HEPATITIS B® FOUNDATION
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Empower and Protect: A Comprehensive Toolkit for Combating Hepatitis B Discrimination

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BACKGROUND

Over 250 million people live with chronic hepatitis B, making it the world's most common chronic infection (1). Despite effective tools to prevent transmission, and treatment to prevent liver damage, hepatitis B is the world's leading cause of liver cancer, with two people dying every minute. Minimal progress has been made in hepatitis B mortality over the past 20 years (1). Globally, only 13% of people with hepatitis B are aware of their infection, and access to treatment and care is limited, particularly in low- and middle-income countries. As a result, most people with hepatitis B remain at risk of developing liver disease, including liver cancer.

STIGMA

Stigma has been defined as a social process, experienced or anticipated, which is experienced as exclusion, rejection, blame or devaluation resulting from experience, perception or reasonable anticipation of an adverse social judgment about a person or a group.

DISCRIMINATION

Discrimination is defined as the unjust, unfair, or prejudicial treatment of a person on the grounds of their hepatitis B status. In other words, being treated differently from others in the community because of living with hepatitis B.

Stigma and discrimination are significant barriers to eliminating hepatitis B as a public health threat by 2030, which is a goal sought by the World Health Organization (WHO)(1-6). Much of this stigma and discrimination results from poor knowledge and misunderstanding of transmission and disease progression. This translates to unjust and often devastating uncertainty and fear that manifests as discrimination. While most hepatitis B transmission occurs due to blood exchange during childbirth (perinatal transmission), community assumptions focus on other transmission routes that are behavior-related and seen as shameful in many cultures, including sex and drug use. Miscommunication about infectivity heightens misplaced fears of hepatitis B transmission and is often used to justify (without evidence) excluding people living with hepatitis B from fully participating in society.

Such stigma and discrimination manifests in many forms. Restrictions on employment eligibility; unfair treatment at work, school, or home; and prohibitions on a person's ability to emigrate to certain countries or serve in the military or police forces have all been documented as consequences of intolerance (2–4).

In some countries, employers conduct health screenings that include testing for hepatitis B. If a person is diagnosed through this process, their employment is often rejected, regardless of transmission risk (3). People with hepatitis B have shared experiences of rejection when seeking work visas, particularly in the Gulf Cooperation Council countries including Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates. This rejection affects economic opportunities both for the person being rejected for the visa and their families in their home countries (3). Stigma and discrimination can pervade nearly every facet of a person's life.

BACKGROUND

Educational opportunities are denied to people with hepatitis B in China, Sudan, Pakistan, Malaysia and Uganda. Pre-marital screening occurs within many countries (including China, Saudi Arabia, Pakistan, Nigeria, and Ghana) where a positive test can result in the loss of relationships and marriages, and cause family disputes (3,5). Pregnant women living with hepatitis B in some countries are forced by their families to undergo an abortion because they think the babies are not clean and infected with hepatitis B (7).

Discrimination has a profound effect on the lives of individuals with hepatitis B, particularly on their mental health and psychological well-being (2,3,6,8). People with hepatitis B often experience anxiety in social interactions, face challenges in forming relationships, and struggle with feelings of loneliness due to their infection (2,3). For those diagnosed with hepatitis B, stigma and discrimination can play a key role in reducing a person's willingness to seek testing and access health services, and can negatively impact health outcomes. The overall effect is that stigma and discrimination limit linkage to care and subsequently cause avoidance of health care services and routine medical management (2,3,8). Thus, stigma and discrimination prevent equal access to health care for people with hepatitis B, affect health equity, and can be viewed as violating human rights.

For countries seeking to be validated for viral hepatitis elimination, WHO sets four overarching guiding principles, one of which is "respecting human rights and promoting equity in access and community engagement." Included in the key tenets for human rights is 'evidence of absence of legal discrimination (for employment status, access to education, housing and social benefits)"(9). Thus, as we work to increase hepatitis B testing and reach global elimination goals, we need to ensure that human rights protections are in place to prevent discrimination and subsequent negative health outcomes. In a practical framework, we must simultaneously improve hepatitis B testing and prevent unsafe environments where a diagnosis can be used against people. With discrimination still prevalent globally, elimination goals will not be met unless efforts are made to remove discrimination related to hepatitis B and create a safe space for testing and linkage to care.

