Bridging the gap: advancing health equity and eliminating HBV and HCV among marginalized populations

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A nation should not be judged by how it treats its highest citizens, but its lowest ones.

Nelson Mandela

It is imperative to maintain a high commitment to viral hepatitis elimination. The failure to act now would mean neglecting a rare opportunity to reduce the liver-related morbidity and mortality burden and transform global health outcomes. As Europe advances toward its ambitious viral hepatitis elimination targets, the persistence of inequities among marginalized or underserved populations remains a significant hindrance.[1]

The study by Monti et al. from Tuscany, Italy, published in the February issue of The Lancet Regional Health-Europe, is a significant contribution to our understanding of viral hepatitis prevalence among marginalized populations.[2] The study provides crucial epidemiological data on HBV and HCV prevalence in populations often overlooked by traditional healthcare approaches, such as migrants, individuals experiencing homelessness, and users of charity services. By revealing the high prevalence of HBV (4.4%) and HCV (2.9%) in these settings—above the national average (Table 1), the paper underscores inequities in risk factors distribution.[2,3] Marginalized and underserved populations have frequent risk behaviors, such as unsafe injection practices, unprotected sex, insufficient education on safe practices, and lack of HBV vaccination. By linking infection rates to broader social determinants that influence exposure and susceptibility, such as education level, homelessness, intravenous drug use, and migrant status, the study emphasizes the need for integrated healthcare models that combine medical interventions with social support services.[1]

Italy has a strong political commitment to HCV elimination and a unique health policy that funds free-of-charge HCV screening of the general population born between 1969 and 1989 to reach also young key populations at elevated risk of transmission of the infection.[4] Inmates and users of the addiction services are specifically addressed in Italy through a structured HCV screening and linkage to care framework. Other vulnerable populations at a young age are entitled to the right to HCV screening and cure thanks to the Italian universal health care.[5] However, young key populations have lower access to prevention, diagnosis, and treatment due to a range of factors, such as misconceptions about risks, lack of knowledge and accurate, appropriate age information, lack of comprehensive sexuality education, low awareness of available, friendly health services and barriers to access and uptake of services.[6] The data of Monti et al. support the implementation of community screening and vaccination programs, particularly for HBV among non-vaccinated migrants, expanding HCV screening to include younger cohorts and those with significant socio-economic marginality.[2]

Despite Europe's robust healthcare infrastructure, individuals experiencing homelessness or unstable housing, migrants, etc., often face structural barriers, such as stigma and discrimination, financial and legal constraints, systemic exclusion, and economic instability, which both increase vulnerability to viral hepatitis and impede access to health and other essential services. In addition, psychosocial factors, including depression or substance use disorders, often exacerbate reluctance to seek care. Moreover, health literacy, including understanding the risks of viral hepatitis and the need for early detection, is usually low. Meeting the specific needs of marginalized groups requires equitable health care, which goes beyond universal access by addressing fairness, where resources and care are distributed based on need, not just universal availability.

The study by Monti et al. emphasizes the importance of linkage to care and is particularly commendable.[2] Achieving a 66.3% linkage rate for HBV-positive individuals reflects the effectiveness of their integrated approach. However, the lower rate of linkage to care for HCV cases (37.8%), compared also with the linkage to care reported in other populations targeted to HCV screening in Italy (Table 1), highlights ongoing challenges in ensuring continuity of care, especially for transient or highly marginalized individuals.[2]

Implementing outreach programs means bringing equity in services and making them available for those who need them. Mobile units or on-site rapid diagnostic

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	HBsAg+ %	Linked to care[b] %
General population[3]	0.5	[c]
Marginalized populatios[2]	4.4	66
	HCV-Ab+ %	**Linked to care[b] %**
General population[a]	0.8	64
Tuscany general population[a]	0.4	87
Marginalized populations[2]	2.9	37
Inmates[a]	8.5	67
Users of the addiction services[a]	20	52

[a]The most reliable data on anti-HCV prevalence and linkage to care come from Italy's free HCV screening program, implemented in 2021, with reports submitted by Italian Regions to the Istituto Superiore di Sanità by June 30, 2024, as mandated by the Ministry of Health Decree of July 19, 2021. [b]Percentage of individuals with active infection linked to care. [c]Not available data.

Table 1: **HBsAg and anti-HCV prevalence of different Italian populations compared with the data reported in the marginalized populations.**

testing at shelters or meal centers are practical demonstrations of bringing healthcare to underserved communities, who may not otherwise seek care, overcoming logistical barriers to accessing healthcare. The language barriers and the challenges migrants face in accessing healthcare underscore the critical need for investment in health literacy and culturally sensitive care in partnership with community leaders to ensure sustained engagement with healthcare systems.

Health equity is central to public health effectiveness. The approach of Monti et al.'s study is well-supported by similar research on innovative strategies for change.[2,7–10] Leveraging community-based testing and on-site healthcare interventions exemplifies how targeted interventions can bridge healthcare gaps for marginalized groups and align with the World Health Organization 2030 viral hepatitis elimination goals.

European national and regional hepatitis elimination policies should be reshaped, prioritizing the most marginalized, guided by the principle that no one should be left behind.

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Declaration of interests

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References

1 Kondili LA, Lazarus JV, Jepsen P, et al. Inequities in primary liver cancer in Europe: the state of play. *J Hepatol*. 2024;80:645–660.
2 Monti M, Caruso T, Castellaccio A, et al. HBV and HCV testing outcomes among marginalized communities in Italy, 2019–2024: a prospective study. *Lancet Reg Health Eur*. 2025;49. https://doi.org/10.1016/j.lanepe.2024.101172.
3 Polaris Observatory Collaborators. Global prevalence, cascade of care, and prophylaxis coverage of hepatitis B in 2022: a modelling study. *Lancet Gastroenterol Hepatol*. 2023;8:879–907.
4 Kondili LA, Aghemo A, Andreoni M, et al. Milestones to reach Hepatitis C Virus (HCV) elimination in Italy: from free-of-charge screening to regional roadmaps for an HCV-free nation. *Dig Liver Dis*. 2022;54:237–242.
5 Kondili LA, Craxì L, Nava F, et al. From prioritization to universal treatment: successes and challenges of hepatitis C virus elimination in Italy. *J Infect Dis*. 2023;228:S211–S220.
6 Policy brief: consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. https://www.who.int/publications/i/item/9789240053274. Accessed December 22, 2024.
7 Coppola N, Alessio L, De Pascalis S, et al. Effectiveness of test-and-treat model with direct-acting antiviral for hepatitis C virus infection in migrants: a prospective interventional study in Italy. *Infect Dis Poverty*. 2024;13:39.
8 Avramovic G, O'Doherty L, McHugh T, et al. Benchmarking of an intervention aiming at the micro-elimination of hepatitis C in vulnerable populations in perpignan, France, to inform scale-up and elimination on the French territory. *Viruses*. 2024;16:1645.
9 Valencia J, Lazarus JV, Ceballos FC, et al. Differences in the hepatitis C virus cascade of care and time to initiation of therapy among vulnerable subpopulations using a mobile unit as point-of-care. *Liver Int*. 2022;42:309–319.
10 Powell J, Ricco M, Naugle J, et al. Adherence to hepatitis C therapy in a shelter-based education and treatment model among persons experiencing homelessness. *Open Forum Infect Dis*. 2021;8:ofab488.