EuroTEST
Working together for integrated testing and earlier care

HepHIV 2026
by EuroTEST
2-3 NOVEMBER · DUBLIN

The role of community leadership in integrated testing services and ensuring high rates of linkage to care

Mariana Vicente[1], Laura Fernàndez-López[2]

1. *GAT – Grupo de Ativistas em Tratamentos, Lisbon, Portugal*
2. *Centre of Epidemiological Studies of HIV/AIDS and STI of Catalonia (CEEISCAT), Health Department, Generalitat de Catalunya, BADALONA, Spain*

CEEIS Cat
Centre d'Estudis Epidemiològics sobre les Infeccions de Transmissió Sexual i Sida de Catalunya

CORE
Community Response to End Inequalities

GAT
GRUPO DE ATIVISTAS EM TRATAMENTOS
Membro da Coligação Internacional Sida

Outline of the presentation

- Overview of the CORE Project
- Results
- Key achievements
- Challenges
- Recommendations

Co-funded by the European Union
Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

CORE Project (2023-2025)

The CORE (COmmunity REsponse to End Inequalities) project aimed to reduce inequalities in the response to HIV/STIs/viral hepatitis by strengthening integrated community-led services. Through an intersectional, peer-based approach, it promoted prevention, testing, counselling, and linkage-to-care, particularly for individuals facing multiple vulnerabilities.

Coordinated by Aids Action Europe



Inequality lens | Community leadership | Intersectionality and inclusivity | Integration

Although conceived under the UNAIDS Global AIDS Strategy 2021-2026, CORE remains highly relevant today as community leadership has become even more central to global health strategies.

Co-funded by the European Union

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

COBATEST Network

COBATEST NETWORK

- Network of community-based HIV/STI/VH screening services that collects standardized data across Europe and Central Asia.
- More than 150 members in 29 European countries and 2 countries in Central Asia



WP5
Implementation

CEEIS Cat Centre d'Estudis Epidemiològics sobre les Infeccions de Transmissió Sexual i Sida de Catalunya