To achieve this goal, hepatitis B testing and diagnosis must occur in settings where benefits to the person being tested are clear, and where consent and confidentiality are assured. Linkage to care and information about the infection must also be provided upon a diagnosis. Peer support networks to navigate the impacts of diagnosis with hepatitis B should be established, developed and incorporated into downstream pathways. Moreover, all stakeholders should engage with affected communities to co-design effective strategies that take the lived experience of hepatitis B into account. Finally, the support of global regulatory bodies and funders to ensure governments protect the human rights of people with hepatitis B is essential.

254 million people are living with chronic hepatitis B.

Most people who have hepatitis B face some form of discrimination due to their hepatitis B status.

> I work in a Food Company here in Philippines, but I am a warehouse encoder. I work in an office handling logistic papers and face my computer only for straight 12 hour shifts. The company denied my regularization because I am hepatitis B positive.
> - Mohammed

Since 2021, hepatitis-B related discrimination has been reported from over 70 countries worldwide.

> "I am a Vietnamese national who successfully passed the flight attendant examination with Emirates Airline in Dubai. Following a medical examination in Vietnam, it was discovered that I have chronic Hepatitis B ... Emirates Airline later summoned me for an investigation into my health condition...I was treated in a manner akin to that of a criminal, and was suspended from all work for three weeks." - Anh

Most reported discrimination takes place through an employer, through immigration or within a health facility.

POLICY RECOMMENDATIONS

To promote policy change, the Hepatitis B Foundation has created guidance for best practices modeled after the International Guidelines on HIV/AIDS and Human Rights from the Joint United Nations Program on HIV/AIDS, in addition to highlighting two model policies from countries that uphold protections for people living with hepatitis B (15).

The protection of human rights is essential to safeguard human dignity in the context of hepatitis B and to ensure an effective, rights-based response. An effective response requires the implementation of all human rights, and the assurance of civil and political, economic, social and cultural, and fundamental freedoms of all people, in accordance with existing international human rights standards;

Public health interests are supported by human rights: when human rights are protected fewer people are likely to become infected, and people with hepatitis B and their families can more effectively respond to hepatitis B. This means equitable and inclusive access to prevention, treatment and care.

A rights-based, effective response to the hepatitis B epidemic involves establishing appropriate governmental institutional responsibilities, implementing and upholding law reform and support services, and promoting a supportive environment for groups vulnerable to hepatitis B and for those living with it;

In the context of hepatitis B, international human rights norms and pragmatic public health goals require national, state, and local jurisdictions to consider measures that may be deemed controversial, particularly regarding the status of women and children, sex workers, injecting drug users, and men who have sex with men. It is, however, the responsibility of all jurisdictions to identify how they can best meet their human rights obligations and protect public health within their specific political, cultural and religious contexts.

Many steps can be taken to protect hepatitis B-related human rights and to achieve public health goals.

POLICY RECOMMENDATIONS

RECOMMENDATION 1: Establish and implement an effective national framework for the response to hepatitis B which ensures a coordinated, participatory, transparent and accountable approach, integrating hepatitis B policy and program responsibilities across all branches of government, including the military.

RECOMMENDATION 2: Review and reform, as necessary, military policies and laws to ensure that they are based on the latest evidence-based science and most current international guidelines for hepatitis B management and treatment, so that people living with hepatitis B can serve their country to their fullest capabilities without barriers.

RECOMMENDATION 3: Enact or strengthen anti-discrimination and other protective laws that protect vulnerable groups, including people living with hepatitis B, from discrimination in both the public and private sectors; ensure privacy, confidentiality and ethics in research involving human subjects; emphasize education and conciliation; and provide for speedy and effective administrative and civil remedies.

RECOMMENDATION 4: Ensure, through political and financial support, that community consultation occurs in all phases of hepatitis B policy design and program implementation and evaluation, and that community organizations are empowered to carry out their activities, including in the fields of ethics, law and human rights, effectively.

