hep VOICE
Your monthly magazine from the World Hepatitis Alliance

JUNE 2019: Vol.37

hepinion: Stigma and discrimination affects everyone

WHA launches online advocacy resource

Uganda hosts first-ever African Hepatitis Summit

How to on World Hepatitis Day
NOTE FROM OUR CEO

Welcome to hepVoice.

This month I attended the first African Hepatitis Summit in Uganda with WHA President Michael Ninburg and WHA board member for the AFRO region, Kenneth Kabagambe. It was great to be part of an event which brought together policy makers and civil society to accelerate elimination efforts across Africa. Read more about the summit on page 10. The event cemented the importance of working together to achieve elimination.

Working together is also a key theme for our new Find the Missing Millions Advocacy Resource which was launched at the summit. We have worked with members and experts to build the resource which gives civil society tools and advice to advocate for an upscaling of diagnosis and testing. We are proud of what we have created and encourage you to take a look at the resource and share it among your networks. You can read more about it on page 6. We will be continually updating the resource to ensure that civil society are equipped with up to date knowledge to advocate to find the missing millions.

We will be amplifying that message next month on World Hepatitis Day, where we will be pursuing the Find the Missing Millions theme to raise awareness of viral hepatitis. You can find out how you can get involved at www.worldhepatitisday.org, and get inspiration for your WHD activities from World Hepatitis Alliance members on pages 14-19.

Cary James
Voicehep Voicehep

Hepatitis is regularly making the news thanks to the efforts of WHA members. Here are a few highlights.

The World Health Organisation warns: hepatitis is a bigger threat in Africa than AIDS, malaria and TB

A scorecard examining the prevalence and response of African countries towards eliminating viral hepatitis has revealed that a number of African countries are making slow progress.

Every year, more than 200,000 people in Africa die from complications of hepatitis B and C. The World Health Organization (WHO) reports that hepatitis is becoming a bigger threat than HIV, malaria and TB.

Out of 47 countries, only Rwanda, Uganda and Cape Verde are on track to achieve elimination. Uganda currently provides free treatment to people with hepatitis B, and in Rwanda a person with hepatitis B or C can be treated at no cost.

WHO states, “These two countries are championing the regional response and are on track to reach the 2020 Framework targets for testing and community awareness.

“In Uganda, where more than 6 per cent of the population is infected, the commitment to end hepatitis infection was driven by civil society and strong political will. The result is that it became one of the first African nations to fund domestic action against hepatitis B.”

Read more here.

Rajasthan launches hepatitis control programme

Health Minister for Rajasthan Raghu Sharma has launched the National Viral Hepatitis Control programme in Rajasthan state. After Punjab, Rajasthan becomes the second state in India to launch the programme.

Three model centres will be set up in the state for screening, diagnosis and treatment of hepatitis B and C. “Necessary medicines for hepatitis B and C are being sent to all the district hospitals, which will be provided free of cost to patients,” the minister said.

“All newborns are being given the hepatitis B birth dose free of cost. Pregnant women during antenatal care are screened and on finding hepatitis positive, they are given free treatment,” he added.

It is predicted that this programme will allow approximately 50 million people to be screened and to receive treatment.

This programme also aims to provide training to doctors. WHO representative to India, Henk Bekedam, says, “Hepatitis is a serious problem and there is a need to create awareness among doctors and general public.”

Read more here.

Have you downloaded your World Hepatitis Day Campaign Materials Yet?

From social media graphics to a brand new awareness film, all of the tools you need to raise your voice and help find the missing millions on 28 July are available on the World Hepatitis Day website.

Participating in a hepatitis-related activity or have an event planned? Email us or contact us on social media.

Dates for the diary

Upcoming events and activities taking place

5 - 6 August
Australasian Viral Hepatitis Elimination Conference (AVHEC)
The Australasian Viral Hepatitis Elimination Conference brings together health professionals, policy makers, researchers, community organisations and people living with viral hepatitis committed to eliminating hepatitis B and C as a major public health threat. The 2019 conference will be held at Novotel Sydney Brighton Beach, Sydney, Australia, and registration closes 21 July. Find out more here.

