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# Beyond Diversity: How a Multi-Stakeholder Network Advances the Right to Health

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## OBJECTIVES

**To describe** the model of **Bergamo FTC** (2019), a multi-stakeholder network (public institutions, healthcare providers and non-profit organisations) to reduce barriers to healthcare:

1. expanding integrated **HIV, HCV, HBV and syphilis screening** among key and underserved populations;
2. strengthening linkage and retention in care for PLHIV;
3. promoting **sexual health** awareness through community- and school-based interventions.

## METHODS

Descriptive analysis of quantitative and qualitative indicators from 2025 activities:

1. **Screening & Care Cascade:** Data from Cobatest database (reach, participant demographics, reactive results, referrals) and partner organisations (linkage/retention in care, support uptake for PLHIV or other infections);
2. **Population Denominators:** Extracted from ISTAT and official institutional sources;
3. **School Education:** Data on sexual health education from the *#cHIVuoleconoscere* project database.

## RESULTS

**Screening reach**

In 2025, **3,486** individuals were tested across 248 screening sessions within 465 planned opportunities (Table 1). This represents a 56.8% increase from the 2,223 individuals tested in 2024.

**Target population highlights:**

1. **Young people** (18–25)
   - 39% of total tested (1.4% population reach vs 0.24% in over 25);
   - 64% were reached in secondary schools and universities;
   - During #cHIVuoleconoscere project 2,813 students from 23 schools were involved, with testing offered in seven of them.
2. **Migrants**
   - 35.5% of total tested (0.8% population reach vs 0.2% Italian);
   - 65% reached through Italian-language schools;
   - 14% tested in migrant reception settings.
3. **MSM**
   - 15% of total tested;
   - 58% tested at checkpoint;
   - 11% tested at LGBTQI+ events
4. **Socially vulnerable populations**
   - 16.7% of total tested;
   - 64% tested through harm-reduction services (of whom 20% reported homelessness and 50% reported drug use).

**Diagnosis, linkage and support**

**66 new reactive results** (Table 2):

- 100% were linked to hospital care;
- 52 (79%) required network-supported accompaniment during care (Table 3).

In addition:

- 8 were re-linked to treatment (5 HIV, 3 other STIs);
- 38 PLHIV were hosted in accommodating in care facilities (74% men, 26% foreign-born);
- 2 received support for medication pick-up and delivery;
- 9 attended monthly peer-support groups

| | | Total | Checkpoint sessions | Outreach screening sessions | Screening opportunities at NPOs facilities |
|---|---|---|---|---|---|
| **3,486 individuals tested** | **Screening opportunities offered** | 465 | 59 | 68 | 338 |
| | **Effective testing sessions** | 248 | 59 | 68 | 121 |

Table 1 – BGFTC 2025: individuals tested and screening opportunities, by delivery setting

| Bergamo FTC · 2025 | HIV | HCV | Syphilis | HBV | Total |
|---|---|---|---|---|---|
| **No. of individuals tested** | 3,440 | 3,433 | 3,432 | 1,534 | **3,486 (11,839 tests used)** |
| **No. of reactive results (known + new)** | 23 | 51 | 33 | 40 | **147** |
| Prevalence | 0.66% | 1.48% | 0.96% | 2.60% | **4.21%** |
| **No. new positivities** | 6 | 6 | 16 | 38 | **66** |
| Prevalence | 0.17% | 0.12% | 0.46% | 2.47% | **1.83%** |
| **No. Known positives** | 17 | 47 | 17 | 2 | **83** |
| Prevalence | 0.49% | 1.36% | 0.50% | 0.13% | **2.38%** |

