



## PRESENTATIONS FROM THE ESTICOM DISSEMINATION MEETING 19 JUNE 2019, LUXEMBOURG

Please also see "Dissemination Workshop Report" at  
<https://www.esticom.eu/Web/ESTICOM/EN/about-project/project-meetings/project-meetings-node.html/>.


### **Suggested citation:**

AUTHORS, TITLE OF POWERPOINT, presented at ESTICOM Dissemination Meeting, 19-JUNE-2019, Luxembourg, available from  
<https://www.esticom.eu/Web/ESTICOM/EN/about-project/project-meetings/project-meetings-node.html/>

### PRESENTATIONS


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# EMIS-2017 PRESENTATION (MORNING SESSION)



Axel J. Schmidt & Peter Weatherburn  
EMIS 2017 @ ESTICOM Dissemination Day, 19 June 2019

EMIS 2017




## European MSM Internet Survey 2017 Aims, methods and key achievements

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[www.sigmaresearch.org.uk](http://www.sigmaresearch.org.uk)

[www.lshtm.ac.uk](http://www.lshtm.ac.uk)



Axel J. Schmidt & Peter Weatherburn  
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**Primary Funding:** As part of ESTICOM, EMIS 2017 was carried out under the service contract 2015 71 01 with The Consumers, Health, Agriculture and Food Executive Agency (Chafea), acting under powers delegated by the Commission of the European Union.

**Other international financial contributions:** Swedish Ministry of Health for recruitment in the Nordic Countries; The Arctic University of Norway and University Hospital of North Norway for Russia; Israel Ministry of Health for Israel; Public Health Agency of Canada for Canada; WHO Western Pacific Region for the Philippines.

**Acknowledgements:** We begin by thanking all of the men who took part in EMIS 2017 and our partners who recruited 17% of all respondents through activities on Facebook and other social media and by placing EMIS banners on their websites. **We thank all our partners for being part of something huge!**

**Europe:** PlanetRomeo, European AIDS Treatment Group (EATG), Eurasian Coalition on Male Health (ECOM), European Centre for Disease Prevention and Control (ECDC), European Monitoring Centre for Drugs & Drug Addiction (EMCDDA), European Commission (DG SANTE).

**AL:** Arian Boci. **AT:** Aids Hilfe Wien, Dr Frank M. Amort. **BA:** Igbt.ba, Masha Durkalic. **BE:** SENSOA, exaequo, Observatoire du SIDA et des sexualités. **BG:** HUGÉ, GLAS Foundation, Dr. Emilia Naseva, Petar Tsintsarski. **BY:** Vstrecha. **CA:** Health Initiative for Men, Rézo, Gay Men's Sexual Health Alliance of Ontario, CATIE, Université du Québec & Montréal, University of Toronto, Ryerson University, University of Windsor, University of Victoria, Public Health Agency of Canada, Rob Gair. **CH:** Swiss AIDS Federation, Cantonal Hospital St. Gallen, Centre Hospitalier Universitaire Vaudois, University Hospital Zurich, Swiss Federal Office of Public Health. **CY:** AIDS Solidarity Movement. **CZ:** AIDS pomoc, National Institute of Public Health, Tereza Zvoloska, Dr Michal Pitonak. **DE:** Deutsche AIDS-Hilfe, Robert Koch Institute, BZgA, Dr Michael Bochow, Dr Richard Lemke. **DK:** AIDS-Fondet, Statens Serum Institut, François Pinchon, Jakob Haff. **EE:** Eesti LGBT, VEK LGBT, Estonia National Institute for Health Development, Dr Kristi Rüütel. **ES:** Stop Sida, CEEISCAT, Ministerio de Sanidad. **FI:** Positiiviset, Hivpoint, SeksiPerti, Trasek. **FR:** AIDES, Coalition PLUS, SexSafe, Santé Publique France, INSERM. **GR:** Ath Checkpoint, Thess Checkpoint, Positive Voice. **HR:** Iskora, gay.hr, Zoran Dominković, Vjekoslav Vacek. **HU:** Háttér, Tamás Bereczky. **IE:** Gay Health Network, Man2Man, HIV Ireland, Outhouse, GOSH, Sexual Health Centre Cork, AIDSWEST, Gay Community News, Health Service Executive, Gay Men's Health Service, Sexual Health and Crisis Pregnancy Programme, Health Protection Surveillance Centre. **IL:** Israel AIDS Task Force, Israel Ministry of Health, Dr Zohar Mor. **IS:** Samtökin '78. **IT:** Arcigay, Fondazione ULA Milano ONLUS, University of Verona, Dr Raffaele Lelleri. **LB:** SIDC, Dr Ismaël Maatouk. **LT:** demetra, LGL, Gayline. **LV:** Testpunkts, Baltic HIV Association, Dr Antons Mozalevskis, Indra Linina. **MD:** GENDERDOC-M. **ME:** Juventas. **MK:** Subversive Front, Dr Kristefer Stojanovski. **MT:** Malta LGBTQ Rights Movement, Allied Rainbow Communities, Infectious Disease Prevention and Control Unit (Malta), Silvan Agius, Russel Sammut. **NL:** Results in Health, Maastricht University, Amsterdam Pink Panel, Soa Aids Nederland, Rutgers, Dr Wim Vanden Berghe. **NO:** Helseutvalget, Folkehelseinstituttet, Dr Rigmor C. Berg. **PH:** Bisdak Pride-Cebu, Cebu Plus, HASH, Pinoy Plus, UP Babaylanes, YPEER, TLF, Natasha Montevigen, Mikael N. Navarro. **PL:** Społeczny Komitet ds AIDS, Kampania Przeciw Homofobii, Lambda Warszawa, Dr Łukasz Henszel. **PT:** GAT Portugal, CheckpointLX, Associação ABRAÇO, rede ex aequo, SexED, dezanove, ILGA Portugal, Trombeta Bath, ISPUP. **RO:** PSI Romania, ARAS Romania, Tudor Kovacs. **RS:** Association Duga, Association Red Line, Omladina JAZAS-a Novi Sad, Institute of Public Health of Serbia, Sadjana Baros, Dr Marija Pantelic. **RU:** LaSky. **SE:** RFSL, University of Gothenburg, Folkhälsomyndigheten. **SI:** ŠKUC, Legebitra, LIUDMILA. **SK:** PRIDE Košice, Light-House Slovakia, Trnavská univerzita, Slovenská zdravotnícka univerzita, Dr Zuzana Kiocháňová. **TR:** Pozitif Yaşam, Sami Sarper Yazıcılaroğlu. **UA:** Alliance for Public Health, alliance.global, msmua.org, Oleksii Shestakovskiy. **UK:** Terrence Higgins Trust, NAM, PrEPster, Antidote, Horizon Drugs and Alcohol Support, LGBT Foundation, Yorkshire MESMAC, MESMAC Newcastle, Derbyshire LGBT+, Trade Sexual Health, London Friend, GMFA, Spectra, International HIV Partnerships, International Planned Parenthood Federation, Bristol University, University College London, Sigma Research, Raul Soriano. **Other:** Dr John Pachankis, Dr Mark Hatzenbuehler, Dr Valeria Stuardo Ávila, Dr Michael W. Ross.



The agreed overall aim of EMIS was:

to generate data useful for the planning of HIV and STI prevention and care programmes and the monitoring of national progress in this area, 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.

## Organising themes

1. The level and distribution of sexual HIV / STI exposure and transmission facilitators (**“behaviours”**).
2. The level and distribution of unmet HIV prevention need (**“needs”**).
3. The population coverage and acceptability of interventions (**“intervention performance”**).
4. The information needed to compare samples and target interventions (**“demographics”**).

## EMIS – a feat of planning

1. Fundraising and partnership building.
2. Questionnaire design, piloting and agreeing final content.
3. Translation and online preparation.
4. Survey promotion and completion.
5. Data cleaning, analysis, report writing and knowledge transfer activities.



## Development of survey

### Development work included:

1. a review of available evidence (Cawley & Marcus, 2017).
2. A scoping exercise of available MSM questionnaires published since 2010; followed by
3. Three public consultation rounds among our partners;
4. a time trial of the first complete English language questionnaire; and
5. a formal pilot of the online version in English only.

## Translation of survey

- The EMIS questionnaire was available in 33 languages, including 23 of the 24 official languages of the EU.
- Translation was an interactive process involving native-speaking stakeholders from the field and two native-speaker translators.
- EMIS partners in each country were asked to review the final survey and to sign off on their main language version.

## Online preparation


- i. All 33 surveys ran separately and simultaneously on [www.demographix.com](http://www.demographix.com)
- ii. All surveys could be accessed via a “language selection” page at [www.emis2017.eu](http://www.emis2017.eu)
- iii. All partners could log-in to view and analyse the data in real-time, as it was collected.
- iv. A consolidated version of the 33 surveys was created in real-time, to enable us to monitor recruitment across the whole of the survey.

## Online recruitment

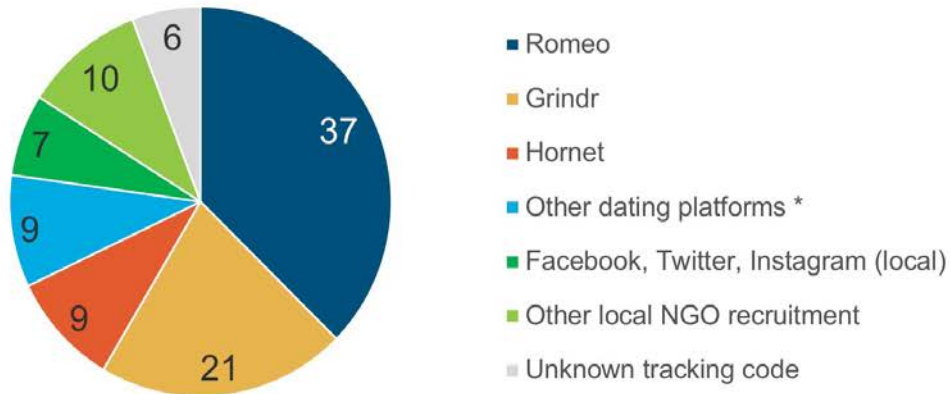
We planned to promote [EMIS-2017](http://EMIS-2017) by advertising on:

1. The online presence of national partners and other supportive organisations (national/trans-national, public/commercial/CSO HIV/LGBT, etc);
2. General population social networking services (such as Facebook, Twitter and Instagram);
3. MSM targeted geo-spatial ‘dating’ smartphone applications and websites (henceforth, apps).

|   |  |  |  |  |
|---|--|--|--|--|
| EMIS-2017   |  |  |  | EMIS 2017                                  |
| EMIS-2017<br>Проучване за<br>мъже, които<br>правят секс с мъже            |  | EMIS-2017<br>Europsko Internet istraživanje za muškarce koji imaju seksualne odnose s muškarcima |  |  |
|   |  | EMIS-2017<br>Enquête européenne en ligne sur la sexualité entre hommes                           |  |  |
| EMIS-2017<br>Budte součástí<br>něčeho velkého!<br>Vyplň to hned           |  | EMIS-2017<br>Europees<br>Man-tot-Man<br>Internetonderzoek  |  | EMIS-2017<br>Биди дел од<br>нешто огромно! |
| 2017 EMIS<br>كن جزءا من شيء ضخم!<br>أخبرنا عن حياتك الجنسية!<br>أدخل الآن |  | EMIS-2017<br>Europæisk sexlivsundersøgelse af mænd, der har sex med mænd                         |  |  |

|  |  |           |
|--|--|-----------|
| <br><small>Axel J. Schmidt &amp; Peter Weatherburn<br/>EMIS 2017 @ EST/COM Dissemination Day, 19 June 2019</small>   |  | EMIS 2017 |
| <h2 style="text-align: center;">Paid recruitment</h2>  |  |           |
| <ol style="list-style-type: none"> <li>1. Identified 38 MSM targeted geo-spatial 'dating' applications available in English and at least 1 other language.</li> <li>2. prioritised 10 such apps for paid for recruitment</li> <li>3. Advertising spend 47,000 euros</li> </ol> | <p>Ultimately we commissioned advertising from these 10 multi-country online platforms:</p> <ul style="list-style-type: none"> <li>• PlanetRomeo</li> <li>• Grindr</li> <li>• Hornet, plus</li> <li>• Quiser</li> <li>• RECON</li> <li>• Scruff</li> <li>• Gaydar</li> <li>• Manhunt/Jack'd</li> <li>• GROWLr</li> <li>• Bluesystem</li> </ul> |           |

## All recruitment



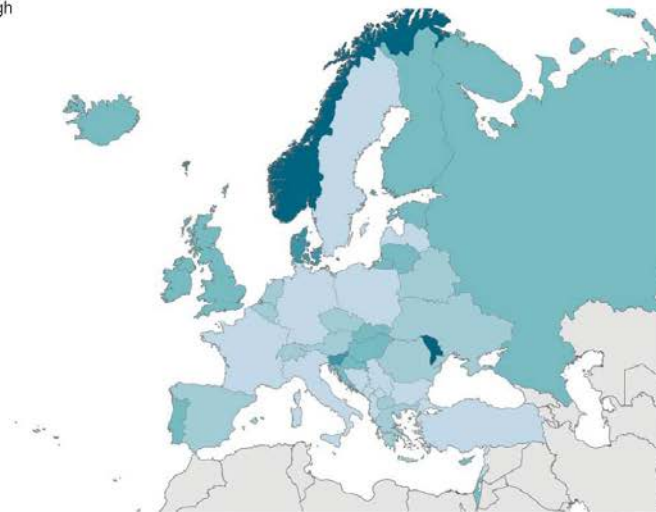
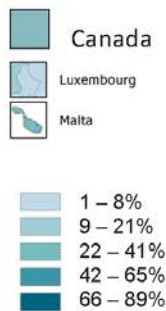
\* Including (descending order): Quiser, RECON, SCRUFF, Gaydar, Manhunt/Jack'd, GROWLr, Bluesystem

