



# Key population belonging and HIV associated factors among 60 European community-led testing centres from COBATEST Network

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# INTRODUCTION OBJECTIVE METHODS RESULTS DISCUSSION CONCLUSIONS

- Community-led testing centres play a key role in the prevention of HIV acquisition and promotion of sexual health, reaching a high proportion of vulnerable key population

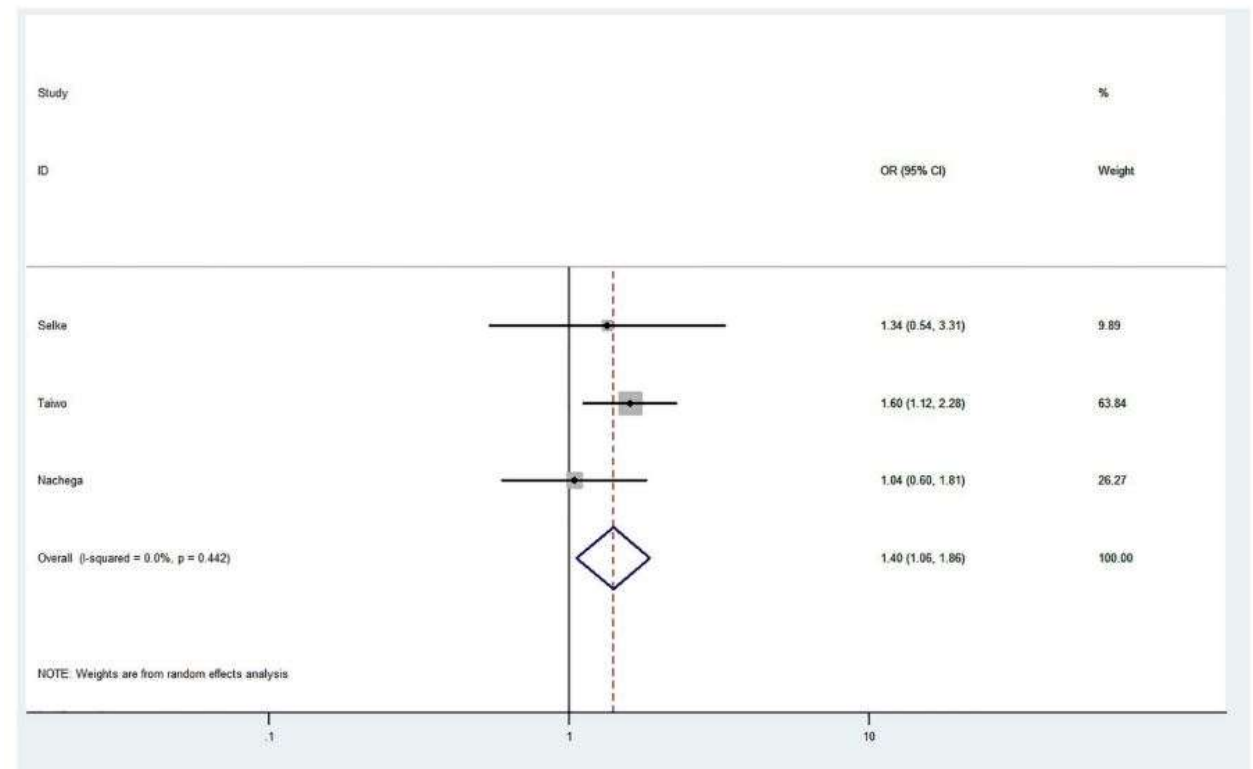


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- Community-led centres have also an impact on viral suppression for those diagnosed with an HIV infection.

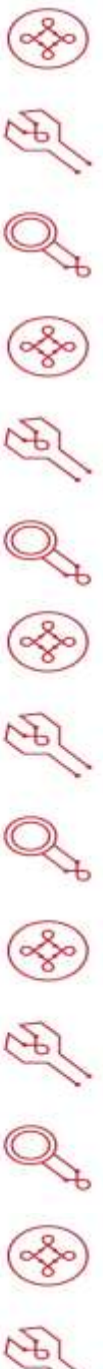


*Pooled estimate for the impact of community health workers/lay workers on viral suppression.*



Dave S, Peter T, Fogarty C, Karatzas N, Belinsky N, Pai NP. Which community-based HIV initiatives are effective in achieving UNAIDS 90-90-90 targets? A systematic review and meta-analysis of evidence (2007-2018). *PLoS One*. 2019;14(7)





