ECDC **EVIDENCE BRIEF**

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

Key findings at a glance

- **Addressing multiple infections and more than one step of the care cascade** improved efficiency and continuity from testing to linkage to care and retention in care.
- **Community based and low-threshold testing** reduced barriers, increased uptake and promoted early diagnosis among migrants by, for example, using mobile clinics and testing in non-traditional settings, combined with free, anonymous services.
- **Using point-of-care testing** enabled same-visit results and facilitated rapid linkage to care, particularly in underserved and mobile populations.
- **Using community health workers, cultural mediators and peers** to help navigate health systems significantly improved linkage to care and reduced loss to follow-up as well as building trust within these communities.
- **Involving migrant communities, civil society, and health authorities** in the design and delivery of models ensured the delivery of culturally appropriate, responsive, and trusted services.
- **Addressing social issues such as housing, legal status, language, and stigma** demonstrated strong outcomes across testing, linkage, and retention, as well as integrating psychosocial support

For more information, read ECDC's report ECDC's report 'Models of good practice for improved testing, linkage to care and retention in care for migrant populations related to HIV, TB, viral hepatitis and STIs in the EU/EEA'.

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What works for migrant health services

- Community testing
- Point-of-care testing
- Peer navigation
- Integrated care pathways
- Social support

Models of good practice:

- Addressed more than one disease (multi-disease approaches)
- Covered more than one step of the care cascade
- Combined community-based and facility-based services

Introduction

Migrant populations often face unique and intersecting barriers that can delay diagnosis and interrupt continuity of care, including language differences, cultural and health literacy gaps, uncertain legal status, stigma, and limited familiarity with healthcare systems. Conventional healthcare delivery models may not adequately address these challenges, leading to missed opportunities for early detection and treatment. There is a clear need for adapted, person-centred models of care tailored to migrants in European countries to effectively test, link and retain them in care in services related to HIV, TB, viral hepatitis and STIs. Implementing such models can help overcome barriers, improve individual health outcomes, reduce health inequities, prevent onward transmission, and ensure more inclusive and effective public health responses across the European region.

This evidence brief summarises findings on models of good practice from the related ECDC report to support countries to improve testing, linkage to care and retention in care and hence reduce the number of undiagnosed and untreated HIV, viral hepatitis, TB and STI infections in migrant populations in the EU/EEA.

- **37 models of care** were identified and evaluated
- Models were assessed across four domains: *health impact and cost; transferability and sustainability; community engagement; additional outcomes*
- **23 models** were classified as *best practice*, defined as those scoring in the **top 20%** within at least one domain

The findings are derived from real-world implementation and are intended to inform policy and programme development. They are not statistically generalisable.

Addressing barriers to testing and care for migrant populations: lessons from models of good practice

Testing

Most testing models (60%) applied a multi-disease approach, increasingly aligned with international guidelines. Community-based interventions, including mobile clinics, outreach testing, as well as partnerships with civil society organisations and other stakeholders, supported early diagnosis and engagement in care by raising awareness, reducing access barriers, and fostering trust in services.

A large proportion of best practice models (86%) used point of care testing to increase uptake. Several used innovative approaches to integrate testing within non-traditional settings, including community settings, prisons, reception centres or primary care. Two examples from Spain included using a multi-disease clinical decision support system (*ISMiHealth*) to identify migrants at higher risk of infection, and using an interactive education tool for viral hepatitis to promote testing and linkage to care (within *HepBC-link* and *MiCatC models*). Other models of good practice also reported innovative approaches, such as pooled sputum samples to increase TB screening coverage in Ireland.

Linkage to care

Eight models were identified as best practice for linkage to care. These models commonly combined rapid referral pathways to specialised care with dedicated navigation and resources to ensure follow-up support. Community health workers, peer navigators, and cultural mediators played a central role in supporting communication, guiding individuals through complex healthcare systems, helping migrants overcome linguistic, cultural and, administrative procedures, and ensuring people understood their diagnosis and treatment options. The *VH-COMSAVAC* model in Greece, Italy and Spain established expedited referral pathways between community-based viral hepatitis screening and tertiary hospitals; in Spain, community health workers and intercultural mediators supported participants across the care cascade. In Portugal, the *SAÚDE + PERTO TB* model linked community-based testing with primary and specialised care. Other examples also included simplified referrals from community-based hepatitis testing to clinical assessment and treatment in Spain, and reception-centre nurses coordinating referral and treatment support for asylum seekers in Finland.

