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Oral Communications

Stigma, knowledge and behaviours in the era of HIV prevention

OC 58 Beyond diversity: The Impact of a Multi-Stakeholder Network on the Right to Health

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Title: Beyond diversity: The Impact of a Multi-Stakeholder Network on the Right to Health

Authors: I. Mercurio¹, P. Meli¹, V. Gotti¹, F. Gritti¹, C. Pellegris¹, E. Zanetti¹, R. Carissoli², M. Rizzi³, M. Beretta³, F. Maggiolo⁴, S. Venturelli⁵, L. Comi⁵, M. Deghi⁶, C. Castelli⁶

Affiliation: ¹Cooperativa Don Giuseppe Monticelli/Bergamo FTC Network, Bergamo, Italy, ²Arcigay Bergamo Cives/Bergamo FTC Network, Bergamo, Italy, ³Croce Rossa Italiana – Comitato di Bergamo, Bergamo, Italy, ⁴Bergamo Fast Track City, Bergamo, Italy, ⁵ASST Papa Giovanni XXIII, Bergamo, Italy, ⁶CICA, Milano, Italy

Abstract body

Background: Bergamo FTC was established in 2019, bringing together NPOs, public institutions and healthcare providers. The goal was to link and strengthen both screening and support services for PWH and 2025 marked a year of peak operational performance across both fronts. Screening for HIV, HCV, HBV, and Syphilis is offered at the community check-point, through outreach activities and via proximity services that reach key populations. Support activities for PWH include three residential houses, a listening service, a peer support group and actions to facilitate linkage and retention in care in collaboration with hospital. The aim is to guarantee the right to health ensuring access, particularly for the most vulnerable groups. Another significant action concerns the sexual health project aimed at high schools in Bergamo and its cohort, which also impacts public awareness and information.

Material and Methods: This work analyzes 2025 data sourced from the Cobatest database, ISTAT records, partner organizations' and #cHIVuoleconoscere project reports.

Results: In 2025 3,486 people were tested (Table 1).

39% are 18-25 (1.4% of young residents VS 0.24% of the over 25); 64% of these were reached at high schools and universities. Through #cHIVuoleconoscere project 2,813 students of 23 institutes were trained and test was offered in 7 of these.

35.5% are migrants (0.8% of foreign residents VS 0.20% of the Italian-origin population): 65% were met in Italian language schools and 14% in dedicated migrant reception contexts.

15% of the total identify as MSM: 58% were tested at the city check-point and 11% during events dedicated to the LGBTQI+ community.

16.7% are people with social vulnerabilities tested in reception or harm reduction services. Among those tested in harm reduction services (64% of the vulnerable group), 20% reported being homeless and 50% are DU.

Data shows 64 new positive tests (Table 2), all were linked to the hospital; 52 required accompaniment by the network for their care pathway. The incidence of reactive tests is significantly higher among key populations.

Additionally, 38 PWH (74% men, 26% foreign) were hosted in three residential houses; 2 PWH were supported with medication pickup and delivery; 9 people attended the peer support group and 8 were re-engaged in treatment (5 for

HIV and 1 for each of the other STIs). 100% of these requested support from the network for their care pathway (Figure 1).

Conclusions: The proximity model of the Bergamo FTC proves effective in reaching different target of populations, promoting sexual health, identifying undiagnosed cases through diversified and personalized screening opportunities and fostering linkage and retention in care for the most fragile populations. The strength of the project lies in the continuity of the care pathway and the quality of the network, which involves both organizations dedicated to HIV/STIs and those focused on specific KPs. The initiatives represent effective public health interventions and, therefore, require more substantial public financial support.

3486 individuals tested		Total	Check Point sessions	Outreach screening sessions	Screening opportunities at NPOs facilities
	Screening opportunities offered	465	59	68	338
	Effective testing sessions	248	59	68	121

Table 1 – BGFTC 2025: n. of individuals tested and screening opportunities offered

Bergamo FTC - 2025	HIV	HCV	Syphilis	HBV	Total
N. of individuals tested	3440	3433	3432	1534	3486 (11839 test used)
N. positivities (known + new)	23	51	33	40	147
Prevalence	0,66%	1,48%	0,96%	2,60%	4,21%
N. new positivities	6	4	16	38	64
Prevalence	0,17%	0,12%	0,46%	2,47%	1,83%
Known positives	17	47	17	2	83
Prevalence	0,49%	1,36%	0,50%	0,13%	2,38%

Table 2 – BGFTC 2025: n. of positivities and prevalence

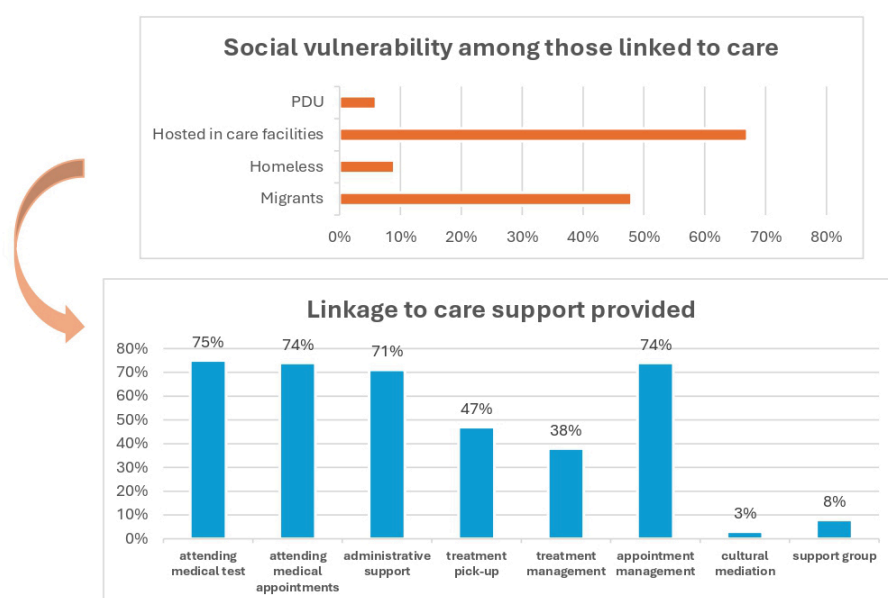


Figure 1 – Social vulnerability profiles and types of linkage-to-care support provided