## Objective

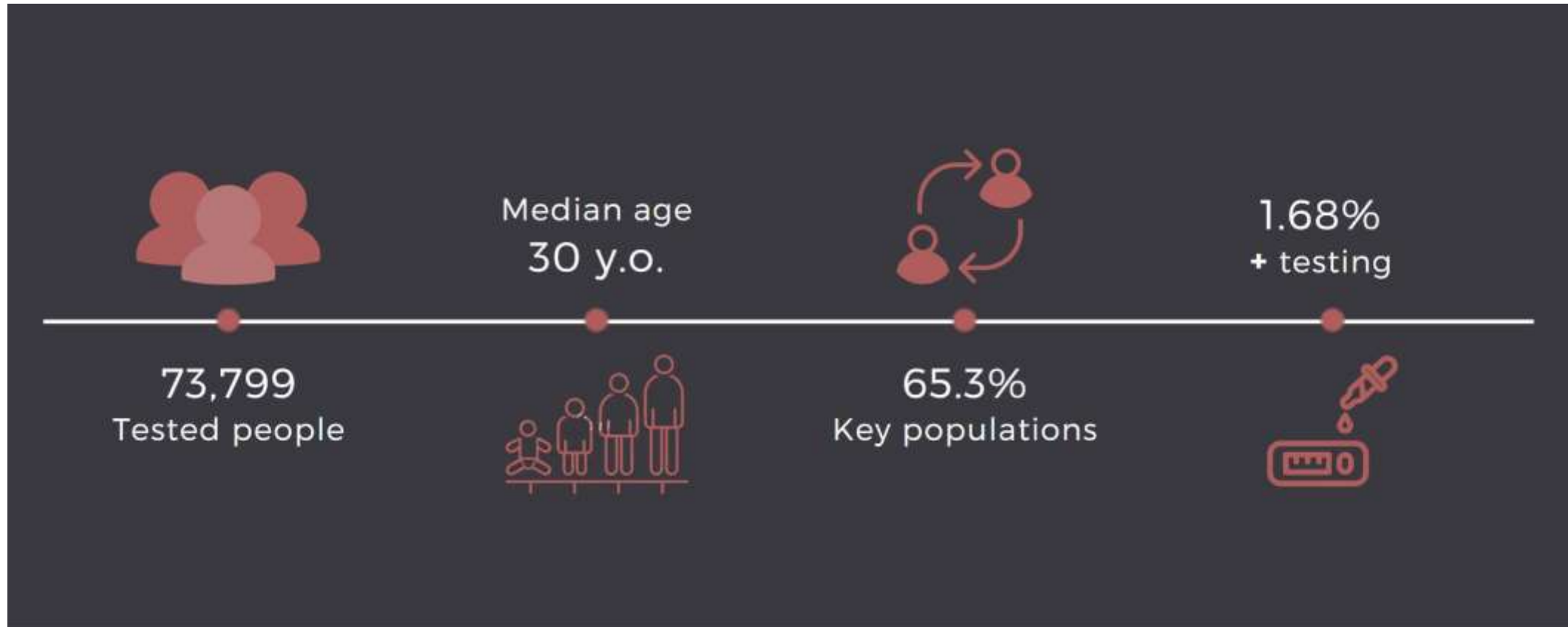
- To explore factors associated with obtaining a reactive HIV test result among individuals belonging to key populations who attend community-led testing services members of the COBATEST network.