RECOMMENDATION 5: Review and reform public health and anti-discrimination policies and laws to ensure that they are grounded in the latest evidence-based science, that they adequately address public health issues raised by hepatitis B, that their provisions applicable to casually transmitted diseases are appropriately applied to hepatitis B, and that they are consistent with international human rights obligations.

RECOMMENDATION 6: Review and reform criminal laws and correctional systems to ensure that they are consistent with international human rights obligations and are not misused in the context of hepatitis B or targeted against vulnerable groups.

POLICY RECOMMENDATIONS

RECOMMENDATION 7: Enact legislation to provide for the regulation of hepatitis B-related goods, services and information, so as to ensure widespread availability of quality prevention measures and services, adequate hepatitis B prevention and care information, and safe and effective medication at an affordable price. Additionally measures should be taken to ensure for all persons, on a sustained and equal basis, the availability and accessibility of quality goods, services and information for hepatitis B prevention, treatment, care and support, including antiretroviral and other safe and effective medicines, diagnostics and related technologies for preventive, curative and palliative care of hepatitis B and related opportunistic infections and conditions. Measures should be taken at both the domestic and international levels, with particular attention to vulnerable individuals and communities.

RECOMMENDATION 8: States should implement and support legal services that will educate people affected by hepatitis B about their rights, provide free legal services to enforce those rights, develop expertise on hepatitis B-related legal issues, and utilize means of protection in addition to the courts, such as offices of ministries of justice, ombudspersons, health complaint units and human rights commissions.

RECOMMENDATION 9: Collaboration with and through the community should promote a supportive and enabling environment for women, children and other vulnerable groups by addressing underlying prejudices and inequalities through community dialogue, specially designed social and health services, and support to community groups.

RECOMMENDATION 10: Promote the wide and ongoing distribution of creative education, training and media programs explicitly designed to change attitudes of discrimination and stigmatization associated with hepatitis B to understanding and acceptance, including amongst healthcare providers.

RECOMMENDATION 11: Ensure that governments and the private sector develop codes of conduct regarding hepatitis B issues that translate human rights principles into codes of professional responsibility and practice, with accompanying mechanisms to implement and enforce these codes.

RECOMMENDATION 12: Ensure monitoring and enforcement mechanisms to guarantee the protection of hepatitis B-related human rights, including those of people living with hepatitis B, their families, and their communities.

POLICIES IN ACTION

UNITED STATES

In the United States, people living with hepatitis B are legally protected from discrimination in the employment, health, and education sectors. Additionally, the U.S. Centers for Disease Control and Prevention (CDC) regularly updates clinical recommendations on the management of people living with hepatitis B to ensure that all federal policies are grounded in the most accurate evidence-based science.

In the U.S., the Departments of Justice, Health and Human Services, and Education share responsibility for protecting the rights of students and applicants with disabilities, including those who have hepatitis B, in medical, dental, nursing, and other health-related education programs. Under Title III of the Americans with Disabilities Act (ADA), a private school may not discriminate against individuals with disabilities, in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations offered by that school. Similarly, Title II of the ADA prohibits public schools, including public postsecondary institutions, from discriminating on the basis of disability in their services, programs, or activities. Section 504 likewise prohibits education programs and activities, including those at the postsecondary level, that receive federal financial assistance from discriminating on the basis of disability with respect to admission to or participation in their programs and activities.

In addition, Title II and Title III of the ADA and Section 504 prohibit covered entities from using criteria or methods of administration that have the effect of discriminating against people with disabilities. The ADA and Section 504 also require covered entities to make reasonable modifications to their policies, practices, or procedures when necessary to avoid discrimination on the basis of disability, unless such modifications would fundamentally alter the nature of the program or the services provided. Although federal civil rights laws broadly prohibit discrimination on the basis of disability, those laws do not require schools of higher education to permit an individual with a disability to participate in particular activities if doing so would pose a direct threat to the health or safety of others.