6 - 8 September
Conference on Liver Disease in Africa (COLDA)
COLDA is a platform that will bring together experts from around the world involved in liver disease in an interactive conference setting. It is aimed at empowering African healthcare providers for the benefit of their patients. It will target healthcare professionals, researchers, public health experts and policy makers involved in the diagnosis, management and prevention of liver diseases. The conference will be held in Cairo, Egypt. Find out more here.
The World Hepatitis Alliance (WHA) has released a new online tool to support advocacy efforts to find the 290 million people who are unaware that they are living with viral hepatitis.

Viral hepatitis (consisting of hepatitis A, B, C, D and E) presents a major global health challenge, killing 1.34 million people every year, more than HIV or Malaria. Yet, with a vaccine and effective treatments for hepatitis B and a cure for hepatitis C, these deaths are preventable.

In 2016 the World Health Organization (WHO) and its 194 member states signed up to eliminate the disease by 2030 but, as 9 in 10 people living with the disease are unaware of their diagnosis, action must be taken to find the missing millions and link them to care.

This online tool has been developed by WHA in collaboration with leading experts, stakeholders and people living with viral hepatitis.

Cary James, CEO of WHA said:

“No one should have to live with viral hepatitis unaware, yet millions of people do. Without a massive scale-up in screening, diagnosis and linkage to care, viral hepatitis will continue to spread.

“This new resource is a critical tool that civil society and the affected community can use to advocate for governments to prioritise finding those living with viral hepatitis unaware and to link them to the care they need.”

The new resource, launched at the first African Hepatitis Summit in Uganda, mixes expert advice with practical examples from people and organisations that have successfully implemented projects that have resulted in an increase in diagnosis.

Patricia Velez-Moller, President of the Guatemala Liver Patients Association, one of the organisations featured on the tool, said:

“Often the advice available for advocates is very academic and is difficult to turn into on the ground action. This tool gives us up-to-date information with the ability to translate learnings into real action which will help us to reach more people.”

The new tool is available in multiple languages and will be continually updated with information and case studies to enable the spread and transfer of information and ideas globally.

Visit the Advocacy Tool

Find The Missing Millions.
The World Health Organization (WHO) has released its "Progress report on HIV, viral hepatitis and sexually transmitted infections 2019". Released at the World Health Assembly in May, the report assesses the mid-term progress in implementing the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections (STIs) from 2016 to 2021.

The report highlights an urgent need for greater action if we are to reach the challenging – but achievable – goal of viral hepatitis elimination. WHO said in the report: "Time is running short. To reach the 2020 targets we need to accelerate progress, address specific gaps in implementation, and bring innovation to scale across [HIV, viral hepatitis and STIs]".

The report identifies that the global targets for reducing mortality from chronic viral hepatitis (a ten per cent reduction in deaths by 2020 and 65 per cent by 2030) will not be achieved without accelerating universal access to testing, hepatitis B treatment and hepatitis C cure. The report also highlights the need for an upscaling of diagnosis and testing. By 2020, the target is for 30 per cent of people with chronic hepatitis B or hepatitis C infection to know their status; however the last data captured shows that only 19 per cent of people with hepatitis C were diagnosed, and just 10 per cent of those with hepatitis B knew of their infection. To achieve elimination by 2030, 80 per cent of eligible people would need to be treated, but the most recent available data reveals that only 17 per cent of people with hepatitis B and five million people diagnosed with hepatitis C have been treated, showing that we are a long way behind despite having the tools to prevent, treat and, (in the case of hepatitis C) cure viral hepatitis.

The report identifies a number of challenges impeding progress, including a critical lack of funding for the hepatitis response. It is estimated that $6 billion (USD) per year incremental funding is required to reach the hepatitis elimination targets, but in 2016 only $0.5 billion was available. Generic manufacturing of hepatitis drugs has led to a significant decline in their cost, however the cost of treating hepatitis C remains prohibitively high in many middle- and high-income countries that cannot access generics. WHO has identified that additional civil society advocacy will be needed in order to meet the 2030 elimination goals.

Certain at-risk populations, particularly people who inject drugs (PWID), are also being left behind. Almost one quarter of the people newly infected with hepatitis C globally inject drugs, and more than half of the people who inject drugs – approximately 5.5 million people – have chronic hepatitis C. The report reveals that harm reduction services have critical gaps in coverage and quality and unless improvements are made, the number of PWIDs infected with hepatitis C will continue to rise, undermining elimination efforts.

