ECDC SUPPLEMENTARY MATERIAL

From evidence to practice – successful models for improved testing, linkage to and retention in care for migrant populations, related to HIV, TB, viral hepatitis and STIs in the EU/EEA

Annexes 3, 4 and 5

The annexes in this document are supplementary material to the ECDC report 'From evidence to practice – successful models for improved testing, linkage to and retention in care for migrant populations, related to HIV, TB, viral hepatitis and STIs in the EU/EEA' available here

Contents

Annex 3. Assessment framework and scoring rubric form

This document serves as an assessment framework designed to evaluate submitted models of care aimed at supporting migrants affected by HIV, hepatitis B and C (HBV/HCV), tuberculosis (TB), and sexually transmitted infections (STIs). The purpose of this evaluation is to more systematically identify and assess exemplary models that demonstrate effectiveness in testing, linkage to care, and long-term retention in care for migrant populations. After initial criteria have been met and reviewed to determine eligibility, each submission will be reviewed against these pre-defined criteria to ensure that selected models reflect good practice, promote health equity, and are adaptable to diverse healthcare settings across Europe. The evaluations will be done by the Mi-Good-Care team and any disputes will be resolved by a third researcher.

For inclusion and essential criteria, a score of 1 (applicable) or 0 (not applicable) has been given. Items in blue are informational only and are not scored.

Items shaded in blue are for narrative description of the models and, if not indicated, should be extrapolated from review of the models and included in the indicated column.

PROJECT DETAILS		
Name of project		
Author		
Affiliation/s		
Contact		
Author 2		
Affiliation/s 2		
Contact 2		
	INCLUSION CRITERIA	Indicate 1/0
Target population	Does the model explicitly refer to migrant (sub-populations)? - **1 point**	
	Are people with irregular status eligible for care (as part of the intervention/programme)?	Yes/No
EU/EAA countries	Does the model refer to EU/EEA member state/s? - **1 point**	
Time period	Does the model meet the defined timeframe (2015-present)? - **1 point**	
Areas of intervention	Does the model apply to one of the intervention areas (testing and/or linkage to care and/or retention in care)? - **1 point**	
Diseases tackled	Does the model refer to at least one of the following infections: HIV, HCV, HBV, TB, STIs? - **1 point**	
	Which infection/s? *Check with an X*	
	• HIV	
	• Viral Hepatitis	
	• STIs	
	• TB	
Level of care	In what setting is the testing conducted? *Check with an X*	
	• Primary care	
	• Hospital-based	
	• Specialty care	
	• Antenatal care	
	• Community-based	
	• Community-led	
	• Mobile clinics	
	• Detention centers or prison settings	
	• Migrant health / refugees' reception centers	
	• Citizenship/integration classes	
	• Other	
	Total score to meet criteria: 5 out of 5	**X/5**

ESSENTIAL CRITERIA		Maximum points
1. Health impact & cost impact		10 points
Definition of outcomes	Effectiveness indicators are clearly defined and reported- **1 point** *Note: 0.5 points is given for those who define how they report effectiveness and another 0.5 points is given for those who report the effectiveness outcomes*	

Reporting of outcomes
 	
(1 point is given for each outcome reported)
 	
(If authors planned to estimate any of the effectiveness outcome in the next 12 months– 0.5 points per outcome.)
	Testing:
	• Testing uptake- **1 point**
	• Testing coverage- **1 point**:
	  ○ If only absolute number of tests is reported- **0.5 points -OR-**
	  ○ If proportion of the total target population is reported- **1 point**
	• Early diagnosis- **1 point**
	• Other (e.g., number of diagnosis)- **1 point**
	  ○ *Note: Point awarded if other indicators are listed, even if reported qualitatively only.*
	(Maximum of 4 points)	

	Linkage to care
	• Number of referrals to primary care/specialized care- **1 point**
	• Number of treatments initiated- **1 point**
	• Number of lost-to-follow up- **1 point**
	  ○ If only the lost-to-follow up indicator is selected- **0.5 points -OR-**
	  If lost-to-follow up data is reported- **1 point**
	• Other- **1 point** (*Point awarded if other indicators are selected from the list)*
	(Maximum of 4 points)	

