Proposal to carry out a Behavioural Survey for HIV/AIDS and associated infections and a survey and tailored training for community based health workers to facilitate access and improve the quality of prevention, diagnosis of HIV/AIDS, STI and viral hepatitis and health care services for men who have sex with men

Chafea/2015/Health/38 Tender Consortium: RKI, LSHTM, CEEISCAT, UoB, EATG, AAE, THT, DAH, RiH
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Content

Behavioural Survey for HIV/AIDS and associated infections and a survey and tailored training for community based health workers to facilitate access and improve the quality of prevention, diagnosis of HIV/AIDS, STI and viral hepatitis and health care services for men who have sex with men

Gay and bisexual men and other men who have sex with men (MSM) have been the group most affected by HIV infections acquired within the geographical region of the European Union throughout the history of the HIV epidemic in Europe. This is due to a variety of factors including but not limited to: the complex interactions between sexual behaviour; sexually transmitted infections (STI); an increased biological vulnerability for HIV infections; social stigma associated with homosexuality; syndemics of mental health problems and drug use among MSM; structural, psychological and provider-associated barriers experienced by MSM when accessing sexual health services; a lack of data and research on MSM in many countries; a lack of funding for MSM targeted HIV and STI prevention and community based HIV testing; advances in communication technologies and their impact on partner seeking and sexual behaviour; and high internal and cross-border mobility.

Subsequently, the gay community in Europe has responded to the HIV epidemic with unprecedented community mobilisation including the creation of a wide variety of local, national and international initiatives and organisations engaging in HIV prevention, counselling and social support, advocacy, community-based research, and information and education of the community.

The CHAFEA Health 2015/38 tender provides an important opportunity to strengthen this community response und raise awareness about the persisting legal, structural, political and social barriers hindering a more effective response to the syndemics of HIV, hepatitis viruses B and C, and other STI among MSM.

The CHAFEA Health 2015/38 tender combines three projects in one tender:

1) A European online survey among MSM, similar to the European MSM Internet Survey (EMIS-2010) which was online in 2010;
2) An online survey about knowledge, attitudes, practices and training needs of community health workers (CHW) who provide counselling, testing, and psychosocial care and support for MSM in EU countries - a survey which in this form has never been conducted before;
3) Development and pilot testing of a training programme for MSM-focused community health workers intended to be adaptable for all EU countries.

The overall aim of the **MSM survey** (Objective 1) is to generate data useful for the planning of HIV and STI prevention and care programmes for MSM and the monitoring of national progress in this area (by comparing with the results of previous surveys), by describing the level and distribution of HIV transmission risk and precautionary behaviours, related HIV prevention needs, and by assessing self-reported STI testing behaviours, testing-performance, and various STI diagnoses, including viral hepatitis. At a national level, the survey will generate data for understanding the needs of populations and directing prevention programmes. At the international level, patterns of policy, service and cultural responses can be examined for their impact on epidemic spread and containment, providing knowledge beyond the grasp of any one state. The survey is preceded, accompanied, and informed by a review of what is known about the prevalence and incidence of HIV and STIs including viral hepatitis (B/C), what is known about the risk and precautionary behaviours of gay men, bisexual men and other MSM with regard to HIV and other STIs, and a policy and practice

mapping exercise considering the likely barriers (legal, structural, provider and individual) for the effective implementation of prevention, diagnosis and treatment interventions targeting MSM.

The overall aim of the **CHW survey** (Objective 2) is to assess the knowledge, attitudes and practices of community based health workers providing health services for MSM. This survey is preceded and informed by a review of knowledge, attitudes, and practices of CHW and of existing training programmes. This survey will provide the baseline for the evaluation and further improvement of training programmes and materials for training of CHW working with MSM and for quality improvement of the services provided for MSM (Objective 3).

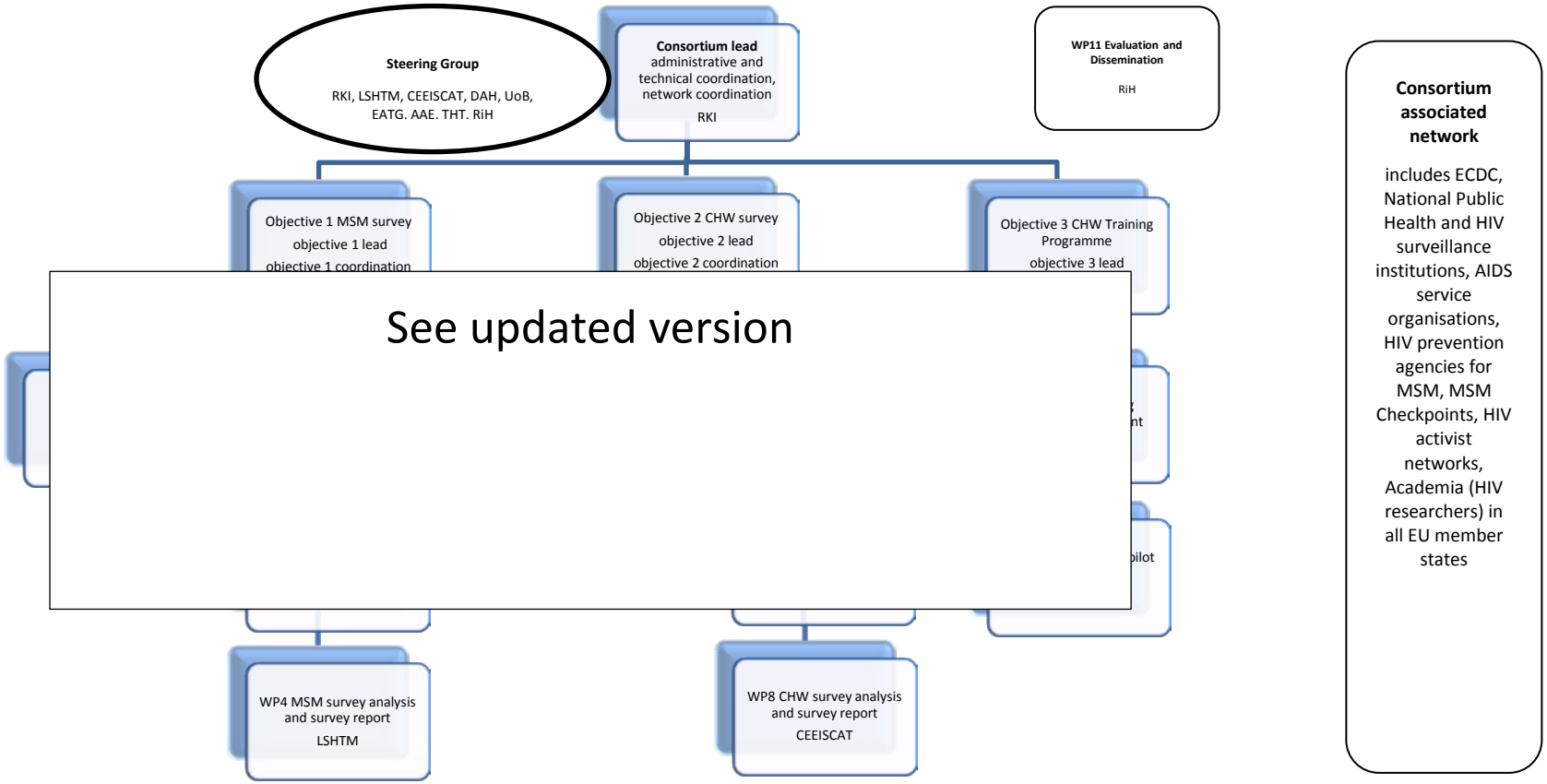
The **CHW training package**(Objective 3) will contribute to improve access and quality of prevention, tailored strategies for counselling, early diagnosis of HIV/AIDs, STI and viral hepatitis, including periodical testing and responsive health services for MSM and people living with HIV/AIDS in the European Union.

Although combining these three projects in one tender creates useful opportunities for synergies between several work packages (particularly regarding the two surveys), it also means a large amount of coordination across the work packages is required as well as extensive communication with national partners and focal points in all EU member states.

The overall structure of the consortium reflects the complexity of the task: The work is divided in three objectives, each of which is led by an organisation with extensive experience and high competence in the respective areas. Work towards the three objectives is further structured into defined work packages, four mirroring each other for Objectives 1 and 2, and two for Objective 3. One additional work package delivers the overall evaluation of the tender. The overall administrative and technical coordination is assigned to a consortium lead, which has a history of successful cooperation with all three objective leads. The consortium lead is the single contact point for the EC and responsible for ensuring synergies, keeping timetables on track, and coordinating the communication and consultations with a broad consortium-associated network comprising: Public Health and Infectious Disease Surveillance institutions; HIV/AIDS service organisations; MSM Checkpoints; HIV/STI prevention agencies working with MSM; and academic organisations from all EU member states and several neighbouring countries. Communication and consultations with this network is essential for collecting information from the Member States, for receiving input on the range and content of questions included in the surveys, for pretesting of questionnaires, for competent and target audience-adapted translations, for survey promotion, and for input on data analysis and interpretation.

The overall consortium structure including the lead organisations for the eleven Work Packages defined in the tender specifications is shown in Figure 1.

Figure 1: Consortium structure



Objective 1: Review and assessment of sexual health of MSM, epidemiological and behavioural situation including new lifestyle factors, policy environment including legal and structural barriers and review of evidence for conducting a second generation behavioural survey

Objective 1 co-ordination

Start: M01
End: M30

Tasks

The four Work Packages (WP 1-4) that constitute Objective 1 will be coordinated by Sigma Research at the London School of Hygiene and Tropical Medicine (LSHTM) in association with the Robert Koch Institute (RKI) in Berlin. Between them these two organisations will deliver all Work Packages associated with Objective 1:

- WP1 - Robert Koch Institute - Review of the sexual health, HIV/AIDS, STI, viral hepatitis (B/C) epidemiological, and policy situation in the EU and neighbouring countries, amongst men who have sex with men (MSM)
- WP2 - led by Sigma Research – Men who have sex with Men (MSM) online survey design
- WP3 - led by Sigma Research - Promotion and execution of survey
- WP4 - led by Sigma Research - Analysis and Survey report

In order to ensure Work Packages included in Objective 1 are delivered to time and at the highest quality we will convene a "Coordination Team" including all key staff associated with our consortium from RKI (Marcus, administrator, plus research fellow to be appointed) and Sigma Research (Weatherburn, Schmidt, Hickson, Reid, Hammond). Both these organisations and all the key staff were involved in EMIS (2009-2011) and have worked together ever since on the production of academic outputs associated with EMIS.

The Objective 1 co-ordinating team will meet monthly (via Skype) and face-to-face at least twice per year, especially or as part of wider consortium meetings. Key staff from Objectives 2 and 3 will be included in these meetings when it is helpful for the overall goals of our consortium.

- Objective 1 co-leads: Peter Weatherburn (Sigma Research) and Ulrich Marcus (RKI).

  Objective 1 Project Manager: Axel J. Schmidt (Sigma Research)

  - WP 1 lead: Ulrich Marcus (RKI).
  - WP 1 Administrative co-ordinator: n.n. (RKI)
  - WP 2 lead: Peter Weatherburn (Sigma Research)
  - WP 3 lead: Peter Weatherburn (Sigma Research)
  - WP 4 lead: Peter Weatherburn (Sigma Research)
  - WP 2-4 Administrative co-ordinator: Gary Hammond (Sigma Research)

Methods

Objective 1 coordinating team will ensure that that the Objective 1 work plans are implemented as planned, and that appropriate action is taken in event of unforeseen problems or delays in any of Work Packages 1-4. The monthly Objective 1 coordinating meetings will provide a forum for discussion and decision making and a means to ensure timely delivery of high quality objective 1 outputs. As much as possible, the Objective 1 Coordination Team will meet via Skype and teleconference to minimize travel time and costs.

The Objective 1 Project Manager (Schmidt based at Sigma Research) has formerly worked at Robert Koch Institute and has an excellent working relationship with key parties at RKI. He will take charge of all operational aspects of Objective 1 and will be co-supervised by the two Objective 1 co-leads. Project manager specific tasks:

- To manage the Objective 1 work plan for Work Packages 2, 3 and 4 and manage the day-to-day delivery of WP2 and WP3 and WP4 and associated targets and deliverables.
- To prepare interim and other reports and deliverables for Work Packages 2, 3 and 4 and assist with the delivery of Work Package 1, as required.
- To identify risks and problems across Objective 1 and resolve them as appropriate.
- To manage communication across Objective 1 and between Objective 1 and Objectives 2 and 3.

Work plan (including milestones)

M1 Kick off planning meeting for Objective 1 (WP1 to WP4) including all core staff and other key WP leaders from Objectives 2 and 3.

M1 Formulating the search terms for the literature search on topics 1 and 2 and starting the literature search for the MSM review. Developing a structure for data extraction from the Dublin monitoring reports (1 month).
Start to contact and arrange interviews with national stakeholders from the network. Data collection and verification extends into the following month.

M2-4 Literature review and data extraction (2-3 months) for the MSM review. Review of the interviews with national stakeholders and data extraction from Dublin monitoring reports.

M2 Co-ordinate the application for ethical approval for all Objective 1 (WP2-4) to the LSHTM Ethical Review Board.

M3 Undertake consortium-wide peer review of conceptual map of proposed core themes for a European MSM questionnaire (WP2).

M5-6 Verification of country data for MSM review by consultation of country representatives in the different consortium associated networks.

M5-6 Manage first online pre-test of MSM survey with members of the target population in the UK and subsequent first wider consultation exercise across our consortium / network.

M6 Objective 1 and 2 face-to-face meeting to discuss data collection strategies and synergies between WP2 and WP6; WP3 and WP7; and WP4 and WP8.

M6 Compilation and submission of a MSM Review report (D1).

M6-9 Development work and consensus building across our consortium on both the Promotion Plan and MSM recruitment strategy (D3.1) and proposed Survey protocol and hosting strategy (D3.2).

M8 Proposal for a consensus European questionnaire (D2.1) submitted for comments to the contracting authority.
M9 Second online pre-test of MSM questionnaire to allow reliability and validity checks.
M10 Delivery to the Contracting Authority of a DRAFT Promotion Plan and MSM recruitment strategy that will describe the means by which we will seek to ensure maximum visibility for the survey across Europe (D3.1) and a DRAFT Survey protocol and hosting strategy (D3.2).
M10-11 Iterative improvement and sign-off of Promotion Plan and MSM recruitment strategy (D3.1) and the Survey protocol and hosting strategy (D3.2) based on feedback from the Contracting Authority.
M11 Questionnaire amendments based on feedback from the contracting authority and outcomes of second round of pre-testing.
M11 First interim consortium meeting.
M12 Submission of European MSM Consensus questionnaire for sign-off by contracting authority (D2.2).
M13 Coordinated online translation of MSM Consensus questionnaire into all survey languages.
M14 All MSM survey translations complete, cross-checked and verified (for survey launch in M15).
M15-17 MSM Survey is live for 3 months including daily monitoring of survey recruitment (and weekly reports) to inform continuing promotional strategies and ensure value for money from paid recruitment sites.
M18 Deliver a Plan for data analysis, including a manual with descriptions of parameters and coding values (D4.1).
M20 Develop, organise and run a 2 day workshop (with up to 40 participants) on the outline MSM and CHW online survey findings and planned data analysis and report (D4.2/D8.2).
M20+x Develop and deliver a Draft European MSM survey report (D4.3) for peer review.
M24+x Develop and deliver a MSM survey Peer review report (D4.4) not less than 6 weeks after all peer reviews have been received.
M26 Peer review meeting with Contracting Authority and its nominated representatives and reviewers.
M30 Develop and deliver a Final European MSM survey report (D4.5).

Deliverables

D1 Sexual health, HIV/AIDS, STI, viral hepatitis (B/C) situation among men who have sex with men review report, including the mapping of existing policies and barriers for the effective implementation of prevention, diagnosis and health services for MSM (M6)
D2.1 Proposal for European MSM consensus questionnaire (M8)
D2.2 European MSM Consensus questionnaire (M12)
D3.1 Promotion Plan and MSM recruitment strategy (M11)
D3.2 Survey protocol and hosting strategy (M11)
D4.1 Plan for data analysis, including a manual with descriptions of parameters and coding values (M18)
D4.2 Organisation of workshop on the MSM online survey findings and planned report (M20)
D4.3 Draft European MSM survey report (M20+x)
D4.4 MSM survey Peer review report (M24+x)
D4.5 Final European MSM survey report (M30)

WP 1 -Review of the sexual health, HIV/AIDS, STI, viral hepatitis (B/C) epidemiological, and policy situation in the EU and neighbouring countries, amongst men who have sex with men (MSM)

Start: M1
End: M06

Tasks

Work towards Objective 1 will commence with a review of written evidence on the sexual health, HIV/AIDS, STI, viral hepatitis (B/C) epidemiological, and policy situation in the EU and neighbouring countries, among gay men, bisexual men and other men who have sex with men (MSM).

The review will have **three main components**, and special attention will be given to available outputs from other European MSM projects, such as EMIS-2010, SIALON 1 and 2, and COBATEST:

1. An **epidemiological review** focussed on what is known about the prevalence and incidence of HIV and other sexually transmitted infections (STIs) including viral hepatitis (B/C) and an assessment of any evidence for overlapping risk between MSM and other key populations (such as migrants, homeless, young people, prisoners, sex workers and injecting drug users).

2. A **socio-behavioural review** to summarise what is known about the risk and precautionary behaviours of gay men, bisexual men and other MSM with regard to HIV and other STIs, paying particular attention to new or emerging risk behaviours (such as new psychoactive substances) and use of new technologies to facilitate sexual contact. This data will be described alongside an assessment of what is known about the needs of MSM with a specific focus on sub-groups of MSM (such as young MSM and migrant MSM, for example).

3. A **policy and practice mapping exercise** to assess the likely barriers, challenges and gaps in prevention and diagnostic sexual health services, including counselling and testing for HIV/STI in EU Member States and neighbouring countries. The policy mapping will also consider the likely barriers (legal, structural, provider and individual) for the effective implementation of prevention, diagnosis and treatment interventions targeting MSM.