AIDS ACTION EUROPE

CORE

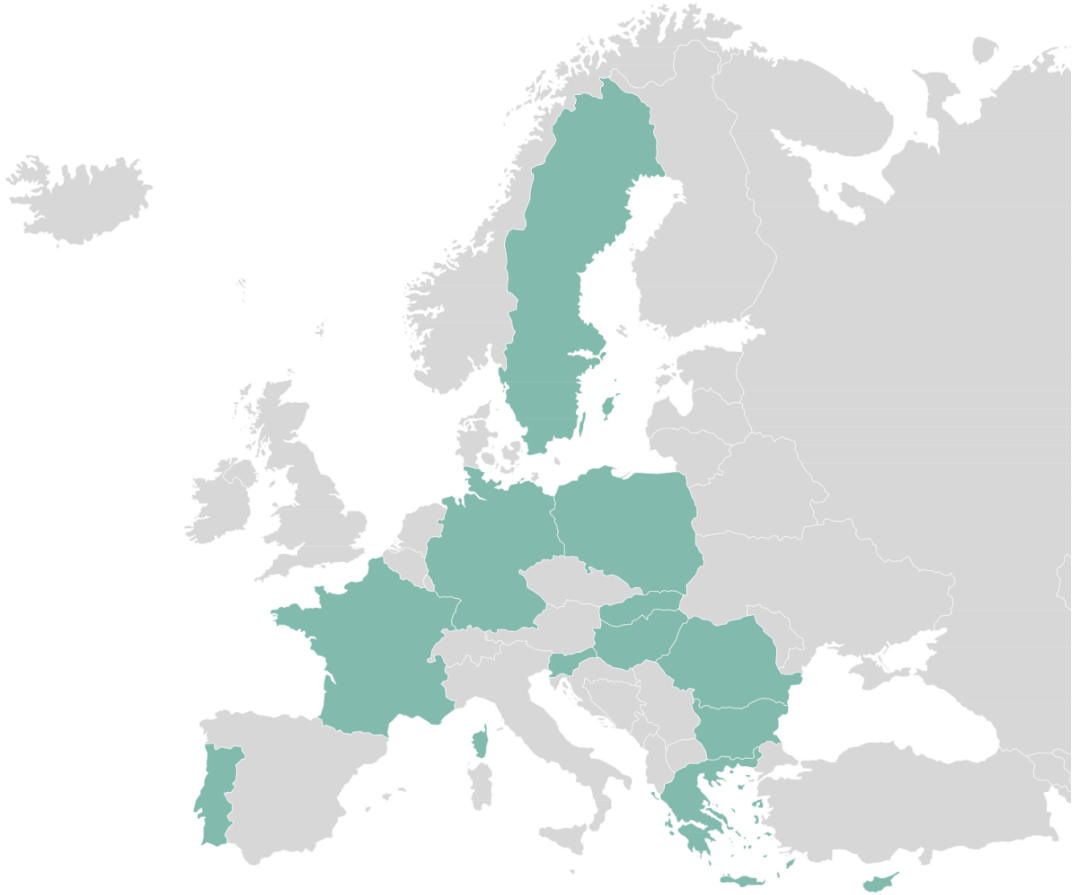
Co-funded by the European Union

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Lead: GAT – Lisbon (Portugal)
Co-Lead: CEEISCAT Badalona (Spain)

14 CORE implementing partners (12 countries)

Bulgaria – HEALTH WITHOUT BORDERS (HWB)
Cyprus – AIDS SOLIDARITY MOVEMENT (ASM)
France - FÉDÉRATION PARAPLUIE ROUGE (FPR)
Germany – AFRICAHERZ/VIA Berlin
Greece - POSITIVE VOICE & PRAKSIS
Hungary - HÁTTÉR SOCIETY
Poland – Foundation for Social Education (FES)
Portugal - GAT
Romania – CARUSEL & ARAS
Slovakia - ODYSEUS
Slovenia - LEGEBITRA
Sweden – NOAKS ARK



Co-funded by the European Union

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Integrated testing results (2024-2025)

HepHIV 2026 by EuroTEST
2-3 NOVEMBER · DUBLIN

67 833
Integrated screening sessions

16 891
Self-tests kits distributed

HIV TESTS
67 105
+ rate: 1,2%
Target: 134%

HCV TESTS
42 876
+ rate 2,4%
Target: 173%

HBV TESTS
34 595
+ rate 1,3%
Target: 147%

Syphilis TESTS
53 004
+ rate 2,2%
Target: 190%

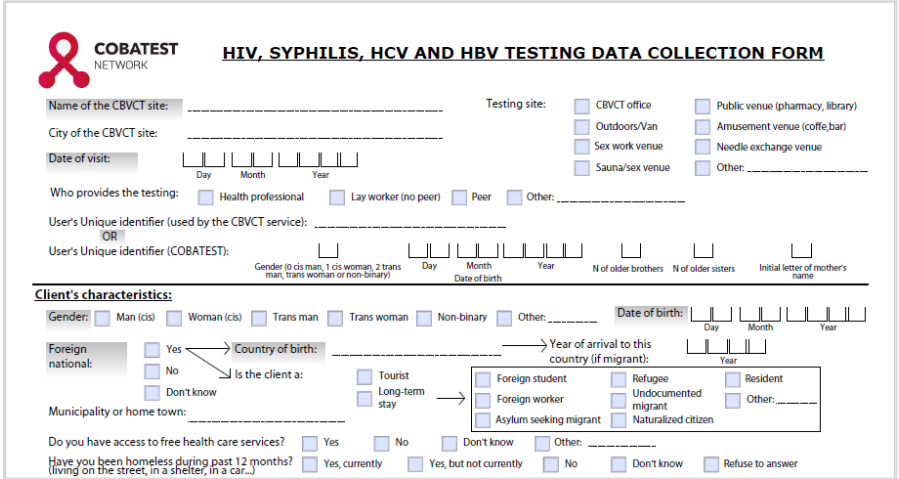
CORE

Co-funded by the European Union

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Improvement of data collection: Digitalisation and data harmonization

- Updated COBATEST tools
  - 1st major revision since its initial development
  - Improvement on gender and key population variables
  - Improved question flow and skip logic
  - Inclusion of HBV, and a specific module for STIs (NG/CT)
- Better quality and harmonized data
  - Common tools adopted by all partners
  - Improved data completeness and consistency
  - Enhanced cross-country comparability
  - More robust disaggregated analyses
- Enhanced monitoring and reporting



COBATEST NETWORK

HIV, SYPHILIS, HCV AND HBV TESTING DATA COLLECTION FORM

Name of the CBVCT site: _____
City of the CBVCT site: _____
Date of visit: Day Month Year