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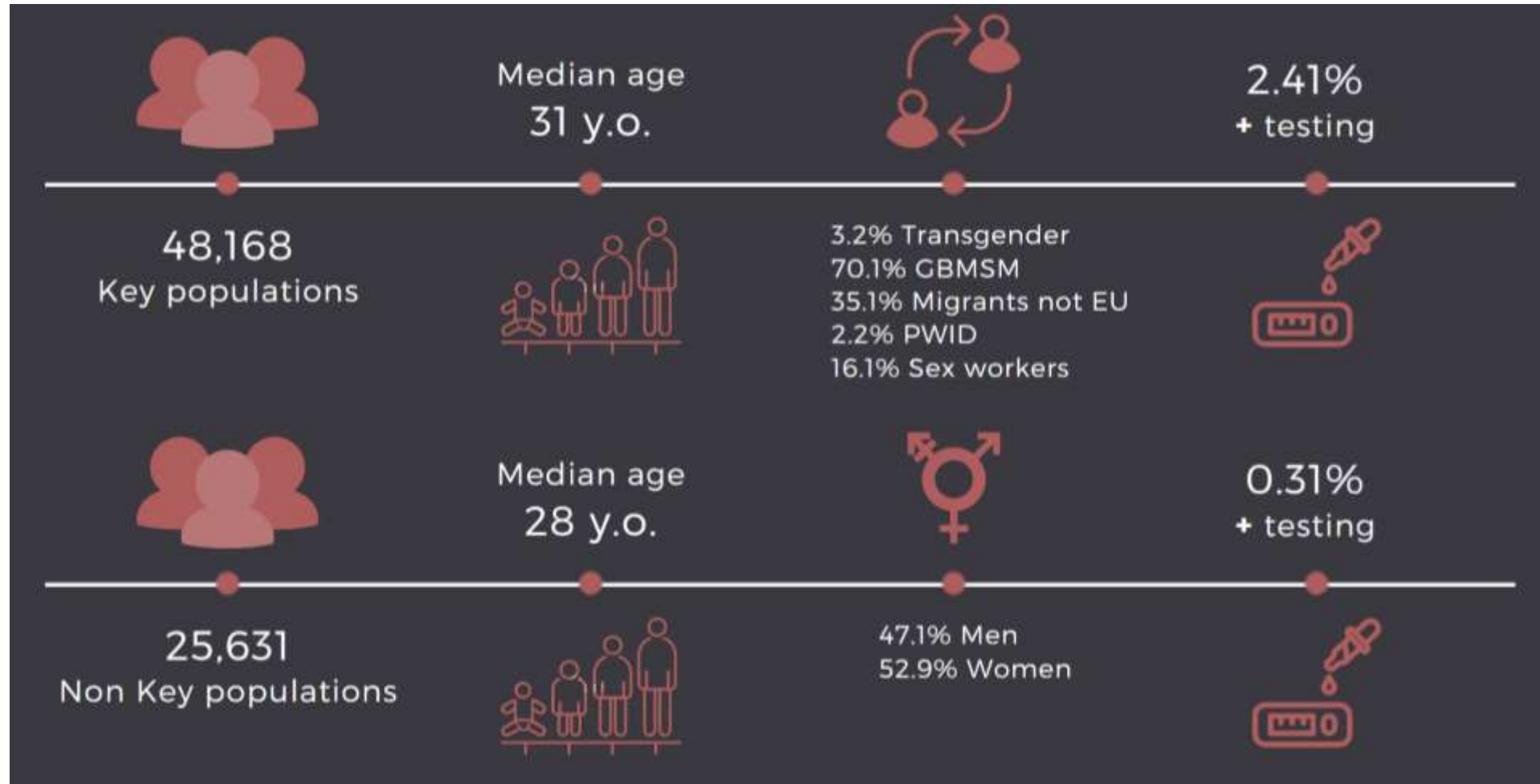
- Cross-sectional study
- 60 centres using the COBATEST online data collection tool
- Study period: 2013-2022
- Key populations:
  - Transgender
  - GBMSM
  - Migrant from outside the EU
  - PWID
  - SW
- Dependent variable:
  - HIV reactive testing (reactive test result in individuals with previous negative or unknown serostatus)
- Stratified analysis → Key populations / No key populations
- Univariate descriptive analysis: HIV reactive testing prevalence with a 95% CI
- Multivariate logistic regression (aOR) → Factors associated with HIV reactive testing

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**Table 1:** Factors associated to HIV reactive testing among COBATEST network centres. Stratified analysis according to belonging to key population

		Key population*			Non-key population		
		aOR	CI	p-value	aOR	CI	p-value
Age		0.99	(0.99 - 1.00)	0.049	1.03	(1.02 - 1.05)	0.000
Gender identity							
	Woman	1.00			1.00		
	Man	6.05	(4.44 - 8.24)	0.000	1.93	(1.17 - 3.19)	0.010
	Transgender	10.02	(7.07 - 14.20)	0.000			
Migrant status							
	From European Union	0.90	(0.63 - 1.28)	0.567	0.56	(0.20 - 1.53)	0.257
	Out of European Union	1.76	(1.52 - 2.04)	0.000			
Ever tested for HIV							
	No	1.00			1.00		
	Yes	1.11	(0.94 - 1.31)	0.228	1.01	(0.63 - 1.61)	0.981
Condom use during last sexual intercourse							
	No	1.36	(1.19 - 1.55)	0.000	1.20	(0.75 - 1.93)	0.453
	Yes	1.00			1.00		
STI during last 12 months							
	No	1.00			1.00		
	Yes	1.41	(1.17 - 1.71)	0.000	1.73	(0.74 - 4.02)	0.204
Received drugs, money or goods for sex in the last 12 months							
	No	1.00					
	Yes	1.56	(1.27 - 1.91)	0.000			