Methods

Since there are no clearly defined research questions we will use a “scoping review” approach to collect respective information on the three topics. For topics 1 and 2 we will focus on published literature from European countries, including data collected and published by ECDC and WHO and data generated by EU-funded projects such as EMIS-2010, SIALON I & II, and COBATEST. Besides literature search in online databases we will ask the consortium associated network for relevant original publications from their countries, either in English or in national languages. However, we will not have the means for full translation of non-English publications.

To save time and money and to provide a picture of the current status and challenges we will concentrate on publications and studies since 2010 dealing with the situation in EU countries.

The review will focus among others on evidence for behaviour change (including, but not limited to increase of HIV testing and serostatus awareness, and seroadaptive prevention tactics; increase or reduction of condom use with different types of partners; STI testing behaviour, STI testing performance; the use of online and smartphone communication to find new partners. We expect to find evidence for an increasing burden of bacterial sexually transmitted infections, particularly of Syphilis, among MSM in Europe. There are also emerging epidemics of *Lymphogranuloma venereum* (LGV) and Hepatitis C virus infections, concentrated among MSM infected with HIV, and often associated with other sexually transmitted infections (STIs) and the use of drugs in sexual contexts. However, it will be difficult to disentangle increasing infection incidence for infections with *Neisseria gonorrhoeae* and *Chlamydia trachomatis* from increasing screening of extragenital infection sites and increasing diagnosis of previously undiagnosed asymptomatic infections, and a higher burden of STI among MSM diagnosed with HIV may partly be explained by better access to laboratory diagnosis of STI in the context of ongoing HIV care, and HIV-related behaviours such as HIV serosorting (leading to semi-exclusive or exclusive HIV-positive sexual networks). As in EMIS-2010, we expect to receive data from a substantial proportion of HIV-diagnosed MSM, so that this sub-group can be studied in great detail.

By choosing social media and particularly mobile geo-dating apps for recruitment, we expect to over-sample younger MSM and among those the most sexually active. As in EMIS-2010, the use of multiple languages will yield optimal inclusion of migrant MSM. While special needs of young and migrant MSM can be addressed by sub-group analysis, it may be impossible to address special needs of MSM in prisons based on data, since no specific studies on this population have been conducted in Europe. In the very few existing studies on prison populations, even if questions on sexual behaviour were included, there may be too few self-identified MSM to draw any conclusions about prevention needs of this sexual minority in this specific setting. Also, since the online survey that will be conducted will not be accessible to imprisoned MSM, we feel that addressing prevention needs of MSM in prison would need a different study design specific for this very difficult-to-reach population.

We do not expect to find many publications addressing barriers (legal, structural, provider and individual) for the effective implementation of prevention, diagnosis and treatment interventions targeting MSM in EU member states. There is likely to be very few if any of this information available through published literature in journals. However, some of this information is available through data collection for Dublin declaration monitoring at ECDC. We have approached ECDC asking whether this information could be made available for this review and received the answer “Any data ECDC has in these areas will be shared with whoever is awarded the contract with Chafea”. ECDC is actually collecting additional, not yet available information in the 2016 round of Dublin reporting, which ends 31 March 2016.

Hence for sub-review 3 we propose to systematically extract information from Dublin monitoring reports and to amend and verify these data by conducting telephone/ skype interviews with the national HIV focal points of ECDC and other knowledgeable national stakeholders which we engage in our consortium. The mapping should include:

- Guidelines and practices for provision of antiretroviral treatment (including data on national HIV treatment cascades if available);

- Provision of HIV and STI testing services for MSM, number, range and accessibility of testing sites, community involvement in testing services and test promotion;
- Counselling and support services for MSM;
- Availability of specialised services for STI care or for MSM; need for active disclosure of sexual orientation;
- Legal, structural, and provider-associated barriers for community-based HIV testing, including HIV self-sampling and HIV self-testing;
- Guidelines and clinical practices regarding STI testing and screening for MSM;
- Targeting and tailoring of services for MSM;
- Availability and reimbursement of diagnostic procedures (HIV, STI, viral hepatitis) for MSM;
- Hepatitis B vaccination recommendations and practices;
- Guidelines and practices for Hepatitis C treatment with directly acting antivirals (DAA), access to DAA for MSM infected with HCV;
- Guidelines, practices, and barriers for provision of HIV Post-exposure prophylaxis (PEP) after sexual exposures among MSM;
- Existing or potential mechanisms for provision of affordable, subsidised or reimbursed oral chemoprophylaxis for HIV prevention among MSM (PrEP).

Work plan including Milestones

M1 Work will start with identifying and recruiting a researcher who will be responsible for the literature searches, and designing an interview guide for the collection of data for review 3 (1 month).

M1 Formulating the search terms for the literature search on topics 1 and 2 and starting the literature search. Developing a matrix for data extraction from the Dublin monitoring reports (1 month).

M2 Starting to contact and arrange interviews with national stakeholders from the network. Data collection and verification will continue over the following month.

M2-4 Literature review and data extraction (2-3 months). Review of the interviews with national stakeholders and data extraction from Dublin monitoring reports.

M5-6 Verification of country data by consultation of country representatives in the different consortium associated networks.

M5-6 Compilation and internal review of a report (2 months).

Project management

Ulrich Marcus will oversee and lead WP1, a research fellow will be hired to conduct literature searches, extract data, and follow-up on the interviews. Both will review and rate the literature and review the interviews with national stakeholders. The research fellow will also work as assistant for the tender and network coordination. Because the tender budget does not allow hiring a full-time project assistant, combining the tasks of literature review and tender/network coordination opens the opportunity for a longer-term contract and thus improves the probability to find and hire appropriate staff. Project management will include (*inter alia*): managing the work-plan; monitoring the time schedule; managing risks and finding solutions; communication with other work package partners, particularly with WP2, WP6 and WP5.

Risk assessment

Risk: Major risk is a lack of cooperation and response from national stakeholders regarding legal, structural and provider-related barriers.
Solution: Our consortium will be composed by different sub-networks, including national HIV focal points of ECDC, EATG members, national AIDS service organisations, the EMIS-2010 network, the COBATEST network, and the Quality Action network. We hope that by addressing different stakeholders we will be able to compensate for a possible lack of cooperation from some of the potential stakeholders.

Risk: Possibility of time delays regarding the interviews.
Solution: We will work with consortium partners and a wide range of existing HIV and MSM focused networks to identify key stakeholders in each country and encourage their timely participation.

Process, output and outcome indicators

Process: number of publications screened, number of publications from which data were extracted. Number of countries with interview partners. Overall number of responses received.
Output: Number of countries contributing information for the review, either by publications or by participating in interviews
Outcome: Number of (new) questions informed by review results.

The review report will be in English. It will be delivered in a hard copy version and an electronic version, as well as a PowerPoint presentation summarising the report and its conclusions.

Deliverables

DI Sexual health, HIV/AIDS, STIs, viral hepatitis (B/C) situation among men who have sex with men review report, including the mapping of existing policies and barriers for the effective implementation of prevention, diagnosis and health services for MSM

Deliverable 1 will be completed and submitted at the end of month 6. Work Packages 2 and 3 will occur simultaneously with Work Package 1 so as to ensure that deadlines are met. Close cooperation between WPs 1 and 2 and 6 will be necessary to inform each other as they proceed.

Work Package 2 - MSM online survey design

Start: M1
End: M14

Tasks

The overarching task of WP2 is to develop a questionnaire that will assess the knowledge, attitudes and practices of gay men, bisexual men and other men that have sex with men (MSM) across the European Union. As in EMIS-2010, the MSM questionnaire will cover all six core indicators (#1-6) and nine of ten population-specific indicators for MSM (#7-15) suggested by the European Centre for Disease Prevention and Control (ECDC). To balance questions on behavioural surveillance with items needed for prevention planning, including needs for policy and structural interventions, it will also include questions on the distributions of unmet (prevention) needs of MSM and the population coverage of prevention interventions.

To achieve this, a number of key tasks will be performed including (but not limited to):

- A **scoping exercise** examining all existing European surveys and questionnaires used since 2009 to address behavioural surveillance among MSM, including all questionnaires addressing HIV and other STIs and/or addressing risk and precautionary behaviours and health needs
- Development of a proposal for a **European MSM Consensus questionnaire (D2.1)** building on prior tested questionnaires.
- **Consultation across the partnership** regarding core themes to be covered, questions, feasibility and acceptability.
- **Two rounds of pre-testing** of the online survey (using demographix.com) in English including observed completion and cognitive debriefing interviews;
- Creation of a **final version** of the European MSM Consensus questionnaire for approval by the Contracting Authority;
- Coordinated (with WP6) **online translation** via demographix.com into 24 languages spoken in the EEA.

Methods

WP2 will begin with a **scoping exercise** of existing European surveys and questionnaires addressing behavioural surveillance among MSM, including all questionnaires addressing HIV and other STIs and/or addressing risk and precautionary behaviours and health needs. Our search will seek to collect and collate all European MSM surveys published since 2009. In addition to formal searches we will utilise the tender Consortium and its extensive networks (e.g. EMIS-2010, SIALON, EVERYWHERE, COBATEST) to gather questionnaires in all EU languages at national and European level. A **conceptual map of proposed core themes** for a European MSM questionnaire will be created and reviewed by the Consortium partners prior to further questionnaire development.

On the basis of the scoping exercise, core questions will be identified and a proposal for a consensus questionnaire developed, building on existing questionnaires (EMIS-2010, SIALON II), and incorporating potential **indicators and surveillance data** by EU Agencies (ECDC, EMCDDA, EU Agency for Fundamental Rights) and international organisations, such as WHO and UNAIDS

(i.e. GARP). This report will highlight issues of data comparability with other EU level studies and national datasets and studies, and seek to standardise measures wherever possible. Though it will be based on our own EMIS-2010 (European Men Who-Have-Sex-With-Men Internet Survey) questionnaire, and the questionnaire used in SIALON II, our proposal for a new consensus questionnaire will also incorporate the new **challenges and gaps** as identified in the review report (D1) and in the tender specification. Particular focus will be given to emerging issues such as use of online/mobile technologies, use of (new) psychoactive drugs, and pre and post-exposure prophylaxis (PrEP, PEP), for example.

A first **online pre-test of the MSM** survey with members of the target population will take place in the UK including observed completion and a small number of cognitive debriefing interviews (n ~ 15). Following the pre-test, a wider **consultation exercise** will be conducted utilising the consortiums networks (e.g. Aids Action Europe and EATG membership, consortium partners, and project networks such as EMIS-2010 and SIALON II) to review the core questionnaire (in English). Collaborators will be asked to attempt the draft survey online and then add/adapt/delete questions as necessary to make them relevant to MSM.

After revisions a **second online pre-test** will be undertaken in English to allow reliability and validity checks and testing of the process to combine variables creating scales and scores. Recruitment for the pilot test will aim for up to 100 participants with a good spread across European regions. After any final revisions, in month 12 the proposed Final European MSM questionnaire (D2.2) will be presented to the Contracting Authority for feedback and sign-off.

To maximise time and cost efficiencies as well as simplify process and reduce the burden on contact points in Member States, **translation of the final approved survey** will be conducted in close collaboration with WP6 (CHW online survey) using the www.demographix.com platform. Once approval is granted the translation of the questionnaire to all relevant EU languages and major migrant languages will be undertaken (including translation quality and comparability assurance and pre-testing). Translations will be carried out online, using the survey hosting software to display the English version on the left half of a screen and a duplicate on the right half to be over-written with the translation. This process will minimise routing errors and copy-and-paste errors. Translation will be an interactive process involving two native-speaker translators for each language. We will also involve several multi-language proof-readers to compare the translations with the English original and with each other.

We propose to make the survey available in 24 languages: Bulgarian (българскиезик), Croatian/Serbian (Hrvatski/Srpski), Czech (Čeština), Danish (Dansk), Dutch (Nederlands), English, Estonian (Eesti keel), Finnish (Suomi), French (Français), German (Deutsch), Greek (Ελληνικά), Hungarian (Magyar nyelv), Italian (Italiano), Latvian (Latviešuvalodam), Lithuanian (Lietuvių̨kalba), Norwegian (Norsk), Polish (Polski), Portuguese (Português), Romanian (Română), Russian (Русскийязык), Slovenian (Slovenščina), Spanish (Español), Swedish (Svenska), and Turkish (Türkçe).

As in EMIS-2010, Maltese, Irish and Welsh will not be used, as English will reach all eligible men in Malta, Ireland and Wales. Also in EMIS-2010, MSM in Slovakia had no problems using the Czech language version. In addition to the remaining 21 official EU languages, the survey will be available in Norwegian (EEA) and probably Russian (a minority language in Poland, Lithuania, Latvia and Estonia, and the most frequent immigrant language in the EU), as well as Turkish (a minority language in Bulgaria and second most frequent immigrant language in the EU).

Work plan (including milestones)

M1 Kick off planning meeting for WP2 (and WP3 and WP4) including core staff and other key WP leaders.
M1-2 All existing surveys for MSM will be collected, collated and reviewed.
M1-2 A proposal for ethical approval for all Objective 1 (WP2 - 4) activities will be prepared and submitted to the London School of Hygiene & Tropical Medicine Ethical Review Board.
M3 A conceptual map of proposed core themes for a European MSM questionnaire will be created and reviewed by the Consortium partners prior to further questionnaire development.
M4 Following consensus of the core themes and in collaboration with consortium partners, a draft of the core survey items and indicators will be constructed in English.
M5 A first online pre-test of MSM survey with members of the target population will take place in the UK including observed completion and a small number of cognitive debriefing interviews (n ~ 15).
M6 Following the pre-test, a wider consultation exercise will be conducted utilising the consortium network.
M6 WP meeting to discuss data collection strategies (in order, to reach the different MSM groups) and issues related to WP3 (ideal sample composition, ways to mitigate participation bias, online/mobile media coverage across Member States and regions etc.) as well as prepare for the pilot tests.
M8 Revision of questionnaire following consultation exercise and the first pilot will give rise to Proposal for European MSM consensus questionnaire (D2.1), which will be submitted to contracting authority for feedback.
M9 Feedback on Draft European MSM consensus questionnaire (D 2.1) from contracting authority.
M10 A second online pre-test to allow reliability and validity checks and to check identification of combined variables to create scales and scores. Recruitment for the pilot test will aim for up to 100 participants with a good spread across Europe.
M11 Amendments to Draft European MSM consensus questionnaire (D2.2) based on feedback from contracting authority and second pre-test.
M11 First interim consortium meeting.
M12 Submission of Final European MSM Consensus questionnaire and sign-off by contracting authority (D2.2).
M13 Coordinated online translation into EU /EAA languages.
M14 All translations complete and cross-checked and verified (for survey launch in M15).

Deliverables

D2.1 Proposal for European MSM consensus questionnaire (Month 8)
D2.2 European MSM Consensus questionnaire (Month 12)

Project management

Peter Weatherburn will manage all staff working on WP2 on behalf of Sigma Research at the London School of Hygiene and Tropical Medicine, supported by Axel J. Schmidt as WP2 project manager. Between them they will manage the work-plan, monitor the time schedule, managing

risks and find solutions, prepare reports, arrange meetings and produce minutes, and coordinate with other work packages and objective coordination teams – particularly WP1 and WP6-8.

Risk assessment

Risk: Major risk is that given the breadth of the tender specification and the scale of our consortium, the survey becomes too large and unwieldy for execution in an online environment (and via smartphones).
Solution: We will work liaise with consortium partners and existing HIV and MSM focused networks to manage their expectations of the survey, and be led by the user feedback in both rounds of pre-testing.

Risk: Possibility of time delays regarding the sign-off for the MSM survey by the contracting authority.
Solution: Regular communication with the CHAFEA via the consortium lead and timely feedback from CHAFEA regarding the Draft European MSM consensus questionnaire (D2.1) and the Final European MSM questionnaire (D2.2).

Risk: Possibility of time delays with translation into all agreed languages.
Solution: WP2 and WP6 will coordinate and harmonise translation processes and requirements to increase cost efficiency and save time. We will also build on existing networks and partnerships and in doing so, reduce the potential for delays.

WP3 - Promotion and execution of survey

Start: M6
End: M17

Tasks

The overarching task of WP3 will be to implement the agreed MSM survey across the EU. The population of concern is men who are attracted to other men, have sex with men and/or think they might have sex with a man in the future. As a minimum, we seek to recruit 100,000 MSM resident in 32 countries – all 28 EU member states and the 3 additional EEA countries (Iceland, Liechtenstein and Norway) and Switzerland. In each of these 32 countries we seek to recruit at least 100 residents to ensure a viable sample for national comparison, though this probably will not be possible in countries with a very small overall population, such as Liechtenstein.

To achieve this, a number of key tasks will be performed including (but not limited to):

- Develop and deliver a **Promotion Plan and MSM recruitment strategy** for the survey that will describe the means by which we will seek to ensure maximum visibility for the survey across Europe (**D 3.1**).
- Develop and deliver a **Survey protocol and hosting strategy** that will describe, in detail, our proposed technical approach to executing the survey including the specification of the hosting arrangements and data protections in place (**D 3.2**).
- Negotiations with the promotional partners including trans-European website and smartphone apps and national equivalents.
- Running the survey online for 3 months in 25 languages simultaneously.
- Daily monitoring of survey recruitment (and weekly reports) to inform continuing promotional strategies and inform adjustments to the promotional investments, to ensure value for money and adequate samples in the maximum number of qualifying countries.

Methods

Large representative samples of MSM are not feasible to recruit. There is no sampling framework for MSM and, as the proportion of the general population that are MSM is relatively small, even large representative general population samples recruit a small absolute number of MSM. Apart from sampling MSM within large representative general population samples there are two main approaches for sampling MSM: gay venue based sampling and online sampling. As the experience of SIALON II shows, even if methods to improve representativeness of samples recruited in gay venues are implemented, large differences between national samples remain which probably do not reflect primarily differences of national MSM populations but rather differences in the profiles and proportions of MSM approachable in gay venue settings. Although they are not representative of all MSM, online samples with broad recruitment strategies may be fairly representative of gay-identified, sexually active men (and/or men who have sex only with men). Such samples are also fairly stable on key demographic indicators. Serial cross-sectional surveys recruiting within the same population at different times can provide useful planning data. Hence, we will attempt to replicate, as closely as possible, the recruitment strategies and outcomes of EMIS-2010. To achieve this, the survey will be widely advertised, open-access and easy to use on a wide variety of internet compatible devices

including smartphones, tablets and computers. To increase recruitment in terms of synergy effects, we will promote and run the MSM and the CHW survey at the same time and cross-promote the two surveys.

