IMMIGRATION HEALTH *IS* PUBLIC HEALTH

Opportunities to improve hepatitis B and C prevention, diagnosis, and care for immigrants and newcomers to Canada

ACTION HEPATITIS CANADA
aHC
ACTION HÉPATITES CANADA

A 2024 report and recommendations for policymakers, prepared by Action Hepatitis Canada.

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This report was written on the traditional territory of the Anishinaabeg people, which include the Odawa, Ojibwe, and Pottawatomi Nations, collectively known as the Three Fires Confederacy. We also acknowledge the ongoing injustices and resulting health inequities Indigenous people face on these lands.

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We are grateful to Biniam, Larry, Max, Ravshan, and Shujaat for sharing their experiences with us. Their insights are featured throughout the report.

Finally, we wish to acknowledge the people affected by viral hepatitis and represented in the statistics and figures within this report. You are not just numbers to us. You are our family, friends, and colleagues, and we stand alongside you on the journey toward eliminating viral hepatitis as a public health threat in Canada by 2030.

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About This Report

Action Hepatitis Canada has created this report on the current landscape of viral hepatitis testing, treatment, and care for immigrants and newcomers in Canada, with recommended considerations for improving outcomes for immigrants and newcomers living with hepatitis B and C.

We approach this issue through a human rights and health equity lens and centering lived experience.

From January to April 2024, we consulted with people who have lived experience of viral hepatitis as newcomers and immigrants to Canada, clinicians, researchers, community-based advocates, immigration legal experts, and others. We are also grateful to the staff at Immigration, Refugee and Citizenship Canada for assistance with the *Pathways to Canada* chart on page 7. We conducted an environmental scan of the current state of immigrant and newcomer medical screening in Canada and a literature review.

While community-level education opportunities offer many benefits and provincial and territorial public health agencies play an important role in the immigration health system, this report focuses on federal government policies and potential points of intervention within the immigration and integration processes.

As sometimes happens, we feel the value of the report lies as much in the process as in the final report itself. Through these interviews and consultations, we began many meaningful conversations, at what seems to be an ideal time, about where the roles of Canada's public health services and immigration services intersect. It is our hope that this report is a useful tool to continue those conversations and ultimately improve health outcomes for immigrants and newcomers to Canada, reduce the burden of late-stage diagnosis on the healthcare system, and help move us closer to our viral hepatitis elimination targets.

About Action Hepatitis Canada

Action Hepatitis Canada is a pan-Canadian coalition of 82 member organizations. Our mandate is to provide accountability on Canada's commitment to eliminate viral hepatitis as a public health threat by 2030. We do this with a human rights and health equity approach.

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Context

ABOUT HEPATITIS B & C

- Hepatitis B (HBV) is a **preventable and treatable** liver infection, and hepatitis C (HCV) is a **preventable and curable** liver infection. Still, both are **leading causes of liver disease and transplantation** in Canada, straining our healthcare systems. [1]
- Viral hepatitis is a **global health concern** and causes around 1.3 million deaths each year or 3500 deaths each day, [2] mainly as a result of chronic liver disease and its complications.
- An estimated 204,000 people in Canada are living with HCV, [3] and 112,000 with HBV. [4]
- Symptoms may be delayed for years, so many people who are infected are unaware even while liver damage is occurring. The only way to confirm a chronic HBV or HCV infection is through a blood test.
- Untreated, viral hepatitis can cause liver damage, cancer, and even death.
- **An estimated eight people die each day in Canada from viral hepatitis.** [5]

VIRAL HEPATITIS ELIMINATION IS WITHIN CANADA'S REACH

- **HCV is curable** with highly effective treatments of daily pills for 8 or 12 weeks, usually with no side effects.
- **HBV is a vaccine-preventable infection** and, while there is no cure yet, there are treatments to manage the disease, prevent advanced liver disease, and reduce cancer.
- **In 2016, Canada signed on to the first-ever Global Viral Hepatitis Strategy, with the goal of eliminating viral hepatitis as a public health threat by 2030**.
- Easy and equitable access to prevention, testing, treatment, and care is needed to realize the health outcomes supported by scientific advancements and political commitment.

WHY IMMIGRANTS & NEWCOMERS?