The report also advocates for a more joined-up approach in the response to HIV, viral hepatitis and STIs to achieve their combined elimination. For example, WHO suggests that the triple elimination of the mother-to-child transmission of HIV, syphilis and hepatitis B virus could be achieved by harmonising policies and using common maternal and newborn service delivery platforms. Many countries have already integrated HIV and syphilis screening, and the WHO South East Asian and Western Pacific regions have taken this a step further by integrating hepatitis B in these efforts. They are also the first regions to endorse a regional framework for triple elimination of mother-to-child transmission.

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Cary says...
There is plenty to take away from this new WHO report. Firstly it’s interesting to see the similar challenges that are facing STI and HIV elimination, and the report makes the case for integrating elimination efforts. If we collaborate in the responses to each disease we can accelerate the elimination of all three. This is easier said than done, but we must be open to collaboration and integration.

For me the most interesting point is the clear emphasis on Universal Health Coverage (UHC) in the report. UHC has the overall aim of ensuring everyone has equal and affordable access to healthcare and that no one is left behind in that aim. Viral hepatitis disproportionately affects those most underserved by health systems, including refugees, people who inject drugs, and indigenous communities. By including viral hepatitis elimination in UHC, countries can engage these hard to reach groups and link them to health services.

Civil society must advocate for the inclusion of viral hepatitis elimination in national UHC plans, and have an important role to play in strengthening health systems, providing the expertise to develop health services that meet the needs of the most marginalised people in society. World Hepatitis Alliance (WHA) members and other civil society organisations are already advocating tirelessly for their decision makers to prioritise the hepatitis response, and I am confident that WHA’s new online Advocacy Resource will support their amazing work.

This report needs to be used as a catalyst for more action. It’s clear we are not on track to eliminate viral hepatitis globally, unless more is done then elimination will not be achieved by 2030 and many more lives will be lost.
Uganda hosted the first ever African Hepatitis Summit from 18-20 June in Kampala.

The summit was aimed at rallying partners and countries to eliminate viral hepatitis in Africa. The theme for the summit was, “Eliminating Viral Hepatitis in Africa; Implementing the Viral Hepatitis Strategy”. The event, which brought together participants from over 25 countries, provided an opportunity for countries to develop and work towards implementing action plans, sharing best practices and lessons learnt from each other in the fight against Viral Hepatitis.

In Africa, dying of viral hepatitis is becoming a bigger threat than dying of AIDS, malaria or tuberculosis. It is estimated that every year, 200,000 people die from the complications of viral hepatitis B and C – mostly liver cancer – in Africa. This is against a background of 60 million people in this region living with chronic hepatitis B and C infections, of which, 4.8 million are children under five years old. In addition, an estimated 4.6 million people in the region living with chronic hepatitis B and C infections.

To mitigate hepatitis B prevalence, Uganda has embarked on producing the first line drugs recommended for treating hepatitis B. This makes it one of the first countries in Africa to produce the medicines. This is being done by Cipla Quality Chemical Industries Ltd, a WHO-approved pharmaceutical manufacturer.

The opening of the summit was presided over by the Vice President of Uganda, His Excellency Edward Ssekandi, who represented the President of Uganda.

In his remarks, the Vice President informed the delegates that advocacy for vaccination against viral hepatitis is at the forefront of his work, “I implored the Ministry of Health to immunize all adolescents and adults in the country and get rid of hepatitis B, and vaccination started in July 2015.” He also added, “I have personally participated in mobilising the masses to get vaccinated. However, it’s important to sensitise people on the modes of transmission during such international events.”

The theme for the summit was, “Eliminating Hepatitis.” The event, which brought together participants from over 25 countries, provided an opportunity for countries to develop and work towards implementing action plans, sharing best practices and lessons learnt from each other in the fight against Viral Hepatitis.

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The World Health Organization (WHO) country representative in Uganda, Dr Yonas Tegegn Woldemariam, said that the WHO Regional Office for Africa established the Framework for Action for the Prevention, Care and Treatment of Viral Hepatitis in the African Region (2016–2020). “This was designed to guide the Member States on the implementation of the Global Health Sector Strategy on Viral Hepatitis which calls for the elimination of hepatitis B by 2030,” he said.

In order to reduce hepatitis infections, the Government of Uganda also plans to screen all pregnant women for viral hepatitis B and C, and to introduce the hepatitis B birth dose. This will help eliminate mother-to-child transmission of hepatitis B and C infections.