Survey promotion will be through instant messages and banner advertising on national and international gay websites, push-messages on geo-spatial mobile phone applications, and social media promotion, alongside engagement with key news media. The aim is to raise awareness of the survey among MSM via as many routes as possible. National support through our consortium associated networks remains crucial even though the survey takes place only online, as does most of the recruitment. Word-of-mouth and the reputation of the survey and the survey team are important as is outreach via the huge partnership of community based organisations working with MSM.

A certain amount of participation bias in different countries is inevitable due to differential use of internet and smartphone applications, and due to different levels of community building and community involvement. There are however no agreed statistical procedures to assess and correct for such biases. In particular there are no comparable data on the relative size, connectedness and sexual activity levels of MSM populations in different EU MS from population based studies. Therefore it may be possible that differential use of internet and smartphone applications are strongly associated to sexual activity levels which would preclude statistical corrections, as long as sexual activity and associated health risks are the outcome parameters of interest.

Prior to the launch of the survey we will deliver to the Contracting Authority a detailed Survey protocol and hosting strategy that will describe the proposed hosting of each of the 25 survey language databases and our proposals for data protection in a format compatible with the EC lCT environment. We propose that all data will be stored securely by www.demographix.com, the survey hosting company we have used for more than a decade. Demographix is registered with the UK Information Commissioner's Office (No. Z1244335) as both a data controller for their own data and a data processor for customer data. Data access is provided via a secure SSL connection protected by a Verisign certificate. Data is held on multiple servers in a secure data centre managed by Rackspace in the United Kingdom. Physical access to the servers is protected by numerous safety measures including biometric security. Following data collection, data files will be downloaded in STATA and / or SPSS format and stored in encrypted folders maintained by Sigma Research at LSHTM with copies securely transferred to co-investigators via an encrypted web-shelf.

We will also deliver a **Promotion Plan and MSM recruitment strategy** that will describe the means by which we will seek to ensure maximum visibility for the survey across Europe. It will describe the:

- Proposed paid advertising strategy using at least five trans-European gay websites and 30 geo-spatial telephone apps.
- Proposed unpaid advertising via other national and local MSM websites and apps (more than 200 websites advertised EMIS-2010 free of charge).
- A detailed plan to monitor survey uptake and progress in data collection as the survey is live. Daily, weekly and monthly monitoring reports will be produced during the 12 weeks that the survey is live, and this data will be used to re-focus paid promotion as the survey is ongoing.

These reports will use EMIS-2010 experience to outline aspirations with regard to overall sample size, and country sample sizes. Our suggested survey promotion strategies will seek to maximise the reach of the survey into identifiable MSM communities, including the hard to reach MSM groups. We will propose strategies to minimise participation bias introduced by differing online/mobile media use across EU Member States and regions. We propose to use less formal language for the MSM questionnaire in the style of EMIS-2010.

The survey will be live through months 15-17, assuming all the permissions and sign-offs are in place. Throughout, the live period of the survey Sigma staff will monitor incoming data on a daily basis, ensuring that data quality and integrity is maintained and that promotional efforts are working. Given that data can be viewed live, in real time, and recruitment sources are auto captured by our survey software we will also monitor and adjust promotional investment and effort, to ensure that a viable national sample is recruited in all countries. Throughout the live period of the survey, weekly summaries of the volume of successful recruits participating will be generated, by country of residence, by language and by key demographic characteristics (to be agreed with the Contracting Authority).

Work plan (including milestones)

M6-9 Development work and consensus building across our consortium on both the Promotion plan and MSM recruitment strategy (D 3.1) and our proposed Survey protocol and hosting strategy (D 3.2).

M10 Delivery of a DRAFT promotion plan and MSM recruitment strategy to the contracting authority. The plan will describe the means by which we will seek to ensure maximum visibility for the survey across Europe (D 3.1)

M10 Delivery of a DRAFT survey protocol and hosting strategy to the contracting authority. The plan will describe, in detail, our approach to executing the survey (D 3.2).

M11 Iterative improvement and sign off of Promotion Plan and MSM recruitment strategy (D 3.1) and the Survey protocol and hosting strategy (D 3.2) after feedback from the contracting authority.

M11-15 Outline negotiations with the promotional partners including trans-European websites and smartphone apps and national equivalents.

M15-17 MSM Survey is live for 3 months assuming the contracting authority sign off of the European MSM Consensus questionnaire (D2.2) and the promotion plan and MSM recruitment strategy (D 3.1) and the Survey protocol and hosting strategy (D 3.2) by the end of month 12.

M15-17 Daily monitoring of survey recruitment (and weekly reports) to inform continuing promotional strategies and ensure value for money from paid recruitment sites.

Deliverables

D3.1 Promotion Plan and MSM recruitment strategy (M10)

D3.2 Survey protocol and hosting strategy (M10)

Project management

Peter Weatherburn will manage all staff working on WP3 on behalf of Sigma Research at the London School of Hygiene and Tropical Medicine, supported by Axel J. Schmidt as WP3 project

manager. Between them they will manage the work-plan, monitor the time schedule, managing risks and find solutions, prepare reports, arrange meetings and produce minutes, and coordinate with other work packages and objective coordination teams – particularly WP6-8.

Risk assessment

Risk: Possibility of time delays regarding the sign-off of the European MSM Consensus questionnaire (**D2.2**) and the **Promotion Plan and MSM recruitment strategy** (**D 3.1**) and the **Survey protocol and hosting strategy** (**D 3.2**) by the end of month 12 by the contracting authority.
Solution: Regular communication with the CHAFEA via the consortium lead and timely feedback from CHAFEA and other key stakeholders.

Risk: Possibility of reluctance to promote the survey from major European websites and smartphone app companies, and / or willingness only to promote the survey at a very high cost.
Solution: Relationships formed in EMIS-2010 will be re-visited and substantial effort will be invested in selling the utility of the survey to these companies.

WP 4 - Analysis and Survey report

Start: M18
End: M30

Tasks

The overarching task of WP4 is to move from a complete uncleaned MSM dataset to a **Final European MSM Survey Report**, that is wholly acceptable to the contracting authority, that effectively describes the knowledge, attitudes and practices of gay men, bisexual men and other men that have sex with men (MSM) across the European Union.

To achieve this, a number of key tasks will be performed including (but not limited to):

- We will merge all language versions of the survey and sort and clean the whole dataset as soon as the MSM survey is closed and produce and deliver a robust and exhaustive **plan for data analysis, including a variable manual with descriptions of parameters and coding values** (D4.1).
- We will organise an **Expert 2 day workshop** on our interim MSM (and CHW) online survey findings and data analysis plans (D .2) with no more than 40 participants to present and discuss initial analysis of the MSM and CHW survey findings and problems encountered, and seek input into the analysis plan, including priority areas for the final report.
- Subsequently we will produce a **full report of the Expert workshop** to describe the key debates and feedback of the experts present and outline our proposals for the final analysis plan (D4.2) and submit this for approval by the Contracting Authority. Once approved, this report will guide the final analysis and the draft Final MSM survey report.
- Based on the approved Final Analysis Plan (D4.2) we will deliver a **draft European MSM survey report** (D4.3), suitable for peer review and consideration by the Contracting Authority and its nominees. *In the Tender Specifications document this draft report has been scheduled for month 20. We assume this to be a mistake, because the final analysis plan will be submitted and approved earliest in month 20, probably in month 21, and it will thus be impossible to deliver a draft report in month 20. We propose to clarify the final timeline for the draft reports on both the MSM and CHW survey and the peer review of these reports during the kick-off meeting.*
- After feedback from all nominated reviewers we will produce a **MSM survey peer review report** (D 4.4) summarising the key points and making concrete proposals for the structure and format of the Final European MSM survey report.
- Based on all the consensus building and agreed outputs to date we will write and deliver a full and **final European MSM survey report** (D4.5) for sign off by the Contracting Authority prior to publication and widespread dissemination.

Methods

Merging, sorting and cleaning of the MSM dataset will begin as soon as the survey is closed (at the end of M17) and alongside the generation of a **Variable Manual** that incorporates the questionnaire content. Identical inclusion/exclusion criteria as were used in EMIS-2010 will be used for this survey. As part of the data cleaning and sorting process, an initial descriptive and exploratory data analysis will be undertaken to verify data consistency and to identify

differences and similarities between countries and language groupings. A comprehensive Variable Manual and complete set of National datasets, based on country of residence, will be prepared for every country with over 100 resident respondents. These will be made available to national network members, who will take responsibility for national data reporting. This process will take 2 months.

The full **data analysis** plan will be accompanied by an initial schedule and proposals for thematic priority areas for the survey report structure and a variable manual including descriptions of parameters and coding values (D4.1). The analysis and definition for priority areas will take into account our review (D1) of the current situation with regard to MSM including exposure to HIV prevention interventions.

Priority areas for preliminary analysis may include, but will not be limited to:

- Comparability of national samples and differences between countries;
- Comparison between groups of different EU and neighbouring countries;
- MSM mobility: extent and consequences of migration into and within the EU;
- The use of mobile technologies and its impact on partner numbers and sexual risk taking;
- The use of (new) psychoactive substances and their impact on sexual risk taking;
- HIV care cascades for MSM in all participating countries;
- Experience of stigma and discrimination;
- Health service utilisation among MSM;
- Access to prevention resources including condoms, lubricants, PEP, and PrEP;
- HIV and STI (including viral hepatitis) risk management strategies;
- Trends in ECDC core indicators.

We will subsequently convene and organise an expert workshop (with no more than 40 participants for 2 days) to present and discuss initial analysis of the MSM survey findings and problems encountered, and seek input into the analysis plan, including priority areas. Given the very high cost of travel to Luxembourg we propose to organise this in Berlin. This will allow us to use the limited financial resources more effectively. Subsequently to the workshop we will prepare a full report to describe the key debates and feedback of the experts present and outline our proposals for the **final analysis plan** (D 4.2) and submit this for approval by the contracting authority. Once approved, this report will guide the data analysis contributing to the draft **final MSM survey report**.

We will then prepare a full draft survey report based on the agreed plan for data analysis based on feedback from the Expert Workshop and covering the priority areas and following the agreed format for the final survey report (D 4.3). We understand that this **draft European MSM survey report (D 4.3)** will be submitted to peer review by the contracting authority and that peer reviewers to be selected by the contracting authority from, but not restricted to, proposals provided by the contractor below. To facilitate this process we suggest below the names of six potential reviewers, who have not been involved in the work but who could be approached by the contracting authority to provide a critical appraisal of the draft European MSM survey report. We suggest using the same reviewers for the MSM and the CHW survey reports.
We have based our **nominations** below of the range and depth of experience of the potential reviewers both in large scale quantitative data analysis pertaining to the sexual behaviour of gay men and other MSM in Europe (Dubois-Arber, Berg, Bochow) and elsewhere in the world

(Grierson) and substantial experience of dealing with large and complex HIV and STIs and drugs data sets (Hope). We propose Dr. Azad for his extensive policy development experience both in HIV generally and for gay men and other MSM specifically.

Potential reviewer 1: Professor Jeffrey Grierson
Professor of Health and Social Care, Anglia Ruskin University, Cambridge
www.researchgate.net/profile/Jeffrey_Grierson

Potential reviewer 2: Dr. Francoise Dubois-Arber
Retired, former head of behavioural surveillance at University of Lausanne, Switzerland
www.researchgate.net/profile/Francoise_Dubois-Arber2

Potential reviewer 3: Dr. Rigmor Berg
Norwegian Knowledge Centre for the Health Services, Oslo, Norway
www.researchgate.net/profile/Rigmor_Berg

Potential reviewer 4: Dr. Yusef Azad
Director of Policy at the National AIDS Trust (NAT), London

Potential reviewer 5: Dr. Vivian D. Hope
Principal Scientist, Public Health England, HIV and STI Department, London, United Kingdom
www.researchgate.net/profile/Vivian_Hope

Potential reviewer 6: Dr. Michael Bochow
Retired, former principal investigator for German MSM surveys from 1987-2007

We understand that the contracting authority may also invite relevant EU Agencies to review the draft survey report. Once, sufficient written peer reviews have been received we will provide a peer review report on the MSM survey, detailing the comments of the reviewers and giving our proposed response of these comments (D4.4: MSM survey Peer review report) and plans for the Final MSM Survey Report. We have included in this offer the fees and travel and subsistence expenses for up to three reviewers to take part in a peer review meeting (in Luxembourg) and to provide a peer review report on the MSM survey.

We will make key staff available for a meeting (in Luxembourg) both with the contracting authority and its nominated reviewers to discuss the MSM survey Peer review report. This meeting should seek to agree the form and format of Final MSM Survey Report. To save time and costs we propose to combine the discussion of the MSM and the CHW Survey reports in one meeting. Subsequent to this meeting, and based on this agreement the draft survey report will be completely revised taking into account peer reviewers' comments and all agreements with CHAFEA, DG SANTE and other relevant EC Agencies. From this point we estimate it will take 3-4 months to produce the Final European MSM survey report (D4.5).

Alongside this Final European MSM survey report our **consortia will seek to publish at least 10 peer reviewed journal articles** on the pan-European MSM sample and another 10 on national samples. **To facilitate the production of academic peer reviewed journal articles the co-investigators will require unrestricted access to the final data set with no limitations or conditions on the use of the data for academic and/or other educational outputs, beyond the contracted deliverables. This represents a special condition of the offer herein** (Article I.10 of the draft service contract).

Work plan (including milestones)

M18 Develop and deliver a **Plan for data analysis, including a manual with descriptions of parameters and coding values** (Deliverable 4.1 (D 4.1)).

M20 Develop, organise and run a **2 day workshop** (with up to 40 participants) on the outline MSM (and CHW) online survey findings and planned data analysis and report (Deliverable 4.2 (D 4.2)).

M20+x Develop and deliver a d**raft European MSM survey report** (Deliverable 4.3 (D 4.3)).

M24+x Develop and deliver a **MSM survey Peer review report** (D 4.4) not less than 6 weeks after all peer reviews are received.

M26 Peer review meeting with contracting authority and its nominated representatives and reviewers.

M30 Develop and deliver a **Final European MSM survey report** (D 4.5).

Deliverables

D4.1 Plan for data analysis, including a manual with descriptions of parameters and coding values

D4.2 Organisation of workshop on the MSM online survey findings and planned report

D4.3 Draft European MSM survey

D4.4 MSM survey Peer review report

D4.5 Final European MSM survey report

Project management

Peter Weatherburn will manage all staff working on WP4 on behalf of Sigma Research at the London School of Hygiene and Tropical Medicine, supported by Axel J. Schmidt as WP4 project manager. Between them they will manage the work-plan, monitor the time schedule, manage risks and find solutions, prepare reports, arrange meetings and produce minutes, and coordinate with other work packages and objective coordination teams – particularly WP6-8.

Risk assessment

Risk: Possibility of time delays regarding the sign-off of our **Plan for data analysis, including a manual with descriptions of parameters and coding values** (Deliverable 4.1 (D 4.1)).
Solution: Regular communication with the CHAFEA via the consortium lead and timely feedback from CHAFEA and other key stakeholders.

Risk: Given the scope and aspirations of our consortium to deliver useable data on MSM across more than 30 countries there is a danger that consensus cannot be reached on the scope and focus of the Draft Final European MSM Report (D 4.3).
Solution: We will work liaise with consortium partners and existing HIV and MSM focused networks to manage their expectations of the pan-European survey report, and provide the data required by them to write national reports to meet their specific domestic needs.

Risk: Possibility of time delays in receiving the written peer review reports from nominated academics, the Contracting Authority and its nominees.
Solution: Regular communication with the CHAFEA via the consortium lead and timely feedback from CHAFEA and other key stakeholders.

Objective2: To perform a survey of community based health workers (CHW) knowledge, attitudes and practices, including professionals and community base workers aiming to assess the knowledge, attitudes and practices for providing health services for men who have sex with men

The purpose of this objective is to assess and define the knowledge, attitudes and practices for providing health services for MSM among community based health workers (CHW).

Definition of CHW proposed by the CHAFEA:

> *The definition of CHW includes, but is not limited to MSM community support groups, check points, community voluntary counselling and testing centers, other civil society organizations, including those working in prison settings, and organizations of people living with HIV, etc.*

Prior to commencing work, and after consultation with the consortium members and their network contacts, a working definition of CHW will be agreed to make sure the definition covers the different roles and activities of CHWs in European countries. Based on the review of assessment (WP5), a revised definition of CHW will be proposed and agreed with the contracting authority as inclusion criteria for participation in the CHW survey (M05).