	Retention in care • Number of people lost to follow-up- **1 point** • Number of people tested to evaluate cure/ infection control (i.e., SVR or viral suppression) - **1 point** • Number of people with more than two documented visits in a defined time period / appointment adherence (%)- **1 point** • Other- **1 point** *Note: Point awarded if other indicators are selected from the list)* **(Maximum of 4 points)**	
Comparison	A baseline estimate or comparator (control group/standard of care) is provided for any effectiveness outcome- **1 point**	
Positive health impact	A positive health impact is documented and reported- **1 point if at least one of the following outcomes is reported:** • Increase in the number of tests compared to control group, standard care or before the programme was implemented. • Test uptake >70% if there is no control group. • Decrease in late diagnosis. • Cost-effectiveness data with an ICER below the threshold. • Decrease in loss to follow-up compared to control group, standard of care, or previous programme in place. • Increased treatment adherence/completion compared to control group, standard of care, or previous programme in place. • Loss to follow-up ≤30% for linkage or retention in care. • If time for linkage to care is provided:	

	○ For HIV, linkage to care must be done within 30 days of diagnosis. ○ For TB, treatment initiation must be done within 28 days of sputum submission.	
Long-term outcomes	Long outcomes measured (i.e., incidence/morbidity /mortality reduction) were measured and reported- **1 point**	
Cost	A cost analysis or cost-effectiveness analysis has been reported- **1 point** ○ When evaluating the linkage to care and retention in care forms, award 0.5 points if the cost-analyses were done only for the testing part of the model- **0.5 points**	
Funding	Total budget of the programme has been calculated and reported- **1 point** ○ *Note: Award the full point in all forms if the total intervention budget is reported (even when, for example, costs relate only to testing because linkage and retention are part of routine care).*	
	SECTION SCORE	**Testing: X/10 Linkage: X/10 Retention: X/10**
2. Transferability & Sustainability		10 points
Setting described	The setting of the model of care is clearly described- **1 point**	
Programmatic support documents	A manual, standard operating procedure (SOP), roadmap, or toolkit is available- **1 point**	
Migrant legal access described	Access to health care for undocumented migrants in the programme/intervention is provided- **1 point**	
Transparency of results' publication	Results have been published and publicly (e.g., peer-reviewed literature, grey literature, annual reports)- **1 point**	
Replicability	The model has been implemented in another health system (national or international)- **2 points -OR-** The model of care has been implemented in 2 or more settings within the region- **1 point** **(Maximum of 2 points)**	
Funding mechanisms	• The funding mechanism is conducive to sustainability by being funded or integrated by the health authorities/health system- **3 points -OR-** • The funding mechanism could be conducive to sustainability by being funded by a public and/or private source - **1 points -OR-** • There is no current funding mechanism in place and the model is not ongoing at the time of completing this survey- **0 points** **(Maximum of 3 points)**	
Institutional acceptance	The programme/intervention is adopted or included in local, national, or regional guidelines/clinical practice, irrespective of funding. - **1 point**	
	SECTION SCORE	**X/10**
3. Community/stakeholder engagement		10 points
Inter-sectoral collaboration	• At least three stakeholders were consulted in the design and/or evaluation of the programme/intervention- **4 points -OR-** • Two stakeholders were consulted in the design and/or evaluation of the programme/intervention- **2 points -OR-** • No stakeholders were consulted in the design and/or evaluation of the programme/intervention- **0 points** **(Maximum of 4 points)**	

Acceptability	• Community-based participatory research methods were employed in the design of the programme/ intervention- **2 points** • FGDs and/or interviews were carried out to measure acceptability of the programme/intervention– **2 points:** ○ With target populations – **1 point** ○ With other stakeholders – **1 point** *Note: Ensure that qualitative methodology was employed when scoring this item.* • No measures were taken into consideration to measure acceptability- **0 points** **(Maximum of 4 points)**	
Cultural adaptation	Cultural adaptions have been considered in the planning, development or evaluation of the programme/intervention- **1 point**	
Dissemination	Was there a dissemination strategy in place? - **1 point**	
	SECTION SCORE	**X/10**
4. Additional relevant outcomes		10 points
Behavioural changes	Behavioural changes are evaluated and reported (i.e., Risk perception)- **1 point**	
Stigma	A reduction in stigma is considered in the programme/intervention- **1 point**	
Training health professionals	Training of health care professionals is provided- **1 point**	
Prevention activities	Prevention activities (i.e., condom distribution) is included and reported- **1 point**	
Contact tracing	Contact tracing is included and reported- **1 point**	
Dedicated staff	Dedicated staff (i.e., peer navigators) are available to enhance testing/linkage to care/retention in care through navigation or cultural/language support- **1 point**	
Transfer of healthcare *Collected in the linkage and retention forms*	Transfer documents or information are provided for migrants' mobility (i.e., relocation within or to a different host country) during linkage/retention in care- **1 point**	
Additional support *Collected in the linkage and retention forms*	• Support and referral to other psychological or health programmes is provided- **1 point** • Support to address other social barriers/legal status is provided- **1 point** **(Maximum of 2 points)**	
Innovation	Are digital tool(s) used during the testing approach? (i.e., app, alert system, reminders) - **1 point** *Note: the use of electronic health records is not considered an innovation.*	
	SECTION SCORE	**X/10**
	TOTAL SCORE	**X/40**
Expert's comments (please sum up your opinions, comments, views and state the final appraisal outcome)		

