



Reach Out



Co-funded by
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REACH OUT INTEGRATED COMMUNITY HEALTHCARE FOR HARD-TO-REACH POPULATIONS

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GOVERNMENT OF MALTA
OFFICE OF THE DEPUTY PRIME MINISTER
MINISTRY FOR HEALTH

Model overview

REACH-OUT is an EU-funded project implemented in Malta, Italy and Greece to improve access to healthcare among migrants and other underserved populations through community outreach.

The project offered general medical consultations and integrated sexually transmitted infection (STI) point-of-care tests (POCT) in community settings via mobile outreach pathways.



Target populations

REACH-OUT focused on migrants and other underserved populations facing barriers to timely testing and care.

TARGET GROUPS

01 LGBTQI+ community

Lesbian, gay, bisexual, transgender, queer and intersex people, inclusive of other sexual orientations

02 Men who have sex with men

MSM

03 People who inject drugs

04 People experiencing homelessness

05 Sex workers

06 People in custodial settings

07 People from high-incidence and/or high-prevalence settings



The testing team

A multidisciplinary model combines clinical decisions, accessible communication and trusted engagement.

CLINICAL DECISIONS

- 1 General practitioners
- 2 Specialist physicians
(Infectious Disease/GUM
specialists)
- 3 Sexual health nurses

ACCESS & CONTINUITY

- 1 Intercultural mediators
- 2 Social workers

TRUSTED ENGAGEMENT

- 1 Peer navigators
- 2 NGOs Volunteers

ONE TEAM MODEL

Clinical expertise + language access + trusted support



Partnership and collaboration in Malta

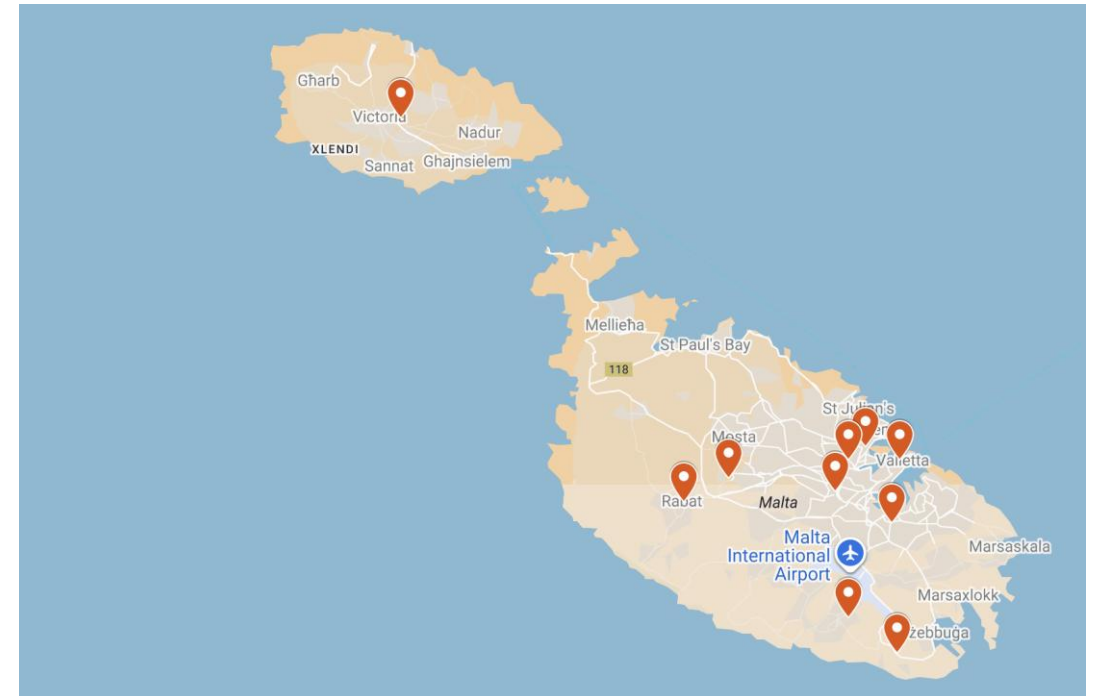
Public services and community organisations worked together across one outreach network.

PUBLIC SERVICES

- Genito-urinary Clinic (MHA)
- Sexual Health Malta (HPDPD)
- Correctional Facilities
- FSWS — Foundation for Social Welfare Services
- SMOPU — Substance Misuse Outpatient Unit
- AWAS — Agency for the Welfare of Asylum Seekers; migrant detention & reception centres

NON-GOVERNMENT PARTNERS

- Checkpoint NGO
- Maltese Medical Student Association (MMSA)
- Dar Hosea — sex worker support
- HIV Malta & Gozo NGO
- International Organization for Migration — Malta



PARTNER AND OUTREACH LOCATIONS ACROSS MALTA



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30 healthcare workers trained for outreach

STI FOUNDATION COURSE • MALTA • APRIL 2026

30 healthcare workers

TRAINING FOCUS

01 STI FOUNDATION COURSE

A shared grounding for community-based delivery.

02 POINT-OF-CARE TESTING

Using POCT within community outreach.