Objective 2 co-ordination

Start: M01
End: M36

Tasks

The four Work Packages (WP 5-8) that constitute Objective 2 will be coordinated by CEEISCAT:

- WP5- led by EATG and executed in cooperation with CEEISCAT - Review of CHW knowledge, attitudes and practices about sexual health of men who have sex with men, including existing surveys and training materials
- WP6- led by UoB - CHW online survey design
- WP7- led by AIDS Action - Promotion and execution of survey
- WP8- led by CEEISCAT - Analysis and Survey report, including recommendations for scaling up capacity building of CHW for prevention and improvement of health services for MSM

Objective 2 coordinators will ensure the integration of the work of each WP within the broader objective 2 framework, ensuring that all the activities are delivered on time and at the highest quality. A “Coordination Team” will be constituted including:

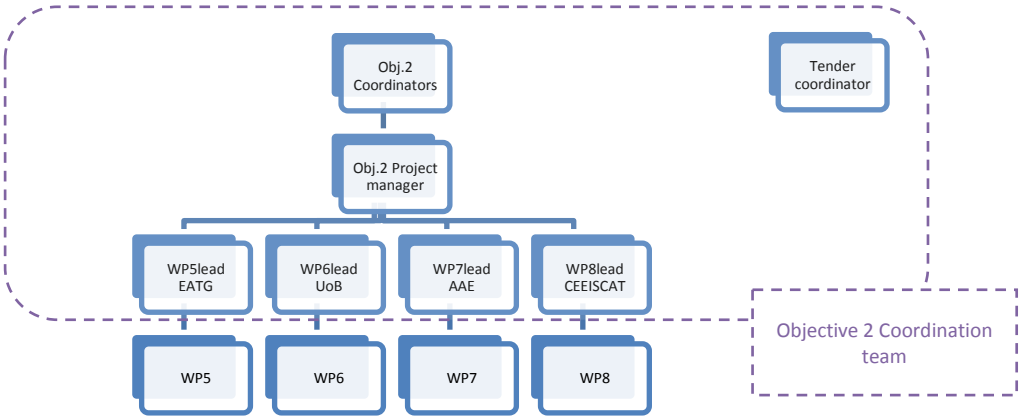
- Coordination: Cinta Folch and Jordi Casabona (CEEISCAT)
- Objective 2 Project manager (CEEISCAT)
- WP leaders (WP 5, 6, 7 and 8)
- Consortium lead

The Objective 2 co-ordinating team will meet monthly (via Skype or teleconference) and face-to-

face at least twice per year, especially or as part of wider consortium meetings. Key staff from Objectives 1 and 3 will be included in these meetings when it is helpful for the overall goals of our consortium.

Methods

Objective 2 coordinators are designed to ensure that the objective 2 work plan will be implemented according to the stated objectives, and will be supported by a Coordination Team (see diagram below). Coordination Team will provide a forum for discussion and decision making, review progress and outputs, agree important decisions at the objective level and discuss problems. As much as possible, the Coordination Team will meet via Skype and teleconference to minimize travel time and costs.



Efforts towards achieving Objective 2 will need to be coordinated with those aimed at Objective 1 in order to utilise synergies around the development of two surveys which can inform one another, their coordinated promotion to CHWs and MSMs, and the production of reports which jointly feed into the design of the intervention and also the final report.

• Project manager tasks: A specific project manager will be hired to be in charge of all operational and management aspects of the objective 2. This person will monitor the overall performance of objective 2 and will be co-supervised by objective 2 coordinators. The project manager specific tasks will be:

- To manage the work plan
- To monitor the time schedule
- To identify risks, problems and issues and resolving them as appropriate
- To manage risks communication within the project
- To prepare interim and other reports
- To arrange meetings and writing the minutes
- To assure and establish coordination between WPs

• WP leaders tasks: Each WP will be managed by a work package leader to ensure the performance and progress of the WP with regard to the overall work plan for Objective 2. Internal communication by e-mail between objective 2 WP leaders with other WPs (objective 1 and/or 3) will include the objective 2 coordinators.

Work plan (including milestones)

M1 Kick off planning meeting for Objective 2 (WP5 to WP8) including all core staff and other key WP leaders from Objectives 1 and 3. In particular synergies between WP1 and WP5 will be discussed.

M1 To start collaboration with national focal points of all EU countries and the broader consortium-associated network to perform a scoping review to identify existing surveys and questionnaires addressing knowledge, attitudes and practices on health needs of MSM, as well as existing training programmes, tools and guides (3 months).

M2 Co-ordinate the application for ethical approval for all Objective 2 (WP5-8) to the Germans Trias i Pujol Ethical Review Board.

M3 Creation of conceptual map and consensus on core themes reviewed by the Consortium partners prior to further questionnaire development

M4 Draft core CHW survey items and indicators including feedback.

M6 Develop and deliver the Review report on the knowledge, attitudes and practices of CHW, including a proposed EU framework and recommendations on training and exchange of good practice (**D.5**).

M6 First online pre-test in English including cognitive debriefing interviews.

M6 Objective 1 and 2 face-to-face meeting to discuss data collection strategies and synergies between WP2 and WP6; WP3 and WP7; and WP4 and WP8.

M7 Following the pre-test, a wider consultation exercise will be conducted with utilising the consortium network.

M8 Delivery of a proposal for a European CHW consensus questionnaire (**D6.1**).

M9-10 To develop and deliver a Promotion Plan and CHW recruitment strategy that will ensure maximum visibility to the target group considering different settings CHW can be reached (**D7.1**)

M10 A second online pre-test to allow reliability and validity checks and provisional identification of combined variables creating scores.

M10 Define ideal survey sample sizes for each country in collaboration with national focal points and agreed with the collaborating consortium partners.

M10 Deliver to the Contracting Authority a promotion plan and CHW recruitment strategy for feedback and approval alongside the CHW consensus questionnaire.

M11 First interim consortium meeting.

M11 Develop and deliver a survey protocol and hosting strategy that will describe, in detail, the proposed technical approach to executing the survey including the specification of the hosting arrangements and data protections in place (**D7.2**).

M12 Submission of the **D6.2** European CHW Consensus questionnaire (in English) for sign-off by the contracting authority.

M13-14 Promote the survey according to the developed strategy.

M13 Coordinated online translation into EU/EEA languages .

M15 Translations complete, cross-checked and verified (for survey launch in M15).

M15-17 CHW Survey is live for three months.

M15-17 Daily monitoring of survey recruitment (and weekly reports) to inform continuing promotional strategies.

M18 Deliver a Plan for data analysis, including a manual with rules for data cleaning and description of new variables and coded parameters (**D.8.1**).

M20 Develop, organise and run a 2 day workshop (with up to 40 participants) on the outline MSM and CHW online survey findings and planned data analysis and report (**D4.2/D8.2**).

M20 Final analysis plan approved by the contracting authority.

M20+x Develop and deliver a DRAFT European CHW Survey Report (**D.8.3**).
M24+x Develop and deliver a CHW survey Peer review report (**D.8.4**) not less than 6 weeks after all peer reviews are received.
M26 Joint MSM and CHW survey peer review meeting with contracting authority and its nominated representatives and reviewers.
M30 Develop and deliver a Final European CHW survey report (**D.8.5**).

Deliverables

D5 Review report on knowledge of CHW on the use of psychoactive drugs, TasP, PrEP, PEP, co-infections, Hepatitis, double/triple vulnerabilities, QoL of PLWHA, access and uptake of treatment, multimorbidity, polydrug therapy among MSM, including training review report (M6)
D6.1 Proposal for European CHW consensus questionnaire (M8)
D6.2 European CHW Consensus questionnaire (M12)
D7.1 Promotion plan and dissemination strategy (M10)
D7.2 Survey protocol and hosting (M11)
D7.3 European CHW survey implementation (M15-M17)
D8.1 Plan for data analysis, including a manual with descriptions of parameters and coding values (M18)
D8.2 Organisation of workshop on the CHW online survey findings and planned report (M20)
D8.3 Draft European CHW survey report (M20+x)
D8.4 CHW survey Peer review report (M24+x)
D8.5 Final European CHW survey report (M30)

WP5: Review of community based health workers (CHW) knowledge, attitudes and practices about sexual health of men who have sex with men, including existing surveys and training materials

Start: M1
End: M06

Tasks

The overarching task of WP5 is to perform a scoping review of evidence on CHW knowledge, attitudes and practices about the sexual health of MSM, including behaviour and lifestyle factors, HIV/AIDS, STI, viral hepatitis situation in the EU and neighbouring countries.
To achieve this, a number of key tasks will be performed including:

- A review of existing surveys and questionnaires addressing **CHW knowledge, attitudes and practices** on health needs of MSM. The review will analyse potential **gaps of existing CHW training programmes, tools and guides**, that cover issues related to access and improvement of quality of prevention, counselling, testing and health services for MSM.
- An assessment of the **capabilities of CHW** to perform counselling, promote testing, promote risk reduction strategies and foster adherence to treatment for HIV/AIDS and associated infections. The review will identify **good practice examples** and analysis of **potentials barriers** faced by MSM when accessing health services.
- A review of the **existing community based health workers training programmes, tools, and guides**, to prepare for them in service delivery, and ensure they have the necessary skills to provide quality services.
- To propose **recommendations on potential countries where CHW training could be useful** by proposing an EU framework for collaboration on training and exchange of good practise.

Methods

To perform these tasks EATG will cooperate with the Objective 2 coordinator, and collaborate closely with WP6, other community-based organizations, as well as with national HIV focal points of ECDC and other knowledgeable national stakeholders which we engage in our consortium.

To ensure the representativeness of the CHW in Europe, we will:

- identify major community based health centres in all regions within Europe (western, central, eastern, southern and northern Europe);
- identify key centres with specific focus on different vulnerable populations (e.g. MSM sex workers, MSM and IDU, prisoners…).

Review of existing materials

The initial search in **online databases** (e.g. PubMed, EMBASE, Cochrane, Allied and Complementary Medicine, Database of Abstracts of Reviews of Effects, PsychInfo, Web of Knowledge, etc) will aim to identify **academic publications**, in printed and electronic formats, published in the last 10 years. Using selected terms from the “literature search strategy”,

Google and grey literature search engines like opengrey.eu will be used to identify relevant **grey literature** and other **academic publications** available online.

We then will develop a **literature extraction tool** to obtain key information from the academic and grey literature. The data will be extracted into an Excel database sheet. The extracted data will be a mixture of general information about the study and specific information relating, for example, to the type of CHWs, the geographic area and the population being served, the field of service by CHWs, and CHW recruitment, training, accreditation and tasks, among others. This literature review will be commissioned to CEEISCAT, where a full-time researcher will be hired to work on the review under supervision of the Objective 2 coordinators.

Besides literature search in online databases we will ask the **national HIV focal points and the consortium associated network** to send an overview of regional/national tools and materials for CHW and existing surveys, including for those working in prison health, targeted risk group MSM, International/European, national/regional nature, specific health issues addressed, evaluation of training results, etc. This will allow us to identify national materials, including non-English language publications and existing experiences for relevant original publications from their countries. As we will not have the means for full translation of non-English publications, the following strategy will be used:

- Non-English-language papers/documents with English abstracts: By reviewing title and abstract it will be decided if the article is relevant or not.
- Non-English-language papers/documents without English abstracts:
    - When possible, national HIV focal points/key national experts will be asked to send a summary in English.
    - Alternatively, non-English publications will partially translated (specific budget) as necessary to complete the data abstraction.

Criteria

The review will be performed using the following criteria:

- Papers with main focus on community health workers (CHWs), in particular related to CHW knowledge, attitudes and practices about the sexual health of MSM.
- CHW training materials, tools and guides to address topics such as:
    - the use of psychoactive drugs, Treatment as Prevention (TasP), Pre-Exposure Prophylaxis (PrEP), Post Exposure Prophylaxis (PEP), co-infections, hepatitis, double/triple vulnerabilities, Quality of Life (QoL) of People Living with HIV/AIDS (PLWHA), access and uptake of treatment, multimorbidity, polydrug therapy among MSM.
- Inclusion of specific groups (PLWHA, MSM target groups) in the development and implementation of the tools

Final consultation and consensus building

Based on Arksey and O'Malley framework [Arksey H, O'Malley L, 2005], a final consultation will be done to enhance the methodological rigor to the scoping review. The objectives of the consultation phase will be to share preliminary findings (data extraction tables for the included

studies) with stakeholders and the consortium associated network to validate the evidence map of themes, as well as identify additional sources of information. Consultations will be carried out via telephone/skype interviews and will also ask about the perceived needs of CHW and the barriers they face to delivering services to MSM in the context of their country. That will help to develop recommendations that focus on the differences between countries within Europe.

Review report

Based on the findings of the scoping review a **review report (D5)** will be delivered describing the existing tools and how they are/were used, but also assess their quality and potential gaps. The review report will include a description of training programmes tools and guides for community health workers, including those working in prison health, targeted risk group MSM, International/European, national/regional nature, specific health issues addressed, evaluation of training results, etc. The report will identify existing experiences, and assess their quality and potential gaps.

Based on the outcomes of the review the **definition of CHWs** will be revised and form the basis for precise inclusion criteria for participation in the survey.

Recommendations report

Based upon the outcomes of the scoping review (following the identification of good practices, needs and barriers), **recommendations for future interventions** will be formulated on potential countries where CHW training could be useful by proposing an EU framework for collaboration on training and exchange of good practice.

The review report, the recommendations and the proposed EU framework will be in English. It will be delivered in a hard copy version and an electronic version, as well as a Power Point presentation summarising the report and its conclusions.

Work plan (including milestones)

M1 – M4 As part of the full **scoping review** we will start:

1. identification and review of **existing surveys and questionnaires** addressing CHW's knowledge, attitudes and practices on health needs of MSM at national and international level (literature search and consortium associated network contacts);
2. identification and review of **potential or existing training programmes**, tools and guides (best practice via national focal points);
3. identification of **(good) practices, needs and barriers** faced by MSM when accessing health services.

The first part of a **report** will be made based on the outcomes of this review. The basis for this report will be the outcomes of the review.

M5-6: the WP researchers – in collaboration with the EATG membership, the national focal points and key stakeholders (CHWs) will formulate **recommendations** for future interventions on potential countries **where CHW training could be useful**. The recommendations will be based upon the outcomes of the scoping review (following the identification of good practices, needs and barriers).

Deliverables

D5 **Review report** of CHW knowledge, attitudes and practices about the sexual health of MSM in the EU and neighbouring countries, including training review report

Project management

EATG will oversee and lead WP5 in close cooperation with the Objective 2 coordinators Cinta Folch and Jordi Casabona on behalf of the **CEEISCAT**. At CEEISCAT, a researcher will be hired to conduct literature searches and extract data. The consultation processes will be jointly managed by this researcher and an EATG project officer who will be in contact with national stakeholders and the other members of the network. Close collaboration will be established with WP6 to inform survey development.

Risk assessment

Risk: Lack of inclusion of local initiatives might be a risk as the researcher will not be able to understand all languages.
Solution: The involvement of local focal points and members of the EATG network support the identification of local/regional/national materials and tools, but also the identification via literature search of existing surveys and questionnaires. Careful selection of national focal points will allow us to have good communication and exchange of materials as they will be the people knowing what is happening at the local level.

Risk: Lack of cooperation and response from national stakeholders and other members of the network.
Solution: A detailed work plan with strict timeline and deadlines, constant coordination and communication by the WP leader and CEEISCAT should help to avoid such lack of feedback. Via EATG membership it will be possible to also collect other practices, materials etc. that are important for use. Broader collaboration with the consortium network will provide big added value as well.

Risk: Lack of inclusion of all countries and vulnerable (sub)populations.
Solution: EATG and our consortium will use established networks to actively reach out to relevant groups across Europe. Knowing that such groups and networks are still very small in many countries this will be a key task of the WP5 team.

Outcome indicators

Process: Number of publications screened, number of publications from which data were extracted.
Output: Number of countries contributing information for the review, either by publications or by participating in interviews (consultation process)
Outcome: Number of recommendations for future interventions on potential countries where CHW training could be useful.

WP 6 - Community health workers online survey design

Start: M1
End: M12

Tasks

The overarching task of WP6 is to develop a questionnaire that will assess the knowledge, attitudes and practices of community-based health workers (CHW) providing sexual health services to gay men, bisexual men and other men who have sex with men (MSM). To achieve this, a number of key tasks will be performed including (but not limited to):

- A **scoping exercise** examining any existing surveys (if available) used to address CHWs providing sexual health services for MSM including questionnaires focusing on outreach workers and community based VCT services for HIV/AIDS, STIs, and viral hepatitis;
- Development of a **proposal for a European CHW Consensus questionnaire (D6.1)** which will build on existing questionnaires (where available including EMIS) incorporating ECDC/EMCDDA indicators and comparable approaches by WHO and UNAIDS where relevant and/or appropriate;
- **Two rounds of pre-testing** of the online survey aligned with WP2 (using demographix.com) in English including observed completion and cognitive debriefing interviews;
- Creation of a **final version** of the European CHW Consensus questionnaire for approval by the Contracting Authority;
- Coordinated (with WP2) **online translation** via demographix.com into relevant EU/EEA languages.

Methods

WP6 will begin with a **scoping exercise of any existing questionnaires** used (if available) to address CHWs providing sexual health services for MSM including questionnaires focusing on outreach workers and community based VCT services for HIV/AIDS, STIs, and viral hepatitis. The scoping exercise will also draw on relevant aspects of the EMIS questionnaire. In addition to formal searches we will utilise our Consortium and its extensive networks (e.g. EMIS, Euro HIV EDAT, CORRELATION II, SIALON I & II, HEPscreen, EVERYWHERE, and COBATEST) to assist this process.

A **conceptual map** of proposed **core themes** (variables) for a European CHW questionnaire will be created. This map will be informed primarily by the CHW review (WP5) including new challenges and gaps as identified in the review report (D5). The conceptual map will be reviewed by the Consortium partners in terms of local relevance and comprehensiveness prior to further development.

On the basis of the scoping exercise and conceptual map, core questions will be identified and a **proposal for a CHW consensus questionnaire will be developed (D6.1)**, building where possible on existing questionnaires, and incorporating potential indicators and surveillance data by EU Agencies (ECDC, EMCDDA) and international organisations, such as WHO and UNAIDS (GARP). It is anticipated that guidance will be taken specifically from EMIS indicators on knowledge and

attitudes as well as standard response sets including demographics, recall periods, informed consent, and translation processes. The expected considerable variation in CHW roles associated with the different health and care services and organisational structures in Europe, will be explored by means of generic questions, and if feasible, a further small modular set of country-specific questions focusing on CHW roles and identities within different countries. Draft core survey items and indicators will also be informed by the MSM online survey simultaneously developed in WP2, for example emerging issues such as use of online/mobile technologies, use of (new) psychoactive drugs, pre and post-exposure prophylaxis (PrEP, PEP), as well as viral hepatitis risk management strategies. As part of this process, attention will be paid to data comparability with other EU level studies and national datasets and studies, and we will seek to standardise measures wherever possible.