Community-based and primary care initiatives facilitated migrants' linkage to other levels of care. Three multi-infection models reported offering immediate treatment initiation at the testing site, most likely for STIs, and one offered the first dose of HBV vaccination in a community setting before referral to primary care for subsequent doses. They also supported people in applying for a health card.

Retention in care

Six models were identified as best practice for retention in care. Common approaches to support treatment adherence included structured follow-up protocols, telephone or text message reminders, peer support, use of digital tools, home visits and directly observed or video-supported therapy. Community health workers, peer navigators and educators helped coordinate appointments, explain treatment and overcome cultural and language barriers.

In Portugal, *SAÚDE + PERTO TB* used electronic reminders, home visits and video-supported therapy, while *LINK–Ares do Pinhal* combined peer support with telephone or text-message follow-up and home visits. In Spain, *MiCatC* used community health workers, peer navigators and peer educators to support follow-up, and reported 92% hepatitis C treatment completion. The *VH-COMSAVAC* model in Greece, Italy and Spain used community health workers and peer navigators, with prison staff supporting follow-up at a Greek implementation site. In Germany, the *PLUS Project at WIR-Walk In Ruhr* used telephone or text message follow-up and peer support to promote adherence.

Models of good practice showed flexibility in treatment provision, including decentralised treatment options, multi-month dispensing of medications, digital follow-ups, and cross-border continuity mechanisms where possible. Five models had a specific protocol in place for follow-up after treatment initiation, which included support by community health workers, peer navigators and educators.

Transferability and sustainability

Models that were structurally integrated into health system frameworks through epidemiological or surveillance programmes, and within routine care practice or within local and national strategic plans were most sustainable. Long-term stability was commonly ensured through dedicated health system budget lines. For EU/EEA countries which have decentralised healthcare systems, models could be implemented across multiple regions showing their potential for replication and scalability.

Multiple models were used in collaboration and integration of practice across different levels of care, although fewer than 60% had implementation toolkits, which constrained replication efforts.

Community-based approaches and stakeholder engagement

Strong inter-sectoral collaboration was a common feature of successfully implemented models across countries, especially where there were multiple actors such as migrant representatives, civil society organisations, health authorities, healthcare providers and research institutions involved in their design, delivery and evaluation. In particular, interventions that were led by or included migrant community members or representatives demonstrated meaningful collaboration.

Feedback from service users, providers and operational staff is essential for adapting models to the changing needs of migrant populations. Acceptance of the selected initiatives was mainly driven by free-of-charge testing approaches, ensuring anonymous and confidential testing (without linkage to migration status), the engagement of peers and community leaders to ensure culturally sensitive services, and simplified access to screening through point of care testing approaches.

Addressing social determinants of health and other relevant outcomes

A range of strategies were used to overcome challenges related to stigma and risk perception, fear of accessing care, psychosocial difficulties or navigating complex health systems. An essential component for providing guidance and support throughout testing and continuity of care processes was to involve dedicated staff in specific tasks such as accompanying patients to healthcare visits or actively following up with them. Community health workers, peer navigators, community leaders or intercultural mediators were key actors in this work. In parallel, psychological support was embedded into several models, particularly NGO-based programmes, with well-established mental health services delivering counselling and prevention through risk reduction measures.

Innovations that enhanced service provision included a mobile app with online videos to support self-testing and connections with relevant health and social support services, an online tool with information on sexual and reproductive health and rights in several languages, and a real-time recording system for community-based actions (case follow-up, contact tracing or education actions) that enables effective communication and integrates epidemiological and clinical data.

Intercultural mediators, social workers, community leaders, sexual health advisors and community health workers played a key role in addressing social determinants of health, such as housing, legal status, work integration, healthcare access, and cultural or language barriers.

Recommendations

1

Improve testing, linkage to care and retention in care

- Expand low-threshold and community-based testing approaches including mobile clinics and outreach;
- Strengthen systems for rapid and coordinated linkage to and retention in care adapted to migrant populations through tailored support such as patient navigation, case management, and culturally adapted support services;
- Strengthen integration of multi-disease, person-centred service delivery.