Annex 4. Supplementary tables

Supplementary Table 1. Reported transferability and sustainability outcomes of best practice models for migrants with HIV, viral hepatitis, TB or other STIs

#	Model	Country	Disease	Programmatic support documents (manual, SOP)	Undocumented migrants included	Transparency of results publication*	Replicability	Funding mechanisms	Institutional acceptance
5	Health Screening of Forced Migrants	Ireland	HIV/VH/ STIs/ TB	SOP available on request	Yes, but not the specific target population	Not provided	Model implemented at national level in Ireland	Public funding but not budget line from health system	Directly working with Direct Provision Centres
8	Salud Entre Culturas	Spain	HIV/VH	Available	Yes	Results available: revistamultidisciplinardelsida.com/salud-entre-culturas-programa-de-educacion-para-la-salud-y-diagnostico-precoz-de-vih-adaptado-cultural-y-linguisticamente-a-poblacion-migrante-en-espana/	Implemented in several regions in Spain	No permanent budget line from health system	Program embedded within a tertiary level hospital
15	Screening of communicable diseases	Finland	HIV/VH/ STIs/ TB	SOP available	Yes	PMID: 30249224; julkari.fi/items/45acee8c-3789-44b6-a098-99b3f7959847	Implemented in other settings in Finland	Budget line from health system	Program part of routine PC (reception centres)
16	Noaks Ark Mosaik	Sweden	HIV/VH/ STIs	"Guide supporting key populations in continuum of care" developed	Yes	Disseminated through NGO's web	Implemented in 1 region in Sweden; plan to transfer to Ukraine	Budget line from health system	Program run with local centre for infectious disease control
21	BBV Rapid Test & Treat	Ireland	HIV/VH	SOP available	Yes, but not the specific target population	Epi Insight, Volume 26, 2025; HPSC: ndsc.newsweaver.ie/4otaa688p3/121hur2d7p48vswyws5958?lang=en&a=1&p=66184321&t=31302978	Two regions in Ireland. Planning in all 6 regions	Budget line from health system	
25	MACIP-TB	Spain	TB	Not available	Yes	PMID: 41094434 PMID: 37755907	Implemented multiple sites in Catalonia	Not entirely guaranteed	Long-established program in Catalonia
29	Screen to act on TB	Malta	TB	Available	Yes	Results not publicly available	National level but single health system	Budget line from health system	
30	SAUDE + PERTO TB	Portugal	HIV/VH/ STIs/ TB	Not available	Yes	Results available at: www.ligacontrasida.org	Implemented in 6 municipalities in Lisbon	Budget line from health system	Protocol established with hospital

NGO: Non-Governmental Organization; PC: Primary care; SOP: Standard Operating Procedure; STI: Sexually transmitted infections; TB: Tuberculosis; VH: Viral hepatitis

Supplementary table 2. Reported community-based approaches and stakeholder engagement outcomes of best practice models for migrants with HIV, viral hepatitis, TB or other STIs.