Coordinated with WP2, a first **online pre-test of the CHW survey** with members of the target population will take place in the UK including a small number of **cognitive debriefing interviews** (n ~ 10). Following the pre-test, a wider consultation exercise will be conducted utilising the consortiums networks (e.g. Aids Action Europe and EATG membership, consortium partners, and project networks such as EMIS, CORRELATION II, HEPscreen, and COBATEST) to review the draft consensus questionnaire items (in English). Collaborators will be asked to attempt the draft survey followed by an opportunity to provide detailed feedback to add/adapt/delete questions as necessary to make them relevant to the target sample.

After revisions a **second online pre-test** (again coordinated with WP2) will be undertaken in English to allow reliability and validity checks and to provisionally combine variables into scales. Recruitment for the pilot test will aim for up to 100 participants with a spread across European regions but focusing on countries with larger estimated CHW populations to prevent possible sample exhaustion. After any revisions, in month 12 the final **European CHW Consensus questionnaire (D6.2)** will be presented to the contracting authority for sign-off.

To maximise time and cost efficiencies as well as simplify the process and reduce the burden on contact points in Member States, translation of the final approved survey will be conducted in close collaboration with WP2 (MSM online survey) using the demographix.com platform. Once approval is granted from the Contracting Authority, the **translation of the questionnaire to EU languages** will be undertaken (including re-translation and pre-testing). Translations will be carried out online, using the survey hosting software to display the English version on the left half of a screen and a duplicate on the right half to be over-written with the translation. This process will minimise routing errors and copy-and-paste errors. Where possible, translation will be an interactive process involving two native-speaker translators for each language. We will also attempt where possible to involve several multi-language proof-readers to compare the translations with the English original and with each other.

Coordinated with WP2, we propose to make the survey available in the following languages, provided there are CHW who speak this language and can be reached by the survey (advice from WP7 will be required): Bulgarian (български език), Croatian/Serbian (Hrvatski/Srpski), Czech (Čeština), Danish (Dansk), Dutch (Nederlands), English, Estonian (Eesti keel), Finnish (Suomi), French (Français), German (Deutsch), Greek (Ελληνικά), Hungarian (Magyar nyelv), Italian (Italiano), Latvian (Latviešu valodam), Lithuanian (Lietuvių kalba), Norwegian (Norsk), Polish (Polski), Portuguese (Português), Romanian (Română), Russian (Русский язык), Slovenian (Slovenščina), Spanish (Español), and Swedish (Svenska). As in EMIS, Maltese, Irish and Welsh

will not be used as English will reach all eligible CHWs in Malta, Ireland and Wales. Also in EMIS, MSM in Slovakia had no problems using the Czech language version.

Work plan (including milestones)

M1 Kick off meeting and planning meeting for Objective 2 (WP5 to WP8) including all core staff and other key WP leaders from Objectives 1 and 3.
M1-2 Collection and review of any existing surveys (if available) and proposal submission for local ethical approval.
M3 Creation of **conceptual map** and consensus on core themes reviewed by the Consortium partners prior to further questionnaire development.
M4 Draft core survey items and indicators including feedback.
M6 Objective 1 and 2 face-to-face meeting to discuss data collection strategies and synergies between WP2 and WP6; WP3 and WP7; and WP4 and WP8.
M6 First **online pre-test** in English including cognitive debriefing interviews.
M7 Following the pre-test, a **wider consultation exercise** will be conducted with utilising the consortium network.
M8 Revision of questionnaire following WP meeting and consultation exercise giving rise to a **proposal for a European CHW consensus questionnaire** (D6.1), which will be submitted to contracting authority for feedback.
M10 Following **rapid feedback** from the contracting authority, a **second online pre-test** to allow reliability and validity checks (e.g. item analysis and principal components analysis) and provisional identification of combined variables creating scores. Recruitment for the pilot test will aim for up to 100 participants with a good spread across European regions.
M11 First interim consortium meeting.
M12 Submission of the **D6.2 European CHW Consensus questionnaire** (in English) for sign-off by the contracting authority.
M13 Coordinated **online translation** into EU/EEA languages.
M15 Translations complete, cross-checked and verified (for survey launch in M15).

Deliverables

D6.1 Proposal for European CHW consensus questionnaire (M8)
D6.2 European CHW Consensus questionnaire (M12)

Project management

Dr Nigel Sherriff, co-led with Professor Jorg Huber, will oversee and manage all staff working on WP6 on behalf of Centre for Health Research (CHR) in the School of Health Sciences at the University of Brighton. *Inter alia*, this will include managing the work plan for WP6, monitoring the time schedule, managing risks and finding solutions, communication between work package partners, preparing reports, arranging meetings and producing minutes, and coordinating with other work packages (WPs) and objective coordination teams – particularly WP5, but also drawing on the findings of WP1 and collaborating closely with WP2 to (for example) adopt a common hosting platform and joined-up translation. In collaboration with the Objective 2 and Objective 3 coordinators and the consortium lead, WP6 management will also ensure close coordination with WP7 (promotion and execution of the survey), WP8 (analysis and survey report), and WP9 (content of new training materials, production of training package). Regular

TCs and if required, face-to-face meetings will be held to monitor and facilitate successful WP6 progression.

Risk assessment

Risk: A major risk is that given the breadth of the tender specification and the scale of our consortium, the CHW survey becomes too large and unwieldy for execution in an online environment (and via smartphones).
Solution: We will liaise with consortium partners and wider networks to manage CHWs expectations of the survey, and be led by the user feedback in both rounds of pre-testing.

Risk: A major risk is the potential non-collaboration of partners in Member States.
Solution: The consortium has excellent links to many national and local partners. These partners will have a vested interest in understanding better the profile and activities of CHWs, and are therefore expected to be engaged fully in all stages of the project, and in particular in WP6 (but also others including WP7). WP6 will work with consortium partners and existing HIV/STI, hepatitis and MSM focused networks including but not limited to EMIS, SIALON II, HEPScreen, COBATEST, EVERYWHERE, Aids Action Europe, and the European Aids Treatment Group.

Risk: Possibility of time delays regarding the sign-off for the CHW survey by the contracting authority.
Solution: Regular communication with CHAFEA via the consortium lead and early feedback from CHAFEA regarding the initial proposal for European CHW consensus questionnaire (D6.1) and the final European CHW Consensus questionnaire (D6.2).

Risk: Possibility of time delays with translation into official EU languages.
Solution: WP2 and WP6 will coordinate and harmonise translation processes and requirements to increase efficiency (e.g. cost and time). We will also build on existing networks and partnerships and in doing so, reduce the potential for delays.

Risk: Early scoping work prior to this tender submission shows that few surveys exist on CHW focusing on MSM meaning an increasing workload to conduct initial validation via pre-testing and piloting which may impact on the timeline.
Solution: We will work closely with consortium partners (especially WP2 and WP5) to secure additional and rapid focus from partners on all stages of CHW development but particularly for conceptual mapping, identification of core indicators and questionnaire items, pre-testing, and translation.

WP7: Promotion and Execution of Survey

Start: M9
End: M17

Tasks

The task of WP7 is to ensure maximum visibility and outreach to a target group that has not been subject to a scientific survey at European level on this scale in regard of facilitating access and improving the quality of prevention, diagnosis of HIV/AIDS, STI and viral hepatitis and health care services for MSM. All the more, it is important to build upon the experiences that have been made in the course of VCT projects addressed to MSM at European level, such as Cobatest and SIALON, and to involve and collaborate with relevant European stakeholders (e.g. existing checkpoints, partners of the Cobatest network, AIDS Action Europe member organisations that provide sexual health services, EATG, national AIDS service organisations). In order to address CHW in already established community based organisations who deliver prevention, diagnosis and support services related to HIV, STI, sexual health, and psychosocial health specifically addressed to MSM, a tailored and targeted dissemination approach is required. Moreover it is necessary to ensure that a survey protocol including the hosting of the survey database, monitoring the uptake and progress in data collection is developed which is compatible with the EC ICT environment.

Methods

Based on the findings of WP5 and in collaboration with WP6, a **promotion plan and CHW recruitment strategy** will be developed that ensures to reach the target group considering the different settings CHW are working in. To achieve this, and in order to achieve maximum visibility, European health promotion associations and community based /civil society organisations working on provision of HIV/STI services for priority groups and on the health rights of sexual minorities and people living with HIV as well as national focal points (which for Objective 2 and Objective 3 should be organisations that are not only linked to MSM but also to CHWs) will be contacted in order to identify organisations and individuals as well as means to promote the survey at national level. Ideal survey sample sizes for each country in collaboration with national focal points and agreed with the collaborating consortium partners will be defined. The promotion plan and the CHW recruitment strategy will be delivered to the contracting authority for feedback and approval. Close collaboration between WP 3 and WP 7 is essential since the CHW survey will be hosted by the same survey hosting company in order to create synergies, avoid duplications and extra costs.

Prior to the launch of the survey we will deliver to the Contracting Authority a detailed Survey protocol and hosting strategy that will describe the proposed hosting of each of the 25 survey language databases and our proposals for data protection in a format compatible with the EC lCT environment. We propose that all data will be stored securely by www.demographix.com, the survey hosting company we have used for more than a decade. Demographix is registered with the UK Information Commissioner's Office (No. Z1244335) as both a data controller for their own data and a data processor for customer data. Data access is provided via a secure SSL connection protected by a Verisign certificate. Data is held on multiple servers in a secure data centre managed by Rackspace in the United Kingdom. Physical access to the servers is protected by numerous safety measures including biometric security. Following data collection, data files

will be downloaded in STATA and / or SPSS format and stored in encrypted folders maintained by our core staff with copies securely transferred to co-investigators via an encrypted web-shelf.

The survey will be online for three months in all languages simultaneously. In order to increase survey response rate the MSM survey (WP3) and the CHW survey will run simultaneously and mutual promotion of the two surveys will be ensured. Survey recruitment will be daily monitored to adjust promotional efforts and ensure a relatively balanced sample.

Work plan

M1 Kick off meeting and WPs 6-8 planning.
M1-9 Collaborate with consortium partners to ensure the implementation of WP7).
M9-10 Collaborate with partner organisations as described above to develop and deliver a Promotion Plan and CHW recruitment strategy that will ensure maximum visibility to the target group considering different settings CHW can be reached (D7.1).
M10 Define ideal survey sample sizes for each country in collaboration with national focal points and agreed with the collaborating consortium partners.
M10 Deliver to the Contracting Authority a promotion plan and CHW recruitment strategy for feedback and approval alongside the CHW consensus questionnaire.
M11 Develop and deliver a survey protocol and hosting strategy that will describe, in detail, the proposed technical approach to executing the survey including the specification of the hosting arrangements and data protections in place (D7.2).
M12 Improvement and resubmission of both strategies based on feedback from the contracting authority.
M13-14 Promote the survey according to the developed strategy.
M15-17 CHW Survey is live for three months.
M15-17 Daily monitoring of survey recruitment (and weekly reports) to inform continuing promotional efforts.

Deliverables

D7.1 Promotion plan and dissemination strategy
D7.2 Survey protocol and hosting

Project Management

WP7 is led by AIDS Action Europe (AAE). AAE is a network of 440 member organisations throughout the WHO European Region. AAE is hosted by Deutsche AIDS-Hilfe which serves as legal entity for the network and provides working facilities for the Executive Office of AAE. AAE has a long history of managing EU projects. For managing WP 7 and contributing to overall implementation activities, following staff members take responsibility: Michael Krone, Executive Coordinator of AAE, holds a Master in Public Health and a Master in Education. Ljuba Boettger, Communications Officer of AAE, holds a Bachelor in European Ethnology and Russian language. Kathrin Freiholz will be responsible for administrative matters within the project.

Overall responsibility and coordination lies with the Executive Coordinator with 10% of fulltime working time. The communications officer will be responsible of promotion and dissemination activities and any technical issues regarding the survey with 35% and the financial officer for administrative management with 10% of fulltime working hours.

Risk assessment

Risk: Possibility of reluctance of partners in some Member States to collaborate sufficiently.
Solution: Increase communication with partner organisations in respective countries by emphasising the benefit of survey results at European and national level.

Risk: Possibility of time delays regarding the sign-off the *Promotion Plan and MSM recruitment strategy* (**D 7.1**) and the *Survey protocol and hosting strategy* (**D7.2**) by the end of month 12 by the contracting authority.
Solution: Regular communication with the CHAFEA via the consortium lead and timely feedback from CHAFEA and other key stakeholders.

WP8: Analysis and Survey report

Start: M18
End: M30

Tasks

The overarching task of WP8 is to prepare and edit a dataset for further analysis, including initial descriptive and explorative data analysis to identify differences and similarities between countries and CHW.

List of key tasks to be performed:

- To prepare the **analysis draft plan** and the **manual** of variables and coded parameters
- To prepare and edit the **CHW survey dataset**
- To select the **expert** group for the **workshop** in Luxemburg
- To organise a 2 day expert workshop to present and discuss the **initial analysis plan**, survey findings and problems encountered, proposal of further analysis plan and priority areas
- To prepare the **draft European CHW survey report**
- To submit the **draft to peer review**
- To prepare the **final European CHW survey report**

Methods

In collaboration with AIDS ACTION EUROPE (WP7) and Sigma Research (WP2-4), all language versions of the survey will be **merged in one dataset** which will be **cleaned**, taking into account exclusion criteria and correcting errors, inconsistencies, outliers, and routing according to decision rules.

A **manual with rules for data cleaning and description of new variables and coded parameters** will be prepared.

A **descriptive (exploratory) data analysis** will be run to identify differences and similarities between countries and CHW. SPSS software will be used for the statistical analysis.

Informed by the review findings of WP5 (D5) as well as WP1 (D1), the **analysis plan** for "thematic priority areas" for the survey report will be proposed and discussed by the coordination team before the expert meeting (**D8.1-draft**).). “Priority areas” of analysis may include, but should not be limited to:

- Comparability of national samples, differences between countries, comparison between EU and neighbouring countries
- Knowledge of CHW on MSM sexual health and life style and behaviour, HIV/AIDS, STI, and viral hepatitis epidemiology, MSM mobility, the health impact of the use of mobile technologies (e.g. apps) and new psychoactive substances by the MSM community.
- Access to treatment and prevention measures including condoms, lubrificants, PrEP/PEP, and HIV/AIDS,STI, and viral hepatitis risk management strategies.

- Existence of discrimination and stigma and how to address them, in the community and in access to health services.

Experts (maximum 40) will be invited to the peer-review **workshop** organized by Consortium lead (M20) to present and discuss the initial analysis plan, survey findings and problems encountered, proposal of further analysis plan and priority areas. Experts will be selected ensuring the EU geographic balance in a transparent and systematic way. Selection of participants will be based on expertise from the following areas: public health, sociology, psychology and epidemiology, prevention in MSM (including male sex workers), CBVCT and health services. Consortium tender networks will be taken into account: Quality Action Network and EATG membership, COBATEST network, Sialon (AQUI-VR), local NGOs...). All participants will be asked to declare possible conflicts of interests, academic as well as financial.
A **workshop report (D8.2)** will be prepared which will guide the preparation of the structure and final analysis of the survey report, and will be agreed with contracting authority.
The **final analysis plan** (**D8.1**) will be approved by the contracting authority.

The **draft survey report** (**D8.3)** will be prepared (M20+x) taking into account the comments and recommendations of the experts included in the workshop report and will be circulated among all members of the consortium and selected members of the network who volunteer for reviewing for data interpretation and for critical revision. This preliminary report will be used by objective 3 to adjust or modify the training packages for CHW.

The draft survey report will be **submitted to peer review** by the contracting authority. To facilitate this process we suggest the names of a minimum of 5 potential reviewers, who have not been involved in the work but who could be approached by the contracting authority to provide a critical appraisal of the draft MSM and CHW survey reports (*see details in WP4*).

After checking the CHW survey peer review comments and propose the response to these comments, a **peer review report** will be prepared (**D8.4**).

The **final European CHW survey report** (**D8.5)** will be written and submitted for approval by commissioning authority (M30).

Work plan (including Milestones)

M18 Develop and deliver a **Plan for data analysis, including a manual with rules for data cleaning and description of new variables and coded parameters** (D.8.1).
M20 Develop, organise and run a **2 day workshop** in Luxemburg (with up to 40 experts) to present MSM and CHW survey findings and **planned data analysis and report** (D.8.2/D.4.2).
M20 Consensus for "**thematic priority areas**" for the survey report.
M20 **Final analysis plan** approved by the contracting authority.
M20+x Develop and deliver a **Draft European CHW Survey Report** (D.8.3).
M24+x Develop and deliver a **CHW survey Peer review report** (D.8.4) not less than 6 weeks after all peer reviews are received.
M26 Joint MSM and CHW survey peer review meeting with contracting authority and its nominated representatives and reviewers.
M30 Develop and deliver a **Final European CHW survey report** (D.8.5).

Deliverables

D8.1 Plan for data analysis, manual with description of parameters and coding values (M18)
D8.2 Organisation of workshop and report (M20)
D8.3 Draft European CHW survey report (M20+x)
D8.4 Peer review report CHW survey (M24+x)
D8.5 Final European CHW survey report (M30)

Project management

WP8 will be led by the **CEEISCAT**.

Key staff:

Dr. Jordi Casabona and Dr. Cinta Folch will coordinate objective 2 and supervise WP8 on behalf of Center for Epidemiological Studies on HIV/STI in Catalonia (CEEISCAT).
Project Manager: A qualified and experienced full-time researcher will be hired as a project manager of the objective 2 as well as WP8 coordinator. This person will be co-supervised by Drs Casabona and Folch.
Anna Esteve, PhD, is a Biostatistician at the Center for Epidemiological Studies on STIs, HIV and AIDS of Catalonia, Spain (CEEISCAT) with over 15 years of experience in the Public Health sector in the areas of statistics and epidemiology. She will be responsible for data analysis. A part-time statistician will be hired to collaborate with Dr. Esteve in the data analysis (5 months).
Dr. Cristina Agustí and Dr. Laura Fernández, coordinators of COBATEST an EUROHIV-Edat projects, will collaborate with Objective 2 activities as well as in objective 3 activities.