In determining whether an individual poses a direct threat to the health or safety of others, schools must make an individualized assessment, based on a reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain (1) the nature, duration, and severity of the risk,

(2) the probability that the potential injury will actually occur, and (3) whether reasonable modifications of policies, practices, or procedures will mitigate the risk. In addition to the ADA and Section 504, the management of students and applicants with hepatitis B may also implicate Title VI, which prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving federal financial assistance. One way in which specific policies or practices used in the management of students with hepatitis B may result in unlawful discrimination is if such policies have an unjustified disparate impact on particular students. This means that a policy or practice that is neutral on its face – the policy itself does not mention race, color, or national origin – but has a disproportionate and unjustified effect on students of a particular race, color, or national origin, may result in unlawful discrimination under Title VI.

Statistical disparities may be evidence that a policy or practice has an adverse discriminatory impact and should be reviewed to ensure compliance with Title VI. It is notable that while Asians, Native Hawaiians, and Pacific Islanders make up roughly 4.5 percent of the U.S. population, they represent 50 percent of the persons with hepatitis B in the United States. With this in mind, institutions of higher education should be aware that Title VI applies to the extent that specific policies, practices, or procedures regarding hepatitis B discriminate, or have the effect of discriminating, against students or applicants of a particular race, color, or national origin. On July 6, 2012, the CDC published the Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students. With respect to students with hepatitis B, CDC's updated recommendations aim to promote patient safety while providing risk management and practice guidance to students and health-care providers with hepatitis B.

Among other things, the CDC provides the following recommendations for the management of healthcare students and professionals who have hepatitis B:

- Chronic hepatitis B virus infection, in itself, should not preclude the study or practice of medicine, surgery, dentistry, or allied health professions.
- Practices that restrict students from the study of medicine, dentistry, or surgery – such as prenotification to patients of the hepatitis B status of their health-care provider – should be discouraged.
- Medical and dental students and professionals with chronic hepatitis B virus infection (i.e., those who are HBsAg-positive) who do not perform exposure-prone invasive procedures but who practice non- or minimally invasive procedures should not be subject to any restrictions of their activities or study.

- While medical and dental students with chronic hepatitis B virus infection may have restrictions imposed on their participation in exposure-prone invasive procedures, exposure-prone invasive procedures are not ordinarily performed by students fulfilling the essential functions of a medical or dental school education.
- Standard precautions should be rigorously adhered to in all health-care settings. The CDC recommends that DNA serum levels be relied on, rather than hepatitis B e-antigen status, to monitor infectivity and states that individuals with hepatitis B can conduct exposure-prone invasive procedures if a low or undetectable hepatitis B viral load is documented by regular testing at least every six months.

The CDC also recommends that a hepatitis B viral level of 1,000 IU/ml (5,000 GE/ml) or its equivalent is an appropriate viral load threshold for a review panel to adopt. The CDC stresses that for most students with chronic hepatitis B “who conform to current standards for infection control, [hepatitis B virus] infection status alone does not require any curtailing of their . . . supervised learning experiences” because those experiences generally do not include exposure-prone invasive procedures. In fact, the CDC noted that since its last update in 1991, there have been no reports of hepatitis B transmission in the United States or other developed countries from “medical or dental students . . . or any others who would not normally perform exposure-prone invasive procedures.”

Read the joint federal agency letter to Schools of Medicine, Dentistry, Nursing, and other health-related schools on anti-discrimination policies for people living with hepatitis B.

Further consideration should be given to how governments and institutions can establish or update recommendations and policies that can help decrease stigma. In the U.S., the CDC updated their adult hepatitis B screening and vaccination recommendations from risk-based testing and vaccination to universal. These updates were supported by evidence that the hepatitis B risk-based recommendations were not helping the country make progress towards eliminating the virus. The shift to universal guidance removed the burden of having patients disclose potential risk-based behaviors and removed the need for providers to ask stigmatizing questions, thus normalizing the conversation around hepatitis B and helping to reduce stigma overall.

Read the universal adult hepatitis B screening and vaccination recommendations in the U.S.