The summit was supported by the Ministry of Health, the WHO and the World Hepatitis Alliance. A high-level delegation from Egypt, led by the Minister of Health- Dr Hala Zayed and the WHO Representative in Egypt- Dr John Jabbour was also in attendance.

Other delegates present included participants from the pharmaceutical industry, WHO AFRO member states, CSOs (including World Hepatitis Alliance members), academia and the private sector.
By Mohammad Ali, Founder of the National Liver Foundation of Bangladesh

On April 21, 2019, the shocking news came out that Pakistani cricketer Shadab Khan had been ruled out of the series against England prior to the Cricket World Cup 2019 after being diagnosed with hepatitis C. Shadab is a key player of Pakistan, the only specialist spinner in the 15 player squad. It’s really unfortunate for someone just diagnosed with hepatitis C to be withdrawn from their duties, and entirely unnecessary. If a renowned player like Shadab Khan became a victim of discrimination than what about common people?

Globally millions of people face discriminations that restrict their social life, career and personal relationships due to their hepatitis B and C infection.

Discrimination is unethical and a violation of human rights. Hepatitis B and C are simply not transmitted through casual contact.

At the root of this dreadful stigma and discrimination is a poor health education framework, which leads to misinformation becoming the general perception.

Unfortunately, in Bangladesh, where I am from, viral hepatitis is stigmatized among the general public, especially in rural communities. They usually “blacklist” individuals affected by viral hepatitis as they consider them as “bearers of polluted blood” which is dangerous for others. Because of this stigma and discrimination, people are afraid of the test for viral hepatitis. Those who are diagnosed remain silent and don’t like to attend medical centers for treatment as they are afraid of people in the community finding out about their diagnosis. They can be permanently barred from jobs, their social lives destroyed and their dreams lost as they silently face endless discrimination. Furthermore, Bangladeshi citizens working overseas as migrant workers, especially in Middle Eastern countries can be rejected from employment and deported because of their hepatitis B or C diagnosis. They face immense financial loss, psychological distress and the prospect of more social discrimination, which is endless.

Fortunately, Shadab Khan was declared fit for the Cricket World Cup after subsequent test results reflected zero viral load in his blood. Whilst he may go back to his normal life, the same will not be true for many hepatitis B and C patients. These are our brothers, sisters, our friends and colleagues, they are part and parcel of our community. Stigmatisation and discrimination are unjust. Everyone deserves the same opportunities at work, at home, and in the community. It is crucial that we raise awareness of viral hepatitis and educate people so that we can break down stigma and discrimination for good.

"We must raise our voice for those discriminated millions."

I am happy to see the wonderful performance of Shadab Khan, who took 2 important wickets in the second match of the World cup, where Pakistan beat the strong England team. It is a solid example of the successful performance of a hepatitis C affected individual after facing discrimination.

How to tackle discrimination and stigma:

- Advocacy groups should work with the government to make anti-discrimination laws and ensure they are enforced.
- Education and awareness activities need to be undertaken with the community, ensuring people are informed about how the disease is spread and how to protect themselves, utilising the networks of religious and community leaders.
- Stories of those affected by viral hepatitis should be highlighted and widely circulated in the news, especially the stories which break down stereotypes and show a successful life with viral hepatitis.
- Everyone should confront stigma when it is encountered.
In the lead up to World Hepatitis Day we will be sharing the experiences of the people and organisations that use the day to help Find the Missing Millions.

We can’t hope to eliminate hepatitis if people living with the virus don’t know their status. Last year Chennai Liver Foundation took a testing drive to a community of over 1,000 homes and raised awareness far and wide. Below, Vivek Shamugam explains what made their event a success, and gives advice on how you can scale up diagnosis in your country.

To mark World Hepatitis Day last year, we held a testing event for both hepatitis B and C in Chennai under the theme of Find the Missing Millions. It was a great success raising lots of awareness, not just within the community we serve but also beyond. Since then, we have seen an increase in patients walking in for testing at our facility.

When planning the event, first we had to promote it to make sure people would come. We made sure to start promoting well in advance and found that posters and social media were effective in creating interest. We didn’t have the time to develop our own branding and social media graphics so we used the Find the Missing Millions resources from the World Hepatitis Alliance website. These were immensely beneficial as they kept our social media promotion standardised and professional-looking. We then defined our target audience and reached out to them with informative messaging.