Risk assessment

Risk: Low quality of CHW dataset.
Solution: Appropriate data cleaning to identify and errors or at least to minimize their impact on study results (checking ranges and combinations of variables; detecting and handling missing data; detecting and handling outliers).

Risk: Possibility of time delays regarding the sign-off of our Plan for data analysis, including a manual with rules for data cleaning and description of new variables and coded parameters (D8.1).
Solution: Regular communication with the CHAFEA via the consortium lead and timely feedback from CHAFEA and other key stakeholders.

Risk: Possibility of time delays in receiving the written peer review reports from nominated academics, the contracting authority and its nominees.
Solution: Regular communication with the CHAFEA via the consortium lead and timely feedback from CHAFEA and other key stakeholders.

Objective 3: to develop training packages for community health workers, aiming to improve access, quality of prevention, diagnosis of HIV/AIDS, STI and viral hepatitis and health care services for MSM

Objective 3 co-ordination

Start: M1
End: M36

Tasks

The two Work Packages (WP9 and WP10) that constitute Objective 3 will be coordinated by Deutsche AIDS Hilfe Inc. (DAH) in Berlin. Terrence Higgins Trust (THT) in London will lead WP9 (content of new training materials, production of training package) and Deutsche AIDS Hilfe will lead WP10 (training of trainers, pilot training programmes, evaluation and final training materials):

In order to ensure deliverables included in Objective 3 are delivered on time and at the highest quality, we will convene a coordination team including all participating key staff from both organisations, which have many years of practical experience in developing and delivering training materials and training for health workers working with MSM.

The Objective 3 co-ordinating team will meet virtually as required and face-to-face at least twice per year, especially or as part of wider consortium meetings. Key staff from Objectives 1 and 2 will be included in these meetings when it is helpful for the overall goals of the consortium.

- Objective 3 lead: Project coordinator (n.n.)[1] (DAH) , assisted by an administration officer

    - WP9 key staff (THT): Project Coordinator Cary James, Project Manager Justin Harbottle
    - WP10 key staff (DAH): Project coordinator (n.n.), Expert Advisor MSM Dr Dirk Sander, Expert Advisor International Projects Ludger Schmidt

Methods

The Objective 3 coordinating team will ensure that work plans are implemented as planned, and that appropriate action is taken in event of unexpected problems or delays. Coordinating meetings will provide a forum for discussion and decision making and a means to ensure timely delivery of high quality outputs. DAH and THT have a good working relationship and the DAH Project Coordinator will have access to the collective expertise and extensive experience of all DAH staff, in particular Dr Dirk Sander, Manager of MSM Prevention Programmes and Ludger Schmidt, Manager of International Programmes. The Project Coordinator will:

- Coordinate and monitor the Objective 3 work plan for Work Packages 9 and 10
- Prepare coordinate deliverables for Work Packages 9 and 10

[1] As a publicly funded NGO, DAH will recruit dedicated staff project coordinator for this project as soon as a contract is signed. Until then, Managing Director Silke Klumb is the responsible contact person for this tender.

- Contribute to and advise WP6 (CDW survey design) to ensure its outcomes inform the work of objective 3 (CHW training materials and training programme) as prescribed in the tender document
- Prepare deliverables for WP 10
- Identify risks and problems across Objective 3 and resolve them as appropriate.
- Manage communication across Objective 3 and between the three Objectives.

Work plan (including milestones)

M1-12	Contribution to MSM and CHW survey design, participation in Steering Committee to inform the preparatory work of WP9 and WP10 as early as possible, participation in WP6 in particular.
M1-6	Baseline preparation work for training materials.
M6-12	Content creation for training materials based on WP5 CHW review.
M12	Delivery of a draft training programme for CHW (D9.1) for comments to the contracting authority.
M12	First interim report.
M15	Delivery of a plan for the CHW Training programme (including timings and final pilot country selection) and its content to the contracting authority (D10.1).
M16-19	ToT workshops on the basis of the draft training modules and materials. ToT workshops round 1; ToT workshops round 2 (D10.2).
M19-20	Discuss preliminary results of MSM and CHW surveys to inform redrafting of training materials and training programme.
M20-26	National pilot training needs assessments in the 10 pilot countries; preliminary translation of the materials into the languages needed for the 10 national pilot training workshops (D10.3).
M24	Second interim report.
M24/26	National pilot training workshops.
M28	Training evaluation report (D10.4).
M29/30	Revising training modules and materials, expert reviews.
M30	Final draft training materials (D10.5) and Final draft training report (D10.6).
M33	Peer review report of draft final training materials (D10.7).
M34	Project Dissemination Workshop (D11.1).
M35	Report from the dissemination Workshop (D11.2).
M35	Final draft report.
M36	Final European CHW training materials.

Summary of required deliverables

D9.1	Draft training programme for CHW
D10.1	Training programme and content
D10.2	Training of trainers training package
D10.3	Piloting of national training packages
D10.4	Report of the evaluation of the ToT and piloting of training programme
D10.5	Final draft training materials
D10.6	Final draft training report
D10.7	Peer review report of draft final training materials
D10.8	Final European CHW training materials

Work Package 9 – CHW Training Materials

Start: M1
End: M36

Tasks

WP9 will make a set of evidence-based training modules and materials available for training use by CHW training facilitators as well as independent use by individual CHW.

Curriculum:

WP 9 will develop a toolbox curriculum for training community-based health care workers working with MSM. The curriculum will contribute directly towards the leaning outcomes of Objective 3, with a set of Core and Specialist modules which relate to each outcome. Core modules will cover essential areas of CHW's roles, while the Specialist modules will allow development in areas which are deemed pertinent to local and national MSM sexual health needs.
While particular emphasis and tailored content will be determined by the review report and CHW survey, it is anticipated that some of the following topic areas will be covered:

Training objectives	Core	Specialist
1. Increase the access to prevention, including testing services for HIV, STIs, viral hepatitis, among MSM an priority sub-groups; Learning objectives: a. Have good knowledge of the epidemiology of the MSM HIV epidemic in Europe. b. Be able to apply HIV prevention theory to programme planning and implementation c. Be more competent in delivering HIV preventions in relevant settings for MSM.	Prevention theory: • Evidence-based components of a basic response to HIV, STI and viral hepatitis among MSM. • Behaviour change in the planning and implementation of prevention programmes Health promotion theory and practice • Harm reduction • Motivational interviewing • Resilience Prevention frontline interventions , including: • 1-to-1 or group information/advice (outreach, including online) • Motivational interviewing, 1-to-1 or group therapeutic change (counselling and therapeutic behavioural change) • Community HIV and STI Testing • Information resource provision and dissemination MSM settings for interventions including physical settings; such as gay bars, saunas, cruising grounds, and online; websites and smartphone apps.	New prevention technologies: • Treatment as Prevention (TasP) • Pre Exposure Prophylaxis • Post Exposure Prophylaxis • Self-testing/self-sampling Social marketing, including: • Digital media (including websites and apps) • Social media, including campaigns and targeted advertising on Facebook, Twitter, Youtube • Influencer engagement and public relations • Other media (print, broadcast, etc)
2. Improve the linkage and retention in care as well as quality of care, including treatment for HIV/AIDS, STI, viral hepatitis infections; Learning objectives: a. have good knowledge of STI and HIV treatment and care. b. be able to apply knowledge of cultural competencies for MSM to create higher quality services. c. be more competent in use	HIV 90/90/90: The Importance of the continuum of care The epidemiological dynamics of HIV infection among MSM in Europe Cultural competency strategies to remove barriers to access, improve quality of services and retention into care: • Patient involvement • Peer mentoring • Capacity building • Community engagement STI information specific to MSM including: • Epidemiology • Transmission risks	Advanced development exercise in how to improve linkage and retention into care using case studies as the basis for the development of best practice based on local situations. Topic areas to include: • using technology and online tools • using MSM networks • peer led services • strengthening referral pathways through cultural competency

of digital tools and platforms to support traditional models of care.	• Prevention options • Resistance	
3. Improve the integration of services to ensure patient-centred care, including inpatient and outpatient facilities, including community and prison health services Learning objectives: a. have good knowledge on the factors which influence poor sexual health for MSM. b. be able to plan a whole systems approach to MSM sexual health, using wider health and statutory and community services. c. be able to meet the specific needs of higher risk or minority groups of MSM.	Syndemic production model on intertwining factors for poor sexual health for MSM Sexual health as part of a holistic whole system approach to MSM health Patient engagement and involvement Partnerships between statutory and community health services	Vulnerable MSM subgroups and subsequent sexual health needs: • MSM youth • MSM migrants • Non gay or bi identified MSM • MSM from ethnic or cultural minority groups • Trans MSM • MSM with drug (chemsex) and alcohol needs • MSM in prison settings
4. Reduce stigma and discrimination due to sexual orientation and of people living with HIV/AIDS in the health care settings, including prison health services and in the community. Learning objectives: a. have good knowledge on the drivers and impact of stigma around HIV/STI or sexuality on sexual health. b. be more competent at engaging individuals or organisations on challenging HIV stigma and homophobia. c: be able to use cultural competency with MSM communities to achieve better health outcomes.	Drivers of HIV and sexual orientation related stigma including: • Lack of knowledge • Lack of visibility • Social norms relating the sex, sexuality and gender identity Creating a non-judgemental environment/ service MSM cultural competency: • Sexual identity and gender • Language and community • Sexual practices • Homophobia and mental health • Age • Ethnicity and religion	Tailored training for: • Mainstream sexual health services • Primary care doctors • Healthcare assistants • Mental health services • Drug and alcohol services • Prison services Partnership work with LGBT organisations Case studies of anti HIV/LGBT stigma interventions

- These Core and Specialist training modules will be complemented by interactive group work on attitudes, beliefs and interpersonal and digital skills for community-based health workers working with MSM, which will be developed by WP 10.
- WP9 will use an agreed upon information production system, which will use evidence-based creation of information, peer review and user feedback, with a defined editorial process.

Content outputs:

- WP9 will produce a training needs assessment tool, using information from the CHW and MSM surveys. The needs assessment tool will be used to determine localisation of training content, and will predominantly help determine the specialist modules undertaken to fit with local needs.
- WP9 will produce trainer and trainee manuals that assist with selecting modules and guide their use. These will include guideline templates, forms and/or toolkits to assist CWH as appropriate.
- WP9 will produce sets of PowerPoint slides as core materials for all general and specific modules, to be used as presentations by trainers.
- Content for the specific modules will also be produced in an online form that facilitates self-study.
- A series of e-learning online video lectures which would act as a virtual counterpoint to training materials (using, for example, a webinar style, which will incorporate the training slides and exercises). These can be used remotely by individuals are unable to attend WP10 training sessions, or as a revision support tool following training.
- WP9 will control the quality of the layout and design of translations of the curriculum, modules and materials into the languages determined by the Steering Committee.
- WP9 will also create evaluation tools which will be used for both the main training of trainer sessions, alongside any self-learning resources too. Evaluation outcomes will be determined by the detail from the CWH, but will relate specifically to the Learning Outcomes and the distances travelled by CHW, in terms of:
    - Knowledge
    - Skills
    - Confidence

- Evaluation tools will be available as physical print resources and in a simple online format, for use in multiple settings. Feedback from the evaluation tools will be used to refine content materials from the pilot ToT sessions, and measure the impact of the program during its main periods of delivery.
- WP9 will also take responsibility for managing all necessary acknowledgements and intellectual property issues related to the training materials.

Methods

- WP9 will use a range of blended learning methods, building on Terrence Higgins Trust's experience of providing internal and external staff training in frontline MSM health promotion, testing services and national social media campaigns in the UK. THT also runs a national qualification in Understanding HIV and AIDS through City and Guilds,

uses qualified trainers with the Chartered Institute of Personnel and Development and has accreditation with Open college London. THT also uses multi-disciplinary research to inform its practice, most recently in the areas of online outreach (University of Sussex) and smartphone apps (European Centre for Disease Prevention and Control).

Work plan (including milestones)

M1-12	Contribution to MSM and CHW survey design, participation in Steering Committee to inform the preparatory work of WP9 and WP10 as early as possible, participation in WP6 in particular.
M1-6	Baseline preparation work for training materials.
M6-12	Content creation for training materials based on WP5 CHW review.
M12	Delivery of a draft training programme for CHW (D9.1) for comments to the contracting authority.
M12	First interim report.
M16-19	Observing ToT in regards to training materials.
M19-20	Discuss preliminary results of MSM and CHW surveys to inform redrafting of training materials and training programme.
M22-26	Observing national pilot training workshops in regards to revising training materials.
M28	Contributing to the evaluation of the training programme in regards to revising training materials.
M18-19/28-29	Revision of training materials.
M32-33	Quality Control of training material translations regarding layout and design.
M34-36	Contribution to reports and dissemination workshop.

Summary of required deliverables

D9.1	Draft training programme for CHW, including evaluation tools
D10.5	Final draft training materials
D10.6	Final draft training report incl. final training packages in English and translations, training programme evaluation, executive summary, e-learning, lectures and PowerPoint presentation
D10.7	Peer review report of draft training materials
D10.8	Final European CHW training materials

Project management

Cary James, the Head of Health Improvement Programmes at THT, will directly manage WP9. The THT manager will directly report to the DAH as the Objective 3 coordinator.

As Project Coordinator, Cary James will oversee and lead WP9 on behalf of Terrence Higgins Trust. This will include managing the work-plan, monitoring the time schedule, managing risks and finding solutions, communication between work package partners, overseeing WP9 contributions to reports, arranging meetings and producing minutes, and coordinating with other work packages and the objective 3 coordination team. The project manager will also be responsible for ensuring compliance with intellectual property issues related to the training materials.

Justin Harbottle will lead the production of the content of the deliverables. As project manager he will organise subcontracts as well as brief and supervise subcontractors. He will participate in Objective 3 meetings and document Objective 3 decisions regarding training materials.

As MSM health promotion specialist based at the Terrence Higgins Trust (THT), the project manager will undertake research, material and resource creation. This will be supported by 25 hours of freelance work, which will provide consultation in appropriate areas.

The project manager will conduct user testing of and consultation on the materials, attend ToT and national pilot training programmes as an observer and analyse and ensure that results, expert feedback and necessary acknowledgements of sources are integrated into the final draft training materials. He will also contribute content to Objective 3 reports and meetings as required.

Risk assessment

Risk: The results of the MSM and CHW surveys suggest focusing on aspects different from the content of the training package.
Solution: Regular communication with the consortium lead and negotiating access to preliminary results when necessary. Also ensuring that the content of related modules can be adapted according to survey results before the training package is finalised.

Work Package 10 – CHW Training Programme

Start: M1
End: M36

Tasks

WP10 will develop and conduct a training programme to increase the knowledge and skills of CHW to develop and implement a range of activities and services to improve access to HIV, STI and viral hepatitis prevention and health care for MSM.
The programme will be designed to increase the capacity and confidence of ToT participants to plan and facilitate national training based on the modules and materials developed by WP9.

- WP10 will contribute to the draft training materials.
- WP10 will develop, organise, facilitate and evaluate two sets of two consecutive Training of Trainers (ToT) workshops for a maximum of 20 participants each. The first round of two workshops will include the three basic training modules produced by WP9 as well as a set of interactive exercises on attitudes and beliefs and interpersonal skills (e.g. communication, counselling, use of digital technology).
- The ToT participants from ten national training pilot countries will be asked to use the results of the needs assessment in their country to plan their national training during the time period between workshop 1 and workshop 2.
- The second round of workshops will include the three specific training modules as well as interactive exercises on workshop planning, presentation and training facilitation.
- WP10 will evaluate the ToT workshops using tools that will also become part of the trainer manuals for use in national pilot training workshops.
- To fit within the project time frame and budget, WP10 proposes that ten countries conduct national training workshops in the local official language and with their ToT workshop participants taking the role of training facilitators. Pilot countries will each recruit 12 – 20 participants for their workshops. The national workshops will follow the model of the ToT workshops and the selection of general and specific modules will be based on the results of a local assessment of the priority training needs of local CHW.
- WP10 will design a needs assessment tool that partners in pilot countries will disseminate to investigate the actual and current training needs and preferences of the potential participants in the national training pilots. Local partners in the pilot countries will collaborate with WP10 to conduct and analyse the needs assessment.
- WP10 will liaise with, coordinate and assist pilot country partners in organising, facilitating and evaluating a national training workshop for CHW.
- WP10 will provide input into the revision of the training materials.
- WP10 will produce a training report on both ToT and national pilot training workshops including the results of the evaluation regarding results achieved, lessons learnt, relevant findings, obstacles and recommendations for future work.

Methods

- Potential candidates for the ToT workshops will come from the group of European MSM NGO CHW working with MSM convened by DAH over the last several years as well as the network of trainers/facilitators supported by the European Quality Action project.

- Criteria for ToT participant selection:
  - working locally and directly with MSM with a focus on HIV, STI and viral hepatitis and/or intertwining syndemic factors as coping with homonegativity, drug use and mental health
  - at least 3 years of experience in the field
  - current paid or voluntary position in a relevant community-based project or programme, e.g. as part of the staff of a "checkpoint" which offers HIV/STI-Tests and counselling for MSM
  - letters of support from 3 relevant referees
  - ability to follow and participate in training in English (or able to bring a personal language assistant)
- Criteria for pilot country selection:
  - The selection will be overall representative of a variety of contexts for the response to HIV (political, legal and social environment, epidemiology, history and maturity of the response, CHW resources available, MSM community infrastructure, accessibility of the health system for MSM)
  - Expressed interest in the project and motivation to participate
  - Sufficient NGO infrastructure and capacity to organise national pilot training
  - In regular communication with national health authorities
- We believe that it is appropriate to suggest a draft list of pilot countries based on the criteria above. We propose to confirm or amend this list based on preliminary results of the surveys and steering group discussions as early as possible in order to confirm their willingness and capacity to participate, to foster their involvement in the project from the beginning and to allow them sufficient time to prepare and promote national activities. We conducted a call for expressions of interest within the relevant networks in preparation for this tender submission and applied the criteria mentioned above.