#	Model	Country	Inter-sectoral collaboration	Acceptability	CBPR approach and Cultural adaptation	Dissemination
8	Salud Entre Culturas	Spain	Strong community and stakeholder engagement embedded throughout: local and regional NGOs, local public health centres, Regional Health Department, research institutions, community leaders and migrant associations	Including FGDs and IDIs.	≥3 stakeholders participated in the design / evaluation of the model. Programme rooted in cultural relativism for key target groups within the hospital they are embedded within.	-NGO moves to formal and informal locations where migrants live to offer information and access to rapid testing (nurses + cultural mediators). -Migrants can request a rapid appointment (via WhatsApp or website).
9	Checkpoint BLN	Germany	Collaboration among NGOs and the Senate Department for Health, Care and Equality helped to conceptualise Checkpoint BLN. Stakeholders remain actively involved in its ongoing expansion.	-Uptake of services monitored: i.e., we offer a Fast Lane Testing service and we track the utilisation of this option. -Clients' feedback directly at clinic or email. -Online client reviews. -FGDs and IDIs at the onset of the project. -Evaluation through annual reports.	Inputs from Paritätischer Verband, an umbrella organisation representing social and health services in Germany. Inputs from Fixpunkt e.V., a Berlin-based non-profit specialising in harm reduction, addiction support.	-Website, social media, flyers, direct outreach engagement with the community, and through partners. -Effectiveness of outreach strategy assessed (digital encounter form).
14	HepBC-link model of care	Spain	Key stakeholders included health authorities, healthcare providers, research institutions and representatives of migrant associations.	Migrants' acceptability was evaluated with qualitative methods.	Community actions co-organized with CSOs. Educational tools adapted to social and cultural aspects of migrants, following eSPiCTools-ACTUA! guidelines.	Conducted 68 community action activities in different settings and through social networks. Ref for Previous HepC-link pilot: doi: 10.1007/s10389-025-02521-1
16	Noaks Ark Mosaik	Sweden	Key partnerships to secure long-term impact: NGOs, health authorities at a local and regional level, research institutions, patient and migrants' representatives.	Acceptability was measured through digital and paper feedback received by both the service users and partners.	Peer-led, CBPR engagement model highly culturally adapted and acceptable for migrants (e.g., creating different safe spaces by sex and age to facilitate engagement).	Web page, social media handles, flyers, and through collaborating organisations and partners.
19	WIR-Walk In Ruhr	Germany	Strong inter-sectoral collaboration: NGOs, public health service of Bochum, municipal integration office, healthcare providers, research institutions, patient and migrant representatives.	-Service ratings and interviews were conducted with patients/users of the clinic. -Round tables with key stakeholders and experts.	Cultural adaptations (translating materials, activities for women implemented by female team, food provided suitable for all religions).	-Flyers in community centres. -Outreach projects at festivals, schools, youth centres. -Testing in refugee camps, homeless shelters, Instagram videos.
21	BBV Rapid Test & Treat	Ireland	Stakeholders: NGO Safetynet (primarycaresafetynet.ie/), HSE Dublin and North East, National Health Protection Office, nurses and doctors, peer leaders.	Pilot test to measure acceptability and determine the appropriate testing format for migrants (i.e., communities preferred 2 whole-blood finger stick RDTs and one oral swab), resulting in greater acceptance and appropriateness.	-CBPR activities led to change from 3 finger-prick RDTs to 1 finger-prick and 2 gingival swabs. -Cultural adaptations: Promotion materials adapted /improved after FGs with peer leaders.	-WhatsApp and Telegram. -Direct contact through Townhall presentations and Q&A. -Information leaflet, invite flyer and a Townhall ppt translated in 11 languages. -Animated video (11 languages).
31	HEALTH4MIGRA SCREEN-AGRI	Italy	-Key community involvement component. -Stakeholder engagement: NGO (CUAMM Doctors with Africa), regional authorities, research institution.	Individual interviews and informal group discussions with key stakeholders (NGO staff, healthcare providers, and migrant community mediators).	Cultural adaptations incorporated and considered according to population's feedback.	Community meetings; physical flyers.
32	ProSPIRO	Malta	-CSOs engaged: Checkpoint Malta, Malta Gay Right Movement, Foundation for Social Welfare Services, St John's Ambulance and Rescue. -Ministry of Health, Health care providers, Migrant Women Association, Spark 15.	Evaluation of acceptability through FGDs and IDIs planned.	-Strong CBPR component. -Co-creation of the protocol and stakeholder-led WS to co-design the implementation plans and clinical pathways.	-Social media campaigns, cultural mediators, peer-led dissemination (Checkpoint), leaflets/posters distributed in migrant centres. -PC settings: referrals to STIs clinics. -Phone call triage system to refer.

CBPR: Community-based Participatory Research; CSO: Civil Society Organization; FGD: Focus Group Discussion; IDI: Individual In-Depth Interview; NGO: Non-Governmental Organization; PC: Primary Care; STIs: Sexually Transmitted Infections; TB: Tuberculosis; VH: Viral Hepatitis; WS: Workshop

** Links to published results are available in Annex 4.*

Supplementary table 3. Reported additional relevant outcomes of best practice models for migrants with HIV, viral hepatitis, TB or other STIs.