POLICIES IN ACTION

AUSTRALIA

According to Hepatitis B For Primary Care, the following applies to individuals with hepatitis B including protections under established guidelines and the Privacy Act of 1988.

- In Australia, it is illegal to discriminate against people because they have or are presumed to have any disease, including hepatitis B virus (HBV) infection.
- Hepatitis B is a notifiable disease in every Australian state and territory, which means that it is mandatory for health-care practitioners to report any confirmed case. Mandatory notification does not legally breach a patient’s right to privacy, although patients should be informed that notification will occur.
- The potentially infectious nature of all blood and body substances necessitates the implementation of infection control practices and policies in the health-care setting.
- The current best-practice guidelines for infection control procedures in Australian health-care settings are outlined in the *Australian guidelines for the prevention and control of infection in healthcare (2010)*.
- Hepatitis B infection alone does not disqualify health-care workers with the infection from practice.
- Health-care workers with hepatitis B can perform exposure-prone procedure if their hepatitis B viral load is below 200 IU/mL, provided they have regular, 3 monthly, testing to monitor viral load.
- Information relating to an individual’s health and health-related treatment is sensitive, and an individual’s right to privacy around this information is protected by state, territory and federal legislation.
- The *Privacy Act 1988 (Commonwealth)* (the Privacy Act) is the primary piece of legislation governing privacy of health information in Australia. Under amendments to the Privacy Act that came into force in March 2014, there are now increased restrictions on the handling of personal information obtained from a third party, and the Privacy Commissioner has greater enforcement powers and increased penalties for privacy breaches.

- State and territory governments have also enacted jurisdictional laws and regulations that affect privacy practices. These state and territory instruments may intersect or overlap with the Privacy Act and, as a result, health-care practitioners must make themselves aware of the privacy and confidentiality obligations that relate to their practice within their respective jurisdiction.

- Health-care practitioners should only collect health information about a patient with that patient's informed consent, and should advise the patient of the potential use of that information, as part of obtaining informed consent. There should be systems in place for secure storage of physical and electronic records, and all staff should be trained in these systems, and aware of their privacy and confidentiality obligations.

- Health-care workers are required to disclose their status if they are carrying out exposure-prone procedures, applying for the defence forces, or applying for relevant types of insurance. They may also be required to disclose to their sexual partners if they are not taking reasonable precautions not to transmit the infection.

Read the key points of anti-discrimination protections for people living with hepatitis B in Australia here.

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EXAMPLE OF ANTI-DISCRIMINATION POLICY LANGUAGE

Below is example language to help states create strong policies and legislation protecting the rights of people living with or affected by hepatitis B and C and from discrimination based upon their hepatitis status. Using the blow language you can insert in your own country details.

Background

Hepatitis B and C are viruses that infect the liver and can lead to liver cancer. Both viruses combined infect over 20 million ***Nigerians***, and most are unaware that they are living with hepatitis B and hepatitis C. Furthermore, most ***Nigerans*** are unfamiliar with hepatitis B and C and its consequences. Hepatitis B is transmitted through blood-to-blood exposure from someone infected. Exposure can occur perinatally (mother to child due to blood exchange during childbirth), sexually, through unsanitary medical practices, and other blood exposures (such as razors). Hepatitis B is NOT transmitted through urine, saliva, sweat, hugging, kissing, coughing, sneezing, sharing meals, or any type of casual contact. Vaccination can prevent hepatitis B infection and people with hepatitis B can live full and productive lives by maintaining healthy lifestyles, ongoing monitoring, and antiviral treatment (for those who need it).

Hepatitis C is transmitted sexually and through blood to blood exposure. While hepatitis C does not have a vaccine, it does have a cure that can eliminate the virus from the body. People living with hepatitis B and C can work, play, and contribute to society just as any other person and should not be discriminated against. The following outlines legislation to protect the rights and wellbeing of those living with hepatitis:

1. The purpose of this ***[type of policy, act, bill, legislation, etc.]*** is to protect the rights and dignity of people living with and affected by hepatitis B and C (herein referred to as 'hepatitis') by:
    a. Eliminating all forms of discrimination based on hepatitis status;
    b. Creating a supportive environment so that people living with viral hepatitis are able to continue working under normal conditions;
    c. Creating safe and enabling working and learning environments for all persons;
    d. Giving effect to human rights guaranteed as amended and obligations under international and regional human rights and other instruments. ***[If there is already anti-discrimination law in country you can reference it here]***

Protection of the Rights of People Living with and or Affected by Viral Hepatitis from Discrimination in *[insert country]*.