Country	Organisation	Characteristics	Representative of
Poland (also proposed as ToT workshop host)	Social AIDS Committee	▪ Centralised NGO programme, ▪ testing service, ▪ outreach to MSM community networks, ▪ highly motivated to expand and consolidate MSM focus	▪ Concentrated MSM epidemic ▪ Central Europe ▪ Challenging political, cultural and social context ▪ Potentially hidden and increasing MSM epidemic ▪ Developing focus on MSM
England	Terrence Higgins Trust	▪ Centralised NGO programme, ▪ CB-MSM sexual health centre in London and Brighton ▪ testing services ▪ outreach to community networks ▪ highly motivated to expand and consolidate MSM focus	▪ Concentrated MSM epidemic ▪ Western Europe ▪ Increasing MSM epidemic ▪ Focus on MSM

Germany	Deutsche Aids-Hilfe e.V.	▪ Centralised NGO programme, ▪ CB-MSM sexual health centre in Berlin, Cologne, Frankfurt, Hamburg, Mannheim, Munich, Nuremberg ▪ testing services ▪ outreach to community networks ▪ highly motivated to expand and consolidate MSM focus	▪ Concentrated MSM epidemic ▪ Western Europe ▪ Focus on MSM
Netherlands	SOAIDS	▪ Centralised NGO programme, ▪ CB-MSM sexual health centre in Amsterdam ▪ testing services ▪ outreach to community networks ▪ highly motivated to expand and consolidate MSM focus	▪ Concentrated MSM epidemic ▪ Western Europe ▪ Increasing MSM epidemic ▪ Focus on MSM
Croatia	ISKORAC CATHIV/HUHIV	▪ Centralised NGO programme, ▪ CB-LGBT sexual health centre in Zagreb ▪ testing service, ▪ limited outreach to MSM community networks ▪ highly motivated to expand and consolidate MSM focus	▪ Concentrated MSM epidemic ▪ Central Europe ▪ Challenging political, cultural and social context ▪ Potentially hidden and increasing MSM epidemic
Portugal	GAT	▪ Centralised NGO programme, ▪ CB-MSM sexual health centre in Lisbon, ▪ testing services, ▪ outreach to community networks ▪ highly motivated to expand and consolidate MSM focus	▪ Concentrated MSM epidemic ▪ Southern Europe ▪ Challenging social context ▪ Potentially hidden and increasing MSM epidemic
Italy (also proposed as ToT workshop host)	LILA Milano	▪ Decentralised NGO programme ▪ CB-MSM sexual health centre in Bologna ▪ Highly motivated to expand and consolidate MSM focus	▪ Concentrated MSM epidemic ▪ Western Europe/Southern Europe

France	AIDES	▪ Centralised NGO programme, ▪ CB-MSM sexual health centre in Paris, Marseille ▪ testing services ▪ outreach to community networks ▪ highly motivated to expand and consolidate MSM focus	▪ Concentrated MSM epidemic ▪ Western Europe ▪ Focus on MSM
Greece	Praxis/Positive Voice	▪ Centralised NGO programme ▪ CB-MSM sexual health centre in Athens, ▪ Testing service, ▪ Highly motivated to expand and consolidate MSM focus	▪ Concentrated MSM epidemic ▪ Southern Europe ▪ Challenging political, social and cultural context ▪ Developing service infrastructure
Estonia	National Institute for health development	▪ Health authority-led NGO services ▪ MSM are second priority (after PWID) ▪ Existing approach to PWID focus to be explored for transfer to MSM focus ▪ Highly motivated to improve and develop the response	▪ Concentrated MSM epidemic, but not highest number of diagnoses (PWID) ▪ Challenging cultural and social context, two main ethnic groups ▪ Eastern Europe
Austria	AIDS Hilfe Wien	▪ Decentralised NGO services ▪ For western Europe atypical response (gaps in data, lack of national strategic response) ▪ Highly motivated to develop capacity in regional areas ▪ Potential to support advocacy for national strategic response	▪ Concentrated MSM epidemic ▪ Western Europe ▪ Challenging political context ▪ Challenging structures

- Based on the experience with in the Quality Action ToT workshops, the consortium believes that holding the two sets of ToT workshops in two of the selected pilot countries will provide an additional boost to local morale, motivation and collaboration within the health and community sector.
- Knowledge transfer and interactive skills development will account for approximately 50% each of the training workshops. All training workshops will be of 2 days duration (one evening, one whole day, one morning) with a total of 15 contact hours. Experience with the Quality Action workshops and the European MSM CHW meetings conducted by DAH shows that this is the maximum that workers can usually devote to training at any one time and that accommodates travel to and from the workshop location.

- Training (ToT and national pilots) evaluation:
  - Pre- and Post-training questionnaires, interviews with trainers.
  - Basic statistical analysis of quantitative data on satisfaction with the training, self-assessed knowledge and skills and (ToT only) confidence in conducting national-level training for others.
  - Thematic analysis of qualitative data from interviews with trainers.
- We will design workshops based on the principle that participants come with personal knowledge and experience that they can share and that a mix of knowledge transfer and interactive formats works best to keep participants engaged, to link knowledge with skills and practical experience and to increase personal confidence. The workshop methodology will include a selection based on the following components:
  - Short presentations
  - Small group discussions
  - Sharing experiences
  - Mind maps (visualising concepts and connections)
  - E-learning-tools
  - Practical tasks with feedback loops (role plays with observers, presenting content to the group)
  - Planning tasks using checklists
  - Warm-up exercises, mutual appreciation of strengths
  - Networking spaces, including 'world café'

We will complement the workshop schedule with social programming to create a friendly and connected working environment and, to encourage exchange of experience and knowledge and to offer insights into local culture and local activities focussed on HIV, STI and viral hepatitis prevention with MSM. Hereby we can create transnational sustainable networks of CHW for future exchange and collaboration.

- The indicators forming the basis of the evaluation tools are:

Process indicators	**Output indicators**	**Outcome indicators**
▪ Invitations ▪ Evaluation questionnaires ▪ Programmes and facilitation plans	▪ Number and geographic distribution of workshops ▪ Participant numbers and characteristics covering the range of contexts for HIV/STI/viral hepatitis for MSM in Europe	▪ Participant satisfaction ▪ Level of self-assessed knowledge and skills regarding the workshop content ▪ Levels of self-assessed confidence in training others (ToT participants only)

- WP 10 suggests the following 5 reviewers for the peer review:
  - Mark Sergeant (Sensoa, Belgium)
  - Per Slaaen Kaye (Aidsfondet, Denmark)
  - Sophokles Chanos (Athens Checkpoint, Greece)
  - Zoran Domincovic (Iskorak - Sexual and gender minorities rights centre, Zagreb, Croatia)
  - Alberto Martín-Pérez Rodríguez (Técnico de Proyectos de Salud y VIH, Madrid, Spain)

The suggested peer reviewers have worked for at least five years in the field of HIV prevention for MSM, have an extensive experience in trainings as well as in provision of community health services, are not directly involved in the project, and represent a variety of European Countries with differences in the regional MSM epidemics.

Work plan (including milestones)

M1-12	Contribution to MSM and CHW survey design, participation in Steering Committee to inform the preparatory work of WP9 and WP10 as early as possible, with participation in WP6 in particular.
M1-6	Baseline preparation work for training materials.
M6-12	Content creation for training materials based on WP5 CHW review.
M12	Delivery of a draft training programme for CHW (D9.1) for comments to the contracting authority.
M12	First interim report.
M15	Delivery of a plan for the CHW Training programme (including timings and final pilot country selection) and its content to the contracting authority (D10.1).
M16-19	ToT workshops on the basis of the draft training modules and materials ToT workshops round 1; ToT workshops round 2 (D10.2).
M19-20	Discuss preliminary results of MSM and CHW surveys to inform redrafting of training materials and training programme.
M20-26	National pilot training needs assessments in the 10 pilot countries; preliminary translation of the materials into the languages needed for the 10 national pilot training workshops (D10.3).
M24	Second interim report.
M24/26	National pilot training workshops.
M26-27	Training evaluation and analysis.
M28	Training evaluation report (D10.4).
M29/30	Revising training modules and materials, expert reviews.
M30	Final draft training materials (D10.5) and Final draft training report (D10.6).
M33	Peer review report of draft final training materials (D10.7).
M33-34	Translations.
M34	Project Dissemination Workshop (D11.1).
M35	Report from the dissemination Workshop (D11.2).
M35	Final draft report.
M36	Final European CHW training materials.

Summary of required deliverables

D10.1	Training programme and content
D10.2	Training of trainers training package
D10.3	National piloting of training package
D10.4	Report of the evaluation of the ToT and piloting of training programme
D10.6	Final draft training report incl. final training packages in English and translations, training programme evaluation, executive summary and PowerPoint presentation
D10.7	Peer review report of draft final training materials

D10.8 Final European CHW training materials
D11.1 Dissemination workshop
D11.2 Report from the dissemination workshop

Project management

The Project Coordinator at DAH (n.n.) will oversee and lead WP10. This will include managing the workplan, monitoring the time schedule, managing risks and finding solutions, communication between work package partners, overseeing WP10 contributions to reports, arranging meetings and producing minutes, and coordinating with other work packages. The project coordinator will be assisted by an administration officer.

The Project Coordinator will, assisted by the administration officer, organise the ToT training workshops, liaise with partners in countries, conduct the selection process for participants and oversee the programming and facilitation. The Project Coordinator will work with two subcontracted training facilitators to facilitate the ToT workshops and conduct their evaluation. The Project coordinator will also liaise with partners for the national pilot training workshops, administer financial and logistical support and organise the supervision of local trainers.

The administrative officer will provide support to all organising, logistical, financial, and communication tasks.

Two expert staff members at DAH will provide input and advice on all aspects of WP 10. Dr Dirk Sander is an MSM health promotion expert and Ludger Schmidt an expert on international projects across Europe and Central Asia.

WP10 will subcontract two experienced training facilitators, to facilitate the ToT workshops and provide support to national pilot workshop trainers. WP10 will provide as trainers an The training facilitators will have extensive recent experience leading the ToT component of the European Quality Action project.

Risk assessment

Risk: Time delays in the availability of preliminary MSM and CHW survey results and therefore training material production.
Solution: Constant communication across Objective 3 and related WP. Early preparation of drafts based on existing materials and known training needs.

Risk: Short notice for pilot countries to organise pilot training workshops.
Solution: Early discussion of pilot country selection in the Steering Committee and early liaison with potential candidates.

Work Package 11 – Overall evaluation report summarising the challenge and opportunities, and the dissemination of the results

Start: M1
End: M36

Tasks

The overarching task of WP 11 is to monitor whether the project has reached its objectives and whether the outcomes of the project have met the needs of the target groups. This includes:

- Monitor and learn from the project implementation activities (process and project outputs monitoring and evaluation) and integrate the results into current project planning and management;
- Monitor progress towards achievements of the expected outcomes and description of how the results were achieved, lessons learnt and recommendations for future activities (monitoring and evaluation of project outcomes and impacts).

For this purpose, the following questions will be answered and used to guide the activities of WP 11:

- Have the project's expected outputs and outcomes been achieved?
- How have the outcomes been achieved?
- What are the lessons learnt from the project?
- What recommendations can be made for future trainings, including efficiency, relevance EU added value, utility, lessons learn, impact, sustainability, effectiveness, challenges and how to address them?

To achieve the above mentioned tasks, a number of key activities will be performed. They include, but are not limited to the following:

- Provision of project logical framework (consist of milestones of each WP and process, output and outcomes indicators and will be developed in collaboration with CL, OCs and WPLs) to the WPLs to guide them through the follow up of activities and to monitor projects' progress and the work programme.
- Develop interim monitoring reports (2 reports) and a final monitoring and evaluation report of the full project (including process, output and outcomes), in collaboration with CL, OCs and WPLs.
- Participate in presentation of project results during the expert workshop and prepare a report of the results in collaboration with WP 4, WP 8 and CL.
- Support the organization of the ToT and Pilot trainings through assisting in the monitoring and evaluation of those activities and preparation of evaluation reports in collaboration with WP 10 and CL.
- Organize a dissemination workshop to present the results of the surveys and results of the evaluation, in collaboration with CL and WPLs.
- Develop a report from the dissemination workshop in collaboration with CL and WPLs.
- Participation in the development of the final administrative report.

Methodology

WP 11 proposes to measure the project progress using multi-level evaluation strategy, which includes the use of routine monitoring data and non-experimental before-and-after designs tests to measure training results. We will use mixed methods (i.e. quantitative and qualitative methods) to appropriately collect and analyse the relevant data.

A logical framework will be prepared in the evaluation plan, incorporating the activities and milestones of each WP. The logical framework includes process, output and outcome indicators.

Work plan of WP11 (including milestones):

M1	Participation in the project kick-off meeting.
M6	Conduct Half-yearly monitoring during full project period – we will use data from (existing) reports (e.g. bimonthly progress reports provided by each WPL) and project documents, and obtain clarification virtually by email, skype and telephone.
M11	First interim consortium meeting.
M12	Conduct Half-yearly monitoring during full project period – we will use data from (existing) reports (e.g. bimonthly progress reports provided by each WPL) and project documents, and obtain clarification virtually by email, skype and telephone.
M18	Conduct Half-yearly monitoring during full project period – we will use data from (existing) reports (e.g. bimonthly progress reports provided by each WPL) and project documents, and obtain clarification virtually by email, skype and telephone.
M16-19	Conduct monitoring of the ToT activities.
M20	Conduct monitoring of the 2 day workshop (with up to 40 participants) on the outline MSM and CHW online survey findings and planned data analysis and report (D4.2/D8.2).
M24	Conduct Half-yearly monitoring during full project period – we will use data from (existing) reports (e.g. bimonthly progress reports provided by each WPL) and project documents, and obtain clarification virtually by email, skype and telephone.
M24-26	Conduct monitoring of the 10 national pilot training workshops - Pre- and post-testing of the trainings with questionnaires, including process evaluation of the training and prepare a report (in collaboration with WP 10).
M26/27	Training evaluation and analysis (in collaboration with WP 10).
M30	Conduct Half-yearly monitoring during full project period – we will use data from (existing) reports (e.g. bimonthly progress reports provided by each WPL) and project documents, and obtain clarification virtually by email, skype and telephone.
M34	Organize a dissemination workshop to present the results of the surveys and results of the evaluation, in collaboration with CL and WPLs.
M35	Develop a report from the dissemination workshop in collaboration with CL and WPLs.
M 36	Participation in the development of the final administrative report in collaboration with CL.

Deliverables

D10.4	Report of the evaluation of the piloting of training programme - in collaboration with WPL of WP10
D11.1	Dissemination workshop
D11.2	Report from the dissemination workshop to share the results with national authorities

Project management

We propose to work with a team of two evaluators (Aryanti Radyowijati MD, MPH, MA and Maaike Esselink, MSc), in which Aryanti will be leading the overall WP11, supervising the monitoring and final evaluation of the full project. Mrs. Esselink will perform data collection and analysis during the project period.
The monitoring and evaluation of Objective 3, the organization of the dissemination meeting, final evaluation of the project (M34) and meeting at project levels the kick-off meeting, interim meetings and the closing meeting) will be done by 2 evaluators. The team will be supported by RiH support and financial staff.

Risk assessment

Risk: Non-deliverance of materials (interim reports, etc.) by consortium members.
Solution: Appropriate management structure in place and consortium agreement signed by all parties outlining the deadlines for delivery of reports.

Proposal for a combined workshop for presentation and discussion of MSM and CHW survey results

Preliminary survey results and survey analysis plans shall be presented and discussed during a workshop with 20 experts each. We propose to organise only one workshop for the discussion of the two surveys, because the experts that will be invited to discuss survey findings and analysis plans will be broadly overlapping for the two surveys. This will save time, and travel costs. To comply with the maximum available tender budget we need to propose to organise the common workshop for the two surveys in Berlin to save money on travel, hotel and daily allowance costs.

We propose the following preliminary draft agenda for the combined workshop:

DAY 1 Start 9:00

9:00-10:30
. Comparability of national samples and differences between countries and regions:
- MSM SURVEY
- CHW SURVEY

10:30-12:00
. Stigma and discrimination:
- Experience of stigma and discrimination (MSM SURVEY)
- Existence of discrimination and stigma and how to address them, in the community and in access to health services (CHW SURVEY)

Discussion until 12:30

LUNCH BREAK until 1:30

1:30-2:30
. New technologies:
- The use of mobile technologies and its impact on partner numbers and sexual risk taking (MSM SURVEY)
- Knowledge of CHW on the health impact of the use of mobile technologies (CHW SURVEY)

2:30-4:00
. Use of (new) psychoactive substances:
- The use of (new) psychoactive substances and their impact on sexual risk-taking (MSM SURVEY)
- Knowledge of CHW on the use of (new) psychoactive substances by the MSM community and how to address them (CHW SURVEY)

Discussion until 4:30

COFFEE BREAK until 5:00

From 5:00 to 6:30 parallel sessions for MSM and CHW surveys

MSM SURVEY:
Current challenges in HIV and STI prevention among MSM. Impact of medical interventions such as use of antiretrovirals and discourse of undetectability and PrEP on sexual behaviour.

CHW SURVEY:
. Structural and contextual barriers and facilitators faced by CHW (such as community attitudes, relationships with the formal health services, and policies/legislation that support them).