**17% recruited by national NGO partners.**

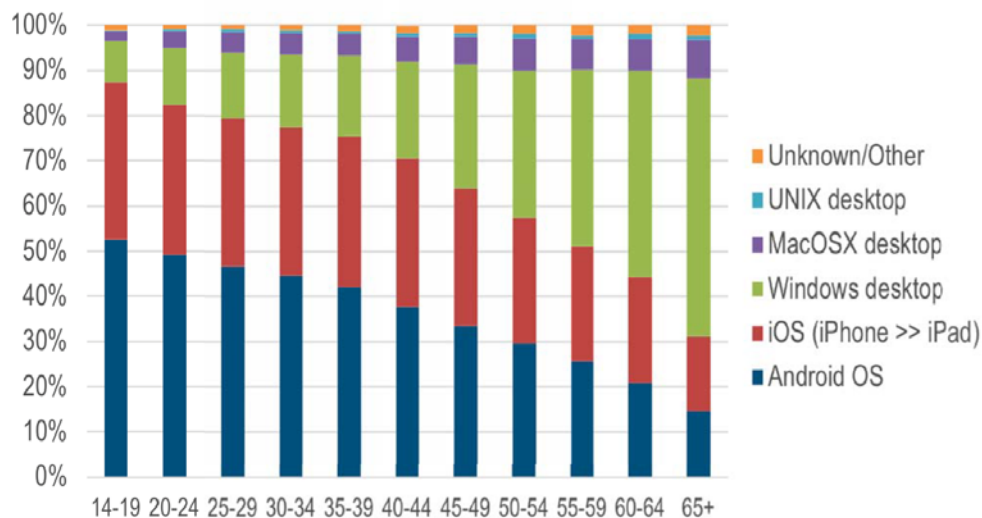
## NGO recruitment

### Local NGO recruitment

% of respondents recruited through  
Facebook, Twitter, Instagram  
Emailing lists  
Website banners



## Device used across age



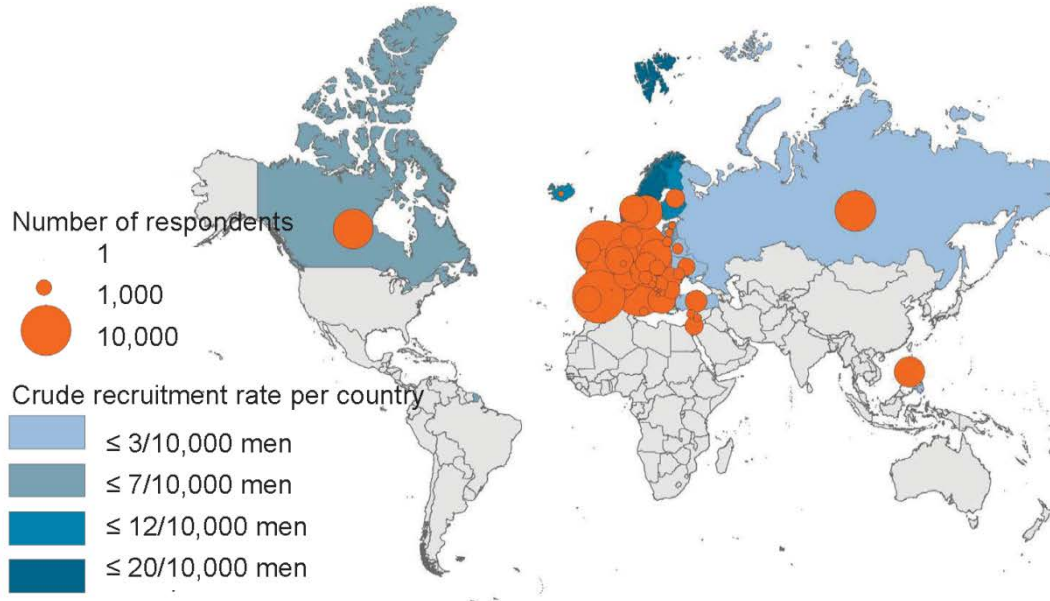
**67%** used a smartphone

## Key achievements

1. 50 countries, 33 languages, 137,358 men
2. Broadening the scope
3. Empowering smaller countries
4. 105 city samples
5. Plausibility of the data
6. 43 **COMPARABLE** national datasets
7. Potentially 43 **COMPARABLE** national reports
8. Large samples of extra vulnerable groups
9. European Report
10. Informing European Agencies

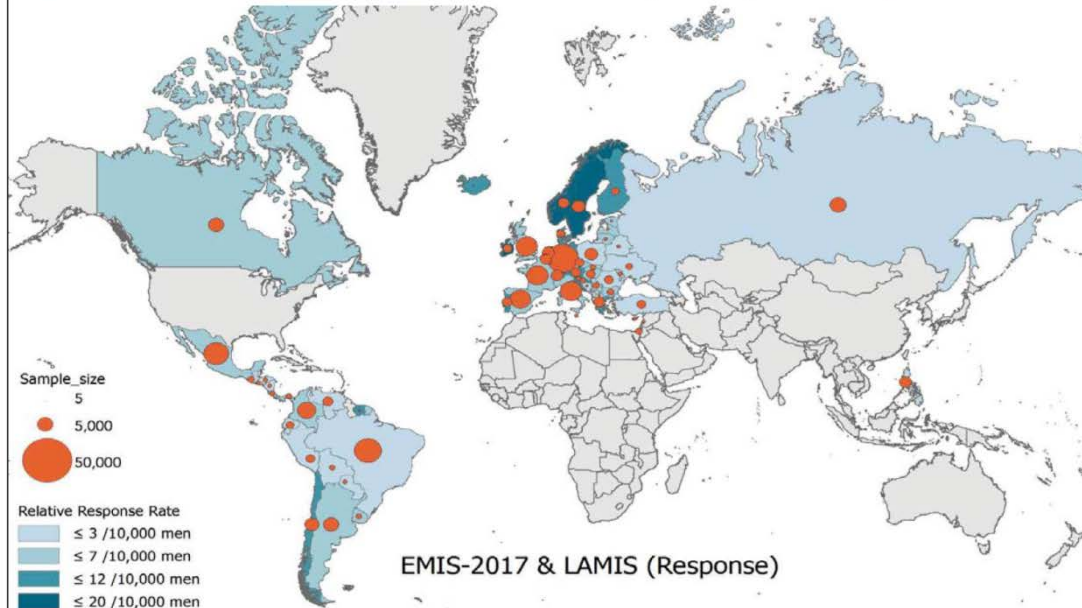


## EMIS 2017: 50 countries, 33 languages, 137,358 respondents

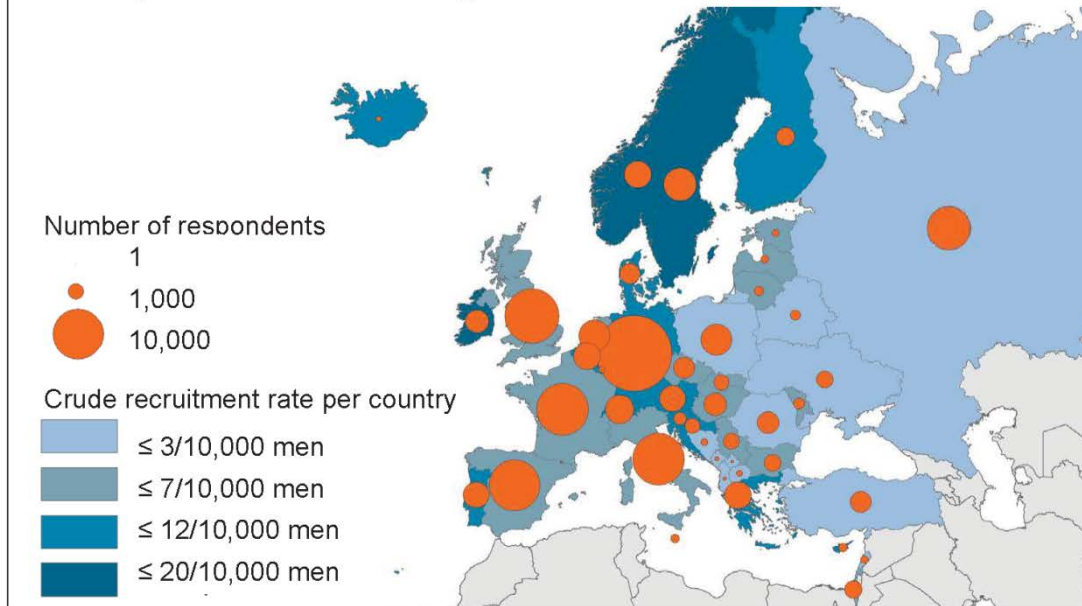


## Broadening the scope

## EMIS 2017 and LAMIS: 68 countries, >200,000 respondents

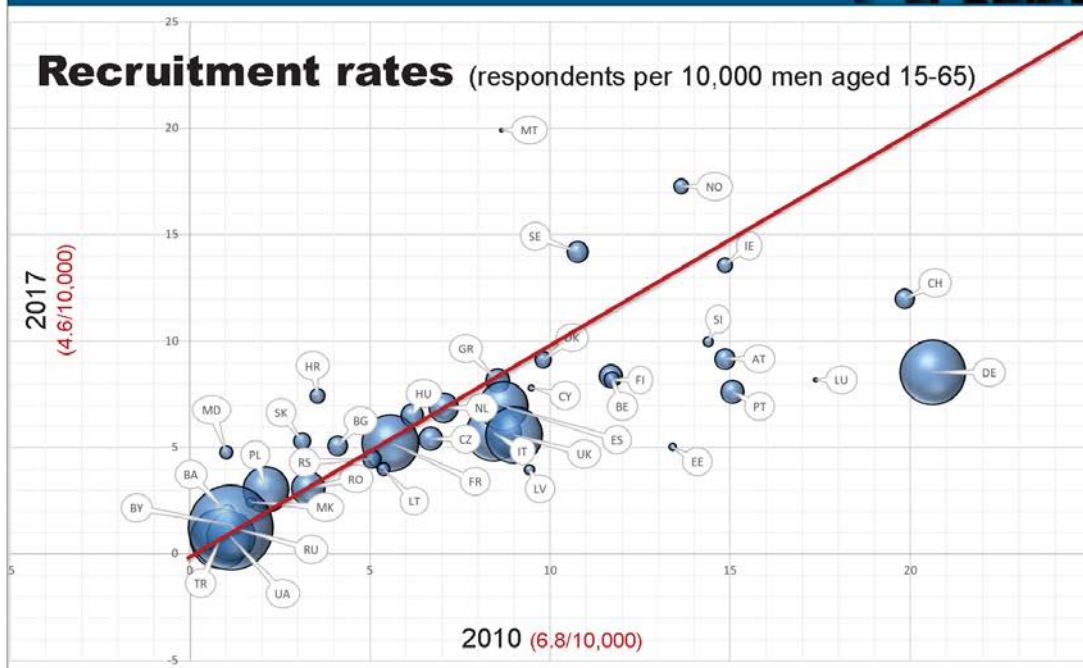


## Sample sizes & response rate





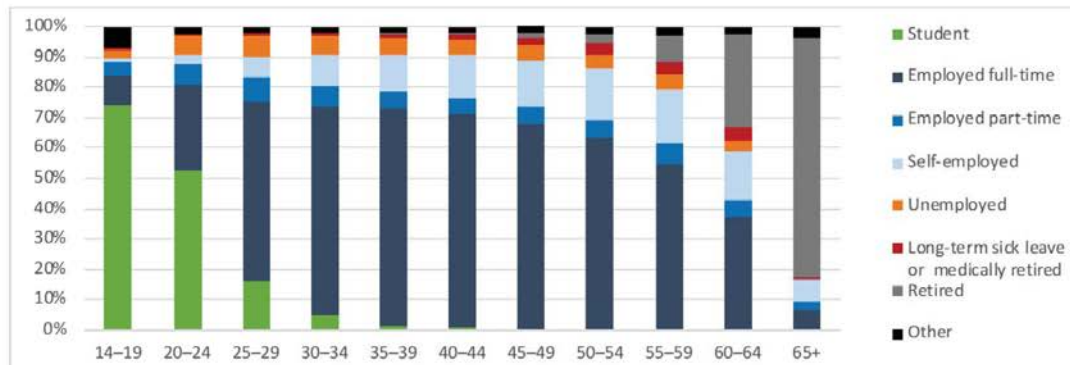
# Empowering smaller countries



## 105 cities...



## Plausibility of self-reported data





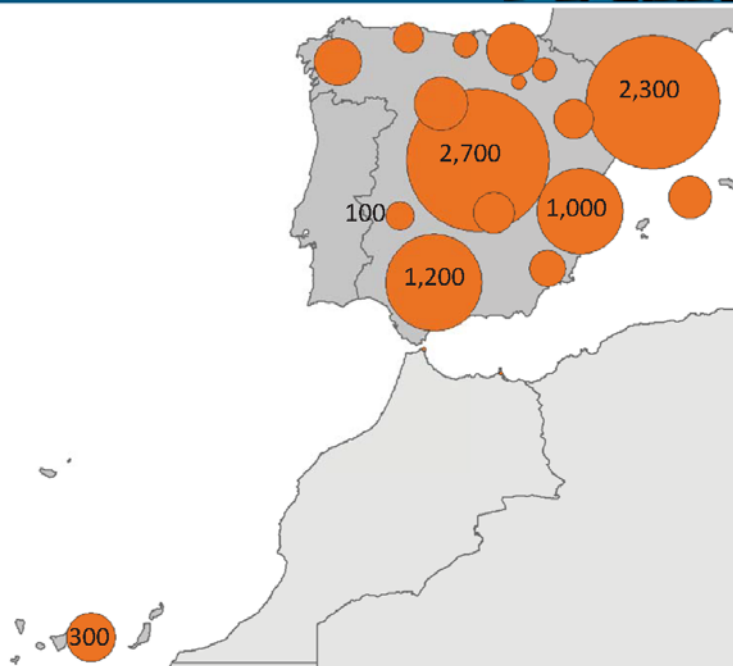
# 43 comparable datasets



## Regional sample sizes

### Smallest regional samples

Cantabria: 92  
Navarra: 79  
La Rioja: 33  
Ceuta: 3  
Mellila: 2







[www.emis2017.eu](http://www.emis2017.eu)