This ***[policy]*** applies to all persons living with and affected by hepatitis in ***[insert country]***.

1. This applies to all employers of labour and employees in the public and private sectors including the Armed Forces, Police, State Security Services, other Para-Military Organizations, Schools, Hospitals and places of worship.

Part II: Protection of the Rights of People Living with or Affected by Viral Hepatitis in *[insert country]*.

2. People living with or affected by viral hepatitis have a right to freedom from discrimination on the basis of their real or perceived hepatitis status concerning to and continued employment, employment benefits, comprehensive health services, education, use of public facilities and other social services, provided by the employer, individual community, government or any other establishment.

3. Individual, communities, institutions, employers and employees have a mutual responsibility to prevent hepatitis related stigma and discrimination in society.

4. To protect the rights of people living with hepatitis B no culture, practice or tradition shall encourage practices that expose people to the risk of hepatitis infection.

5. Every individual, community, institution and employer shall take steps to promote equality of opportunity and treatment and non-discrimination in all settings, including employment, health and educational institutions.

6. No individual, community, institution, employer or employee shall discriminate, directly or indirectly, against any person in the society on the basis of a person’s hepatitis status or perception of same in employment, delivery of services and other benefits.

7. No person suspected or presumed to be infected with hepatitis B or C including members of vulnerable populations and their partners, caregivers, associates and families shall be subjected to any form of restriction, stigmatization, unfair treatment or discrimination, either directly or indirectly, on the basis of their hepatitis status or hepatitis circumstances with respect to:

a. healthcare;
b. Employment;
c. Welfare and social security benefits;
d. Education and training;
e. Sports and recreation;
f. Associations and membership to organizations;
g. Accommodations and residency;
h. Grade unions and qualifying bodies;
i. Access to transportation and movement;
j. Insurance;
k. Visa and travel;
l. Marriage;
m. and Provision of goods or services.

8. No mandatory testing for hepatitis shall be required for any applicant as a requirement for employment or education in any public or private institution or by any individual employer of Labor.

9. No person shall be dismissed from their place of work or have their job description forcibly altered on account of their hepatitis status, especially when the person is able to meet the inherent performance requirements of the job.

10. This applies to all employers of labour and employees in the public and private sectors including the Armed Forces, Police, State Security Services, other Para-Military Organizations, Schools, Hospitals and places of worship.

11. No one shall be denied the right to acquire, benefit, inherit, purchase, or own property on the basis of their viral hepatitis status or viral hepatitis related circumstance.

12. No employer of Labour, including private individuals and/ or public sector employer, shall single out viral hepatitis testing as routine medical examination for employees. Where such tests are included as part of a broader medical examination, people will be notified that they are being offered the test, and results of such examinations shall be kept in the strictest confidence to the country standards in which the test is being conducted. Individuals subjected to examinations much have access to post test confidential counselling.

13. Nothing in this section shall require an individual, community, employer or employee to engage in any act of omission concerning policies and or practices that would establish a barrier to the continued enjoyment of personal or constitutionally guaranteed rights on the basis of their real or perceived viral hepatitis status.

14. Powers shall be granted to representative bodies, community groups, and unions, including public interest organizations, to file cases on behalf of a complainant that a person is discriminated against, treated unfairly or whose rights are abused as a result of their hepatitis status. Such interest organizations shall be granted powers to investigate and redress systemic discrimination involving hepatitis positive individuals.
    a. Representative bodies shall be granted the authority to use pseudonyms and provisional names to represent complainants to keep confidentiality of information on the status of hepatitis positive persons.
    b. All persons with viral hepatitis shall be given the right to confidentiality under their private life.