DAY 2 Start 9:00

9:00 – 10:30
. HIV care cascades for MSM in all participating countries (0.5 hours)
. Health service use among MSM (0.5 hours)

half hour discussion until 10:30

10:30- 12:00
. MSM mobility and migration: extent and consequences of migration into and within the EU, sexual networks: 0.5 hours

one hour discussion until 12:00

LUNCH BREAK until 1:00

1:00 – 2:30 combined session
. Access to treatment and prevention resources:
- Access to prevention resources including condoms, lubricants, PEP, and PrEP (MSM SURVEY)
- Access to treatment and prevention measures including condoms, lubrificants, PrEP/PEP, and HIV/AIDS, STI, and viral hepatitis risk management strategies (CHW SURVEY)

From 2:30 to 3:30 parallel sessions for MSM and CHW surveys

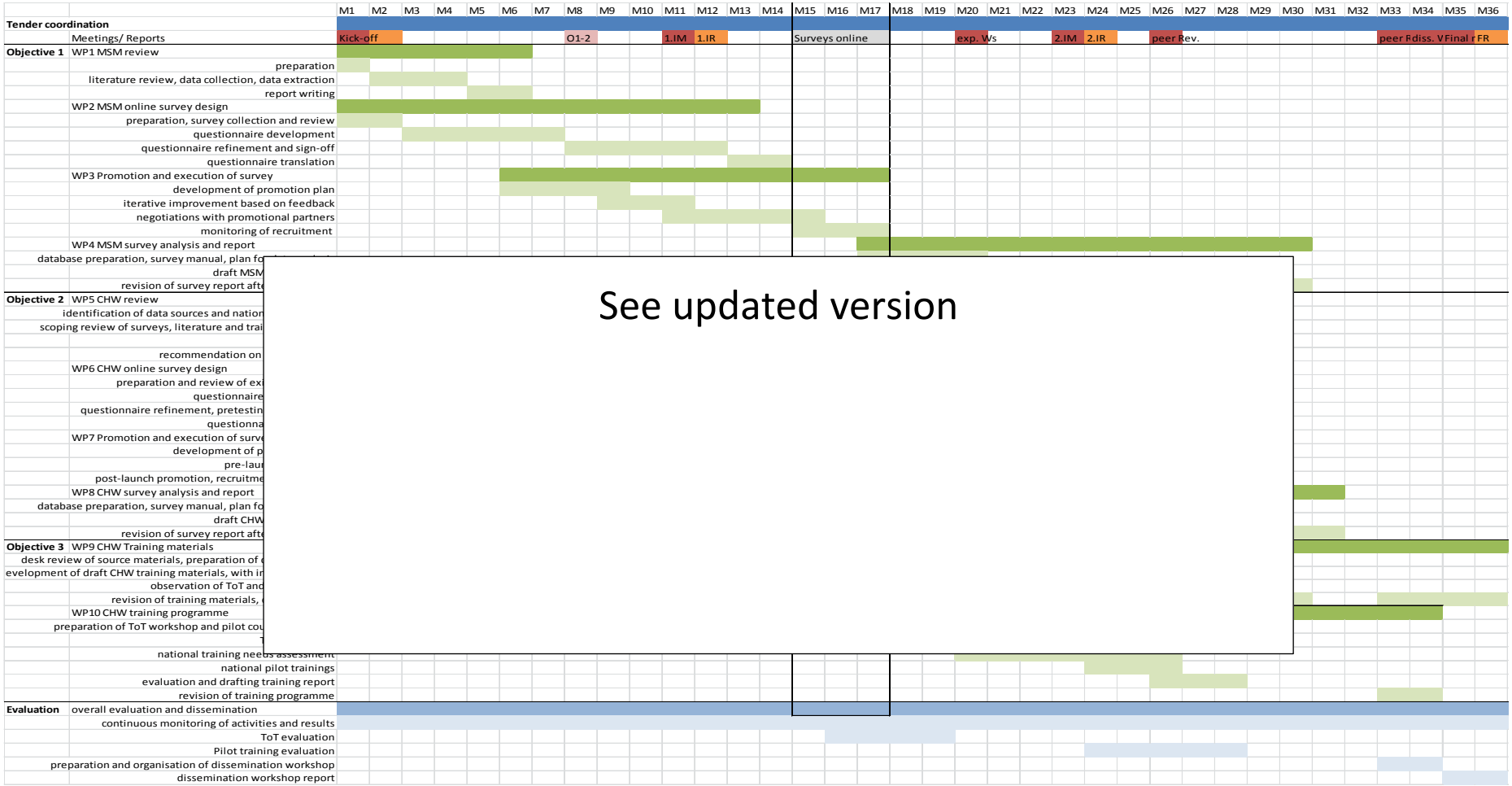
CHW SURVEY
. Knowledge of CHW on MSM sexual health and life style and behaviour, HIV/AIDS, STI, and viral hepatitis epidemiology, and mental health

MSM SURVEY
. HIV and STIs (including viral hepatitis) risk management strategies (1)

COFFEE BREAK until 4:00

4:00 – 5:00
Discussion on the core themes of the reports, report structure. Planning the next steps: project's time frame, CHW/MSM reports, the future of pan-European surveys

Gantt chart



See updated version

Updated milestones and deliverables by month and work package

Month	Work Package	Description
M1	WP1-11	Kick off planning meeting including all core staff and WP leaders
M2	WP5	To start collaboration with national focal points of all EU countries and the broader consortium-associated network
M2	WP5	Perform a scoping review to identify existing surveys and questionnaires addressing knowledge, attitudes and practices on health needs of MSM, as well as existing training programmes, tools and guides (4 months).
M2	WP1	Formulating the search terms for the literature search on topics 1 and 2 and starting the literature search for the MSM review. Developing a structure for data extraction from the Dublin monitoring reports (1 month).
M1-6	WP9	Baseline preparation work for training materials.
M2	WP2-4	Co-ordinate the application for ethical approval submission for all Objective 1 (WP2-4) to the LSHTM Ethical Review Board.
M2	WP5-8	Co-ordinate the application for ethical approval submission for all Objective 2 (WP5-8) to the Germans Trias iPujol Ethical Review Board.
M3	WP1	Start to contact and arrange interviews with national stakeholders from the network. Data collection and verification continues over the following two months.
M3	WP2	Manage consortium wide peer review of conceptual map of proposed core themes for a European MSM questionnaire (WP2).
M3	WP6	Creation of conceptual map and consensus on core themes reviewed by the Consortium partners prior to further questionnaire development
M2-5	WP1	Literature review and data extraction (2-3 months) for the MSM review. Review of the interviews with national stakeholders and data extraction from Dublin monitoring reports.
M4	WP6	Draft core CHW survey items and indicators including feedback.
M5	WP2	Manage first online pre-test of MSM survey with members of the target population in the UK and subsequent first wider consultation exercise across our consortium / network.
M7	WP1	Compilation and submission of a MSM Review report
M6	WP5	Develop and deliver the Review report on the knowledge, attitudes and practices of CHW, including a proposed EU framework and recommendations on training and exchange of good practice (D.5).
M8	WP1-8	Objective 1 and 2 face-to-face meeting to discuss data collection strategies and synergies between WP2 and WP6; WP3 and WP7; and WP4 and WP8.
M6	WP6	First online pre-test in English including cognitive debriefing interviews
M6	WP11	Half-yearly monitoring report
M6-12	WP9	Content creation for training materials based on WP1 MSM review and WP5 CHW review.
M5-8	WP3	Development work and consensus building across our consortium on both the Promotion Plan and MSM recruitment strategy (D3.1) and our proposed Survey protocol and hosting strategy (D3.2).
M7	WP6	Following the pre-test, a wider consultation exercise will be conducted with utilising the consortium network.
M6	WP2	Proposal for a consensus European questionnaire (D2.1) submitted for comments to the contracting authority. Second online pre-test of MSM questionnaire to allow reliability and validity checks.
M8	WP6	Delivery of a proposal for a European CHW consensus questionnaire (D6.1).
M10	WP2-3	Delivery of a Promotion Plan and MSM recruitment strategy to the Contracting

		Authority. The plan will describe the means by which we will seek to ensure maximum visibility for the survey across Europe (D3.1) and a Survey protocol and hosting strategy (D3.2).
M9-10	WP7	Collaborate with partner organisations to develop and deliver a Promotion Plan and CHW recruitment strategy that will ensure maximum visibility to the target group considering different settings CHW can be reached (D7.1)
M10	WP7	Deliver to the Contracting Authority a promotion plan and CHW recruitment strategy for feedback and approval alongside the CHW consensus questionnaire.
M10	WP6	A second online pre-test to allow reliability and validity checks and provisional identification of combined variables creating scores.
M10	WP7	Define ideal survey sample sizes for each country in collaboration with national focal points and agreed with the collaborating consortium partners.
M11	WP1-11	First interim consortium meeting.
M11	WP7	Develop and deliver a survey protocol and hosting strategy that will describe, in detail, the proposed technical approach to executing the survey including the specification of the hosting arrangements and data protections in place (D7.2).
M9	WP2	Submission of European MSM Consensus questionnaire and sign-off by contracting authority (D2.2).
M11	WP6	Submission of the D6.2 European CHW Consensus questionnaire (in English) for sign-off by the contracting authority.
M12	WP9	Draft training programme presented to contracting authority for approval (D9.1)
M12	WP11	Half-yearly monitoring report
M11	WP2	Coordinated online translation into at least 24 EU /EAA languages.
M12-13	WP7	Promote the survey according to the developed strategy.
M12	WP2	All 25 MSM surveys complete and cross-checked and verified (for survey launch in M13).
M12	WP6	Coordinated online translation into EU/EEA languages
M15	WP10	Plan for training programme and content delivered to contracting authority for approval (D10.1)
M13	WP6	Translations complete, cross-checked and verified (for survey launch in M14).
M13-15	WP3	MSM Survey is live for 3 months including daily monitoring of survey recruitment (and weekly reports) to inform continuing promotional strategies and ensure value for money from paid recruitment sites.
M14-16	WP7	CHW Survey is live for 3 months including daily monitoring of survey recruitment (and weekly reports) to inform continuing promotional strategies
M16-19	WP9/10	Implementation of Training of trainers training package (D10.2)
M16/M17	WP4/8	Develop and share for comments from the Advisory Board a Plan for data analysis, including a manual with descriptions of parameters and coding values (D4.1/D8.1).
M18	WP11	Half-yearly monitoring report
M18-19	WP9-10	Discuss preliminary results of MSM and CHW surveys to inform re-drafting of training materials and training programme
M20	WP4/8	Develop, organise and run a 2 day workshop (with up to 40 participants) on the outline MSM and CHW online survey findings and planned data analysis and report (D4.2/D8.2).
M20-26 M24-26	WP10	National pilot training needs assessments in the 10 pilot countries; preliminary translation of the materials into the languages needed for the 10 national pilot training workshops; implementation of national pilot training workshops (D10.3)
M21	WP4/8	Workshop report and Final analysis plan for approval by the contracting authority.
M26	WP4	Deliver a Draft European MSM survey report (D4.3) for peer review.
M26	WP8	Deliver a Draft European CHW Survey Report (D.8.3).

M24	WP11	Half-yearly monitoring report
M28	WP4/8	Develop and deliver a MSM survey Peer review report (D4.4/D.8.4) after all peer reviews are received.
M24-26	WP10	National pilot training workshops (D10.3)
M28	WP4/8	Peer review meeting with Contracting Authority and its nominated representatives and reviewers.
M26/27	WP10-11	Training evaluation and analysis
M28	WP10	Delivery of Training evaluation report (D10.4)
M29/30	WP9	Revising training modules and materials, expert reviews
M30	WP4/8	Develop and deliver a Final European MSM and CHW survey report (D4.5/D.8.5).
M30	WP9-10	Submission of final draft training materials (D10.5) and final draft training report (D10.6) for peer review
M30	WP11	Half-yearly monitoring report
M33	WP9-10	Presentation and discussion of a Peer review report of draft final training materials during a peer review meeting with the contracting authority (D10.7)
M34	WP11	Project Dissemination Workshop (D11.1)
M35	WP11	Dissemination Workshop Report (D11.2)
M36	WP9-10	Delivery of the Final European CHW training materials (D10.8)
M36		Final Report

Updated list of Deliverables with timeline (sign-offs highlighted)

Deliverable Number	Title	Description	Lead participant	Month of delivery
Deliverable 1	MSM Review	Sexual health, HIV/AIDS, STI, viral hepatitis (B/C) situation among MSM review, including the mapping of existing policies and barriers for the effective implementation of prevention, diagnosis and health services. Hard copy and electronic version, PowerPoint	RKI	7
Deliverable 2.1	MSM Questionnaire review and development	Assessment of existing questionnaires and proposal for consensus questionnaire	LSHTM	6
Deliverable 2.2	Proposed MSM European Consensus Questionnaire	Draft MSM questionnaire in English only for European Consensus. Must be signed-off by contracting authority prior to translation.	SIGMA/ LSHTM	9
Deliverable 3.1	Promotion plan and dissemination strategy	Plan for MSM survey promotion & proposed dissemination strategy	SIGMA/ LSHTM	10
Deliverable 3.2	Survey protocol and hosting	MSM survey protocol & proposed online hosting and data protection strategy	SIGMA/ LSHTM	10
Deliverable 4.1	Plan for data analysis	Data analysis plan and manual with description of parameters and coding values	SIGMA/ LSHTM	18 (draft sharing for comments) / 21 (final)
Deliverable 4.2	Expert Workshop	Organisation of workshop on the MSM online survey findings and planned report. Workshop report agreed with contracting authority.	Consortium Lead (CL)	20 21
Deliverable 4.3	Draft Survey Report	Full draft of MSM survey report	SIGMA/ LSHTM	26

		submitted to peer reviewers – 5 proposals / 3 reviewers		
Deliverable 4.4	MSM survey Peer review report (and meeting)	Summary report of MSM peer review responses and proposed solutions for final MSM report.	CL, SIGMA/ LSHTM, CEEISCAT	28
Deliverable 4.5	Final European MSM survey report	Final MSM survey report for approval by commissioning authority	SIGMA/ LSHTM	30
Deliverable 5:	CHW Review	1) Knowledge of CHW on use of psychoactive drugs, TasP, PrEP, PEP, co-infections, Hepatitis, double/triple vulnerabilities, QoL of PLWHA, access and uptake of treatment, multimorbidity, polydrug therapy. 2) Assessment of CHW capabilities (counselling, test promotion, harm reduction, treatment compliance), training history, training needs. 3) Assess existing tools, guides, and training programmes. List of countries where CHW training measures are particularly useful, propose EU framework Hard copy/electronic version, PowerPoint	EATG	7?
Deliverable 6.1	Proposal for European CHW consensus questionnaire	Draft questionnaire building on existing(?) questionnaires, incorporating ECDC/EMCDDA/GARP indicators, new challenges and gaps	UoB	8
Deliverable 6.2	European CHW Consensus Questionnaire	(must be signed-off by contracting authority) prior to translation	UoB	11

Deliverable 7.1	Promotion plan and dissemination strategy	EU coverage, required national/ language response rates, sample composition, possible participation bias. Reaching different CHW groups (rural/ prisons??)	AAE	10
Deliverable 7.2	Survey protocol and hosting	Monitoring of uptake and progress, potential mitigation strategies to ensure EU coverage	SIGMA/LSHTM AAE	11
Deliverable 8.1	Plan for data analysis	Plan for data analysis, manual with description of parameters and coding values	CEEISCAT	18 (draft shared for comments)
Deliverable 8.2	Expert Workshop	Organisation of workshop on the CHW survey findings and planned report. Workshop report agreed with contracting authority.	CL	20 21
Deliverable 8.3	Draft European CHW Survey Report	submitted to peer reviewers – 5 proposals	CEEISCAT	26
Deliverable 8.4	CHW survey Peer review report (and meeting)	Summary report of CHW survey peer review responses and proposed solutions for final CHW survey report.	CL, CEEISCAT, SIGMA/ LSHTM	28
Deliverable 8.5	Final European CHW survey report	Final CHW survey report for approval by commissioning authority	CEEISCAT	30
Deliverable 9.1	Draft training materials for CHW.	Training materials including e-learning tools, a curriculum model, a training needs assessment tool (questionnaire), trainers and trainees manuals, training materials for tutorial and practical trainings, power point slides, training outcome evaluation tool. Materials must be signed-off by contracting authority	THT/DAH	12

		and DG SANTE before translation. Hard copy and electronic version		
Deliverable 10.1	Training programme	Selection and draft terms of reference for the recruitment of trainers; indicative list of trainers (including experience and language skills); collaboration with EU networks Trainees profile, criteria for selection four ToT workshops to pilot materials and train national trainers; pilot country selection. Pilot countries must be approved by contracting authority and DG SANTE	DAH	15
Deliverable 10.2	Training of trainers training package	ToT workshops on the basis of the draft training modules and materials	DAH	16-19
Deliverable 10.3	Pilot training package	National pilot training needs assessments in the 10 pilot countries; preliminary translation of the materials into the languages needed for the 10 national pilot training workshops.	DAH	20-26

Deliverable 10.4	Pilot training evaluation report	Report of the evaluation of the piloting of training programme	DAH/RiH	28
Deliverable 10.5	Final draft training materials	Draft training materials, revised based on pilot training experience	THT/DAH	30
Deliverable 10.6	Final draft training report	Final draft training report including the final training packages, the training programme evaluation, an executive summary , and a Power Point presentation for submission to peer review by the contracting authority	DAH/THT	30
Deliverable 10.7	Peer review report of draft final training materials and peer review	Summary report of Training report peer review responses and proposed solutions for final European CHW training materials. Meeting with peer reviewers and contracting authority.	DAH, THT, CL	33

	meeting			
Deliverable 11.1	Dissemination workshop	Presentation of project results to relevant stakeholders (Think Tank, Civil Society Forum, experts and CHW organisations from member states) in Brussels or Luxemburg. Power Point, simultaneous translation to 3 languages	RiH/CL	34
Deliverable 11.2	Report from the dissemination workshop	Workshop report in English Hard copy and electronic version, Power Point slideset	RiH	35
Deliverable 10.8	Final European CHW training materials	Training programme and materials revised based on peer reviewer recommendations and comments from contracting authority	THT/DAH	36
Deliverable 0	Inception report	Includes Work plans for all the 11 Work packages	CL	1
Deliverable I	First Interim report	Includes Deliverables D0 – D3.2; D5 – D7.2 and D9.1	CL+OC	12
Deliverable II	Second Interim Report	Includes Deliverables D4.1-D4.2, D8.1- D8.2, D10.1-D10.2	CL+OC	24
Deliverable III	Final Report	Includes Deliverables D4.3 - D4.5, D8.3 - D8.5, D10.3-D10.8, D11.1-D11.2	CL+OC	36