## Üleeuroopalise meestega seksivate meeste uuringu Eesti andmete kokkuvõte 2017

EMIS-2017 – European MSM Internet Survey

Kristi Rüütel, Liilia Lõmus  
Tallin 2019



Tervise Arengu Instituut  
National Institute for Health Development



[www.emis2017.eu](http://www.emis2017.eu)

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## EMIS 2017: European MSM Internet Survey

Duration: August 2016 - September 2019

If you want to read more about...

- ...planned scientific articles, [click here](#)
- ...geo-mapping of EMIS 2017 data on the **UNAIDS website**, [click here](#)
- ...the EMIS-2017 1<sup>st</sup> **EMIS Community Report**, [click here](#)
- **EMIS-2017 National Reports**, [click here](#)



# Large samples of extra vulnerable groups



## Extra vulnerable groups

- HIV-diagnosed men 10% reported HIV diagnosis
- Trans MSM 0.8% identified as trans\*men (N=1111)
- MSM who inject drugs 1.4% injected steroids last year  
1.2% injected drugs to get high (N=1575)  
2.5% had done either (little overlap)
- Migrant MSM 14% not living in country of birth  
0.6% refugees / asylum seekers (N=831)
- MSM sex workers 5.0% sold sex in last year  
2.2% sold sex 3+ times (N=2929)



# European Report



**Demographics:** descriptive things about people we are not trying to change

**Morbidities:** health outcomes we are trying to change

**Behaviours:** things that people do that cause (risks) or detract from (precautions) morbidities

**Needs:** opportunities, capabilities and motivations for risk and precaution behaviours

**'Interventions':** actions of others than meet or undermine needs

**Descriptive analysis of these 5 key areas,**

- **Across 43 countries**
- **Across 4 key demographics:**  
**age, outness, relationship status, HIV diagnosis**
- **Across 4 extra vulnerable groups**  
**trans men, refugees & asylum seekers,**  
**MSM who inject drugs,**  
**MSM who sell sex**

## Covers 48 countries Includes country tables for 43 countries

### ... and 6 summary measures:

- **Overall (48 countries, i.e. 50 minus CA & PH)**
- **33 EU health programme countries**
- **28 EU member states**
- **4 EFTA member states**
- **All EU enlargement area**
- **ENP countries**

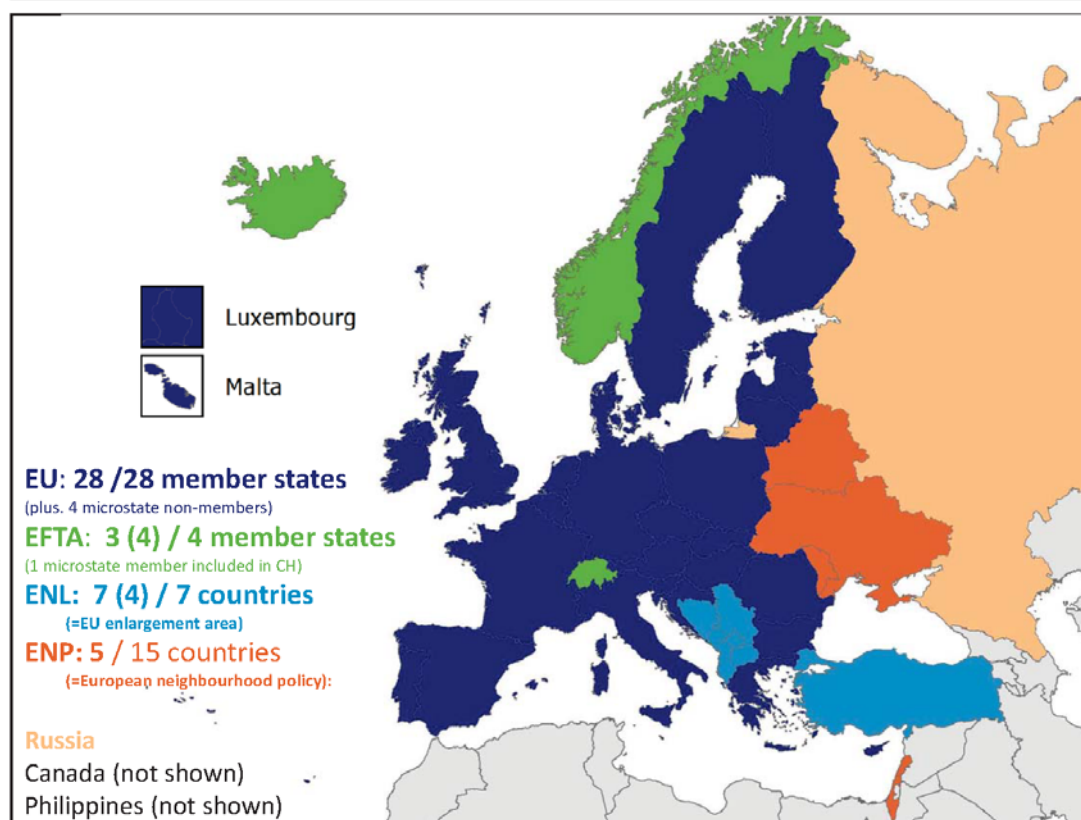


Table 4.7: National variation in key morbidities

| Qualifying Cases | Country<br>* Part of the EU Health Programme;<br>*includes microstate(s) and/or overseas territory | % with severe anxiety & depression, last 2 weeks (PHQ4) | % with self harm thoughts, last 2 weeks | % sexually unhappy (scoring less than 5 on the 1 to 10 scale) | % with potential alcohol dependency (CAGE4) | % diagnosed with HIV, ever (GAM 4.20; DDM 4.79) | % diagnosed with HIV, last 12 months |
|------------------|--|---|---|---|---|---|--------------------------------------|
| 127,792          | Total (used throughout this report)  | 7.7   | 20.9                                    | 22.5  | 18.3  | 10.4  | 1.1                                  |
| 112,789          | EU Health Programme  | 7.7   | 20.9                                    | 22.1  | 18.3  | 10.4  | 0.9                                  |
| 107,950          | EU member states   | 7.3   | 20.4                                    | 21.9  | 17.4  | 10.4  | 0.9                                  |
| 2,705            | Austria*   | 3.6   | 14.2                                    | 23.0  | 21.8  | 7.5   | 0.6                                  |
| 3,038            | Belgium*   | 6.5   | 22.3                                    | 17.9  | 18.0  | 12.5  | 0.9                                  |
| 1,177            | Bulgaria*  | 8.5   | 20.6                                    | 23.8  | 10.2  | 5.9   | 1.4                                  |
| 1,015            | Croatia*   | 10.1  | 22.2                                    | 28.7  | 13.4  | 5.0   | 0.8                                  |
| 307              | Cyprus*  | 8.8   | 24.5                                    | 28.6  | 9.3   | 12.5  | 1.8                                  |
| 1,897            | Czech Republic*  | 5.7   | 17.4                                    | 21.2  | 15.2  | 7.3   | 0.7                                  |
| 1,698            | Denmark**  | 7.0   | 14.8                                    | 23.2  | 14.9  | 13.5  | 1.3                                  |
| 212              | Estonia*   | 11.0  | 24.2                                    | 27.8  | 34.0  | 4.3   | 0.5                                  |
| 1,409            | Finland**  | 6.9   | 23.6                                    | 25.7  | 21.7  | 6.1   | 0.4                                  |
| 10,996           | France**   | 6.5   | 25.2                                    | 19.9  | 16.0  | 12.3  | 1.0                                  |
| 23,107           | Germany*   | 5.1   | 15.6                                    | 23.0  | 22.1  | 10.7  | 0.6                                  |
| 2,909            | Greece*  | 9.1   | 18.5                                    | 24.1  | 10.1  | 11.1  | 0.9                                  |
| 2,177            | Hungary*   | 9.0   | 23.5                                    | 30.5  | 14.4  | 5.0   | 0.7                                  |
| 2,083            | Ireland*   | 9.6   | 22.7                                    | 24.5  | 28.8  | 6.9   | 0.6                                  |
| 11,025           | Italy**  | 9.4   | 19.9                                    | 20.4  | 10.8  | 10.1  | 0.9                                  |
| 252              | Latvia*  | 8.2   | 23.1                                    | 27.5  | 28.9  | 12.4  | 0.9                                  |
| 370              | Lithuania*   | 9.6   | 22.2                                    | 18.1  | 27.9  | 7.3   | 0.9                                  |
| 169              | Luxembourg*  | 6.0   | 18.5                                    | 24.8  | 21.6  | 9.6   | 0.7                                  |
| 299              | Malta*   | 8.6   | 24.2                                    | 20.5  | 11.9  | 7.7   | 0.4                                  |
| 3,851            | Netherlands*   | 5.1   | 15.9                                    | 10.7  | 13.5  | 15.7  | 1.1                                  |

# Informing European Agencies



## DDM 3.29 Use of PrEP

EMIS 2017

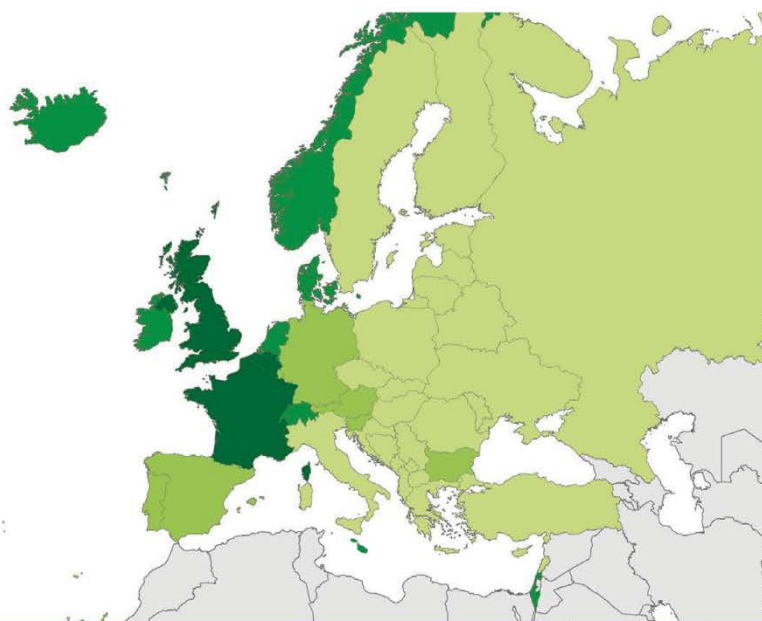
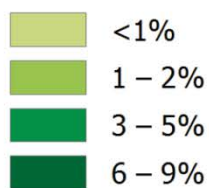


ROBERT KOCH INSTITUT



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Percentage taking PrEP  
daily or on demand.



Citation: The EMIS Network: 2018 Dublin Declaration Monitoring indicators for men-who-have-sex-with-men in Europe. LSHTM/RKI, London/Berlin 2018.  
Primary Funding: EU Health Programme 2014-2020 for Europe. [www.esticom.eu](http://www.esticom.eu) [www.emis2017.eu](http://www.emis2017.eu)



# Maximising utility of EMIS & sustaining the benefits

- Community Reports
- Infrastructure for scientific outputs
  - National 2017
  - International 2017
  - Change 2010-2017
- Informing international agencies and the world



## Community Reports

## “من انت؟”

لقد سألنا عدّة أسئلة عن هويتك وهذه بعض المعلومات المسخصة: العمر، الجندر، نوع العلاقات، الإصابة بفيروس نقص المناعة والإعلان عن هويتك الجندرية.



نصف المشاركين دون سن الخامسة والثلاثين. (مشاركات من ١٤ الى ٨٩ عاماً).



نصف المشاركين في كل من أوروبا  
وكندا كانوا مرتبطين ونصفهم عازبين.