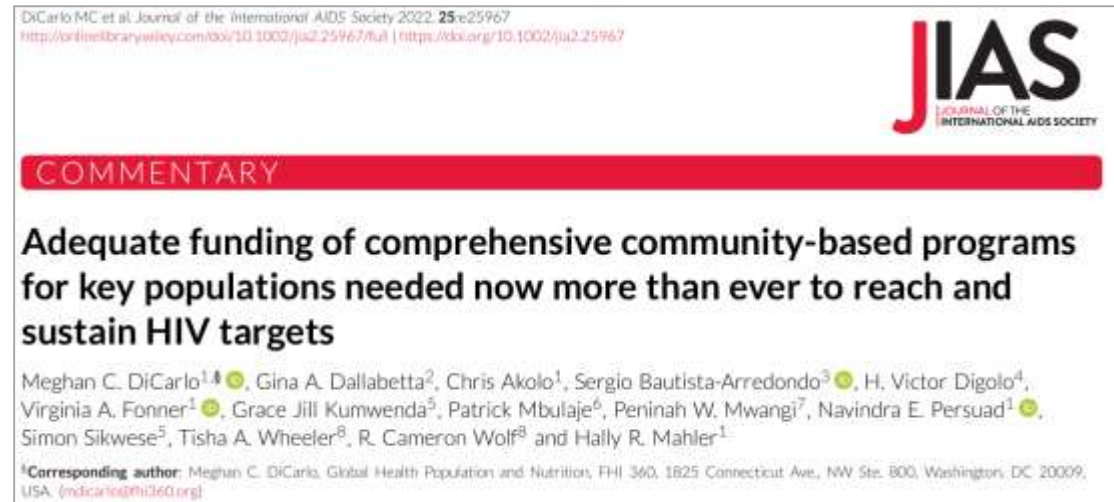
\* Key population: transgender person; gay, bisexual and other men who have sex with men (GBMSM); migrants from abroad de European Union (EU); people who inject drugs (PWID); people who do sexual work



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- Different distributions of associated factors based on whether individuals belong to key populations or not:
  - Key populations: younger age, being male or transgender, being a migrant from outside the EU, lower condom usage, recent history of STI, and engagement in sex work.
  - Non key populations: older age and male gender
- Key populations attending community-led centres have a higher prevalence of HIV.
- Additional policies and funding are necessary to address the inequities affecting key populations

- To address these inequalities and improve health outcomes, key population programs must:
  - expand the use of a trusted access platform
  - scale up differentiated service delivery models tailored to the needs of key populations
  - rollout structural interventions
  - ensure service integration



DiCarlo MC, Dallabetta GA, Akolo C, et al. Adequate funding of comprehensive community-based programs for key populations needed now more than ever to reach and sustain HIV targets. *J Int AIDS Soc.* 2022;2022:25967

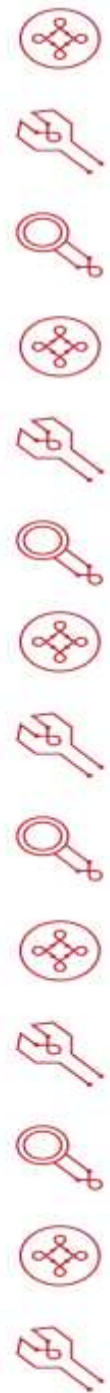
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Transgender people, GBMSM, migrants, PWID and sex workers attending community-led centres have a higher odds of testing positive.

Do to their distinct associated factors, key population requires more targeted policies and funding.

Community-led services play a crucial role in prevention strategies, allowing for adaptable strategies based on key population groups.





## Acknowledgements:



- CEEISCAT/Aids Action Europe
- All COBATEST network members
- All community-based centres working to improve early diagnosis of HIV