We believe knowledge is power, and so we looked to educate people as much as possible as we promoted the event to dispel the myths and stigma that surround viral hepatitis.

Once people are educated about viral hepatitis, we find they will get tested and bring others too.

On the day itself, we also added children’s activities to the schedule to attract parents and their children. Another small trick that we found useful was to offer another free test, such as for blood sugar levels or dental tests, to attract people. People are less likely to be scared by these tests and so more likely to come by. Then, once there, we could start educating them about the benefits of getting tested for viral hepatitis.

We found location and timing to be key. We planned the event on a holiday to maximise the number of people visiting. We also held the event within a community of over 1,000 homes, taking the testing drive to them. This meant that we could see many people at once, maximising our impact and not overstretching our resources.

We procured our hepatitis B and C kits directly to keep costs as low as possible and used our own vehicles to transport the testing, promotional and awareness-raising materials. Close to 20 volunteers also helped us.

Thank you to everyone who made the day possible.

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In the run up to last World Hepatitis Day, Action Hepatitis Canada launched a nationwide letter writing campaign to urge policymakers to create implementation plans in each province and territory of Canada to eliminate hepatitis. Read on to find out how they planned it.

Last year, Canada released a new framework for action on Sexually Transmitted and Blood-Borne Infections (STBBIs), which includes vital targets for the elimination of viral hepatitis. The new framework means that it is now down to the country’s provinces and territories to develop “implementation plans” to reach these goals – something we are determined to make sure happens.

We knew that to reach the 13 provincial/territorial governments, engaging our members across the country would be key. An online letter writing campaign seemed like a good option to involve our members and allies, as it is low-barrier yet effective, so we launched our ‘Speak Up’ campaign in the run up to WHD. Through the campaign, we mobilised Canadians to send their Minister of Health and Member of Provincial Parliament or Member of the Legislative Assembly a letter urging them to create an implementation plan.

We needed to do quite a lot of research and planning before we launched the campaign. We looked into different tools, and drafted a few versions of the letter we planned to send. We decided on an online tool called ‘New/Mode’, which allowed us to send customized letters – an important feature as we have a French-speaking province in Canada, and another that is already ahead of the curve and has committed to an elimination strategy. Supporters could edit the template letters, adding their own stories and comments if they wanted to, or could send it unchanged. The tool used supporters’ postcodes to automatically send the letter to the provincial/territorial Minister of Health, as well as their own elected representative – all at the click of a button.

We launched the campaign at the NOhep global village in Toronto in June, and had a laptop which people could use to sign and send the letter in a matter of seconds. We also used email and social media to promote the campaign, and asked our member organisations to do the same.

For maximum impact, we used a feature on ‘New/Mode’ that allowed us to save up all of the letters and then send them on in bulk on World Hepatitis Day.

Unfortunately, uptake of the campaign was a bit slower than we had hoped for. This was in part because things slow down a lot in Canada during June-July, but we also learned that – despite our efforts to make sure we consulted members during the planning phase – we didn’t strike quite the right tone for some provinces, which put some supporters off sending the letter. This has been a valuable lesson for us as we continue to refine our messaging to the provinces and territories – we’ve learned that we really need to customise our communications for each one.

“Despite the slower-than-expected uptake, the campaign was successful and several provinces have started to develop implementation plans.”

We’re grateful to everyone who supported the ‘Speak Up’ campaign.

Top tips for success
• Identify your issue and the people that have the power to make change happen.
• If sending a letter to multiple people it might be worth tailoring each letter to maximise the impact.
• Promote the campaign at events, in the media and online to maximise impact.
To celebrate World Hepatitis Day in 2018, L’Association pour la Lutte contre les Hépatites Virales (ALHV) conducted outreach at a market in Bujumbura, Burundi’s largest city, distributing leaflets and speaking with the public. To maximise their reach and participation on the day, they also invited Miss Burundi 2017 to their celebrations. Find out how engaging a celebrity contributed to the success of their activities – and how they went about involving her.

"We really wanted to raise as much awareness about viral hepatitis on World Hepatitis Day as possible, and to encourage many people to get tested. We were inspired by the participation of celebrities like Charlize Theron in HIV/AIDS campaigns, and the satisfactory results of their involvement, so we decided to invite a celebrity to our own celebrations.