١ بالمئة من مشتركى أوروبا و  
٢ بالمئة من كندا كانوا رجال ترانس



١ بالمئة من المشتركين كانوا  
لاجئين الى أوروبا وكندا



١٤٤٠ المنة من مشتركى أوروبا و ٨٠ المنة من مشتركى كندا  
افصحوا عن هويتهم وميولهم الجندرى لجمع معارفهم



١٠. بالمئة من المشتركين كان قد تم تشخيص فيروس نقص المناعة البشري عندهم

## «Güvenli Seks 3.0» Bilgisi

## Güvenli Seks 3.0



## Conoscenza del "Sesso più Sicuro 3.0"

## Safer Sex 3.0





[www.emis2017.eu](http://www.emis2017.eu)

## EMIS 2017: European MSM Internet Survey

Duration: August 2016 - September 2019

If you want to read more about...

- ...planned scientific articles, [click here](#)
- ...geo-mapping of EMIS 2017 data on the UNAIDS website, [click here](#)
- ...the EMIS-2017 **1<sup>st</sup> EMIS Community Report**, [click here](#) ...2<sup>nd</sup> being planned...
- ...EMIS-2017 National Reports, [click here](#)



# Scientific articles



# EMIS Editorial board

- **10 scientists**
- **Carefully set up with respect to past and future EMIS scientific publications**
- **5 EMIS core team members**
- **4 National partners, covering a broad range of expertise, and a broad range of European regions**
- **1 from a European Agency**



**[www.emis2017.eu](http://www.emis2017.eu)**

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- ...the EMIS-2017 **1<sup>st</sup> EMIS Community Report**, [click here](#)
- ...**EMIS-2017 National Reports**, [click here](#)





We used exactly the same method (as described for Switzerland) for Bulgaria.

Epidemiology



OPEN ACCESS

ORIGINAL ARTICLE

## The Denominator problem: estimating the size of local populations of men-who-have-sex-with-men and rates of HIV and other STIs in Switzerland

Axel Jeremias Schmidt,<sup>1,2</sup> Ekkehardt Altpeter<sup>2</sup>

► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/sextrans-2017-053363>).

<sup>1</sup>Sigma Research, Department of Public Health, Environments and Society, London School of Hygiene and Tropical Medicine, London, UK

<sup>2</sup>Communicable Diseases Division, Swiss Federal Office of Public Health, Bern, Switzerland

### ABSTRACT

**Objectives** There is no estimate of the current number of men who have sex with men (MSM) in Switzerland, or of their geographical distribution. We aimed to (1) estimate MSM concentration factors and population sizes for 83 Swiss postal code areas (PCA), including the nine largest Swiss cities, and (2) calculate MSM-specific local HIV prevalence and yearly rates of diagnosed HIV, hepatitis C virus (HCV), syphilis and gonorrhoea.

**Methods** We triangulated data from general population estimates, MSM online surveys, published data on HIV prevalence and Swiss notification data for HIV and STDs

estimates for the percentage of men with same-sex sexual behaviour have been provided in secondary analyses of the quinquennial Swiss Health Survey (SHS, details—table 1): it increased from 2.8% in 2007 to 3.2% in 2012, although 95% confidence intervals for the two estimates overlap.<sup>1,2</sup> However, conceptualising and querying homosexuality is complex and should take into account the broader social and cultural context, a distinction between sexual acts and sexual partners, and the recency of same-sex sexual contact.<sup>3,4</sup> The SHS asked for life-

→ [doi:10.1136/sextrans-2017-053363](https://doi.org/10.1136/sextrans-2017-053363)



# Informing International agencies & the world

[www.emis2017.eu](http://www.emis2017.eu)

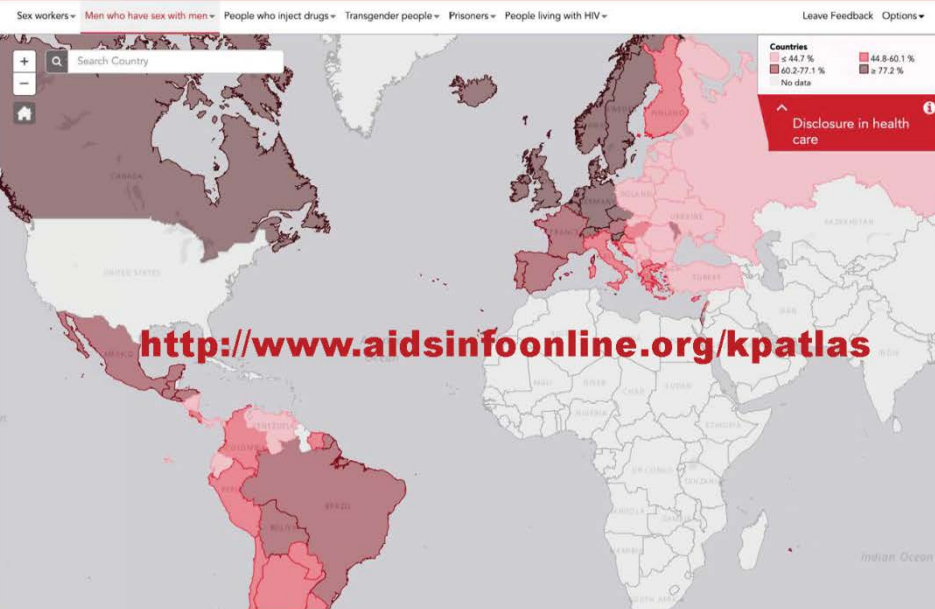
## EMIS 2017: European MSM Internet Survey

Duration: August 2016 - September 2019

If you want to read more about...

- ...planned scientific articles, [click here](#)
- ...geo-mapping of EMIS 2017 data on the UNAIDS website, [click here](#)
- ...the EMIS-2017 1<sup>st</sup> EMIS Community Report, [click here](#)
- ...EMIS-2017 National Reports, [click here](#)

### KEY POPULATIONS ATLAS





# **EMIS-2017 as an online dating service**

ESTICOM

EMIS 2017

ECHOES

Training  
Programme

# The European Community Health Worker Online Survey (ECHOES):

## Aims, methods, and key findings

ESTICOM Dissemination Meeting  
19<sup>th</sup> June 2019

Nicolas Lorente

[nlorente@igtp.cat](mailto:nlorente@igtp.cat)

**CEIS  
Cat** Centre d'Estudis Epidemiològics  
sobre les Infeccions de Transmissió  
Sexual i Sida de Catalunya

Folch C, Aussò S, Sherriff N, Huber J,  
Panochenko O, Krone M, Marcus U, Schink  
S, Dutarte M, Kuske M, Casabona J.



# ECHOES: European Community Health Worker Online Survey

## Aims and methods

## ESTICOM: Objective 2



**ECHOES**

(European Community Health Worker Online Survey)

### Objective 2

A European online survey of community health workers (CHWs) who provide sexual health support in a community setting directly to gay, bisexual and other MSM

### Specific objectives

- Understand **who** CHWs in Europe are, **what** they do, **where** they do it, **how**, and **why** they do it
- Identify **skill/knowledge gaps, barriers and challenges** to CHWs, and **training needs**

## ‘Community health worker’ in ECHOES

*“Someone who provides **sexual health support** around HIV/AIDS, viral hepatitis and other STIs to **gay, bisexual and other MSM**. A CHW delivers health promotion or public health activities **in community settings** (not in a hospital or a clinic).”*

### ECHOES inclusion criteria:

- Provide sexual health support to MSM in community settings in the last 12 months
- Provide support as CHW in one of the 36 eligible countries\*
- Aged 18 or older
- Consent to take part in the survey

\* 28 EU Member States as well as: Bosnia and Herzegovina, Iceland, Moldova, Norway, Russia, Serbia, Switzerland and Ukraine.

## ECHOES questionnaire

|                                    |                      |  |   |                             |                                       |
|------------------------------------|----------------------|--|---|-----------------------------|---------------------------------------|
| Introduction, consent, eligibility | About you            | Job, employment status, and organisation | In your role as a CHW, what do you do?    | Who you work with (clients) | Barriers to performing CHW activities |
|                                    | Recruitment as a CHW | Training and skills                      | Thoughts and feelings about role as a CHW | Knowledge                   | SOME FINAL QUESTIONS...               |

175 questions (heavily routed)

~20 mins completion

Available in 16 languages\*

Online from September 2017 to January 2018

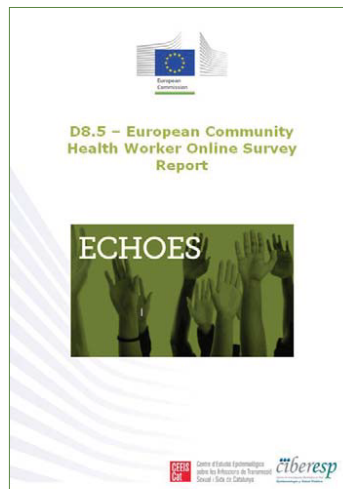
\* 14 EU languages (Bulgarian, Croatian/Serbian, Czech, Dutch, English, Finnish, French, German, Greek, Italian Polish, Portuguese, Romanian, and Spanish) as well as Russian and Ukrainian

## ECHOES: European Community Health Worker Online Survey

### Main findings



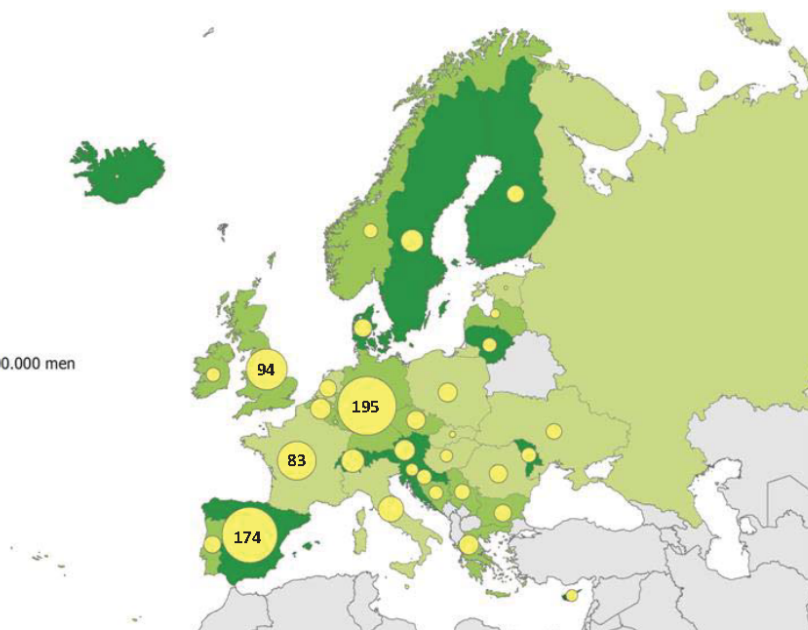
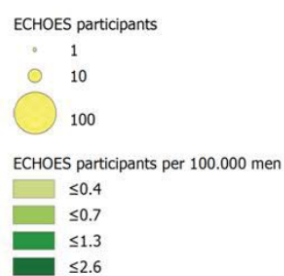
# FINAL ECHOES REPORT



Submitted on 31st May 2019  
Soon available at: [www.esticom.eu](http://www.esticom.eu)

## ECHOES participants by the country they work in

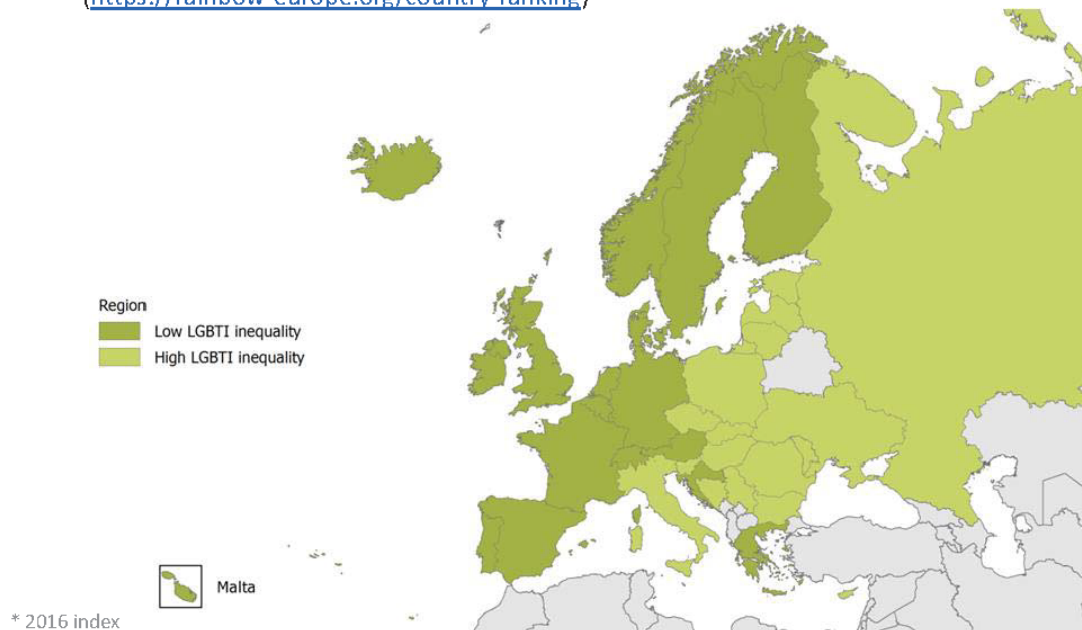
Overall sample size N = 1,035



## Country grouping according to the ILGA index\*

Source: ILGA 2016

(<https://rainbow-europe.org/country-ranking>)



## Country grouping according to the ILGA index\*

All data presented in the report are dichotomised by 'low/high LGBTI inequality countries'.