Testing site: CBVCT office; Outdoors/Van; Sex work venue; Sauna/sex venue; Public venue (pharmacy, library); Amusement venue (coffe,bar); Needle exchange venue; Other: _____

Who provides the testing: Health professional; Lay worker (no peer); Peer; Other: _____

User's Unique identifier (used by the CBVCT service): _____
OR
User's Unique identifier (COBATEST): Gender (0 cis man, 1 cis woman, 2 trans man, trans woman or non-binary); Day; Month; Year (Date of birth); N of older brothers; N of older sisters; Initial letter of mother's name

Client's characteristics:

Gender: Man (cis); Woman (cis); Trans man; Trans woman; Non-binary; Other: _____
Date of birth: Day Month Year

Foreign national: Yes → Country of birth: _____ → Year of arrival to this country (if migrant): Year
No → Is the client a: Tourist; Long-term stay; Foreign student; Foreign worker; Asylum seeking migrant; Refugee; Undocumented migrant; Naturalized citizen; Resident; Other: _____
Don't know

Municipality or home town: _____

Do you have access to free health care services? Yes; No; Don't know; Other: _____

Have you been homeless during past 12 months? (living on the street, in a shelter, in a car...) Yes, currently; Yes, but not currently; No; Don't know; Refuse to answer

The revised COBATEST platform provides a robust foundation for community-led monitoring, improving data quality, comparability and reporting across Europe

CORE
Co-funded by the European Union

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Disaggregated data analysis

			HIV			HCV			HBV			Syphilis		
			Total N	Reactive n	Reactivity %	Total N	Reactive n	Reactivity %	Total N	Reactive n	Reactivity %	Total N	Reactive n	Reactivity %
TOTAL			67105	832	1.2	42876	1009	2.4	34595	448	1.3	53004	1167	2.2
Age Group	<=25		17917	125	0.7	10872	52	0.5	7786	58	0.7	14359	294	2.0
	>25		48332	700	1.4	31291	953	3.0	26585	389	1.5	37858	863	2.3
Gender	Cis Men		43629	645	1.5	27810	786	2.8	34595	448	1.3	33606	948	2.8
	Cis Women		21393	143	0.7	13414	171	1.3	23470	324	1.4	17645	152	0.9
	Transgender men		178	0	0.0	116	0	0.0	10045	124	1.2	133	1	0.8
	Transgender women		740	31	4.2	701	10	1.4	82	0	0.0	593	40	6.7
	Non-binary		1048	11	1.0	781	32	4.1	479	0	0.0	922	17	1.8
Key populations	GBMSM		28120	471	1.7	16871	83	0.5	13330	39	0.3	20809	828	4.0
	SW	MSW	979	40	4.1	966	25	2.6	579	4	0.7	788	66	8.4
		FSW	2893	18	0.6	2512	52	2.1	1185	5	0.4	2587	73	2.8
		TSW	434	23	5.3	432	7	1.6	303	0	0	333	32	9.6
	PWUD		11652	245	2.1	9116	796	8.7	7413	58	0.8	9568	317	3.3
	PWID		1835	115	6.3	1562	694	44.4	1543	43	2.8	1288	56	4.3
	Migrants		24931	398	1.6	20112	290	1.4	15155	356	2.3	22761	389	1.7