Celebrities bring lots of different people from different backgrounds together, and we thought this would be a powerful way of spreading the message about viral hepatitis. The reason we chose Miss Burundi 2017 is because we knew that many people would like to see her, and that she has many followers on social media, so she would be a big attraction to our event. It was also important that the celebrity we chose aligned with the values of our organisation and campaign; Miss Burundi had already been involved in the fight against HIV, so when we contacted her after hearing her on a radio show and told her that viral hepatitis is transmitted in the same ways as HIV, she agreed to join our campaign.

Because celebrities act as role models, we screened Miss Burundi for hepatitis at our event. This was very effective with an audience present; people do like to imitate celebrities and this inspired people to get tested themselves.

Miss Burundi attracted a huge crowd because she is very loved, and she delivered a powerful speech. We briefed her beforehand to make sure she communicated some key messages about viral hepatitis. This was very effective and many of the people who saw her speech shared the messages to others, amplifying our message.

Her participation also meant that we received some media coverage; some of the media outlets realised the impact of viral hepatitis and used their channels to raise awareness amongst the population.

We would really advise other organisations to associate celebrities with their campaigns, because they are loved and listened to by the public. They come to embody your campaign, to become inseparable from it in the minds of the people. Find a celebrity that is best-suited to your target audience and the message will be well received!"

**TOP TIPS FOR SUCCESS**

- Find a celebrity whose values match yours.
- Make sure to brief celebrities with key messages.
- Invite the media to your event – the celebrity acts as a “hook” and should help you secure coverage.
Together, our stories can change the way the world sees viral hepatitis. The stories of those living with or impacted by viral hepatitis can help educate and raise awareness, provide support and inspiration, tackle stigma and discrimination, and highlight the true impact of this global disease.

Each month we share the story of someone whose life has been affected by viral hepatitis. This month, we hear from James Wilson from Australia.

In 2004, I made a trip to the doctors. I was feeling a bit run down, and my doctor took some blood and put me on a vitamin supplement. At the time, I was working part-time whilst studying full-time and also doing volunteer work. Due to my busy schedule, I had forgotten all about the blood test until I was contacted by the health department. I was told I had hepatitis C.

I am a little unsure of when I actually contracted hepatitis C. But, I now know the factors which put me at risk of infection.

In 1974, I began getting tattoos and later in 1976 until 1999, I used speed intravenously. At the time, my friends and I were unaware of the risks associated with these behaviours. In the mid-1980s, we stopped sharing needles because we learned about HIV, but we continued to share other injecting paraphernalia.

After I was diagnosed with hep C, I got in touch with my friends who also injected drugs. I told them that I had been diagnosed with hepatitis C and advised them to see their doctor.

After completing my studies, I started working in a drug and alcohol service. Many of the clients of the service also had hepatitis C, and this made me start thinking about treatment.

Six months later, I got a job at a youth accommodation service. I initially kept the fact that I was hepatitis C positive to myself. I started bringing information about hepatitis C into work, and talked about the condition with my co-workers. I put up different posters in the office, and so by the time I did disclose my hepatitis C status, my co-workers had a good understanding of the virus and were supportive of me.

In 2007, I began my treatment for hepatitis C. It wasn’t easy but I felt lucky because I had genotype 2 and the treatment only lasted 24 weeks. The treatment consisted of a weekly injection of pegylated interferon and six daily tables of ribavirin.

The treatment came with side effects, but to become hepatitis C free, it was important that I stick with it.

Now I am hepatitis C free and feeling good about myself. In fact I feel better than I did many years ago.

What I would like to voice about my journey with hepatitis C is that anyone can have the virus, people from all walks of life, but having hep C is not a death sentence - effective treatments are available.

“Anyone can have the virus, people from all walks of life, but having hep C is not a death sentence”

Please note: since James underwent his treatment, direct-acting antiviral (DAA) treatment has become available. DAAs generally have fewer side effects than previous treatments, and are effective in curing hepatitis C in approximately 95% of cases. Please contact your doctor if you would like to discuss hepatitis C treatment options.
I no longer feel shame, guilt or fear. I have found a way out of depression and despair. I have found acceptance, empowerment and hope.

www.worldhepatitisalliance.org