Detailed country data also provided for the 4 biggest national samples.

| Low LGBTI inequality countries   | High LGBTI inequality countries   |
|--|---|
| <div data-bbox="279 1164 335 1198">→</div> <div data-bbox="279 1344 335 1377">→</div> <div data-bbox="279 1400 335 1433">→</div> <div data-bbox="279 1489 335 1523">→</div> Austria<br>Germany<br>Luxembourg<br>Switzerland<br>Greece<br>Norway<br>Portugal<br>Spain<br>Belgium<br>France<br>Ireland<br>Netherlands<br>United Kingdom<br>Denmark<br>Finland<br>Iceland<br>Sweden<br>Croatia<br>Malta | Bulgaria<br>Cyprus<br>Czech Republic<br>Estonia<br>Hungary<br>Latvia<br>Lithuania<br>Poland<br>Romania<br>Slovakia<br>Slovenia<br>Bosnia Herzegovina<br>Moldova<br>Russia<br>Serbia<br>Ukraine<br>Italy |
| N = 786  | N = 249   |

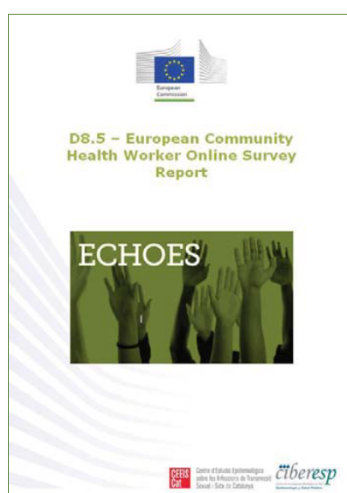
## Country grouping according to the ILGA index\* and EMIS sub-regions

| Low LGBTI inequality countries |              |
|--------------------------------|--------------|
| Austria                        | Central West |
| Germany                        |              |
| Luxembourg                     |              |
| Switzerland                    |              |
| Greece                         | South West   |
| Norway                         |              |
| Portugal                       |              |
| Spain                          |              |
| Belgium                        | West         |
| France                         |              |
| Ireland                        |              |
| Netherlands                    |              |
| United Kingdom                 | Nord West    |
| Denmark                        |              |
| Finland                        |              |
| Iceland                        |              |
| Sweden                         |              |
| Croatia                        | East EU      |
| Malta                          |              |
| N = 786                        |              |

| High LGBTI inequality countries |             |
|---------------------------------|-------------|
| Bulgaria                        | East EU     |
| Cyprus                          |             |
| Czech Republic                  |             |
| Estonia                         |             |
| Hungary                         |             |
| Latvia                          |             |
| Lithuania                       |             |
| Poland                          |             |
| Romania                         |             |
| Slovakia                        |             |
| Slovenia                        |             |
| Bosnia Herzegovina              | East non-EU |
| Moldova                         |             |
| Russia                          |             |
| Serbia                          |             |
| Ukraine                         |             |
| Italy                           | South West  |
| N = 249                         |             |

## FINAL ECHOES REPORT

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# ECHOES: European Community Health Worker Online Survey

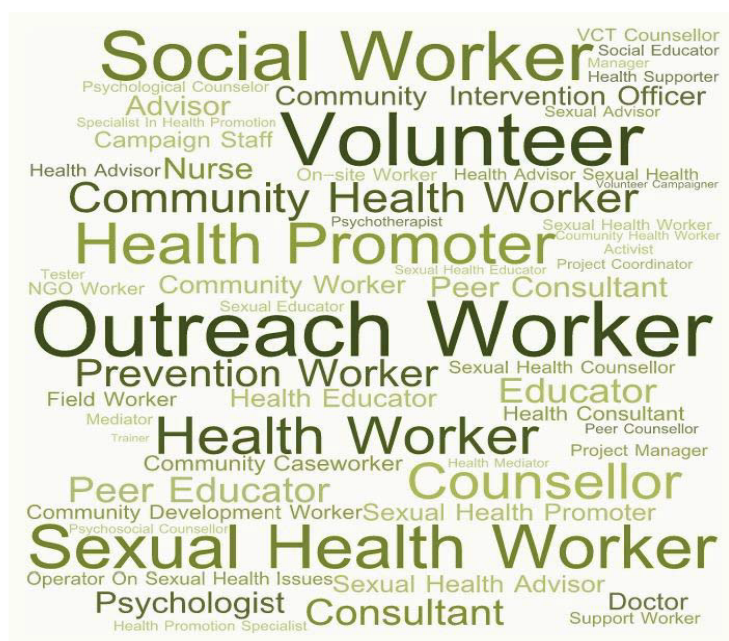
## 3 – Understand who CHWs in Europe are, where they work, with whom and why

### 3 – Who CHWs in Europe are, where they work, with whom and why



\* Peer CHWs: men self-defining as gay/homosexual or bisexual.

### 3 – Who CHWs in Europe are, where they work, with whom and why



### 3 – Who CHWs in Europe are, where they work, with whom and why

|  | 'low LGBTI inequality' (%) | 'high LGBTI inequality' (%) |
|--|----------------------------|-----------------------------|
| Main motivation to start as CHW: Altruism*     | 80                         |                             |
| Work for a private not-for-profit organisation | 86                         |                             |
| Grants national/local authority                | 88                         | 53                          |
| European funding                               | 18                         | 42                          |
| <b>Experience as a CHW:</b>                    |                            |                             |
| <5 years                                       | 47                         |                             |
| 6-10 years                                     | 23                         |                             |
| >10 years                                      | 29                         |                             |
| Volunteers                                     | 29                         | 37                          |
| Outreach activities                            | 82                         | 76                          |
| <b>Other target key populations:</b>           |                            |                             |
| PLHIV  | 37                         | 42                          |
| Trans people                                   | 25                         | 16                          |
| Migrants/ethnic minority                       | 29                         | 8                           |
| Sex workers                                    | 17                         | 11                          |
| Drug users                                     | 13                         |                             |

\* E.g. wanting to support gay, bi, MSM, PLWH; to help prevent HIV, hepatitis and STIs.

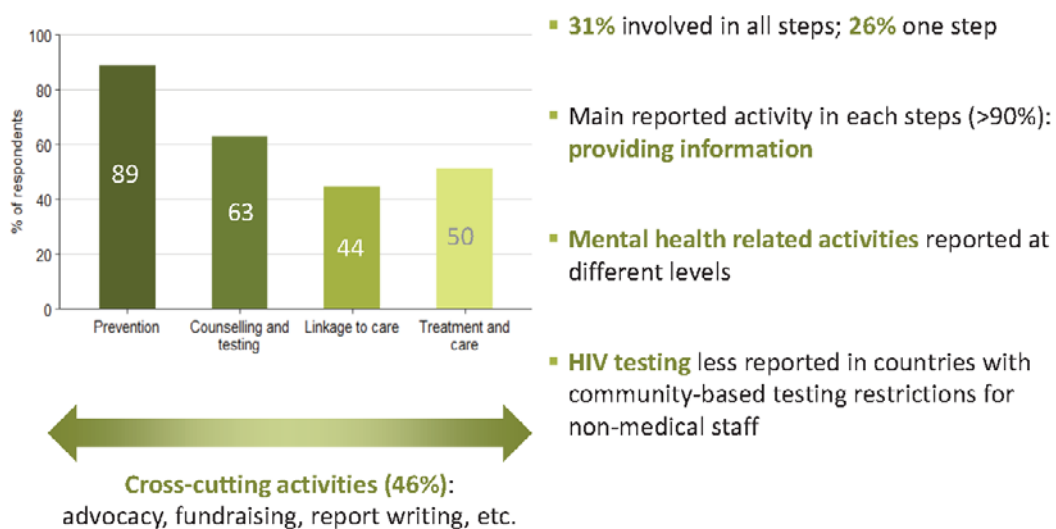


# ECHOES: European Community Health Worker Online Survey

## 4 – CHWs in practice: What do CHWs do to support the sexual health of MSM?

### 4 – What do CHWs do to support the sexual health of MSM?

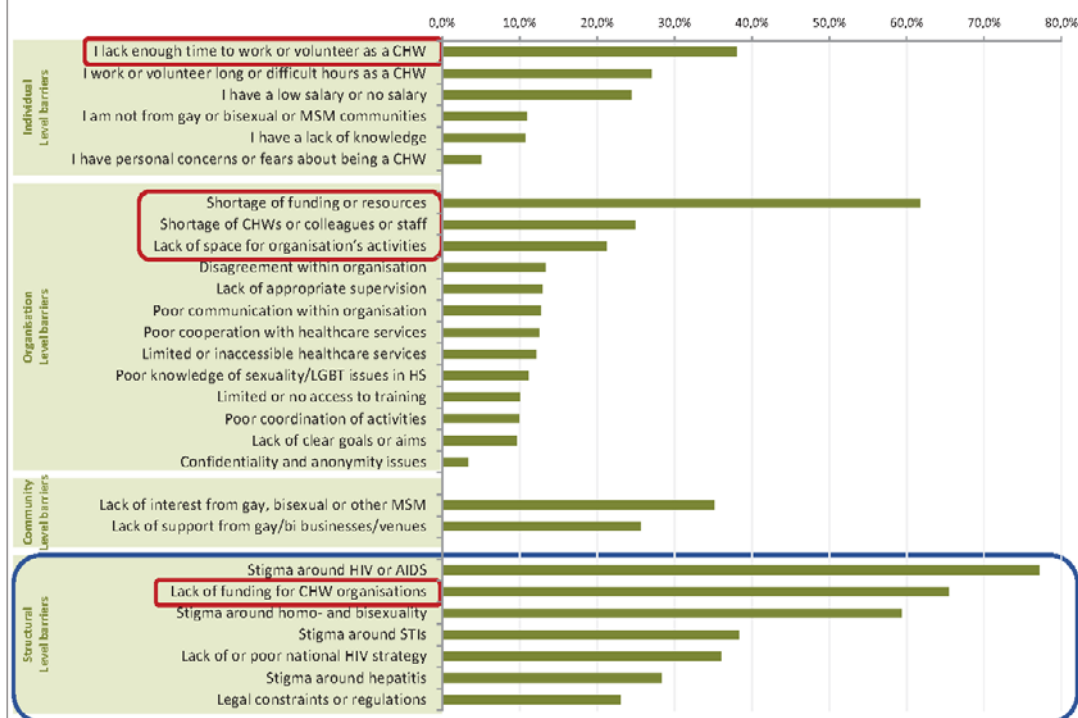
#### CHW activities according to the continuum of care of HIV/STI services



# ECHOES: European Community Health Worker Online Survey

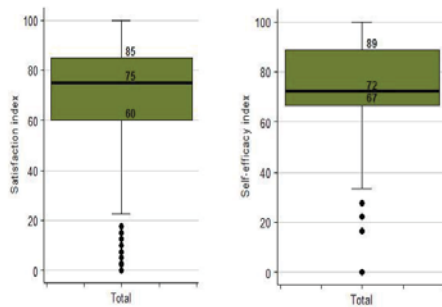
## 5 – Barriers and facilitators to service provision

### 5 – Barriers and facilitators

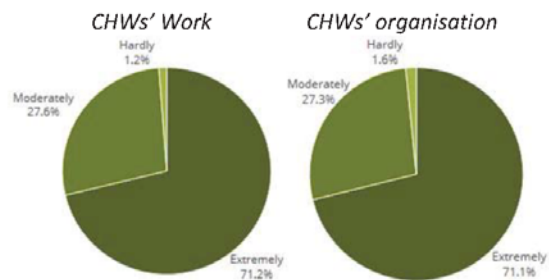


## 5 – Barriers and facilitators

### Job satisfaction and self-efficacy



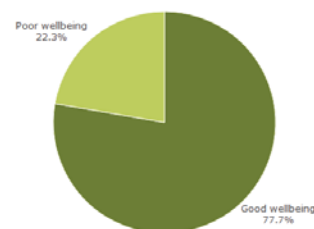
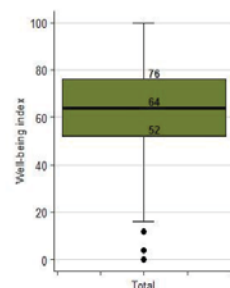
### Perception of service users' confidence towards CHWs' work or organisation



- CHWs from 'high LGBTI inequality' countries reported **lower** levels of **job satisfaction**, **self-efficacy** and **confidence of service users**
- Peer CHWs reported **higher** levels of **job satisfaction**, **self-efficacy** and **confidence of service users**
  - Peer CHWs more represented in the 'low LGBTI inequality' countries

## 5 – Barriers and facilitators

### WHO-5 mental wellbeing index



- Median score of mental wellbeing (64) slightly lower than the usually used reference (70)
- **22%** could be considered at risk of depression (**'poor wellbeing'**)
  - No difference between CHWs from 'low' and 'high LGBTI inequality' countries