Co-funded by the European Union

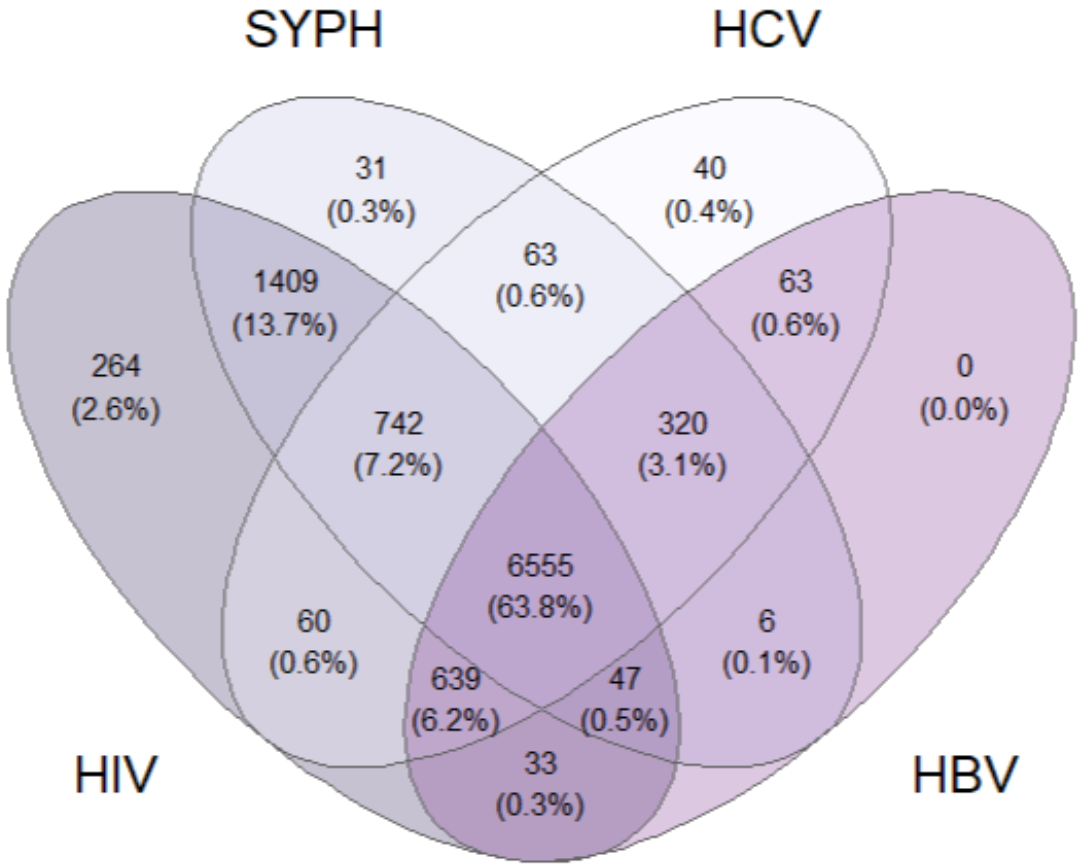
Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Integrated testing

- Only from the 8 local partners using the COBATEST online tool
- 15% of total testing sessions

- **All 4 tests were performed in 64% of the testing sessions**
  - 73% GBMSM
  - 68% SW
  - 65% PWUD
  - 54% PWID
  - 48% Migrants

Combination of tests performed per testing visit



Co-funded by the European Union
Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Key achievements and challenges

Co-funded by the European Union
Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Expansion of testing coverage among participating CBOs

Integrated testing expanded

43% (6 CBOs) → **79%** (11 CBOs)

Increase in the number of organisations offering integrated testing under CORE.

Full coverage achieved

HIV	93%	→ 100%
HCV	79%	→ 100%
Syphilis	64%	→ 100%

All participating organisations provided HIV, HCV and Syphilis testing under CORE.

Testing growth

HBV	57%	→ 79%

Substantial expansion of HBV coverage.

Co-funded by the European Union

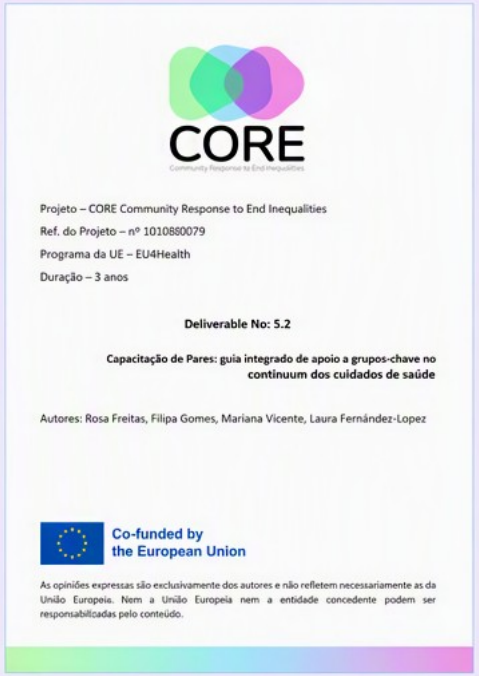
Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Strengthening Community-based service delivery and monitoring

HepHIV 2026 by EuroTEST
2-3 NOVEMBER · DUBLIN

Strengthened peer interventions

Development of peer-led tools and training resources.