2

Strengthen community engagement and collaboration

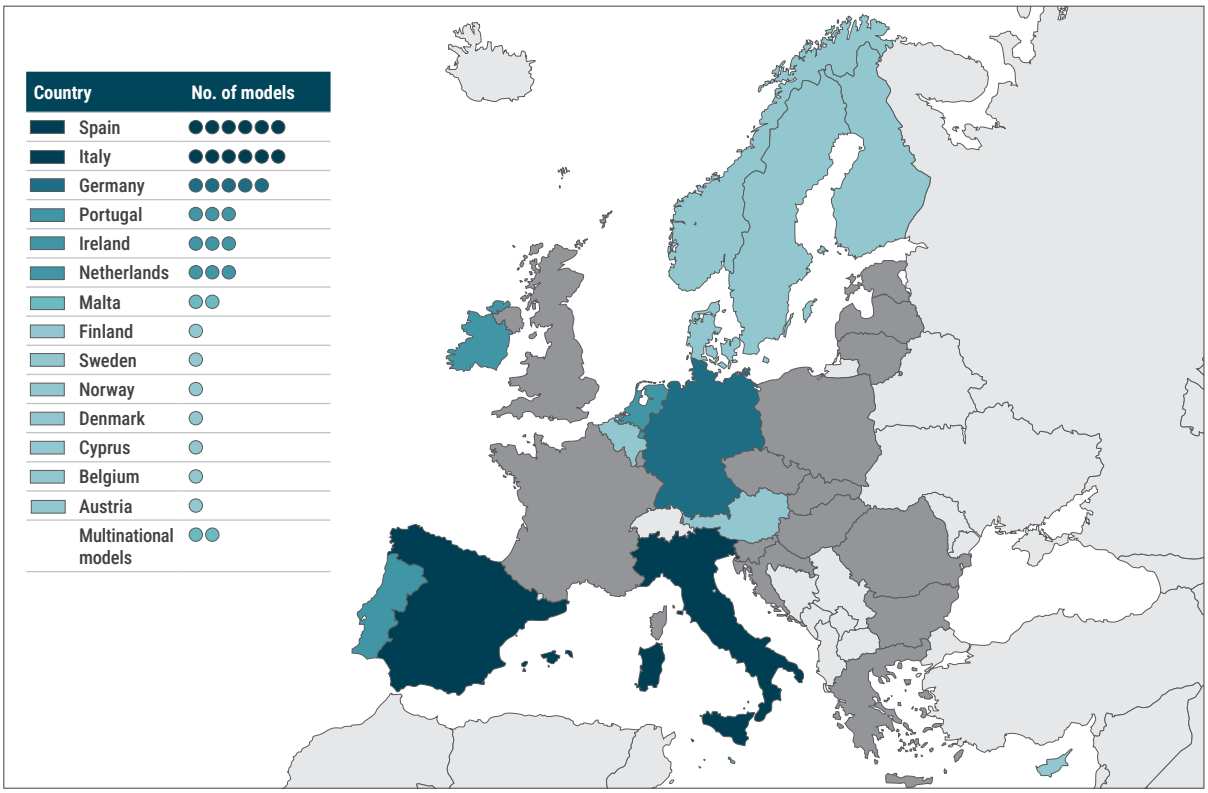
- Ensure meaningful community engagement through co-creating interventions strategies with migrant populations;
- Develop culturally and linguistically adapted health promotion materials to improve awareness and health literacy across the care cascades;
- Establish links to general health and social services, including mental health, sexual and reproductive health, legal aid, and housing support for migrants with HIV, viral hepatitis, TB, and STI to address broader social and structural barriers affecting access to care;
- Foster multisectoral partnerships involving public health authorities, civil society and migrant communities.

3

Ensure sustainability and transferability

- Improve monitoring, evaluation and comparability of service models;
- Address broader social issues and determinants of health;
- Support long-term project funding and institutionalised financing mechanisms to support sustainability and transferability of models.

Models of good practice in Europe



Italy

Integrated Hospital- and Community-Based Screening Programme for Infectious and Tropical Diseases among Migrants in Negrar (best practice)
HIV / VH / STIs / TB - Testing / Linkage / Retention

Active and latent TB screening in unaccompanied foreign minors (good practice)
TB - Testing / Linkage

Screening for HIV, viral hepatitis and STI in undocumented adult migrants in a migrant health clinic in Brescia (good practice)
HIV / VH / STIs - Testing / Linkage

INMI Mobile Population Clinic - Rome (good practice)
HIV / VH / STIs / TB - Testing / Linkage

HEALTH4MIGRA SCREEN-AGRI (Screening for Communicable and Emerging Diseases in Agricultural Migrants in Apulia) (best practice)
HIV / VH / STIs / TB - Testing / Linkage / Retention

Integrated Program of Infectious Disease in Migrants (best practice)
HIV / VH / STIs / TB - Testing / Linkage / Retention