# ECHOES: European Community Health Worker Online Survey

## 6 – Knowledge and training issues in CHWs

### 6 – Knowledge and training issues in CHWs



#### Training received

- No difference between CHWs from 'low/high LGBTI inequality' countries
- Non-peer CHWs less previously trained

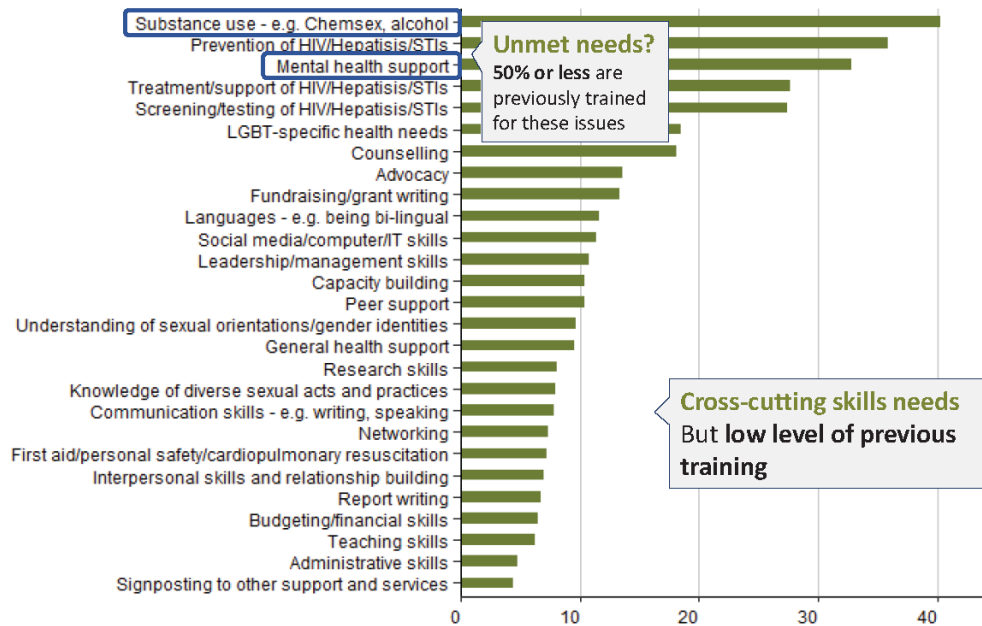
#### Confidence in one's knowledge

| Areas of knowledge | HIV/AIDS | STIs | Hepatitis |
|--------------------|----------|------|-----------|
| Prevention         | ++       | +    | -         |
| Screening/testing  | ++       | +    | +         |
| Treatment/support  | ++       | +    | -         |

- The more the activity performed, the more confident CHWs are
- Higher level of knowledge in those who received training

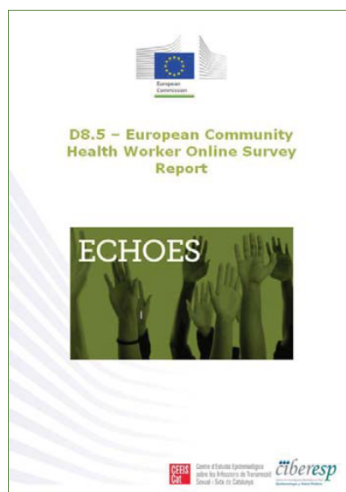
## 6 – Knowledge and training issues in CHWs

### Training needs



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## Strengths and limitations

### STRENGTHS

- First survey among CHWs working with MSM in Europe
- ECHOES findings have and will inform training development
- ECHOES and Objective 3 Training Programme start creating a feeling of being part of a broader international workforce among CHWs
- Questionnaire well-accepted and useful for future studies in CHWs

### LIMITATIONS

- Moderate response rate
- Not possible to know the extent to which ECHOES provides a good overview of CHWs in Europe
- Regional comparisons must be interpreted with caution because they may disguise differences between individual countries

## Recommendations

**For European  
organisations and  
institutions**

**For national or  
local  
governments**

**For CHWs**

**For future  
research**

**For training  
implementation**

## Acknowledgements

- All people involved in the different phases of the ECHOES implementation: questionnaire testing, piloting and translation; survey promotion
- All **ECHOES** participants
- The **ECHOES team**:
  - **Objective 2 partners**: EATG (M Dutarte, GM Corbelli); AAE (O Panochenko, M Krone); UoB (N Sherriff, J Huber); CEEISCAT (P Fernández, C Folch, S Aussò, N Lorente)
  - **Objective 3 partners**: DAH (M Kuske); THT (B Dwyer)
- **EMIS 2017** development team (Sigma Research, LSHTP) and **ESTICOM coordinator** (RKI)
- Members of the **ESTICOM Consortium** and those of the **ESTICOM Advisory Board**
- **Chafea** and **DG Santé**

## ECHOES: European Community Health Worker Online Survey

Thank you for your attention!

ECHOES Final Report soon available at:  
[www.esticom.eu](http://www.esticom.eu)



# ESTICOM Trainings

Training Material  
Pilot Training Programme

*Matthias Kuske, Barrie Dwyer*  
*ESTICOM Dissemination Meeting June 2019*



## ESTICOM Pilot Training Programme

*January – October 2018*



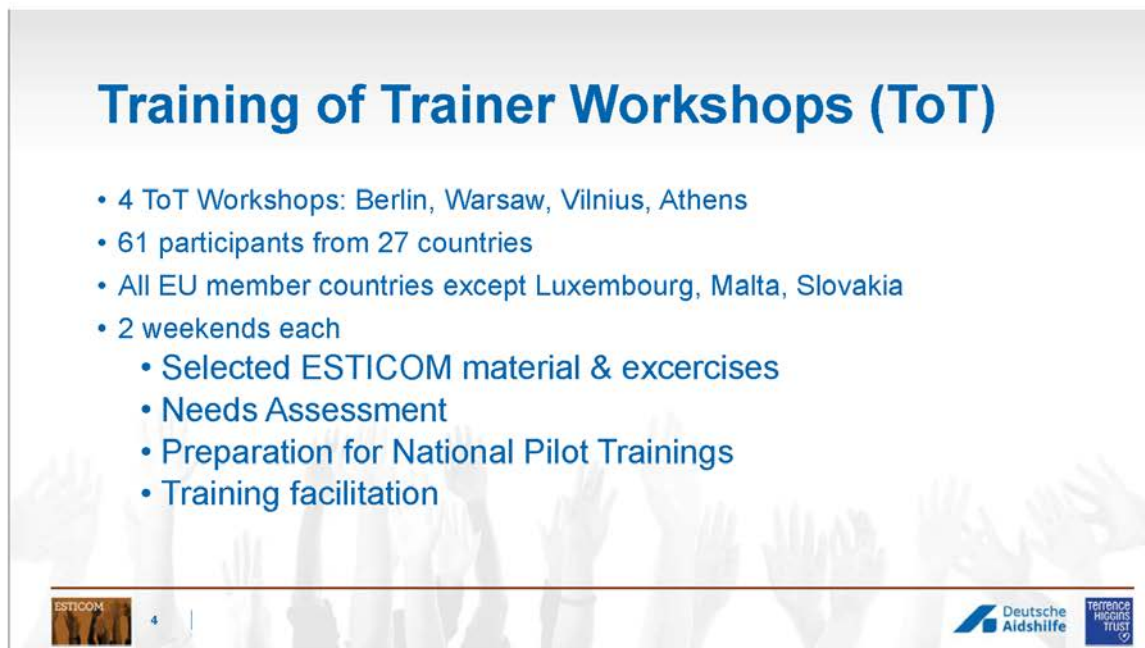
2





## Training of Trainer Workshops (ToT)

- 4 ToT Workshops: Berlin, Warsaw, Vilnius, Athens
- 61 participants from 27 countries
- All EU member countries except Luxembourg, Malta, Slovakia
- 2 weekends each
  - Selected ESTICOM material & exercises
  - Needs Assessment
  - Preparation for National Pilot Trainings
  - Training facilitation



## ToT evaluation

- Perceived as useful for working as CHW and as trainer
- Would recommend the ESTICOM trainings to colleagues
- Training material found useful, some participants already use ESTICOM material
  - In the work as CHW with their clients
  - In their trainings
- Better understand the challenges to work as CHW
- Changes in mind and skill-set (sexual attitudes & needs of MSM, non-judgemental services etc.)
- Exchange / learning from each other / building a CHW network



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## ToT assessment

„I already attended many European trainings. This was the first one I attended that was useful.“

Participant from Northern Europe

„After attending the ToT I have the feeling that I do my work better than ever.“

Participant from Southern Europe



6





## National Pilot Trainings (NPT)

- 19 NPT involving 24 European countries
- Gain important information that helps create training material for CHW that will increase their attitudes, skills and knowledge to develop and implement better services for MSM in Europe



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## NPT countries May – October 2018

- Russia
- Romania / Moldova
- Poland
- England
- Germany
- Austria
- Spain
- Greece / Cyprus
- Portugal I (Porto)
- Croatia (Slovenia, Serbia)



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## NPT countries May – October 2018

- Switzerland
- Italy
- Czech Republic
- Baltic Countries (LT, LV, ES)
- Finland
- Sweden
- Bulgaria
- Portugal II (Lisboa)
- Denmark



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## NPT evaluation

- Implementation of the Pilot Training Programme was successful
- Average score was **8.7** (6 – 9.7 range; 1-10 scale)
- Interactive, participatory and reflective character highly appreciated by participants
- Participants highly valued the NPT's and rated them as useful for their work
- Need for a Europeanwide training material confirmed
- General desire of the participants to continue ESTICOM/CHW's trainings
- Recommendation: Future training for CHWs, similar to the ESTICOM NPT's, should be continued



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# Training Values



## VALUE 1 NPT as an opportunity to learn about new topics and/or learn from the experience of other CHW

**Lisbon:**  
"Ideas that emerged during the training can be applied/worked with in 'real life', in our day to day".

**Greece:**  
"I will revisit topics addressed during training and increase knowledge/skills further to be able to better integrate them in daily work"

**Croatia:**  
"My newly acquired soft skills will improve communication with clients"

**Czech Republic:**  
Most of the feedback regarding the use of the training in their daily work focuses on ability to provide more non-judgmental services, looking at the client as an individual, with individual needs and choices

**Spain & Croatia:**  
Feedback focuses on how skills/knowledge acquired can be used for personal growth and in their immediate environment/social lives (i.e. provide advice to friends on sexual health and risk reduction)

**Italy:**  
Feedback shows that the lessons learned and insights gained - including the clarification of certain topics - will help them in their work as CHW



## VALUE 2 NPT as an opportunity to Exchange or share experience or ideas with other CHW

**Denmark:**  
Feedback included that participants would like to try techniques used by fellow CHW in their own work

**Switzerland:**  
Focus on increasing and improving more open communication with clients. In addition, increase exchange and collaboration with colleagues from other services for a more holistic approach



## VALUE 3 NPT as an opportunity to reflect on working as a CHW

**Sweden:**  
"I feel much more confident regarding the different session [topics], meaning that I will feel even more confident in my work"

**England:**  
NPT has provided an opportunity to reflect on current activities and approach and adjust where possible/necessary.

**Finland:**  
"I got new perspectives on MSM work. Some of the information shook me; there is still much work to do"

**Finland:**  
"All information given in the training and good discussions help in processing themes clearly in my work"

**Denmark:**  
"I will think about the language I use and how I can be more aware when asking questions at the Checkpoint"



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# Peer Expert Review

- Final Draft of the Training material was reviewed by Peer Experts:

- Luis Miguel de Carvalho Rocha (PT)
- Robert Hejzák (CZ)
- Marc Sergeant (BE)



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## Peer Expert Review

Does the work carried out contribute towards European policy objectives and strategies and have an impact on policy making? (see attachment "ec\_hiv\_actionplan\_2014")

Assess whether the project results or activities have an impact on policies and the funding programme's objectives

[Yes]

ESTICOM training programme reflects an era of services integration, tailored responses and syndemic approach in MSM sexual health care, **providing substantial support for CHW to fulfill their training needs**. CHW are found to fill the gaps in the continuum of care of HIV/STI/viral hepatitis (ECHOES) and to be often part of the community they serve, **therefore ESTICOM training programme, by empowering CHW to support MSM, can contribute to change local accessibility of services for MSM**. This training programme allowed cooperation and networking of CWH across Europe.

Hence, **European policy objectives and strategies are being met** when CHW who support MSM (priority group) were trained in (1) HIV and coinfections, (2) tackle stigma and discrimination and (3) how to engage with member states/civil society to offer comprehensive, integrated and targeted responses to MSM and finally, in order to achieve that (4) an effective cooperation and joint action between all key players take place (commission, member states and civil society).

The work carried out show that is possible to design and fit a training programme for CHW at a European level. Similar training programmes targeting other key populations could be tendered (e.g. migrant, people who use drugs and sex workers).