CORE
Community Response to End Inequalities

Projeto – CORE Community Response to End Inequalities
Ref. do Projeto – nº 1010880079
Programa da UE – EU4Health
Duração – 3 anos

Deliverable No: 5.2

Capacitação de Pares: guia integrado de apoio a grupos-chave no continuum dos cuidados de saúde

Autores: Rosa Freitas, Filipa Gomes, Mariana Vicente, Laura Fernández-Lopez

Co-funded by the European Union

As opiniões expressas são exclusivamente dos autores e não refletem necessariamente as da União Europeia. Nem a União Europeia nem a entidade concedente podem ser responsabilizadas pelo conteúdo.

Expanded outreach to communities in their own settings

Increased access to testing and prevention services through outreach activities.



Improved community-based monitoring

Enhanced monitoring systems and harmonised community data collection.

Nº Sessions 67 823

Tests		Plan	Actuals	%
	HIV	50 039	66 626	133%
	HBV	23 532	34 630	147%
	HCV	24 793	42 902	173%
	Syphilis	27 839	53 124	191%

STIs		Plan	Actuals	%
	Appointments	3 020	4 320	143%
	Syphilis	100	100	100%
	Gonorrhea	420	416	99%
	Chlamydia	420	416	99%
	Mycoplasma	100	100	100%

Rapid Hepatitis Tests*		Plan	Actuals	%
	HIV	2 009	36 893	1846%
	HBV			
	HCV	1 066	1 094	103%
	HIV+		5	0.2%

Self-Test		Plan	Actuals	%
	Syphilis		188	
	Gonorrhoea		317	
	Chlamydia		220	
	Mycoplasma		0	

Other Activities		Plan	Actuals	%
Chemical Kits	> Kits	303	141	47%

COBATEST NETWORK

HIV, SYPHILIS, HCV AND HBV TESTING DATA COLLECTION FORM

Name of the CBVCT site:
City of the CBVCT site:
Date of visit: Day Month Year
Testing site: CBVCT office; Outdoors/Van; Sex work venue; Sauna/sex venue; Public venue (pharmacy, library); Amusement venue (café,bar); Needle exchange venue; Other:
Who provides the testing: Health professional; Lay worker (no peer); Peer; Other:
User's Unique identifier (used by the CBVCT service):
OR
User's Unique identifier (COBATEST):
Client's characteristics:
Gender: Man (cis); Woman (cis); Trans man; Trans woman; Non-binary; Other:
Date of birth: Day Month Year
Foreign national: Yes → Country of birth: → Year of arrival to this country (if migrant)
Yes → Is the client a: Tourist; Long term stay → Foreign student; Foreign worker; Asylum seeking migrant; Refugee; Undocumented migrant; Naturalised citizen; Resident; Other:
Municipality or home town:
Do you have access to free health care services? Yes; No; Don't know; Other:
Have you been homeless during past 12 months? (living on the street, in a shelter, in a car ...): Yes, currently; Yes, but not currently; No; Don't know; Refuse to answer