Table 2 – BGFTC 2025: number and prevalence of positive test results

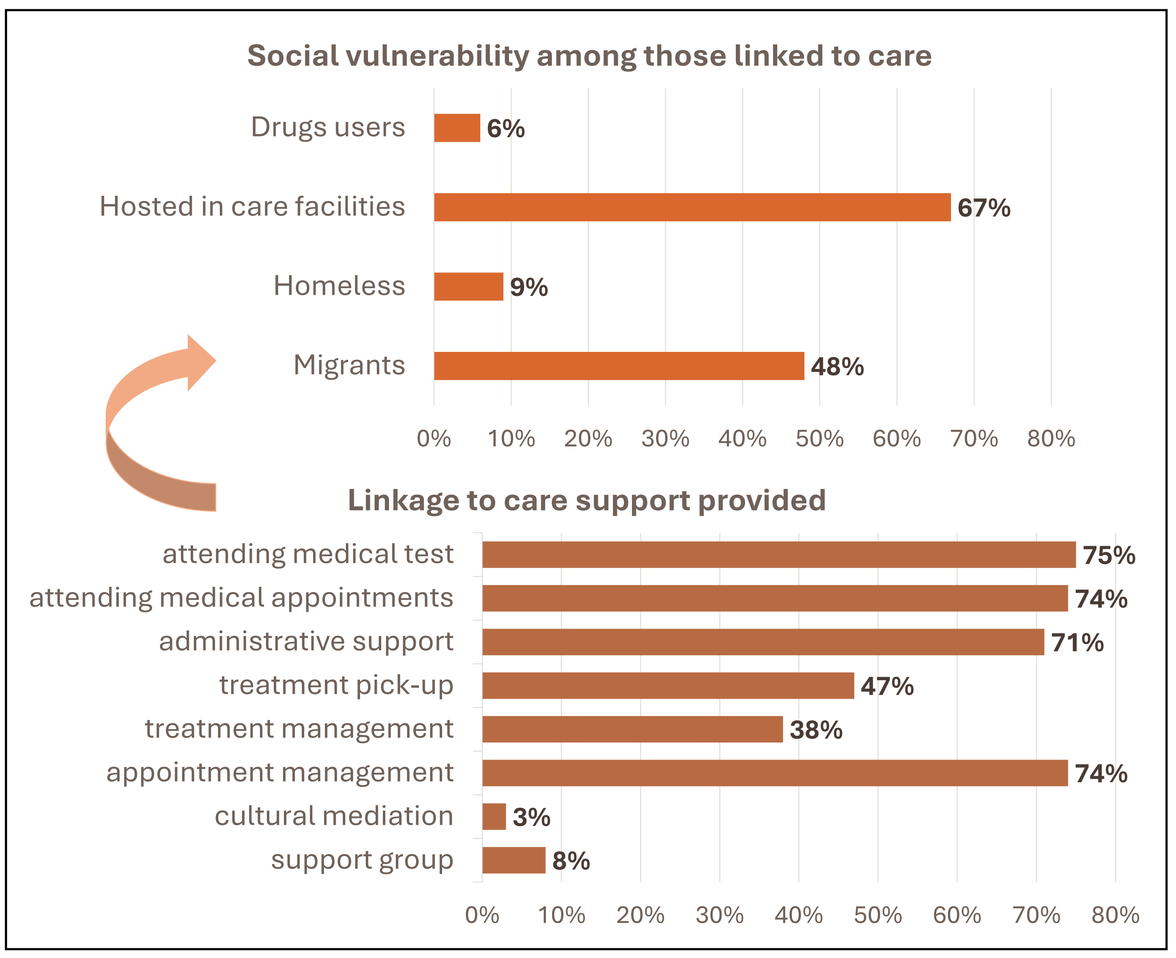


Table 3 – Social vulnerability profiles and types of linkage-to-care support provided

## CONCLUSIONS

The Bergamo FTC proximity-based, multi-stakeholder model reached diverse and underserved populations through tailored screening opportunities, school-based sexual health education, and integrated support for linkage to and retention in care. The continuity of the care pathway and collaboration between organisations specialising in HIV and sexually transmitted infections and those serving specific key populations were central to the network's reach. These initiatives are currently supported largely by funding from private companies and foundations. Although such contributions are essential, the long-term sustainability and equitable delivery of these public health interventions require adequate, stable and continuous public funding.