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## Peer Expert Review

**“CHW training programme as a unique toolbox for CHWs: we are convinced that for many EU countries this will be the first training material of its kind combining both factual materials and training process support to CHW training.**

Another main achievement/result is that the **CHW training programme is committed with skills/attitudinal aspects that prepare CHW to act for culturally competent, tailored/targeted, engaging/involving, non-judgmental/prejudice-free, informative and “systemic” environment for MSM - this is innovative.**”



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## Peer Expert Review

- General approach and structure approved
- Face-to-face and E-learning approach approved
- Content and support documents generally approved
- Useful and helpful amendments and recommendations proposed by the Reviewers



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## ESTICOM Final Training Material



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# Course structure – Face-to-Face 1

## Face to Face training

### KNOWING THE COMMUNITY YOU ARE WORKING WITH (Cultural Competency)

- 'When I Was Young': understanding how messages we receive affect our attitudes  
(Cultural Competency: 'When I Was Young')
- How to improve access, services and retention in care  
(Cultural Competency: Concept & Practice)
- Working across MSM Communities  
(MSM: Cultural Competency)

Titles in brackets are the original, previous names of the sections and exercises.



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# Course structure – Face-to-Face 2

### CHALLENGING STIGMA AND DISCRIMINATION

- Vulnerable MSM groups and their sexual health needs  
(Vulnerable MSM subgroups and their sexual health needs)
- Building awareness of the drivers of stigma about HIV/AIDS and sexuality  
(Drivers of HIV and sexual orientation related stigma)
- Creating a non judgemental service or environment for gay and other MSM  
(Creating a non judgemental service or environment)
- Engaging and involving the users of your service/s  
(Patient Engagement and Involvement)
- Understanding Syndemic Production Models and how they influence our work  
(Syndemic Production Models)
- Recognising complex health related systems and how they can be addressed  
(Sexual Health & a whole systems approach)

Titles in brackets are the original, previous names of the sections and exercises.



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## Course structure – Face-to-Face 3

### WORKING IN PARTNERSHIPS

- Identifying and building good practice for partnership work involving statutory and community health services  
(Partnerships: Statutory and Community Health Services)
- Partnership working with and between LGBT/MSM organisations and other services  
(Partnership work with LGBT organisations)

Titles in brackets are the original, previous names of the sections and exercises.



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## Course structure – Face-to-Face 4

### PREVENTION

- Using Motivational Interviewing techniques in y/our work  
(Health Promotion: Theory & Practice)
- Awareness about and the use of TasP (U=U), PrEP, PEP and Self Testing or Self Sampling for MSM  
(New Prevention Technologies)
- 'Frontline Interventions': working with MSM using one to one and group advice & information interventions; Motivational Interviewing & Counselling and Community HIV & STI testing  
(Prevention: Frontline Interventions)

Titles in brackets are the original, previous names of the sections and exercises.



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## Course structure – Face-to-Face & E-Learning

### PREVENTION

- STI's: symptoms and treatments  
(STI Information for MSM)
- Chemsex: sexualised drug taking and dependency  
(new exercise)
- "What is safer sex now?"  
(Prevention Theory)

Titles in brackets are the original, previous names of the sections and exercises.



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## Course structure – E-Learning 1

### PREVENTION

- Understanding the epidemiological dynamics of HIV infection in MSM in Europe  
(Epidemiological dynamics of HIV infection among MSM in Europe)
- 'HIV 90-90-90' – what are the targets?  
(HIV 90-90-90)
- Using Health Promotion Models to aid behaviour change  
(Prevention Theory: Behaviour Change)

Titles in brackets are the original, previous names of the sections and exercises.



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## Course structure – E-Learning 2

### SETTINGS AND INTERVENTIONS

- Useful settings for interventions aimed at MSM  
(MSM settings for interventions)
- Improving linkage and retention in care  
(Linkage and retention in care)
- Anti Stigma campaigns: learning from HIV/AIDS and MSM/LGBT interventions\*  
(Case Studies: Anti-stigma campaigns, HIV and LGBT interventions)

\*This exercise could be moved back to the Face to Face section if enough appropriate case study examples are identified for use.



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## Course structure – E-Learning 3

### SKILLS BUILDING

- Using Social Marketing to engage with MSM  
(Social Marketing)
- Building tailored training for specialised services  
(Tailored training for services)

Titles in brackets are the original, previous names of the sections and exercises.



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## Curriculum A: Skills

- Communication and Interpersonal Skills (F2F):
  - Back to Back Communication
  - Body Language & Exploring Relative Distance
  - Communication Origami
  - Follow All Instructions
  - Going to a Party
  - Listen Without Speaking
  - Samaritans
  - Situational Awareness



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## Curriculum A: Skills

- Knowing the Community you are working with (F2F):
  - 'When I was Young...'
- Knowing the Community you are working with (F2F):
  - How to improve access, services and retention in care.
- Knowing the Community you are working with (F2F):
  - Working across MSM Communities.
- Challenging Stigma & Discrimination (F2F):
  - Building awareness of the drivers of stigma about HIV/AIDS and sexuality
- Challenging Stigma & Discrimination (F2F):
  - Vulnerable MSM groups and their sexual health needs



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## Curriculum B: Basics

- Prevention (F2F):
  - Using Motivational Interviewing techniques in your work.
- Settings and Interventions (EL):
  - Useful settings for interventions aimed at MSM
- Prevention (EL):
  - 'HIV 90-90-90' – what are the targets?
- Prevention (EL):
  - Understanding the epidemiological dynamics of HIV infection in MSM in Europe.
- Prevention: (F2F & EL)
  - STI's – symptoms and treatments.



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## Curriculum B: Basics

- Working in Partnerships (F2F):
  - Identifying and building good practice for partnership work involving statutory and community health services.
- Working in Partnerships (F2F):
  - Partnership working with and between LGBT/MSM organisations and other services.



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## Curriculum C: Good practice

- Prevention (F2F & EL):
  - What is Safer Sex now?
- Prevention (F2F):
  - 'Frontline Interventions' working with MSM using one to one and group advice and information interventions; Motivational Interviewing & Counselling and Community HIV & STI testing.
- Challenging Stigma & Discrimination (F2F):
  - Engaging and involving the users of your service.
- Challenging Stigma & Discrimination (F2F):
  - Creating a non-judgemental service or environment for gay and other MSM.
- Settings & Interventions (EL):
  - Improving linkage and retention in care.



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## Curriculum D: Development

- Prevention (EL):
  - Using Health Promotion Models to aid behaviour change.
- Challenging Stigma & Discrimination (F2F):
  - Understanding Syndemic Production Models and how they influence our work.
- Challenging Stigma & Discrimination (F2F):
  - Recognising complex health related systems and how they can be addressed.
- Prevention (F2F):
  - Awareness about, and use of, TasP (U=U); PrEP; PEP; Self Testing or Self Sampling for MSM.



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## Curriculum D: Development

- Prevention (F2F & EL)
  - ChemSex: sexualised substance use.
- Settings & Interventions (EL):
  - Anti-Stigma Campaigns: learning from HIV/AIDS and MSM/LGBT interventions.
- Skills Building (EL):
  - Using Social Marketing to engage with MSM.
- Skills Building (EL):
  - Building tailored training for specialist services.



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## Core elements of ESTICOM trainings

- Needs Assessment
- Facilitator tips
- Group Agreement
- Ice Breakers / Energisers
- Communication skills
- Interpersonal skills
- Face-to-face exercises
- E-Learning modules
- Evaluation



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# Course materials

- **Trainers' manual**
  - Structure and contents of the training course
  - Detailed description of the content of the training course (slides, training documents, training materials)
  - Recommendations for managing a proper delivery of the training modules
- **Training materials**
  - PPT slides
  - Participant worksheets
- **Evaluation Materials**
  - Description of the training evaluation tools, timing and procedures
  - Questionnaires
- **Needs Assessment materials**



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## Design

**Infernal Source Title:**  
**When I Was Young: understanding how messages we receive affect our attitudes**

**Study Area/Domain:**  
**Knowing the Community you are working with**  
**Cultural Competency**



### Exercise Aim and/or Purpose:

This exercise allows participants to explore the message that MSM get about being men, having sex with men etc. How these messages may affect them and their choices. If they are MSM themselves how it may affect them and the work they undertake. It also considers 'heterosex' as an adaptation made in the face of stigma and discrimination.

### Expected exercise outcome:

Participants will have a better understanding of the types of message that we get around gender and sexuality. Participants will understand how these can continue to influence our attitudes to each other; the work we are involved in and how MSM have developed strategies to lessen their impact.



### Materials Required:

- When I Was Young printed forms – one for each participant
- Pre-prepared Flipchart sheets (see Facilitator Preparation)
- Flipchart stand, pen and paper
- Paper and pens for participants
- PowerPoint Slides (Reference)



### Facilitator Preparation:

1. This exercise is aimed at people who work with all men who have sex with men regardless of how they identify their sexuality. The messages we get about having sex with men are very associated with being 'gay', which can sometimes make it difficult for some men to use this as a sexual identity. Other MSM may have an issue with identifying as 'gay' because of cultural or language differences. 'Gay' being a very white, western idea of sexual identity.
2. Approach the exercise with a 'problem solving' mindset.
3. This exercise can contain a lot of negative messages, and although that is what the exercise builds from it can feel overwhelming for some people. It's OK for negative feelings to be in the room and to process them, and it's useful if you can think of some methods to move people on. It helps if you know the participants although some additional questions and tips are given in the method to help with this process.
4. Be good if you have taken part in the exercise yourself and know how it develops.
5. The 'When I Was Young' section of the exercise does not have an 'end', which is why it's important that you as a facilitator can conclude the discussion in this section, encouraging thought and discussion outside this session. Remember the exercise moves on to discuss 'heterosex' and many discussions are and are concluded there.



### Helpful hints for facilitators:

- You will need some a bit of will space to put up the Flipchart sheets you have prepared for the participants to write on. Make sure you've prepared these sheets with the headers i.e. "Only men are..." before you start the exercise.
- The discussions that one had in this exercise link closely to other exercises such as Symbolics, When Sexen Represents and Building Your Judgmental Services.
- Don't go through the exercise too fast because you think others are feeling uncomfortable, to get the best from the exercise the processing is very important.
- Keep to the time you have, it can be easy to let discussions go on for a long time, give enough time to discuss things without everyone giving their own history.
- Choose three questions you think it would be good for your group/participants to consider, there are some listed in the method, see if you can develop some complementary ones using your 'tool' situation.
- Although two methods are given, it's always best to use the longest one as you will get the most from it. Use the second method if time is limited or you are using the exercise as a reminder for a mixed group, some who have done the exercise before and some who are new to it.



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# Design

## Method: (50 mins total)

### Method 1:

- 1 Facilitator introduces exercise and explains that to better understand issues around working with men who identify as Gay, Bisexual or as other MSM we are going to do an exercise called 'When I was Young'.
- 2 Facilitator to give out the question form that has a series of short questions (see below for an example of the form)

| When I was young I got the message that ...          |  |
|--|--|
| Men should be ...                                    |  |
| Men never ...  |  |
| Men always ...                                       |  |
| Sex between men was ...                              |  |
| Gay men are ...                                      |  |
| Gay men should...                                    |  |
| Gay men never ...                                    |  |
| Relationships between men are ...                    |  |
| I was left feeling ...                               |  |
| The most important source of these messages were ... |  |

- 3 Facilitator informs the group that they are to think for a short time (2 mins) about the messages they used to get around these questions.
- 4 Think of what you heard when you were around 8 to 10 years old. NOT what you wanted to hear, think you should have heard or you might hear now.
- 5 Complete the forms from a personal perspective – leave your 'work book' alone for a while.
- 6 Participants are to fill out the form, answering the questions in 2 to 3 words maximum.
- 7 Tell the group it is best if they do not 'overthink' this, just respond with the first word/s that comes into their head. If people are they can't remember or didn't get messages about these questions tell them to move to the next question. If this happens remember to point out during the discussion that not having anything about gay men indicates they don't want which is as bad as negative messages about them.
- 8 They have 15 mins to do this task.
- 9 While the participants are doing this, the facilitator's one to put up the already prepared flipchart sheets on the walls of the meeting room with the questions they are answering reflected on the top of their sheet.
- 10 When the time has ended (or everyone has finished whichever is sooner) give each group member a flipchart marker pen and ask them to not transfer their answers onto the relevant sheet around the walls.
- 11 When the group has done this ask them to take some time to read all the sheets.



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# Design

## Method 2:

- 1 Follow Method 1 up to point 2.
- 2 Instead of placing flipchart sheets with every headline from the question sheet up on the walls, place three sheets up together on one sheet with 'Gay men...', 'Sex between men...' and 'I was left feeling...'.
- 3 Ask the group to write their answers on the sheets where they think they fit under (and across) the three sheets.
- 4 When the group has done this ask them to take some time to read the sheets.

### Facilitated Feedback:

- Facilitator asks "What are your thoughts about what you read?"
- Facilitator to go through each sheet pointing out similarities in the answers given – it's useful in the question "What name..." that it's answered "Gay" or "Bisexual" – so find all the similar messages together across the sheets.
- Similarly point out where the lots conflict in their messages, for example, men are emotionless and gay men are overemotional etc etc.
- Below are a list of prompt questions you can use to help the discussion:
  - Have you thought about these messages before in this kind of group?
  - Does anything surprise you?
  - Do you agree with anything you see in these messages?
  - Do you use these kind of judgements with anyone you work with?
  - How do you think these messages influence the work that you do with MSM?
  - Do these messages influence other people's work with MSM?
- Below are some questions to help deal with any negative feelings that may be there after the processing, this depends on the conversation that has happened in the group and may already be raised:
  - What has changed in regards to these messages?
  - How do we/should we challenge these types of messages?
  - How have you moved on from these kinds of messages? Or negative messages about you if you are not Gay, Bisexual or MSM? (think about the negative messages women get)
  - How have the MSM you work with moved on from these messages?
  - How has society moved on? Are there better legal recognitions of rights for people who have same sex sexual and emotional relationships?
  - Does anyone have an idea about what to do with these messages? (in other words does anyone want to nip them up?)