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

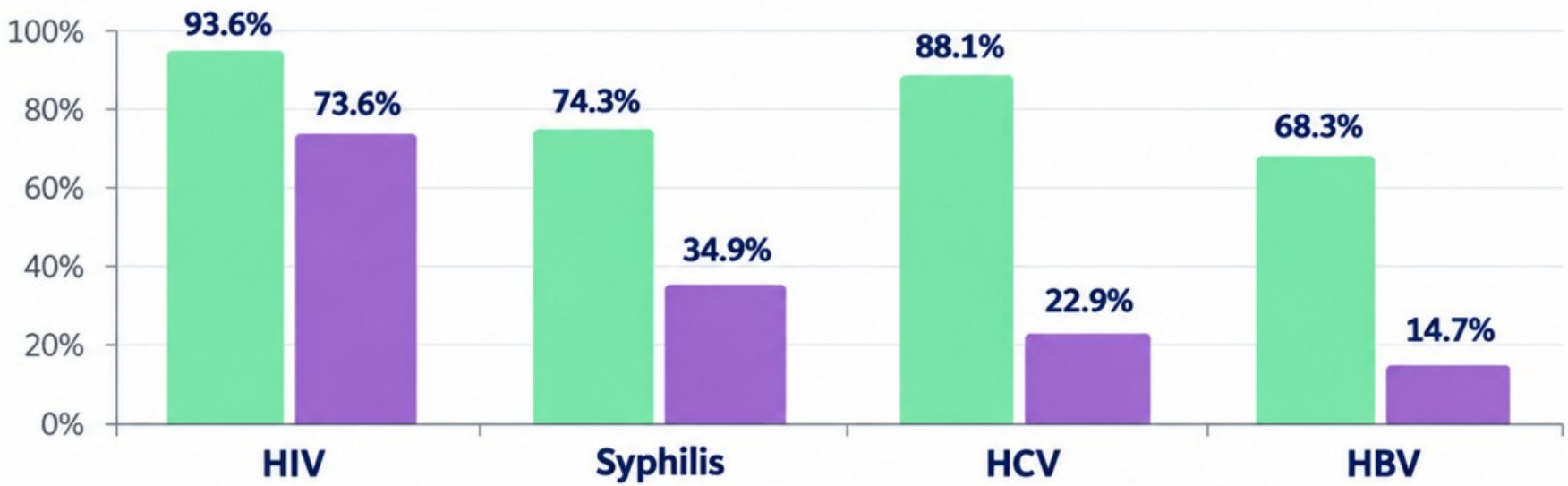
Referral and linkage to care

Referral

Initiation of the process directing a person with a reactive test result towards healthcare services, including providing information, counselling or arranging an appointment.

Linkage to care

Confirmation that the person attended their first medical appointment following a reactive test result.



Co-funded by the European Union

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Main barriers to linkage to care for viral hepatitis

1 Fragmented referral and care pathways

Limited coordination between community, primary and specialist care can delay access to treatment.

2 Health-system and access barriers

Differences in healthcare financing, insurance coverage and service eligibility can create unequal access to HIV treatment and care across countries.

3 Social inequalities and limited navigation support

Social vulnerability, stigma and limited support can affect engagement with services.

4 Weak follow-up and monitoring

Limited follow-up systems and data sharing make continuity of care difficult to track.

CORE

Co-funded by the European Union

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Recommendations

1 Accelerate progress towards zero new HIV infections

Commit to **"Getting to Zero New Infections in the Next 3 Years"** through stronger prevention, testing, treatment and progress towards the fourth 95 target.

2 Strengthen community leadership and accountability

Embed the **30-80-60 community-led targets** within the Dublin Monitoring Framework.

3 Secure sustainable funding and enabling environments

Move from short-term projects to predictable, long-term investment in community-led responses.

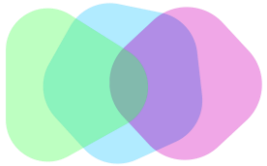
4 Strengthen linkage-to-care monitoring

Improve follow-up systems and data sharing between community organisattions and health services to ensure timely access to care.

CORE

Co-funded by the European Union

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

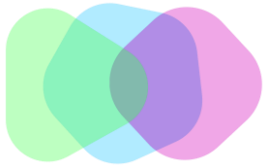


CORE has proven the efficacy of community-led service delivery; it is time to scale up funding, integrate community-led services into the national response, and stop treating us as add-ons and projects.

Co-funded by the European Union

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

CORE partners



AFRICA ADVOCACY FOUNDATION

Afrikaherz

AIDS Action Europe

AIDS SOLIDARITY MOVEMENT

ARAS
ASOCIAȚIA ROMÂNĂ ANTI-SIDA
Membră a Coaliției Internaționale Sida

CarUsel

CEEIS Cat
Centre d'Estudis Epidemiològics sobre les Infeccions de Transmissió Sexual i Sida de Catalunya

Correlation
European Harm Reduction Network

ČESKÁ SPOLEČNOST AIDS POMOC

Deutsche Aidshilfe

EATG
European AIDS Treatment Group

european sex workers rights alliance

FÉDÉRATION PARAPLUIE ROUGE

LILA
LEGA ITALIANA PER LA LOTTA CONTRO L'AIDS
LILA Milano ONLUS
Fondazione di Partecipazione

FES
FOUNDATION FOR SOCIAL EDUCATION

GAT
GRUPO DE ATIVISTAS EM TRATAMENTOS
Membro da Coligação

Health Without Borders

HÁTTÉR SOCIETY

INSTITUTE OF TROPICAL MEDICINE ANTWERP

LEGEBITRA

NoaksArk

ODYSEUS

PositiveVoice
people+HIV

PRAKSIS

Co-funded by the European Union

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.