EuroTEST
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HepHIV 2026 by EuroTEST
2-3 NOVEMBER · DUBLIN

HIV diagnosis and linkage-to-care outcomes within community-led integrated HIV, HCV, HBV and syphilis testing services in the Lisbon Metropolitan Area, Portugal (2021–2025)

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25 ANOS GAT GRUPO DE ATIVISTAS EM TRATAMENTOS MEMBRO DA COALITION PLUS

FOCUS PROGRAM A GILEAD Initiative

HIV in Portugal: Progress and Remaining Challenges

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997 [1]

New HIV diagnoses reported in Portugal (2024)

9.4 per 100,000 population | EU/EEA: 5.3[1]

–35% [2]

Reduction in HIV cases diagnosed in Portugal (2015-2024)

–43% in newly reported AIDS cases

53.9% [2]

Late presentation among newly diagnosed people

65.4% among people aged ≥50 years

Lisbon Metropolitan Area · 2024 [2,3]

428 HIV diagnoses (Greater Lisbon and Setúbal Peninsula)

45.1% of national HIV diagnoses

GAT contribution to HIV diagnosis · 2024

221 [3] newly diagnosed PLHIV identified by GAT community-led services

51.6% of HIV diagnoses in the Lisbon Metropolitan Area (221 of 428 cases)

Sources

[1] ECDC/WHO Europe. HIV/AIDS Surveillance in Europe 2025 – 2024 data

[2] DGS/INSA. Infeção por VIH em Portugal 2025 – 2024 data.

[3] GAT. KHIS database, 2024 (closed Jan 2025)

Methodological note (DGS/INSA[2])

HIV diagnoses among people aged ≥15 years in Portugal (national n=948). Late presentation assessed among cases with available CD4 data (n=749; 79.0%). The Lisbon Metropolitan Area comprises Greater Lisbon and the Setúbal Peninsula (NUTS III regions).

FOCUS funding supports HIV, HCV, and HBV screening and linkage to a first appointment. FOCUS partners do not use FOCUS awards for activities beyond linkage to a first appointment. Partners may mention activities conducted without the support of FOCUS during presentations

GAT | Integrated Community-led Prevention, Testing and Care

Portuguese community-based organisation working across HIV, viral hepatitis and other STIs, improving access to prevention, diagnosis and care.

INTEGRATED COMMUNITY-LED MODEL

Integrated testing
HIV, HCV, HBV and syphilis

Linkage to care
Referral, navigation and follow-up

Clinical care
Medical and nursing consultations

Social support
Peer support and accompaniment

Harm reduction
Materials and safer use support

Combination prevention
Community PrEP programme, hospital referral to PrEP and PEP and safer sex materials

Key populations reached

MSM · Transgender people · Sex workers · People who use drugs · Migrants · People experiencing homelessness

KEY FIGURES

Per year (2025)

140,900+
Rapid tests

43,500+
Screening sessions

14,697
Medical consultations

19,350
Nursing consultations

11,171
Social interventions

2.6M
Safer sex materials distributed

8,160
Safer consumption kits distributed

Source: GAT internal records (2021–2023) & GAT KHIS database (2024–2025)

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GAT | Community-led linkage-to-care model

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ENTRY POINTS

Newly diagnosed PLHIV
Identified through HIV testing at GAT services

OR

Previously diagnosed PLHIV
Requiring linkage to care or re-engagement in specialist HIV care

LINKAGE-TO-CARE PATHWAY

1 Hospital referral
Referral and appointment request to specialist HIV care services

2 STUDY OUTCOME
First specialist HIV appointment
Confirmed attendance

SUPPORT THROUGHOUT THE LINKAGE PROCESS

Peer navigation and social support
Personalised support by peers and social workers, including hospital navigation

Administrative and documentation support
Assistance with documentation and overcoming access barriers

BARRIERS TO ACCESSING HIV CARE

- Documentation
- Health literacy
- Language
- Indirect costs
- Stigma
- Fear of authorities
- Socioeconomic vulnerability