- Immigrants and newcomers are an important group at increased risk for viral hepatitis; they account for a disproportionate number of Canada's hepatitis C cases (30%), [6] and hepatitis B cases (up to 70%), [7] and they face unique barriers to diagnosis and care.
- **To achieve viral hepatitis elimination in Canada, we must take a public health- and human rights-based approach to migrant health.**

> I would tell the government we should screen, and for people who have hepatitis, they should be directed to treatment. We have the ability to help the patients, so let's put some money and effort into helping them. In the years that I was suffering before I was diagnosed and started treatment, my work and productivity suffered, too. Once I felt better, I was able to contribute more to society. For the last twenty years, I've been on treatment, my hepatitis is under control, and I'm enjoying a good quality of life, for which I am very grateful.
>
> *- Larry, immigrated to Ontario through the skilled worker program in the 1970s and was diagnosed with hepatitis B much later after experiencing symptoms and stage 4 liver cirrhosis*

Viral Hepatitis Elimination

CANADA’S PROMISE

- In May 2016, at the World Health Organization (WHO) Sixty-ninth World Health Assembly, the first-ever Global Viral Hepatitis Strategy (2016-2021) [8] was endorsed by the 194 Member States.
- The strategy aimed to eliminate viral hepatitis as a public health threat by 2030. The Global Viral Hepatitis Strategy (2022-2030) renewed this commitment. [9]
- As a Member State, Canada signed on to this strategy and endorsed the targets contained within it. The WHO strategy includes specific targets, and all countries were tasked with developing a National Action Plan to meet these targets.
- The Public Health Agency of Canada (PHAC) responded by publishing the *Pan-Canadian framework for action to reduce the health impact of Sexually Transmitted and Blood-Borne Infections (STBBIs)* [10] in 2018 and the *Government of Canada five-year action plan on STBBIs* [11] in 2019. The *Action Plan* was updated in 2024. [12]

GLOBAL TARGETS

Within the WHO's Global Viral Hepatitis Strategy (2016-2021), and echoed in PHAC's *Framework for Action* and *Action Plans*, there are several targets that collectively will lead to and/or define our success at eliminating viral hepatitis as a public health threat. The baseline year for all reduction targets was 2015.

By 2030:

- 90% reduction in new cases of chronic HBV and HCV infections
- 65% reduction in HBV and HCV deaths
- 90% of HBV and HCV infections are diagnosed
- 80% of HBV patients receiving treatment and HCV patients cured

The Government of Canada has endorsed global targets that aim to end the AIDS and viral hepatitis epidemics and to reduce the health impact of sexually transmitted infections by 2030... ***We must not shy away from bold and transformative action that brings the benefits of prevention, diagnosis, treatment, and support to those who need them.*** *[...] The Government of Canada is committed to both leading and learning as we implement this Action Plan with you, our partners.*

- Honourable Ginette Petitpas Taylor, (then-Minister of Health) Ministerial Message, Accelerating our response: Government of Canada five-year action plan on sexually transmitted and blood-borne infections. (2019)

Immigrants & Newcomers as a Priority Population

Canada is a multicultural country fueled by migrants:

- 8.3M immigrants make up 23% of the Canadian population. [13]
- Immigrants account for almost 100% of population growth and 100% of labour force growth, filling gaps resulting from our aging population and lower fertility rates. [14]
- All major federal political parties have a pro-immigration platform.
- New immigration targets for Canada call for an increase to half a million new permanent residents annually in 2025 and 2026.

*"**Immigration is essential for Canada, providing economic, social, and cultural benefits.** Canada's aging population means that the worker-to-retiree ratio is shifting, with an expected ratio of 2 to 1 by 2035, compared to the 7 to 1 ratio in 1975. [...] Economic immigration will continue to be a Government of Canada priority to help address the persistent labour shortages [...] including in critical sectors such as healthcare where immigrants account for 1 out of every 4 workers."*

- Annual 2023 Report to Parliament from the Minister on Immigration. [14]

In this context, it is important to maintain an adequate infrastructure to support immigration-based growth, including within our healthcare system.

This requires considering the ways that the health needs of migrants differ from those of individuals born in Canada, including the opportunity to address conditions with high prevalence elsewhere in the world.

Early detection and linkage to care, and in the case of hepatitis B, prevention through vaccination, can lead to better outcomes and avoid needless suffering for individuals, elevate the immigrant workforce, and ease the future strain on Canada's healthcare system by avoiding cases of liver disease and liver cancer.