LEARNING IN PRACTICE





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STI Point of Care Testing

HIV, Syphilis, Hepatitis B, C point-of-care testing for community outreach activities. We first **validated the tests** at the MDH GU Clinic and Pathology Department. **External Quality Control** was performed monthly to assess test performance using positive and negative control serum..





Social media brought the mobile clinic closer to the community

Digital promotion and face-to-face engagement formed one community mobilisation pathway.

01 PROMOTE

Make the mobile clinic visible through community-focused social media.

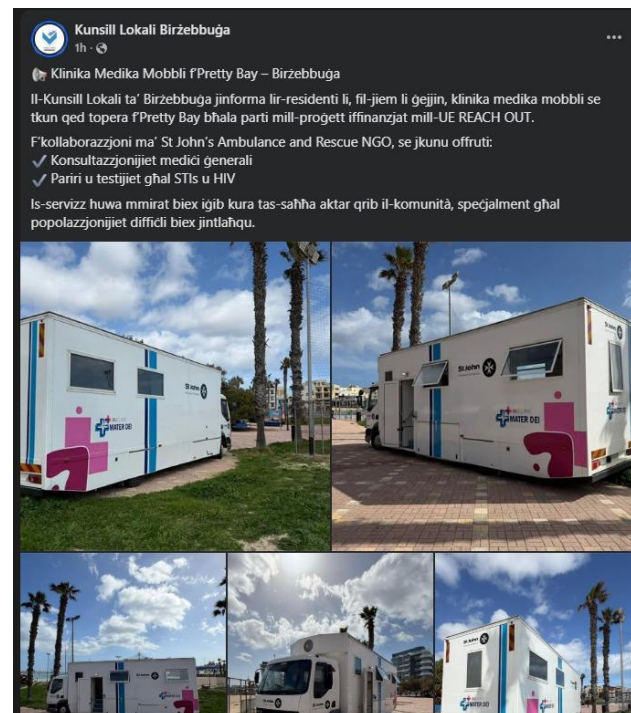
02 BRING SERVICES CLOSER

Place mobile services where communities can reach them.

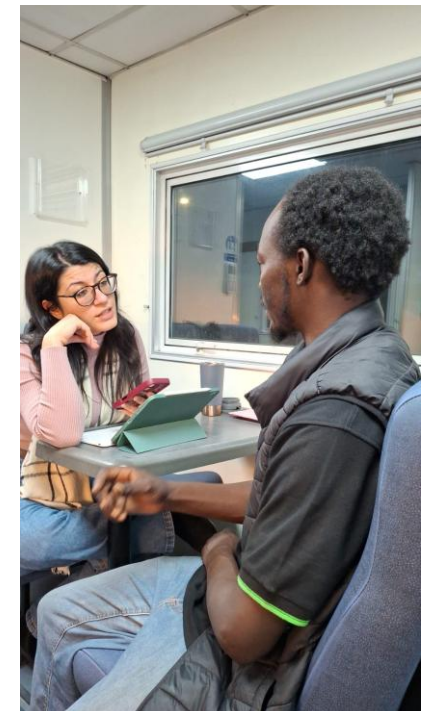
03 ENGAGE

Support direct, personal conversations during outreach.

DIGITAL PROMOTION



PERSONAL ENGAGEMENT



Challenges during implementation

01 • MODEL & CHALLENGE



CHALLENGES

The main barriers were administrative

What implementation changed

02 • LESSONS LEARNED DURING IMPLEMENTATION

Community-based, anonymous testing **reduced practical barriers and built trust**, improving access for underserved populations affected by stigma, discrimination or criminalisation.

Community-based PHC testing improved **immediate access** and supported more accessible, locally available sexual health pathways

Awareness-raising and culturally sensitive mediation were essential to improve STI knowledge and expand access to prevention services

SGBV awareness rising

03 • OUTREACH IN PRACTICE



TRUSTED, PERSONAL SUPPORT

A social worker counselling a young Eastern European mother about human trafficking and other forms of SGBV



Improving Access to HIV/BBV/STIs Testing for Migrants- final project outcomes

INDICATORS	ACHIEVED Jun-26	TARGET
I.3.1. Number of migrants and disadvantaged locals receiving a general medical consultation in community-based settings	738	2500
I.3.2. Percentage of migrants and disadvantaged people offered specialized STIs, HIV, hepatitis, gonorrhoea, syphilis testing according to sexual history and risky behaviours.	100%	70%
I.3.3. Number of patients being tested in the community settings under funded activities.	2016 (128%)	1575
I.3.4. Number of patients having received sessions of prevention, counselling, peer-support, harm-reduction or through-care services under funded activities.	4323 (103%)	4200
1.3.7. Percentage of migrants and disadvantaged locals testing positive to STIs/HIV/hepatitis oriented to sexual health services.	95%	95%

Long term impact

The greatest strength of Reach Out lies in our ability to work together—across disciplines, sectors, and communities—to create meaningful and lasting impact

04 • RECOMMENDATIONS & DISCUSSION

Retention in PHC of trained GPs

Integrated services delivered in community clinics

Case referral and linkage to care

The successful pathway of case referral identified during Reach Out is implemented in routine care

Outreach activities via mobile clinic and STI POCT as part of the Sexual Health Strategy 2026-30

Budget allocated

DISCUSSION

Which element would be hardest to transfer to your setting—and why?