#	Model	Behavioural changes and reduction of stigma	Training health professionals	Prevention activities and contact tracing	Dedicated staff	Transfer of healthcare	Additional support	Innovation
10	Choices @AZC	-Prevention plan co-created with psychologists to identify risk behaviours. -Individual assessments conducted before and after 8 sessions to assess wellbeing, risk reduction and mental health. -Psychological counselling to gain coping skills and self-esteem and address stigma.	-Psychologists trained on administering self-tests. -Provision of pre/post-test counselling. -Referrals pathways to health departments to confirm diagnosis and treatment.	-Condoms provided and referral for vaccination. -Users are informed about partner notification. -Individual sessions with the psychologist help identify partners, and a space to meet with them is provided.	-Peer navigators. -Free buddy helpline for peer support with trained AS volunteers. -Community services coordinator to assist in non-mental health issues, support counselling and referrals to HIV services and advocacy organisations.	N/A	-Mental health prevention / counselling on site. -Access to asylum attorney specialized in LGBTQ+ law. -Peer navigators assist to access health services and escorting to appointments. -Social integration initiative to integrate users in queer community, and to support healthy behaviours.	-Supported self-testing through online videos. -Connects users to stigma free and queer-friendly healthcare and social support services (IDs test/treat centres and self-help groups). -Free helpline to support referrals and crisis counselling.
15	Screening of communicable diseases	-Information leaflet emphasizing the importance of screening, data protection and curability of certain diseases. -Stigma reduction considered in TB programme and new HIV/hepatitis strategy (to be published in 2025).	-National HIV training for health professional organized annually. -Nurses in reception centres provided with targeted trainings. -TB training for health professionals, other agencies and nursing schools.	-Free-of-charge HBV vaccination. -Contact tracing is included according to the national guidelines. Reception centre staff supports counties' epidemiological units in contact tracing in case of asylum seekers.	Reception centres' nurses facilitate and follow up, and support linkage to care and retention in care.	-Information for transfer across the country through EPR systems. Lack of ID complicate information transfer. -Information shared between care providers by phone and/or EPR. -Early Warning and Response System used if the patient relocates to another country.	-Transport for AS facilitated through direct transfers, or cash equivalent to public transport ticket/taxi. -Psychosocial support and legal support at reception centre. -Information materials translated to different languages -Interpretation is provided.	Lab results visible in the EPR, and doctors at the health clinic get an alert to visualize and interpret results.
16	Noaks Ark Mosaik	Outreach/ education sessions on stigma-reduction -Conversation at testing sites. -ID awareness assessed through pre-post questionnaires and oral feedback after testing. -Discussing testing with partners, adopting protection, and sharing their test results.	To health educators, community leaders and peer workers.	-Provision of information pamphlets, free condoms, and lubricants. -Contact tracing by phone.	-Peer navigators provide personalized follow-up and guidance to navigate the healthcare system (appointments, access to services, and overcome language, stigma or mobility barriers) -Coordination with clinics /ID teams for continuity and retention in care	Clients who move within Sweden tracked and reconnected to ensure care continuity. -Communication with local clinics and IDs teams to follow transfers and missed appointments.	-Social worker supports residency application and work integration. -Collaboration with social services and CSOs for housing / shelters. -Language classes. -Referral for legal support on healthcare rights. -Referral to migrant health clinic if no social security.	Electronic booking system on web page. Online service evaluation after testing.
19	WIR-Walk In Ruhr	Organizations caring for migrants were educated on STI/hepatitis to reduce stigma.	Medical personnel, nurses, health care professionals, social workers, community health workers are included in multiple workshops, congresses, quality circles, etc.	-Free condoms provided. -Education on STI, HIV, VH prevention/treatment. -Sexual health advisors visit migrant community festivities offering culturally and gender-sensitive info. -Focus on sex workers offering free tests, counselling, condom.	Sexual health advisor	N/A	-Psychosocial support offered by Sexual health advisors, psychologists. -Residency status support is provided through Aid Service organisation. -Support through Medical Refugee Aid, Madonna (for sex workers) to overcome healthcare barriers.	Online partner notification tool developed by WIR. Standardized SMS or email notification to the sex partner(s).

