiction services and cross government agency interventions.
- We support Māori being supported to exercise Tino rangatiratanga and that a range of services including, by Māori for Māori, work to address sexual health priorities through inclusion of Māori knowledge and practices.
- We support co-design as the standard for participation and inclusion of identified priority populations and services in the co-design of STBBI action plans.
- As well as strategic leadership, the STBBI Strategy needs a formal workstream within the Ministry of Health with ring fenced funding and be supported by an expert group to provide guidance on clinical aspects of the work.
- Partnership (p.8 – We recommend that the partnered approach to data collection, monitoring and research, also include public reporting to inform learning and improvement in the sector. We support the Health Quality and Safety Commission as a trusted approach to analysis and production of public information.

5. What priority areas in the draft strategy do you think will have biggest impact on improving equity?

- We support the focus on approaches to address stigma and discrimination related to sexually transmitted infections. HIV-related stigma is a significant barrier to utilising HIV services, and internalised stigma and discrimination experienced by individuals crosses all levels of society, leading to social isolation, loss of status and control, contributing to further health inequalities. Evidence also shows HIV-related stigma also contributes to mental health issues such as depression, anxiety, emotional and mental distress and compromises other health outcomes including physical health and overall quality of life.¹
- The current funding of services is a significant cause of inequity. The College considers that a national approach to equitable funding for the delivery of STBBI services would ensure that cost is not a barrier. Free services are a cornerstone of the approach to the management of the current COVID-19 pandemic, and we consider this funding principle should also apply to STBBIs to ensure care is provided free to the patient, regardless of whether this is achieved through the vehicle of the health reforms or through targeted funding.
- We note that on page 7, the document states, “It is also important that there is resourcing of STBBI so that the sector can deliver on priority areas to achieve outcomes.” This resourcing must extend to ensuring that patient cost is not a barrier to services.
- A particular example is the patient fee for consultations necessary for the initiation and management of Hepatitis C treatment. Free treatment is available in some areas of New Zealand, through various funding streams. For Hepatitis C elimination to be achieved this must be available nationally as is the medication required.

6. Do you think we have missed any important priority areas?

- We note that Hepatitis B is not a current focus however we are concerned that 80% of patients with chronic Hepatitis B are not in a formal surveillance programme. Hepatitis B should be considered for future action and improving the level of immunisation against Hepatitis B should be part of the focus.

7. What priority areas do you think are the most urgent and should be implemented first?

- Improving access to care is the most important priority. In addition to removing the cost barriers to accessing services there is also a need to improve the health literacy and awareness of the communities identified.
- Essential to supporting the system is the training and upskilling of front-line health professionals in each of the strategic areas identified.
- To support strategic leadership, data should inform implementation and be monitored for effectiveness.
- Given the urgency of the issues raised during the consultation phase, the College considers that urgent attention should be given to an awareness raising campaign for the public and that services are put in place to support assessment, testing, management, referral, and access to ongoing medications and specialist treatment.

¹ Tesfay F, Javanparast S, Mwanri L, Ziersch. Stigma and discrimination: barriers to the utilisation of a nutritional program in HIV care services in the Tigray region, Ethiopia. BMC Public Health No;904:2020. Available at: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09040-6>

- Prevention, health promotion, and social marketing with positive messages are needed to encourage people to seek treatment and to encourage access, and reduce reluctance to talk about difficult topics such as sex, as well educating the workforce to have these conversations.

Conclusion

Thank you for the opportunity to provide comment on the proposed Draft Aotearoa New Zealand Sexually Transmitted and Blood Borne Infection Strategy 2022 – 2032.

If you require any further clarification, please contact RNZCGP Policy, Advocacy, and Insights at policy@rnzcgp.org.nz

Nāku noa, nā



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