

How stigma can undermine the viral hepatitis elimination strategy by 2030 in WPRO region

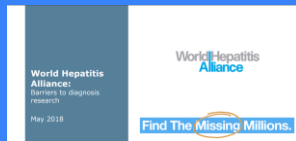


The Perspective of WHO

“...It was also agreed that the stigmatization and discrimination continue to act as barriers to effective hepatitis prevention and care. Only through sustained collective efforts can discrimination be addressed and prevention, diagnosis and treatment be successful.”



Research Findings



“There are four main barriers hindering the diagnosis of both hepatitis B and C:

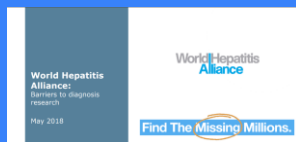
- Lack of public knowledge of the diseases
- Lack of knowledge amongst health care professionals
- Lack of easily accessible testing
- Stigma and discrimination”



World Hepatitis Alliance



Research Findings



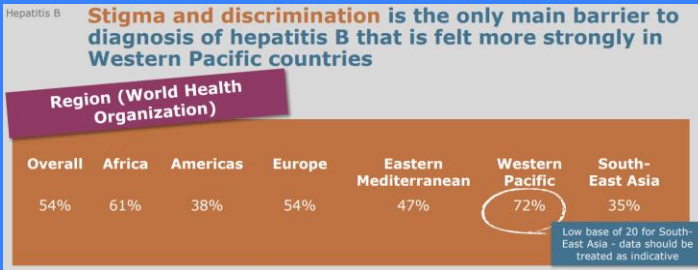
- This barrier has greater significance in countries in the Western Pacific
- It is more likely to act as a barrier to the diagnosis of hepatitis B in low income countries; however in relation to hepatitis C this is more likely to act as a barrier in high income countries
- In relation to hepatitis C, stigma and discrimination is experienced more keenly by people who inject drugs
- Survey participants feel that raising awareness, public health promotion and anti-stigma campaigns could be undertaken to overcome this barrier



World Hepatitis Alliance



Research Findings



World Hepatitis Alliance



Research Findings

Although lack of public knowledge is the main barrier to diagnosis, stigma and discrimination affect a broader range of people

- Minority ethnic communities: Stigma and discrimination (34%)
- People living with HIV: Stigma and discrimination (36%)
- Migrant communities: Stigma and discrimination (45%)
- People who inject drugs: Stigma and discrimination (39%)
- Men who have sex with men: Stigma and discrimination (36%)
- Prisoners: Lack of easily accessible testing (43%)
- Underprivileged areas: Lack of easily accessible testing (42%)
- Rural communities: Lack of easily accessible testing (48%)
- Indigenous populations: Lack of easily accessible testing and Diagnostic tests not approved for use in the country (33%)

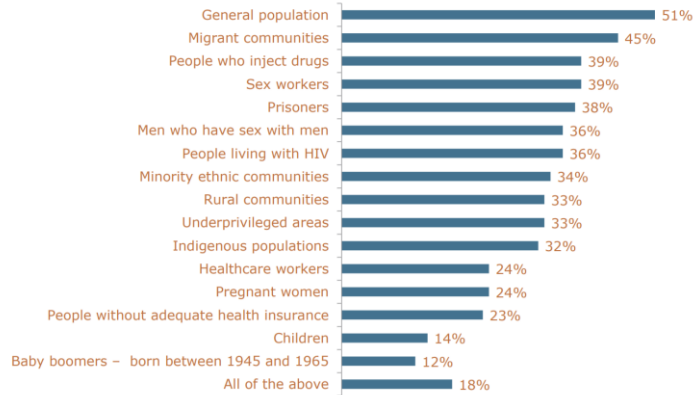


World Hepatitis Alliance



Research Findings

Migrant communities may avoid being tested for hepatitis B because they are more likely to experience stigma and discrimination



World Hepatitis Alliance



Research Findings

% ranking stigma and discrimination as the main barrier to diagnosis of hepatitis B

Region (World Health Organization)

Overall	Africa	Americas	Europe	Western Pacific
16%	4%	17%	17%	38%

Sub groups with base sizes of lower than 30 are not shown



World Hepatitis Alliance



Research Findings

Hepatitis C

Stigma and discrimination as a barrier to diagnosis of hepatitis C

Region (World Health Organization)

Overall	Africa	Americas	Europe	Eastern Mediterranean	Western Pacific	South-East Asia
61%	62%	59%	65%	44%	74%	48%

Low base of 20 for South-East Asia - data should be treated as indicative



World Hepatitis Alliance



Research Findings

Showing a similar impact to hepatitis B, stigma and discrimination is the barrier affecting the broadest range of people

- People who inject drugs: Stigma and discrimination (52%)
- Prisoners: Stigma and discrimination and No laboratory capacity within the country (43%)
- People living with HIV: Stigma and discrimination (36%)
- Sex workers: Stigma and discrimination (36%)
- Migrant communities: Stigma and discrimination (35%)
- Rural communities: Lack of easily accessible testing (48%)
- Underprivileged areas: Lack of easily accessible testing (41%)
- Children: Lack of trained health care professionals (21%)
- Pregnant women: Lack of trained health care professionals (21%)