Immigrants and newcomers to Canada are at increased risk for viral hepatitis:

- They bear a disproportionate number of Canada's HCV cases (30%), [6] and HBV cases (up to 70%). [7]
- The prevalence is at least twice as high as among people born in Canada. [6, 15]
- They are less likely to be aware of their HCV infection compared to people born in Canada. [6,16]
- They are more likely to develop hepatocellular carcinoma (HCC) and to have liver-related deaths in hospitals than people born in Canada. [6, 15]
- They have a delay in diagnosis of almost 10 years post-arrival in Canada. [16]
- Migration patterns have changed over time. The proportion of immigrants from high-HCV-prevalence countries living in Canada has increased from 10.9% (1971 Census) to almost 70% (2016 Census) over the past 50 years. [6]

Immigrants include people who have been here for more than five years and may no longer identify as newcomers.

"The current system of providing healthcare to asylum seekers and migrants is failing vulnerable populations. European governments should adopt a public health- and human rights-based approach to migrant health. Asylum seekers and irregular migrants must have knowledge of their rights in health-related matters and be granted access to affordable and timely healthcare treatment in patient-friendly, non-discriminatory settings. […]The adoption of these measures will not only benefit the migrants but also the hosting populations. In fact, ***policy measures that protect vulnerable groups in general tend to result in an improvement in the popularion health overall."***

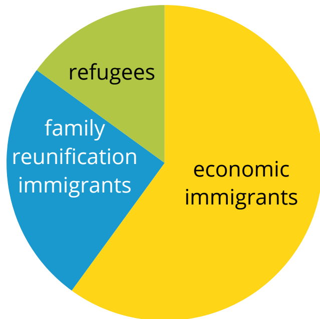
-EASL position statement on liver disease and migrant health. [17]

The intersections of priority population identities compound and create unique barriers to care, ie. migrant sex workers, migrant gbMSM, and migrants who use drugs. Exploration of these intersectionalities are important from a health equity perspective, but are largely outside the scope of this report.

The Many Pathways to Canada

Permanent

Immigration, Refugee, and Citizenship Canada (IRCC) reports that Canada welcomed 471,550 new permanent residents in 2023. [18]



Immigrants and Refugees

- 60% economic: *selected to contribute to Canada's economy through their ability to meet labour market needs*
- 20-25% family reunification: *sponsored by Canadian citizen or permanent resident and include spouse, partner, children, parents, grandparents, and other relatives*
- 15-20% refugees: *people with a well-founded fear of persecution for reasons of race, religion, nationality, politics, etc.*

Temporary

Visitors, students, and temporary workers

- 4,789,693 travel documents were issued to visitors, students, and temporary workers in 2022. [14]

Asylum Seekers

- Asylum seekers have left their country seeking protection from persecution and serious human rights violations but haven't yet been legally recognized as refugees. They are waiting, sometimes for many years, to receive a decision on their asylum claim. Asylum seekers are also sometimes called refugee claimants.

Other Migrants

Undocumented Migrants

Estimates on the number of undocumented migrants residing in Canada range between 20,000 and 500,000 persons. An undocumented migrant is an individual who has no authorization to reside and/or work in Canada. This could include people who have overstayed their temporary status or who have remained in Canada following a rejected asylum claim. [19]

Detainees

Anyone who is in Canada who does not have citizenship can be detained. People detained by the Canadian Border Services Agency (CBSA) under the *Immigration and Refugee Protection Act* (IRPA) are not facing criminal charges, but human rights advocates feel the grounds for detention can be too vague. [20] Every year, CBSA detains thousands of people, including asylum seekers, victims of human trafficking, and children, often for months. Human Rights Watch and Amnesty International have documented human rights violations in immigration detention in Canada.

Between April 2017 and March 2020, more than a fifth of immigration detainees – about 5,400 – were held in 78 provincial jails across Canada, many of which are maximum security facilities, where people are restricted to small spaces, under constant surveillance, and requests for medical care often go ignored. [21] A two-year campaign convinced provinces to end the practice, but the 2024 federal budget revealed plans to spend $325 million instead to upgrade federal immigration holding centres and amend the *Corrections and Conditional Release Act* and the *Immigrant Act* to enable the use of federal prisons as a "supplement." [22]

