PO2/02

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Optimizing the National HIV Response: The Critical Role of Belgian CBOs in Testing Key Populations

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INTRODUCTION

- **Role of CBOs:** Belgian community-based organizations (CBOs) provide HIV testing services among key populations via conventional blood testing on-site and rapid testing during outreach, often delivered by trained lay workers and peers.
- **Data Gap:** Routine surveillance tracks only laboratory metrics, missing CBO outreach impact and user demographics; for context, regular healthcare performs ~745,000 annual tests with a 0.09% positivity rate.
- **Hypothesis:** CBO testing operates as a highly targeted, complementary screening mechanism, reaching underserved key populations and yielding higher HIV reactivity rates than regular healthcare settings

METHODS

- **Dataset:** Analysed 17129 anonymized HIV testing sessions across 11 Belgian CBOs who collected data in the context of the COBATEST-EU project (2019–2023).
- **Trend & Subgroup Analysis:** Tracked testing volumes and initial reactivity rates over time, and disaggregated results by gender, age, and key population status.
- **Test Modalities:** Differentiated between conventional blood tests and rapid tests, extracting reported laboratory confirmation results from the dataset.
- **Diagnosis Differentiation**: Sought to distinguish newly identified cases from existing/prior diagnoses within the dataset.

STUDY AIM

Combine and analyse data from 11 Belgian CBOs (2019–2023) to evaluate testing trends, user demographic profiles, and diagnostic outcomes.

RESULTS

High-Volume Reach in Key Populations:

- Analysed 17,129 testing sessions across 11 CBOs (2019–2023).
- Effectively reaching priority groups: migrants (47%), sex workers (41%), and MSM (38%). However, these figures may be underestimated due to missing key population data.

	Reactive tests among all initial tests	Proportion of initial reactive tests
ALL	**194/17 129**	**1,1%**
GENDER		
Male	129/9224	1,4%
Female	20/7001	0,3%
Transgender	28/692	4,1%
Missing	17/212	8,0%
AGE		
<18	0/78	0,0%
18-24	29/3308	0,9%
25-34	75/6003	1,3%
35-44	44/3876	1,1%
45-54	26/2187	1,2%
55+	16/1120	1,4%
Missing/Unknown	4/557	0,7%
KEY POPULATION		
MSM	105/6551	1,6%
Migrant	113/8073	1,4%
Sex worker	90/6967	1,3%
PWID	2/404	0,5%

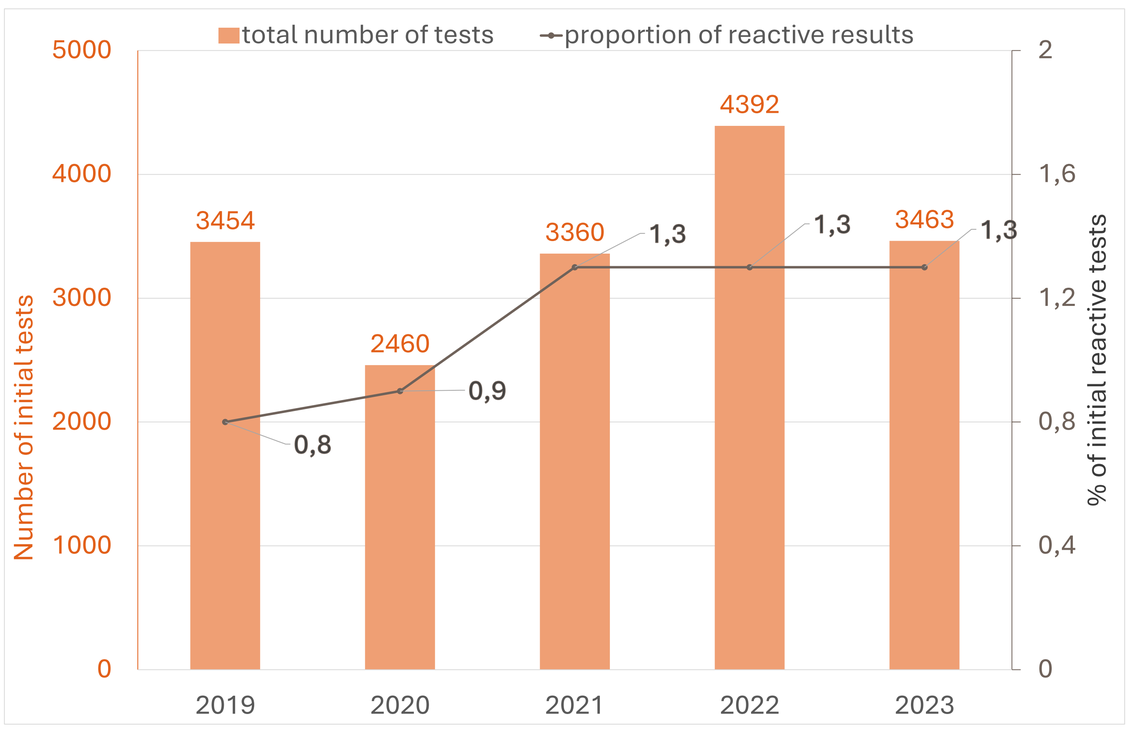
Disproportionate Burden Across Subgroups:

- Highest reactivity among transgenders (4.1%), MSM (1.6%), and migrants (1.4%).
- Intersectional vulnerability among sex workers: While female sex workers showed low reactivity overall (0.2%), male and trans sex workers with a migration background exhibited the highest burden at 5.9% (vs. 0.8% in non-migrants).

	Female sex worker		Male and trans sex worker	
	Reactive tests among all initial tests	Proportion of initial reactive tests	Reactive tests among all initial tests	Proportion of initial reactive tests
Migrant	11/4114	0,3%	59/1008	5,9%
Non-migrant	0/978	0,0%	2/260	0,8%
Missing	0/359	0,0%	3/142	2,1%
TOTAL	11/5451	0,2%	64/1410	4,5%

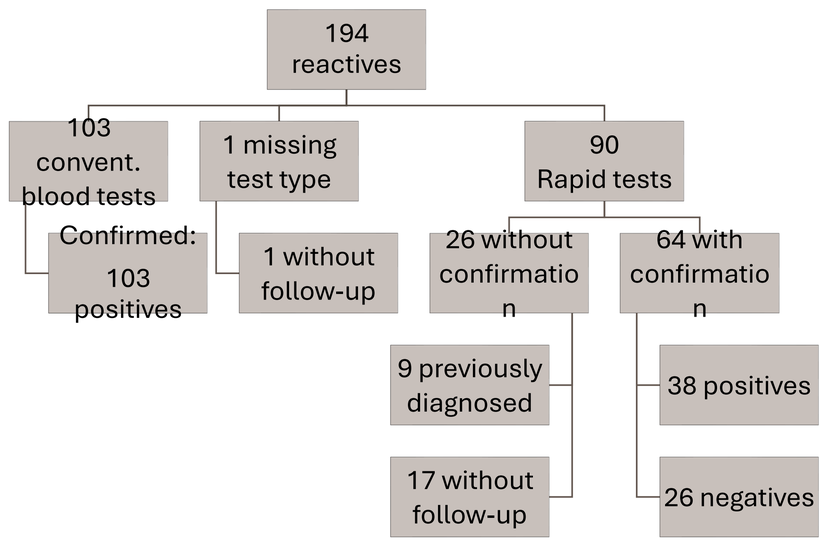
Overall Positivity Trends:

- On average, 3426 testing sessions were registered annually.
- Overall, 194 initial reactive results were detected (1.1% overall reactivity).
- Annual reactivity increased from <1.0% (2019–2020) until 1.3% (2021 onwards).



Diagnostic Outcomes & Follow-up (N = 194 reactive):

- 150 positive HIV diagnoses: 103 via direct conventional blood tests, 38 via confirmed rapid tests, and 9 previously diagnosed individuals.
- 26 false-reactive rapid tests confirmed negative.
- 18 unconfirmed/lost to follow-up (17 rapid tests, 1 missing test type).



CONCLUSIONS

- **Essential Contribution to National Surveillance:** CBO-led community testing is highly targeted and effective, reaching key populations with higher positivity rates.
- **Highlighting Intersectional Risk:** Granular CBO data reveals critical health disparities.
- **Data gaps:** Missing information regarding key population status, confirmatory

Actionable Next Steps:

- Standardize and digitize CBO data collection to expand data collection and reporting to other STIs and to fully integrate community metrics into national surveillance.
- Scale low-threshold access to combination prevention (e.g., community-based PrEP access) for high-reactivity subgroups.

REFERENCES https://www.sciensano.be/en/topics/acquired-immune-deficiency-syndrome
https://cobatest.org/en/annual-reports/