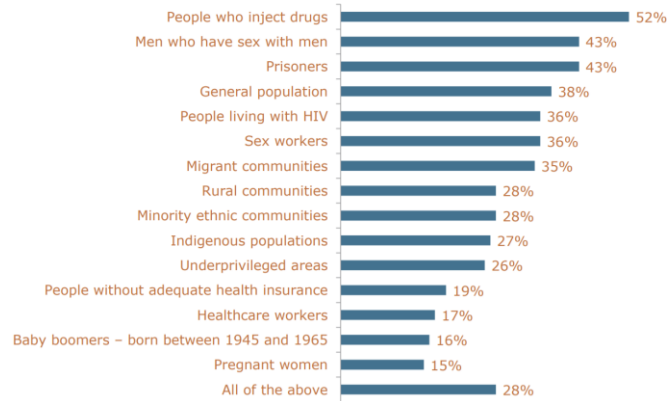


World Hepatitis Alliance



Research Findings

In contrast to hepatitis B, **stigma and discrimination** towards hepatitis C has the greatest impact on people who inject drugs



World Hepatitis Alliance



Research Findings

% ranking **stigma and discrimination** as the main barrier to diagnosis of hepatitis C

Region (World Health Organization)

Overall	Africa	Americas	Europe	Western Pacific
20%	6%	21%	23%	51%

Sub groups with base sizes of lower than 30 are not shown




World Hepatitis Alliance



Research Findings

Case study 2 - Australia: *Infected herself, she now works to raise awareness of hepatitis and HIV in Queensland. She has found stigma amongst the community and also the health professionals*

Viral hepatitis is a problem because there is a lack of knowledge amongst all groups. Migrants are the most affected group and they know nothing about it.



Barrier	Impact	Why not addressed?	Main population affected & impact on them	Necessary changes
Lack of accessible testing	Diagnosis is too late	Developed world: stigma Developing world: lack of knowledge and stigma	Injecting drug users (IDUs), prisoners, sex workers, baby boomers	Increase awareness from grassroots level - if people know about something, they will demand action from the government
Lack of public knowledge	People have no idea about the virus and there is a stigma about it	Because no-one cares about the most widely affected groups - eg. drug users, sex workers, prisoners etc.	IDUs, migrants, baby boomers, indigenous people, vulnerable people They are unaware of dangers & don't change behaviour	Education, awareness raising, advocacy for affected people, educating health workers, destigmatising campaigns

Australia cont.

Barrier	Impact	Why not addressed?	Main population affected & impact on them	Necessary changes
Lack of knowledge /health professionals	People are hesitant to be tested for fear of being treated differently by health professionals who lack knowledge of the disease	Many of the affected groups don't have the time/strength to have a 'voice'-so there is little campaigning	Health professionals lack the knowledge; affected groups are impacted by not seeking help because they will be treated differently	Harnessing the passion of the people to drive through change; the WHA needs to advocate on their behalf
Stigma & discrimination	People won't seek help for fear of being stigmatised	The affected groups are on the margins of society; view that migrants should be 'grateful'; IDUs have 'brought it on themselves'	Indigenous populations, prisoners, migrants, refugees Baby boomers - shame about using drugs	No answer given

What those living with viral hepatitis can do to help overcome the barriers

- Be proactive, raise awareness, talk, harness social media

Is there anything the WHA should be doing?

- Involve those who want to be involved; don't put up barriers to people becoming involved



World Hepatitis Alliance



Stigma and Discrimination in Philippines

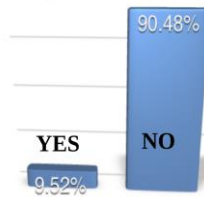
Experienced pre-employment rejection due to viral hepatitis

No. of respondents: 395



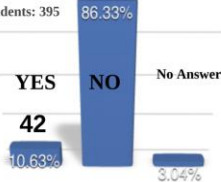
Filed a complaint after termination?

From the experience of the 42 patients terminated from employment.



Experienced employment termination due to viral hepatitis

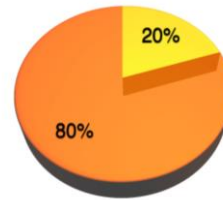
No. of respondents: 395



In Medication?

No. of respondents: 395

80 YES 20%
315 NO 80%



World Hepatitis Alliance



Stigma and Discrimination in Philippines

“The Department of Labor and Employment (DOLE) in 2010 already came out with a set of guidelines for the implementation of a workplace policy and program on Hepatitis B. But the government should go beyond a department order by crafting a law that will prevent discrimination against Hepatitis B patients.”



World Hepatitis
Alliance



Stigma and Discrimination in Vietnam

“Among 298 enrolled patients, 4.8% experienced blame/judgement, 10.2% perceived shame, 48.5% felt discriminated in healthcare facilities, and 90.6% disclosed their health status with spouses/partners. Factors associated with lower odds of CHB-related stigma/discrimination included living with spouses/partners, old age, being employed, and the existence of comorbidities was linked with higher odds of stigma. Anti-stigma programs should target those who are younger and have comorbidities. This could be done by community-based interventions which focus on inaccurate beliefs about viral hepatitis.”

-Thieu Van Le, Social Determinants of Stigma and Discrimination in Vietnamese Patients with Chronic Hepatitis B



World Hepatitis
Alliance



Stigma and Discrimination in China

Inno went to the factories, helped wipe off the job screening. A hotline was set to answer workers' questions about hepatitis, predominantly B. The model has been extended to the other communities.

Total	Job Discrimination	Relationship	Schools	Others
1832	892	540	217	183
100%	48.69%	29.48%	11.84%	9.99%



World Hepatitis Alliance



Stigma and Discrimination in China

*Hepatitis Table

*Suicides

*Exchange Students

*Outbreak

*A TCM Market of AUD 24mil



World Hepatitis Alliance



Solutions

- *A holistic approach to tackle the discrimination and stigma
- *Comfortable ways to “mingle” with policy makers
- *Balancing the nuance between public fear and awareness

But what is more important...



World Hepatitis
Alliance



Just speak out and tell the story!

Nobody can give you freedom. Nobody can give you equality or justice or anything. If you're a man, you take it.

--Malcolm X



World Hepatitis
Alliance