Chart 1. Pathways to Canada and the health checkpoints for each

Pathway to Canada	Medical Exam?	If yes, pre- or post-arrival?	If yes, who covers the cost of the exam?	Health insurance?	Eligible for federally funded settlement services?
Permanent - Economic	Yes	Pre- or Post-arrival	Immigrant	Varies by P/T	Yes
Permanent - Family Reunification	Yes	Pre- or Post-arrival	Immigrant	Varies by P/T	Yes
Permanent - Resettled Refugees	Yes	Pre-arrival	Federal Government	IFHP	Yes. IFHP includes one post-arrival health assessment.
Permanent - Protected Persons	Yes	Post-arrival	Federal Government	IFHP	Yes
Permanent - Humanitarian & Compassionate Class	Yes	Pre- or Post-arrival	Immigrant	Varies by P/T	Yes, once approval obtained.
Temporary Permit Holder Transitioning to Permanent	Yes, if previous exam has expired or person is exempt.	Post-arrival, if applying from Canada.	Immigrant	Varies by P/T, may be limited while status is temporary.	No
Asylum Seeker	Yes	Post-arrival	Federal Government	IFHP	No, but receive information about IFHP.
Detainee under IRPA	CBSA	N/A	Federal Government	IFHP	No
Undocumented Migrant	N/A	N/A	N/A	No	No

Many thanks to staff at Immigration, Refugees & Citizenship Canada for assisting us with the accuracy of this chart.

> “I came to Canada because I wanted to experience a different country due to the fact that I belong to a sexual minority and also a religious minority. I felt that I always had to live a double life, and I wanted to live in a country that accepts me as I am. I came through the federal skilled workers program.
>
> *- Shujaat, came to Canada and was diagnosed with HCV at a walk-in clinic when he wasn’t feeling well*

Current State

There are no systematic, targeted HBV or HCV screening or health promotion programs for immigrants before or after arrival in Canada.

Implications [6]

- Despite the high burden of HBV and HCV, immigrants and refugees are **less likely to be screened and treated** for HBV and HCV and face limited access to routine health care compared to the general population.
- They may experience disrupted health services, have a **low awareness** of hepatitis, experience **stigma and fears** around hepatitis, and face **high costs** for testing and treatment.
- The barriers to care that they face put them at **higher risk of late diagnosis** and **advanced HBV- and HCV-related liver disease**.
- HCV-infected immigrants are **more likely already to have liver cancer at the time of HCV diagnosis**.
- Immigrants from intermediate- and high-HCV-prevalence countries are **more likely to be admitted with an HCV-related hospitalization** and to **die during a liver-related hospitalization** than people born in Canada.
- There is a missed opportunity for early screening and voluntary engagement in care and treatment.

> Because I was a government-sponsored refugee, I was offered resettlement orientation and a health orientation at the refugee health clinic. There were a number of tests that were offered to everyone routinely, and that was how I was diagnosed with hepatitis B. **But many refugees don't come to a clinic like this.**
>
> *- Biniam, came to Alberta as a refugee and now works as a health navigator at the refugee clinic*

According to the *Immigration and Refugee Protection Act* (IRPA), an immigration application can be denied if the applicant is expected to place an "excessive demand" on Canada's public health care system and is deemed medically inadmissible.

Implications

- Although both HCV and HBV treatment now fall below the cost threshold, if a person has multiple medical conditions, costs related to viral hepatitis would still be included in the calculation and could **contribute to their application being denied**.
- The assessment can also **add months or years** to the immigration process, acts as a **deterrent** to immigration in and of itself, and exposes individuals to ableist and discriminatory **stigma**. Even with all of these harms, the evidence to demonstrate that this policy helps control public healthcare costs is lacking. [21]

The immigration application includes medical questions mixed in with questions about being a security risk, with an implication that checking 'yes' to any may result in an application being denied.

Implications

- The medical component of the immigration process is so enmeshed with eligibility that immigrants are disincentivized from declaring or voluntarily testing for STBBIs or other health conditions. The long-term societal costs of delayed diagnosis and/or care are significant.

"My hepatitis B was a bottleneck in my immigration process. A health condition should not stop the process, but if it is important for the government to know about my health condition, don't stigmatize. The way the question was written on the application, it was clear that if you had any of these conditions, your application might not be successful. Either all immigrants should be tested for these diseases, or they should reword the application so people don't hesitate to disclose their health conditions.

- Ravshan

Ravshan

Ravshan was born in Uzbekistan and was diagnosed with chronic hepatitis B at the age of six. He and his wife immigrated to Canada as skilled workers in 2011 from the United States. He debated disclosing his hepatitis B on his application but felt it was the right thing to do.

He then received a form requiring information completed by a physician. His student insurance did not cover the medical appointment and tests. He briefly considered ending his immigration process but decided to move forward despite the cost of approximately $3000.