BEYOND THE FIRST APPOINTMENT

Follow-up, treatment adherence and retention support

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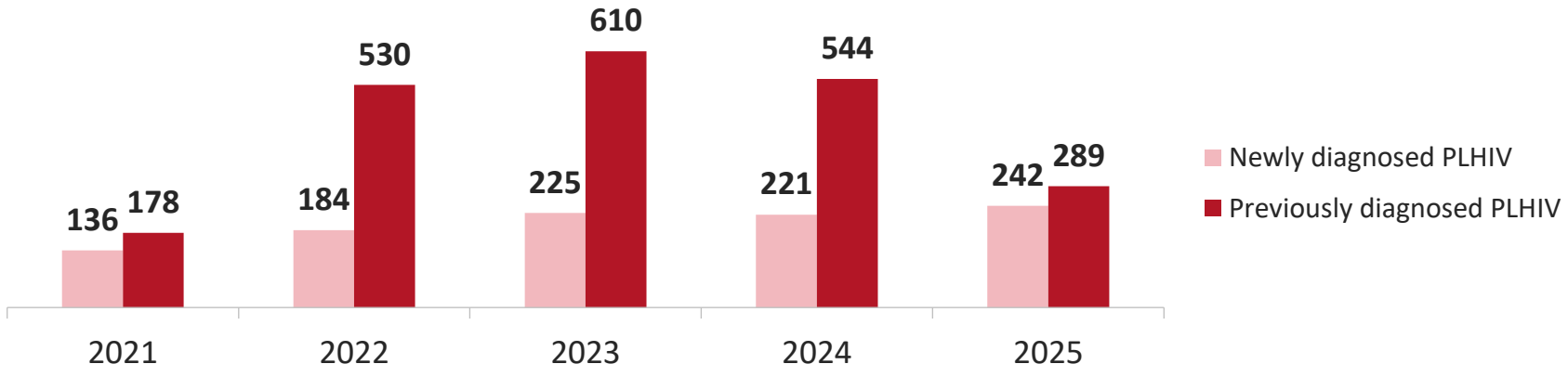
Results I: PLHIV identified through GAT services

Evolution of HIV cases identified and supported through GAT services, 2021–2025

2021–2025
Retrospective operational analysis



3,159
PLHIV identified and supported through GAT services

1,008
2021–2025
Newly diagnosed PLHIV

2,151
2021–2025
Previously diagnosed PLHIV
Including people seeking care in Portugal or re-engagement in care

Most PLHIV identified through GAT services had been **previously diagnosed**, particularly between 2022 and 2024.

Source: GAT internal records (2021–2023) & GAT KHIS database (2024–2025)

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Results II: Profile of PLHIV

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Profile based on 3,159 PLHIV identified through GAT services, 2021–2025

1. AGE

Similar median age across groups

Newly diagnosed PLHIV

33 years

(IQR 27–42)

Previously diagnosed PLHIV

34 years

(IQR 29–41)

2. GENDER IDENTITY

Cisgender men represented the majority

Cisgender men	81.1%
Cisgender women	15.6%
Transgender women	2.8%
Other / unknown	0.5%

3. COUNTRY OF BIRTH

Most identified PLHIV were born outside Portugal

Brazil	57.3%
PALOP	15.1%
Other regions	17.1%
Portugal	10.5%

4. KEY POPULATIONS

Migrants were the largest key population recorded

Migrants	89.5%
MSM	60.7%
Sex workers	6.2%
PWID	1.4%

Categories are not mutually exclusive.

The high representation of migrants and key populations highlights the importance of accessible, tailored community-led HIV services

Source: GAT internal records (2021–2023) & GAT KHIS database (2024–2025)

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Results III: Referral and linkage outcomes

REFERRAL AND LINKAGE CASCADE

PLHIV reaching GAT services

3,159

100%
of PLHIV

Referred to NHS HIV care

2,941

93.1%
of PLHIV reaching services

Linked to NHS HIV care

2,388
First hospital appointment completed

81.2%
of PLHIV referred to NHS HIV care

SUPPORT PROVIDED DURING THE PROCESS

Peer navigation and accompaniment
Peer support throughout the linkage continuum

NHS access and appointment support
Facilitating referral, appointment scheduling and integration into NHS HIV care.

Overcoming healthcare access barriers
Supporting with documentation and promoting health literacy

Retention and re-engagement support
Supporting previously diagnosed PLHIV to re-engage and stay in HIV care.

Source: GAT internal records (2021–2023) & GAT KHIS database (2024–2025)

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Key takeaways | Implications

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1 **Community services are essential gateways to HIV care**
Connecting newly and previously diagnosed PLHIV to care.

2 **Community services facilitate linkage and re-engagement in HIV care**
Facilitating linkage and re-engagement in Portuguese HIV services.

3 **Community-led services promote equitable access to HIV care**
Reducing barriers for migrants and key populations.

4 **Effective linkage requires more than referral.**
High referral (**93.1%**) and confirmed first-appointment rates (**81.2%** of those referred) were achieved within a community-led model combining peer navigation and practical support.

Source: GAT internal records (2021–2023) & GAT KHIS database (2024–2025)

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Thank you

Questions & discussion

Filipa Gomes | GAT – Grupo de Ativistas em Tratamentos