#	Model	Behavioural changes and reduction of stigma	Training health professionals	Prevention activities and contact tracing	Dedicated staff	Transfer of healthcare	Additional support	Innovation
20	PLUS Project in WIR (Bochum)	Organizations caring for migrants were educated on STI/hepatitis reducing stigma.	-Health professionals, social and community health workers included in WS before outreach activities. -Sexual health advisors trained in social needs. -Digital WS offered nationwide for all interested personnel.	-Free condom distribution (e.g., in schools, brothels, refugee homes, shelters...). -Outreach include HCV test and offers STI counselling, sexual and information on vaccine programs (e.g., for HAV+HBV). -Contact tracing through SMS or email notification.	Sexual health advisors help patients navigate healthcare services.	N/A	A psychologist is available.	Online partner notification tool: the patient can write a standardized SMS or email to sex partner(s) using the address of the health facility.
25	MACIP-TB	-Culturally adapted educational activities facilitated by CHWs: to address misconceptions, fears and communication barriers on TB, to reduce stigma and improve acceptance of TB care. -Risk perception not formally measured.	-CHWs receive training by public health officers on prevention, symptoms transmission, contact tracing, surveillance, referral pathways, mobilisation strategy, educational tools. -Ongoing training needs identified every 15 days, allowing training content to be adapted to emerging needs.	-Culturally adapted health education activities, co-created with community using the *eSPiCTools* (currently under validation), focusing on TB symptoms, transmission, prevention and early detection. -CHWs help to identify and follow-up contacts, social or contextual barriers that may delay diagnosis, and key information to understand transmission settings.	CHWs provide interpretation and community-based support in coordination with public health services. -Accompany to health visits, follow-up and adapted communication based on work schedules, mobility, or social constraints -Help patients stay engaged in continuity of care.	Continuity of care coordinated by the Surveillance Services, in control of TB cases in Catalonia. -CHWs help gather key contextual information, including contact details and relevant social barriers, and informing patients about next steps in the care pathway.	-Support to overcome social, administrative, and communication barriers -Address communication / socials barriers to treatment. -Help patients navigate at TB care services. -Assist with administrative processes (i.e., obtain health card), provide culturally adapted info on healthcare access, and help reduce fear and mistrust. -Identify housing instability irregular employment.	*HSUS* - digital platform enabling real-time registry of community health actions (i.e., follow-ups, outreach activities, contact tracing and education actions). Contextual and geospatial data (including attempts to reach contacts, social and operational barriers) linked with epidemiological, clinical data, complementing routine surveillance.
26	Sexual Health Center Berlin	-Reduction of stigma by educating users and the general public in the clinics, spreading knowledge and providing an open minded and inclusive environment. -Speeches/lectures and youth work at schools.	Personnel at the center receives continuous training on testing, treatment standards, good practice in social work diversity, and intercultural competence, among other issues.	-Free condoms and information material. -Counselling /awareness on safe sex. -HBV, Mpox, HPV vaccine -Prescriptions and check-ups for HIV-PREP -Gyneacological check-ups, PAP smears, free contraception. -Partner notification to reach out contacts.	-Medical doctors or social workers follow up patients to make sure they did get access to treatment. Migrants without a regular health insurance, receive support to find a different healthcare option outside the regular health care system.	Aim to ensure continuous treatment upon relocation but this is not always possible for migrants without health insurance.	-Social workers help address legal, housing, healthcare access, work integration. -Free tickets or cash for public transport. -Translators to overcome language barriers during treatment.	N/A
30	SAUDE + PERTO TB	-Information on HIV, TB, VH and STIs transmission, prophylaxis and treatment. -Pre- and post-testing surveys assess patients' intentions to change behaviours and use of preventive methods.	-Nurses, technicians, social workers, MD psychologists included in conferences, webinars. -Training sessions on health and prevention.	-Face masks, condoms and lubricant gel provided -Leaflet, poster, brochure -TV and social networks. -Sexual partners informed about confidential, free, testing sites -TB contacts listed/evaluated for TB infection.	-Mobile screening unit (HIV, VH, STIs) with a technician and a MD -Cultural mediators /peers to accompany patients to appointments and guide in navigating services.	Provides information on paper for the person to show.	-Integrated Support Center provides psycho-social, nutritional, legal support. -Partnerships with other institutions to address housing, promote work integration and language classes.	N/A

#	Model	Behavioural changes and reduction of stigma	Training health professionals	Prevention activities and contact tracing	Dedicated staff	Transfer of healthcare	Additional support	Innovation
31	HEALTH 4MIGRA SCREEN -AGRI	-Structured counselling during screening and linkage to care, focusing on perceived disease severity, benefits of care, and concerns related to diagnosis and treatment. -Reduction of stigma addressed through culturally mediated counselling.	Training activities to healthcare workers and cultural mediators involved in screening and linkage to care.	-Free condom distributions. -Contact tracing activated according to standard public health procedures.	Community leaders are involved in the process of linkage to care.	-Provides information on paper for the person to show. -Migrants are provided contacts and clinic relations. In case of short-term travel, therapy is provided for the whole course.	-Financial support for public transport. -Social workers involved in legal status and housing procedures. -Barriers to healthcare access overcome through organizational, social, and cultural measures (i.e., cultural mediators).	N/A
36	CCM HIV Services	-Awareness raising among PLWH, healthcare professionals, social workers, students, and the wider community about HIV, transmission and the U=U principle. -Teaching about how stigma operates, and how persons can stay grounded and confident in themselves if they encounter stigma.	-Training for health professionals/SW: education on HIV and STIs (standard procedures, best practices for testing, and sharing experience). -Training for those working with migrants (cultural mediators) about HIV or stigma.	-1.8 million condoms distributed at several sites (bars and clubs, educational institutions, hair salons and asylum centres). -Health information training (students or professionals working with target groups) - >700 culturally adapted outreach activities at centres, outreach stands combined with testing.	Healthcare professionals, social workers and volunteers.	National operation and ensuring continuity of follow-up even if a user relocates abroad. Hospitals liaise with healthcare providers in the user's relocation country to discuss and coordinate appropriate treatment options.	-Guidance through the support system for housing and work integration, and linkage with social services when necessary. -Extensive in-house language expertise and, when necessary, work with trusted interpreters or cultural mediators.	-Online tool *Zanzu*, (Norwegian Health Directorate) providing comprehensive and accessible information on sexual/reproductive health and rights, in 7 languages with animations, voiceover aimed to increase sexual autonomy, health, and well-being.