Two years after applying to immigrate, they were able to come to Canada. It was another year before they found a family doctor. It was his new family doctor who luckily recognized the need to refer him to a specialist, where he was then diagnosed with compensated cirrhosis of the liver as well as hepatitis D.

For the last twelve years, Ravshan's hepatitis has been managed with medication, and he is feeling healthy. However, he has a friend who is in a similar situation, but whose family doctor has not referred her to a specialist, so her hepatitis B is currently unmonitored.

Challenges & Opportunities

DIAGNOSIS RATES

Diagnosis remains the largest gap in the migrant cascade of care. Diagnosis rates for viral hepatitis are lowest among newcomers and immigrants at 50% for HCV and as low as 30% for HBV. [6] Lack of education about viral hepatitis in the country of origin is likely a factor, as is the absence of systematic testing and counselling for immigrants and newcomers in Canada. Immigration status and fear of deportation and other social, political, cultural, and language barriers may also contribute to a hesitancy to seek out viral hepatitis tests post-arrival. [23]

RISK-BASED SCREENING

Screening guidelines that rely on health care providers to recognize specific risk factors in order to offer a test are notoriously ineffective. For example, despite UK recommendations for HBV testing for people born in a country with a prevalence of ≥2%, only 12% of the people who met this criteria were tested. [24]

In contrast, offering universal screening to all immigrants has been found to be cost-effective, [25, 26] and is associated with decreasing stigma. [24]

INTERPRETATION SERVICES

In multiple studies, a lack of interpreters is associated with reduced satisfaction with clinician communication, lower overall satisfaction with health care, poor patient comprehension of care received, poor compliance with treatment recommendations, reduced medication adherence, and missed follow-up visits.

Despite the provision of interpreters increasing screening and compliance with medications while decreasing costs, many clinics and hospitals in Canada lack interpreter services and culturally adapted programs. [6]

"People were helpful to me because I could express myself in English, but many people who come to Canada might not be able to communicate, and it will be more difficult for them."

- Shujaat, immigrated to Ontario and was diagnosed with HCV at a walk-in clinic

Risk-based screening is a policy failure for HCV, HIV, and now HBV.

- Dr. Robert Gish, Medical Director, Hepatitis B Foundation

Testing at the airport isn't very practical, but maybe giving people a handout? Refugees get forms and medical records in a bag from IOM. Adding information about testing could work.

- Biniam, came to Alberta as a refugee and is now a health navigator at a refugee clinic

"I would ask the government to encourage people to vaccinate against hepatitis B. The vaccine is there. It's checked, and it's proven to work. This disease can threaten your life and the lives of others. **If I had been vaccinated, I wouldn't be speaking with you right now**, and I would be happy about that. When my daughter was born, the first vaccine she got was the hepatitis B vaccine. This is the right thing, I believe."

- Max, came to New Brunswick with a known chronic HBV diagnosis on a temporary work permit with his wife and child and recently became a permanent resident

EXCESSIVE DEMAND POLICY

In 2017, the Standing Committee on Citizenship and Immigration recommended the repeal of the "excessive demand" policy. "Our immigration laws unjustifiably violate the human rights of certain would-be newcomers to Canada, which is inconsistent with the modern values Canadians associate with contemporary human rights protections." [27]

In response, the following year, the government tripled the cost threshold for excessive demand, acknowledged that the "40-year-old policy was out of step with a 21st-century approach to persons with disabilities," and promised to work with the provinces and territories to eliminate the policy in its entirety. [28]

IMMIGRATION MEDICAL EXAMS

Immigration medical exams (IME) are currently required for most pathways to Canada. The exam includes mandatory tests for HIV, TB, and syphilis and can be completed pre-arrival or post-arrival by panel physicians contracted by IRCC. Panel physicians are advised to offer a test for hepatitis B and C in the presence of risk factors, but this is done at an additional cost to the patient and, in practice, is rarely offered.

The current policy of mandatory testing does not align with PHAC's guidance that all testing should be voluntary. [29] Furthermore, if the cost threshold for medical inadmissibility were removed, it would raise the question of the need for IMEs. Still, the framework may provide an opportunity for voluntary, universal, opt-out screening with links to treatment and care for those who need it.

BIRTH DOSE HBV VACCINATION

The WHO indicates that the most effective way to prevent chronic HBV infection is to universally administer the first HBV vaccine dose at or near the time of birth. This could especially be true in households where an adult has not been diagnosed. Despite this, HBV vaccination policies across Canada vary from birth to 12 years.