Spain

Salud Entre Culturas: Community-based model working with intercultural mediators for infectious disease prevention, testing, and linkage to care among migrant and mobile communities in Spain (best practice)
HIV / VH - Testing / Linkage / Retention

MiCatC: A community strategy for screening for Hepatitis B and C, and early access to treatment, among migrant populations from high-prevalence countries (best practice)
VH - Testing / Linkage / Retention

HepBC-link: Hepatitis B and C screening and linkage to care and treatment in migrants from endemic countries in Barcelona through a community action (best practice)
VH - Testing / Linkage / Retention

Unidad de Salud Internacional Vall d'Hebron-Drassanes (good practice)
HIV / VH / STIs / TB - Testing / Linkage / Retention

Community and Public Health Action Model for Tuberculosis Prevention and Control in Migrant Communities in Catalonia (MACIP Programme) (best practice)
TB – Retention

ISMiHealth - Delivering an innovative multi-disease screening tool to high-risk migrant populations (best practice)
HIV / VH / STIs / TB - Testing / Linkage

Denmark

General Health Assessment of refugees (good practice)
HIV / VH / STIs / TB - Testing

Germany

Checkpoint BLN (best practice)
HIV / VH / STIs - Testing / Linkage / Retention

PaKoMi - Partizipation und Kooperation in der HIV-Prävention mit Migrantinnen und Migranten (good practice)
HIV - Testing / Linkage

WIR-Walk In Ruhr, Center for Sexual Health and Medicine, Bochum (best practice)
HIV / VH / STIs - Testing / Linkage / Retention

PLUS Project in WIR-Walk In Ruhr (Bochum) (best practice)
VH - Testing / Linkage / Retention

Zentrum für sexuelle Gesundheit und Familienplanung in Berlin - Sexual Health Center Berlin (best practice)
HIV / VH / STIs - Testing / Linkage / Retention

Portugal

Low-threshold Integrated Network of Care Ares do Pinhal (best practice)
HIV / VH / STIs / TB - Testing / Linkage / Retention

GAT Par a Par (Peer Navigation Programme) (good practice)
HIV / VH / STIs - Linkage / Retention

Programa "Saúde + Perto" (best practice)
HIV / VH / STIs / TB - Testing / Linkage / Retention

Malta

TB Screening for people coming from high/very high-risk TB countries (screen to act on TB) PROSPIRO (best practice)
TB - Testing / Linkage / Retention

Implementation of the whole system programme model for STI point-of-care testing and outreach community clinics Prospiro (best practice)
HIV / VH / STIs / TB - Testing / Linkage / Retention

Austria

Simply testing. Low-threshold testing among migrant populations (good practice)
HIV / VH / STIs - Testing / Linkage / Retention

Multinational models

Viral Hepatitis COMmunity Screening, Vaccination, and Care (VH-COMSAVAC) (best practice)
Greece, Italy, Portugal, Spain
VH - Testing / Linkage / Retention

Mi-Health HIV Partnership (good practice)
Belgium, Cyprus, France, Germany, Greece, Ireland, Italy, Netherlands, Portugal, Spain, Sweden
HIV - Testing

Cyprus

Testing, linkage and retention in HIV care and prevention for migrant populations (good practice)
HIV / VH / STIs / TB - Testing / Linkage / Retention

Netherlands

INTEGREAT-study (good practice)
HIV / VH / TB - Testing / Linkage

Choices Support Center: Testing and Prevention Interventions for LGBTQ+ Migrants (best practice)
HIV / VH / STIs - Testing / Linkage / Retention

Integrating hepatitis B virus, hepatitis C virus and human immunodeficiency virus screening for migrants from endemic countries into travel-related and sexual health care in Amsterdam (good practice)
HIV / VH - Testing

Ireland

Health Screening Service for International Protection Applicants (best practice)
HIV / VH / STIs / TB - Testing

Migrant Rapid BBV Testing and Linking to Care Programme (best practice)
HIV / VH - Testing / Linkage

Model in Ireland (good practice)
TB - Testing / Linkage / Retention

Finland

Screening and early detection of communicable diseases among asylum seekers (best practice)
HIV / VH / STIs / TB - Testing / Linkage / Retention

Sweden

Noaks Ark Mosaik's HIV Response (best practice)
HIV / VH / STIs - Testing / Linkage / Retention

Belgium

Cool and Safe: a project to enhance sexual health for migrant communities (good practice)
HIV / VH / STIs - Testing

Norway

The Church City Mission Norway: Integrated HIV and STI Prevention, Testing, and Care (best practice)
HIV / VH / STIs - Testing / Retention