AS: Asylum seeker; CHWs: Community Health Workers CHWs; EPR: Electronic Patient Record; ID: Infectious diseases; MD: Medical doctor; PLWH: People living with HIV; STIs: Sexually Transmitted Infections; SW: Social workers, TB: Tuberculosis; VH: Viral Hepatitis.

Annex 5. Published materials on the models

#	Model	Country	Link to published results
1	Integrated Migrant Care – Negrar	Italy	https://doi.org/10.2807/1560-7917.ES.2018.23.16.17-00527 https://doi.org/10.1186/s41182-025-00796-4 https://doi.org/10.1016/j.ijid.2025.108168 https://www.sacrocuore.it/en/
2	Migrant Health Outpatient Clinics	Denmark	https://doi.org/10.1111/apa.15879 https://content.ugeskriftet.dk/sites/default/files/scientific_article_files/2020-11/a08200567_web.pdf https://www.hvidovrehospital.dk/afdelinger-og-klinikker/indvandrermedicinsk-klinik/sider/default.aspx
3	UFMs health screening	Italy	
4	Screening for infectious diseases in undocumented migrants	Italy	
5	Health Screening of Forced Migrants	Ireland	
6	INTEGREAT-study	Netherlands	https://doi.org/10.1016/j.puhip.2025.100671
7	Migrant HIV care	Cyprus	ECDC Republic of Cyprus cascade of care and HIV related indices
8	Salud Entre Culturas	Spain	https://www.revistamultidisciplinardelsida.com/salud-entre-culturas-programa-de-educacion-para-la-salud-y-diagnostico-precoz-de-vih-adaptado-cultural-y-linguisticamente-a-poblacion-migrante-en-espana/ https://www.saludentreculturas.es/
9	Checkpoint BLN	Germany	www.checkpoint-bln.de
10	Choices@AZC	Netherlands	https://choicescenter.nl/choices-at-azc/
11	MICATC	Spain	
12	PaKoMi	Germany	https://www.hiv-migration.de/pakomi-partizipation-und-kooperation-der-hiv-praevention-mit-migrantinnen-und-migranten
13	LINK - Ares do Pinhal	Portugal	https://doi.org/10.1097/meg.0000000000000843 https://aresdopinhal.pt/
14	HepBC-link model of care	Spain	https://doi.org/10.1111/liv.70126 https://www.inhsu.org/wp-content/uploads/2024/01/INHSU-HCV-PoC-Testing-Forum-Report_Barriers-and-solutions-for-increasing-access.pdf https://stories.achievehepatitiselimination.eu/story/eliminating-hepatitis-amongst-migrant-population/VHPB https://www.vhpb.org/wp-content/uploads/2024/04/VHPB-Migrant-Meeting-Full-Report_Final_v.1-1.pdf
15	Screening of communicable diseases	Finland	https://doi.org/10.1186/s12889-018-6038-9 https://doi.org/10.1136/bmjopen-2021-053287 https://doi.org/10.1183/23120541.00214-2022 Communicable diseases in Finland 2023 (in Finnish): https://www.julkari.fi/handle/10024/149681 Treatment of HIV infection in Finland, Duodecim 2025: https://www.duodecimlehti.fi/duo18659 Finnish HIV Quality of Care Register, results report: https://www.thl.fi/kansallisten-laaturekisterien-raportit/hiv-rekisteri/hivrekisteri_kokosuomi.html
16	Noaks Ark Mosaik	Sweden	https://drogriporter.hu/en/core-mid-term-results-on-video/https://core-action.eu/core-mid-term-results-videohttps://mihealtheurope.org/migrant-hiv-partnership-europe-phase-2/https://noaksark.org/mosaik/om-oss/noaks-arks-verksamhetsberattelse-2024/https://noaksark.org/mosaik/2025/06/09/samarbete-med-lakare-i-varlden/ https://noaksark.org/mosaik/en/
17	Unidad Salud Internacional Drassanes-VH	Spain	https://doi.org/10.1016/j.tmaid.2024.102742 https://doi.org/10.1157/13127236 https://doi.org/10.1016/j.tmaid.2024.102690 https://doi.org/10.1111/tmi.13352
18	Cool and Safe	Belgium	www.cool-and-safe.org
19	WIR-Walk In Ruhr	Germany	https://www.bundesgesundheitsministerium.de/service/publikationen/details/wissenschaftliche-begleitung-des-zentrums-fuer-sexuelle-gesundheit-und-medizin-walk-in-ruhr-in-bochum-kurzbericht.html https://www.wir-ruhr.de/publikationen/ https://www.wir-ruhr.de