The Right to Care

All people are entitled to the right to health under international human rights law, regardless of their immigration status. [30]

In Canada, however, the right to health is currently restricted based on immigration status, despite Charter guarantees to the rights to life, liberty, and security of the person, the right to be free from discrimination, and the right to be free from “cruel and unusual treatment” for all people, including those who do not have Canadian citizenship. [30]

Access to healthcare is only guaranteed for migrants who qualify for the Interim Federal Health Program (IFHP), which provides “limited temporary coverage of health benefits” to some asylum seekers and refugees who have not yet become eligible for provincial or territorial health insurance. Those who do not qualify for IFHP must wait to become eligible for provincial and territorial health insurance, which in most cases takes 90 days of residency. Undocumented migrants are entirely restricted from federal or provincial and territorial healthcare plans.

In 2019, the United Nations Special Rapporteur on the right to health raised concerns around the treatment of migrants. They noted a case before the UN Human Rights Committee in which Canada was found to have violated the right to life (Article 6 of the International Covenant on Civil and Political Rights) of an individual in Canada without immigration status by denying them IFHP coverage. The Special Rapporteur concluded that the IFHP should be provided without discrimination. [31]

“At the very minimum, Canada should ensure public healthcare to all migrants in cases of infectious diseases, including access to screening, diagnosis, treatment and follow-up.”

-UN Special Rapporteur on the right to health [31]

Recommendations

1. Eliminate provisions in immigration legislation that deny entry or stay in Canada based on medical conditions and instead prioritize linking people to care.
2. Decouple medical counselling and testing from the immigration application process and instead offer as part of integration services.
3. Offer free, universal, voluntary STBBI testing, including HBV and HCV, for the purpose of linking people to care and treatment, and clearly communicate that this is the purpose.
4. Provide interpretation services free of charge at all medical appointments as part of the immigration or integration process for people who do not fluently speak the language in which the service is being provided.
5. Establish policies to improve the competency of healthcare professionals (including panel physicians) to ensure migrants receive culturally appropriate, non-stigmatizing care and accurate information.
6. Amend the eligibility provision of the IFHP so that all migrants, including undocumented migrants, can access publicly funded healthcare. This includes primary care, language services, and referrals to specialists for all IFHP-eligible migrants.
7. Update the national HBV vaccination guidelines to recommend birth dose vaccination for all babies, and universal, publicly-funded "catch-up" vaccinations for unvaccinated adults as needed.

Discussion Questions

1. Where should the roles of federal immigration services and public health services intersect?
2. How can the current system be adapted to meet these recommendations? What's possible?
3. Does it make sense to move all STBBI screening post-arrival? Who should pay?
4. If screening or vaccinations are offered during IMEs, how can we ensure that this information (and test results, if applicable) is visible, with patient consent, to treating clinicians after arrival?

"Individual and community interventions have been the cornerstone approaches to the prevention of HIV, HBV and other STIs globally. [...] However, ***individual and community interventions alone are insufficient to address HIV, HBV and other STIs****. The importance of structural interventions to prevent and control HIV, HBV and other STIs is recognized globally."*

- What Works? Prevention and Control of STBBIs in Migrants from Sub-Saharan Africa, Northeast Asia and Southeast Asia Living in High-Income Countries: A Systematic Review. [32]

Acronyms

CBSA - Canadian Border Services Agency

HBV - hepatitis B virus

HCC - hepatocellular carcinoma (liver cancer)

HCV - hepatitis C virus

HIV - hepatocellular carcinoma

IFHP - Interim Federal Health Program

IOM - International Organization for Migration

IME - Immigration Medical Exams

IRCC - Immigration, Refugee & Citizenship Canada

IRPA - Immigration and Refugee Protection Act

PHAC - Public Health Agency of Canada

P/T - provincial/territorial

STBBI - sexually transmitted and blood-borne infections

STI - sexually transmitted infections

WHO - World Health Organization

> I wouldn't have wanted to be tested as part of my application, because then maybe I wouldn't be allowed to come to Canada. But if it doesn't stop anyone from actually coming to Canada, then yes, of course, testing would be a good idea. The sooner it is diagnosed, the sooner the treatment can start.
>
> *- Shujaat, came to Ontario and was diagnosed with HCV at a walk-in clinic when he wasn't feeling well*

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