

CHIPO: Coalition Against Hepatitis for People of African Origin Conference Call Agenda Monday, September 24, 2018 3:00pm ET

Dial In: +1 (312) 757-3121 Passcode: 462-362-069

Attendees: *If we missed or misspelled your name, please let us know!

Fowsiyo Ahmed (Mayo Clinic), Sarah Ahmed (NYC Department of Health), Oluseun Aluko (Columbus Public Health), Sydney Battle (Asian Health Coalition), Emmanuel Emeasoba (Monte Fiore), Essi Havor (Houston Health Department), Bilan Hussein (Columbus Public Health), Nadine Kela-Murphy (NYC Department of Health), Lucy Kingangi (NYC Department of Health), Elizabeth Koch (Columbus Public Health), Halimatou Konte (African Services Committee), Chioma Nnaji (MAC Boston), Fatima Omarufilo (Monte Fiore), Jane Pan (HBI-DC), Sierra Pellechio (Hepatitis B Foundation), Farma Pene (NYC Department of Health), Dan-Tam Phan (Minnesota Department of Health), Alia Southworth (Center for Asian Health), Lula Sweet (Columbus Department of Health), Diana Zaato (Columbus Public Health)

3:00 pm Welcome & Introductions

3:05 pm NAIRHHA Day, September 9th, Update (Chioma Nnaji, Multicultural AIDS Coalition)

- Very successful awareness day with great participation!
 - HBI-DC Event September 7th at Agape Life Ministry Health Fair in Maryland screened
 49 people for HBV and HCV, HBF storyteller Bright attended
 - Hep B United Philly event September 21st Peace Day Health Fair at Mifflin Square Park, South Philadelphia offered free HBV screening
 - NYC and Boston events still in the works
 - NAIRHHA day blog posts on <u>Hepatitis B Foundation</u> and <u>NASTAD</u> websites
 - o Impressive engagement on Twitter, using hashtag #NAIRHHADAY
- Group discussion around why NAIRHHA day is separate from hepatitis awareness day (July 28th):
 "many African groups and entire industry are focused on the day (July 28) could be confusing"
 - Chioma: because African immigrants often get lumped with other groups such as African
 Americans, it is important to emphasize health disparities specific to this group.
- 3:15 pm Presentation (no slides): Hepatitis B Education in African Immigrant Communities,
 Lessons Learned and Tips for Overcoming Myths (Amadou Diagne, Senior Director,
 Gilead) amadou.diagne@gilead.com
 - Has worked to build educational programs among many African immigrant communities in NY, Boston, Washington DC, Philadelphia
 - We need to bring other voices to the table to "amplify the story of HBV in African immigrants"
 - HBV is more difficult to educate on than HIV
 - \circ $\;$ Yet 80 million people on the continent of Africa are affected by HBV, much more than HIV!

- "We need to focus a lot of attention on HBV as HIV. Look at Diaspora is what's happening on the continent you will see high rates. 5-25%. Some parts of Nigeria >30%, show up when it's too late. Treating pregnant women is effective yet most women on the continent are not tested."
- Take a lesson from HIV playbook. Public health has been influenced by HIV development and promoted action from decision makers. If you go to any country, there are only 20 specialists and only in main cities! This is a big issue. We need to train people, train educators where they are (all providers; specialists, midwives, OBs). We need specialists who understand how to treat! We can't only focus on symptoms when it's too late. We need to screen early! Complications take longer to develop than HIV.
- Look at Prolifica study
- Some encouraging progress on the continent
 - Meeting last year in Benin, for all French speaking African countries, came together and made declaration that outlined their plans for elimination
 - o December 2-7 2019 International Conference on AIDS and STIs in Africa in Rwanda
 - These may be a good platforms to increase the conversation about HBV
- Group question: (Farma) how can people access treatment affordably?
 - Gilead Advancing Access, Gilead has partnerships with MOH to make medications affordable regardless of income
- Group question (Nadine): is the screening on pregnant women possible on the continent?
 - Amadou this is a challenge, issues finding screening tools that can be used across the continent, Gilead is speaking with diagnostics company about creating universal diagnostics model that will work across the continent. Need to acknowledge how different each country in Africa is. Many countries are taking EASL guidelines and applying them to their own. Can be a problem in relation to high races of HCC in Africans.
- Group question: Some countries offer free medication (Mauritania)? Why not in Senegal, for example?
 - Amadou: It may be easier for smaller countries, gross national income affects ability of government to cover these services, political will is involved too
- Group question (Essi): (to Amadou) in your HCC research, are you researching environmental exposures as an explanation for the high rates of liver cancer in Africans?
 - o Amadou: mold has been investigated as a possible cause; not so sure
- Group question (Essi): is prevention, not only treatment of HBV, a priority for Gilead?
 - Amadou yes, prevention is important! Preventing, Screening, treating, screening pregnant women and vaccinating at birth all priorities for Gilead. In Africa often not screening until 6 weeks due to many births outside of medical centers, midwives (dulas). You must implement programs for education AND follow up after education has been given. He did a program in Senegalese community at end of program, some of people asked questions and said they would see their doctors "tomorrow", but it's hard to implement next step. Linkage to care. Political will is KEY.

- HBI-DC: in the last few months they screened 248 people from Ghana, Nigeria, Sierra Leone, Liberia
 - o 8/248 HBV + (3.2%) and 12/248 HCV+ (4.8%)

4:00 pm Conclusion

Next Coalition Call:

Monday, November 18th 2019 3:00 - 4:00 pm ET

Dial In: +1 (646) 749-3112 Access Code: 470-523-629

Slides: https://global.gotomeeting.com/join/470523629