

Building Trust, Breaking Barriers: An NGO-Led Mobile Model for Hepatitis C Elimination in Croatian Prisons

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Background: Hepatitis C virus (HCV) remains disproportionately prevalent in prison populations and challenges WHO elimination targets by 2030. Structural barriers, stigma, and limited access to diagnostics delay case identification and weaken linkage-to-care. During the COVID-19 pandemic, prison-based hepatitis activities in Croatia were significantly reduced, highlighting the fragility of institutional healthcare pathways without NGO involvement. In response, the Croatian Society for Liver Diseases "Hepatos" implemented the Mobile InfoHep Centre (MIHC), an NGO-led mobile clinic delivering integrated HCV services in partnership with public health and treating physicians.

Methods: The MIHC programme is implemented through a multi-sector partnership involving the Society Hepatos, public health/hepatology specialists and the Ministry of Justice. Based on pilot results Ministry of Justice has supported the programme since 2023. Services include on-site HCV/HIV testing, FibroScan® liver exams, individual counselling, information/education for prisoners and staff to improve health literacy/reduce stigma with direct referral and linkage-to-care.

Results: In 2021–2025 period 1,363 individuals received 3,085 services. Overall, 349 individuals were tested for anti-HCV, with positivity reaching up to 30% in earlier phases. Among those anti-HCV-positive, 10% were RNA-positive (all linked to care), while 3% were previously known cases successfully re-engaged and linked-to-care. FibroScan® assessments (n=1,325) showed significant liver disease burden: 26% had fibrosis stage F1, 10% F2, 4% F3, and 2% F4. HCV-positive individuals had significantly higher LSM values compared to HCV-negative individuals (6.2 vs 5.1 kPa). Steatosis (CAP ≥276dB/m) was present in 35% of participants.

Conclusion: This NGO-led, partnership-based model demonstrates that sustained mobile outreach combined with education/stigma reduction improves HCV case-finding and linkage-to-care in prisons. Trust built through repeated engagement increased acceptance of treatment, including among previously reluctant individuals. Government support enhances sustainability. The model provides a scalable framework for HCV micro-elimination in prisons.

Disclosure of Interest Statement: We thank people who are or have been incarcerated for taking part in this programme, sharing their experiences and trusting our organization can link them to care and help them live HCV free life. Their involvement has made this work possible. Progress in preventing and treating hepatitis C in prisons depends on the voices and participation of those most affected.

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