15. From the commencement of this [law, act, policy] no medical professional or institution shall carry out viral hepatitis testing on any person or group of person without specific expressed informed consent:
    a. A contravention of subsection (1) of this section shall constitute a violation of the person or a group of person's right to liberty and privacy;
    b. Medical professionals or institutions conducting viral hepatitis testing shall provide consent forms signed by a person or group of persons requesting viral hepatitis testing; and
    c. In conduct of viral hepatitis testing on a person or group of persons, a medical professional or institution shall observe the strictest form of confidentiality and privacy with the information obtained.

16. A medical professional shall obtain express or informed consent in carrying out viral hepatitis testing on a person or group of persons except in situations where:
    a. The person in question is the donor of blood, blood products, organs, tissues, semen or other substances where there is an obvious public health imperative test, towards potential recipients who must give fully informed and express consent to such donation;
    b. The person in question is guilty of sexual offence such as rape, where the individual affected is likely to be at risk of hepatitis infections;
    c. A court of law issues an order for the testing of any person or group of persons.

17. Any person or group of persons being testing for viral hepatitis shall be provided with pre- and post- test confidential counselling by a qualified Counsellor.

18. Pre and post-test confidential counselling shall be given to a person or group of persons being tested for viral hepatitis except in cases where the person or group of persons tested are part of a sentinel survey or research and in which case the result may not be disclosed to the person participating in such research.

19. No person shall be detained, isolated, or quarantined solely on the basis of the person’s viral hepatitis status.

20. All health institutions and professionals shall ensure all blood transfusions, tissues and organs for transplantation and semen for artificial insemination shall be free of hepatitis viruses and other blood borne pathogens.

21. All blood, tissues, organs and semen shall be thoroughly screened, and certified hepatitis virus free.

22. All traditional healers and health professionals managing viral hepatitis cases with other remedies other than the Government approved anti-retroviral therapies shall submit their remedies to the Ministry of health in consultation with the Agency for the control of viral hepatitis for verification and certification and recommendation for use by the public.

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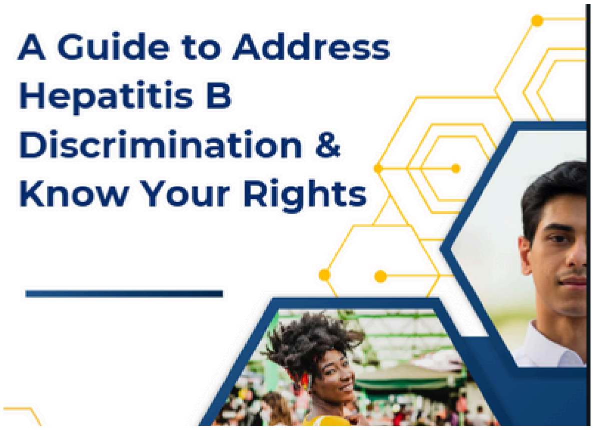
ADDITIONAL RESOURCES

The Hepatitis B Foundation has created several resources to help end hepatitis B-related discrimination globally.

Hepatitis B Foundation Discrimination Registry

The purpose of this registry is to document and track discrimination related to hepatitis B. If you or someone you know has experienced discrimination please share your experience anonymously and confidentially through our Discrimination Registry. Your experience will become part of our sophisticated Discrimination Registry database and be used to help identify and combat discrimination in the future.


A Guide to Address Hepatitis B Discrimination & Know Your Rights

Discrimination Guide

To monitor the current global situation related to discrimination, the Hepatitis B Foundation has put together a discrimination scale to track country-specific discrimination. This tool can be used to advocate for anti-discrimination protections in your respective country.

B the Voice: Share Your Story

Storytelling provides a way to empower and connect people living with or affected by hepatitis B and liver cancer, and helps put a human face on this serious disease. The goals of the Hepatitis B Foundation's storytelling program are to share stories from real people with lived experiences of hepatitis B and liver cancer to increase awareness and advocacy, decrease stigma and discrimination, and promote testing, vaccination, linkage to care, and treatment to help save lives. If you are interested in sharing your story or hearing stories of others, check out the storytelling website here.

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