#	Model	Country	Link to published results
20	PLUS Project in WIR (Bochum)	Germany	https://doi.org/10.1007/s00103-022-03522-1 https://doi.org/10.1007/s00103-021-03382-1 https://www.bundesgesundheitsministerium.de/service/publikationen/details/wissenschaftliche-begleitung-des-zentrums-fuer-sexuelle-gesundheit-und-medizin-walk-in-ruhr-in-bochum-kurzbericht.html https://www.deutsche-leberstiftung.de/downloads/hepnet-journal/dls_hnj_24-02_inhaltsverzeichnis_web https://www.wir-ruhr.de/wp-content/uploads/2024/02/Sexuelle-Gesundheit-im-WIR.pdf https://www.wir-ruhr.de
21	BBV Rapid Test & Treat	Ireland	https://ndsc.newsweaver.ie/4otaa688p3/121hur2d7p48vswyws5958?lang=en&a=1&p=66184321&t=31302978 https://www.youtube.com/watch?v=735SBKwnKNk https://www.hse.ie/eng/about/who/primarycare/socialinclusion/intercultural-health/quick-tests/
22	PHS-Amsterdam	Netherlands	https://doi.org/10.3389/fpubh.2025.1636918
23	GAT Par a Par	Portugal	https://www.gatportugal.org/en//servicos/gat-par-a-par_17
24	Simply testing	Austria	
25	MACIP-TB	Spain	https://doi.org/10.3390/tropicalmed8090446 https://doi.org/10.1186/s12889-025-24237-3
26	Sexual Health Center Berlin	Germany	https://www.berlin.de/ba-charlottenburg-wilmersdorf/verwaltung/aemter/gesundheit/zentrum-fuer-sexuelle-gesundheit-und-familienplanung/artikel.1377397.php
27	INMI Mobile Population Clinic-Rome	Italy	https://doi.org/10.1186/s40249-025-01379-5
28	ISMiHealth	Spain	https://doi.org/10.1016/j.aprim.2019.02.005 https://doi.org/10.1093/jtm/taab100 https://doi.org/10.1136/bmjopen-2022-065645 https://doi.org/10.1111/tmi.14036 https://doi.org/10.1016/j.jmh.2023.100205 https://doi.org/10.1093/jtm/taae085 https://doi.org/10.1016/j.ijid.2025.108259
29	Screen to act on TB	Malta	
30	SAUDE + PERTO TB	Portugal	Results are shared in the year reports of LPCS available on www.ligacontrasida.org
31	HEALTH4MIGRA SCREEN-AGRI	Italy	
32	ProSPIRo	Malta	https://reachouteurope.eu/
33	MIDMIP	Italy	https://doi.org/10.3390/ijerph16010028 https://doi.org/10.1186/s12982-025-00591-w https://www.ausl.re.it/Luogo.jsp?id=849
34		Ireland	
35	VH-COMSAVAC	Greece, Italy, Portugal, Spain	https://doi.org/10.1038/s43856-023-00420-8 https://doi.org/10.1038/s41598-021-96350-3
36	CCM HIV Services	Norway	We report to The Norwegian Directorate of Health and Oslo municipality, and all reports are public and can be accessed upon request. https://kirkensbymisjon.no/en-tilbud-aksept/
37	Mi-Health HIV Partnership	Belgium, Cyprus, France, Germany, Greece, Ireland, Italy, Netherlands, Portugal, Spain, Sweden	https://mihealtheurope.org/prep-awareness-and-uptake-and-hiv-testing-data/ https://mihealtheurope.org/