### Extra Information:

- 1 How move the discussion onto Resilience, using the examples the group has given you.
- 2 Show the definitions of Resilience and Sexual Resilience and then take the group through the list of characteristics of resilience (Challenging Social Norms etc)

**Resilience**  
 Resilience is defined as positive adaptation to the experience of stigma and discrimination.  
 Men who have sex with men experience high rates of psychological health problems such as depression, substance use, and victimization that may be in part the result of adverse life experiences related to cultural marginalization and homophobia.

- 3 MSM show great resilience to both the effects of adversity and of systemic. Using these natural strengths and resilience may enhance HIV prevention.
- 4 MSM are involved in challenging social and societal norms & stigmatizing and discriminatory behaviors driven around issues such as HIV/AIDS, civil rights and equal marriage, care of others (personally) inner as well as care of community and Community involvement.
- 5 Split people into groups of 3-5.
- 6 Ask the groups to work on two tasks: firstly to discuss and provide a few examples of resilience displayed by MSM around the characteristics listed earlier and from their discussions about the negative messages. When they have done this, ask the groups to think of and describe an intervention that would enable these resilience characteristics to be further supported or developed for MSM. They have 15 mins for both tasks.
- 7 When the time has ended, ask the groups to feedback to the large group on their intervention ideas. When they have finished and the exercise.



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# Acknowledgements

We would like to thank the **European Commission, CHAFEA**, the **ESTICOM partners** and **Advisory board** for the expertise and support provided.

A special thanks goes to Aryanti Radyowijati and Marije Veenstra from **ResultsinHealth** for the close and helpful cooperation in evaluating the Pilot Training Programme.

We especially thank the reviewers of the Draft of the Final Training material: **Luis Miguel de Carvalho Rocha (PT), Robert Hejzak (CZ) and Marc Sergeant (BE)**.

In particular, we thank all more than 60 participants in the Training of Trainer Workshops, the organisations from 24 countries who organised National Pilot Trainings and the more than 40 trainers who conducted these pilot trainings in their countries.



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### Plans for maximising the utility of key learnings from ESTICOM and sustaining those benefits over time

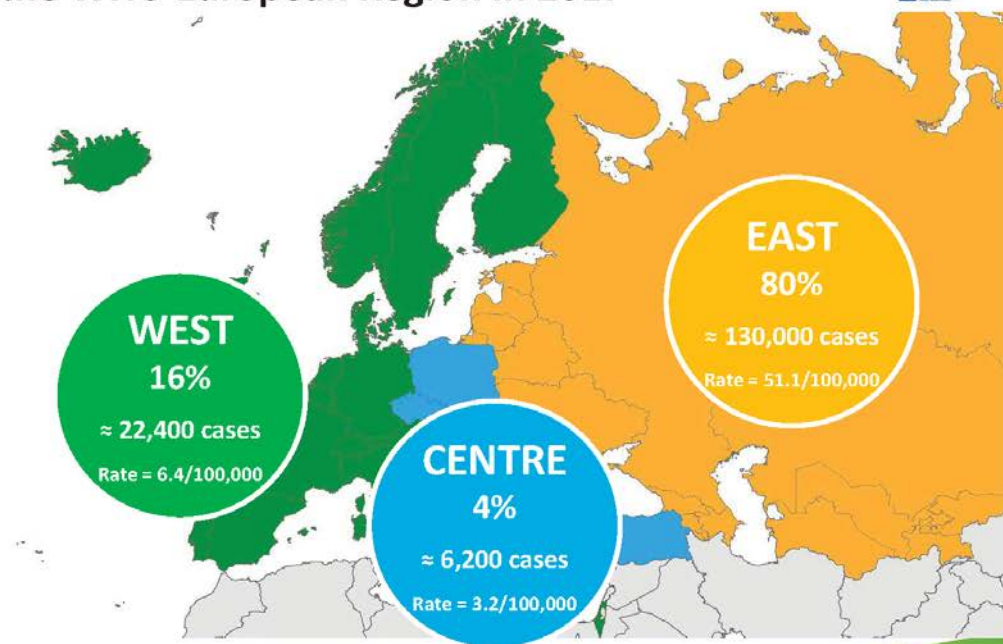
Teymur Noori, ECDC  
ESTICOM Dissemination Meeting  
Luxembourg, 19 June, 2019

## Outline



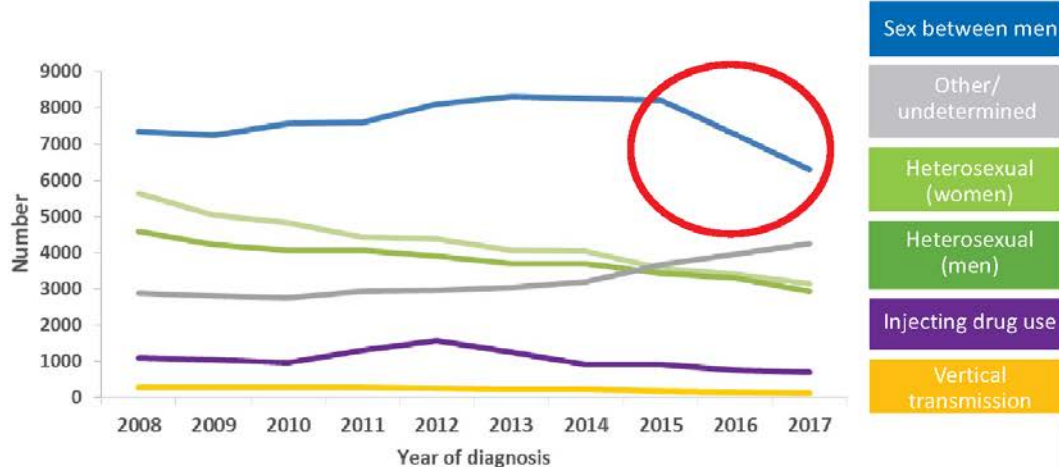
- Epidemiological trends of HIV among MSM in Europe
- Highlight how EMIS data complements ECDC monitoring data in the European region
- Unique aspects of ECHOES
- Conclusions

## ~160 000 persons were diagnosed with HIV in the WHO European Region in 2017



Source: ECDC/WHO (2018). HIV/AIDS Surveillance in Europe 2018–2017 data

## HIV diagnoses, by route of transmission, 2008-2017, EU/EEA

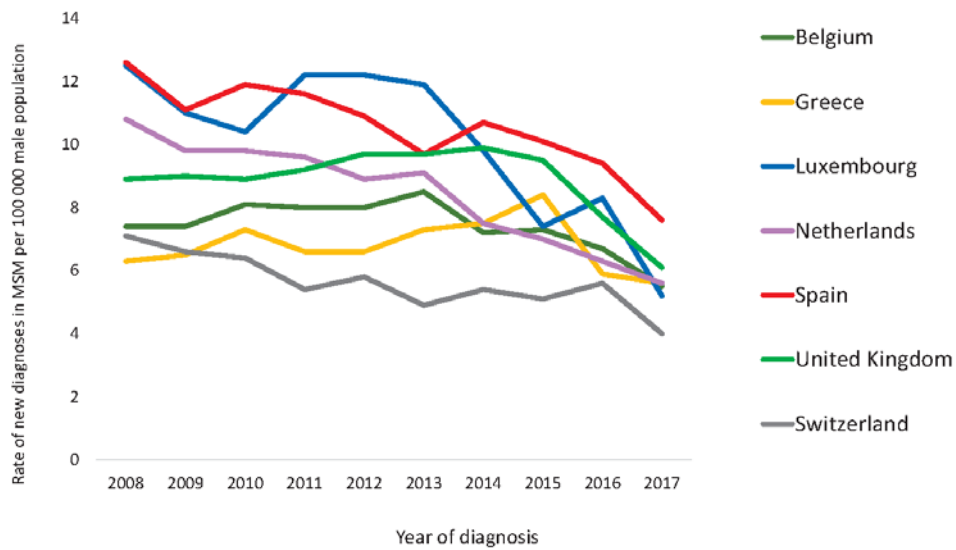


Data is adjusted for reporting delay. HIV diagnoses reported by Estonia and Poland excluded due to incomplete reporting on transmission mode during some years of the period; diagnoses reported by Germany, Italy and Spain excluded due to incomplete reporting during a portion of the period.

Source: ECDC/WHO (2018). HIV/AIDS Surveillance in Europe 2018–2017 data



## Countries showing declines in the rates of new HIV diagnosis reported in MSM, 2008-2017



Source: ECDC/WHO (2018). HIV/AIDS Surveillance in Europe 2018–2017 data

## MSM account for 50% of all diagnosed cases of HIV with known mode of transmission, EU/EEA, 2017

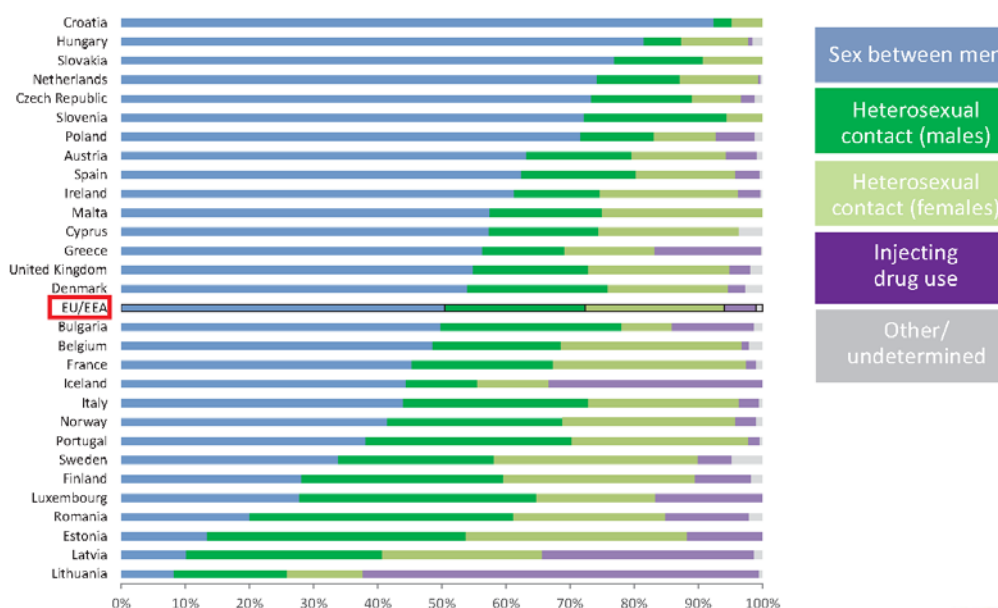


“Responding effectively to HIV in EU/EEA Member States will require good behavioural data among MSM. EMIS provides this data.”

*Teymur Noori*

Note: Germany did not report data for 2017, 0 cases were reported by Liechtenstein; Data include only cases with known region of origin;  
Source: ECDC/WHO (2018). HIV/AIDS Surveillance in Europe 2018–2017 data

## Proportion of new HIV diagnoses, by country and transmission mode, EU/EEA, 2017

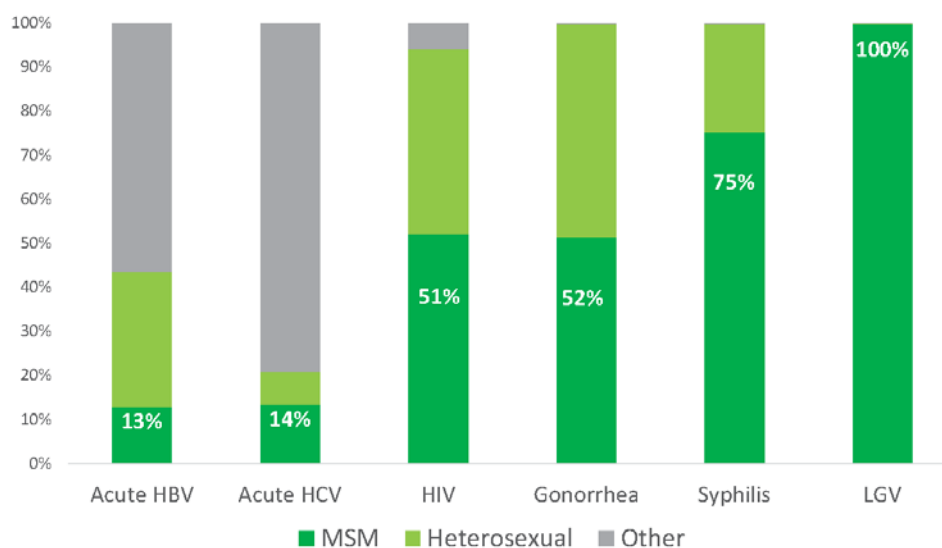


Note: Germany did not report data for 2017, 0 cases were reported by Liechtenstein  
Source: ECDC/WHO (2018). HIV/AIDS Surveillance in Europe 2018–2017 data

## MSM are disproportionately at risk for and affected by HIV, STI and viral hepatitis



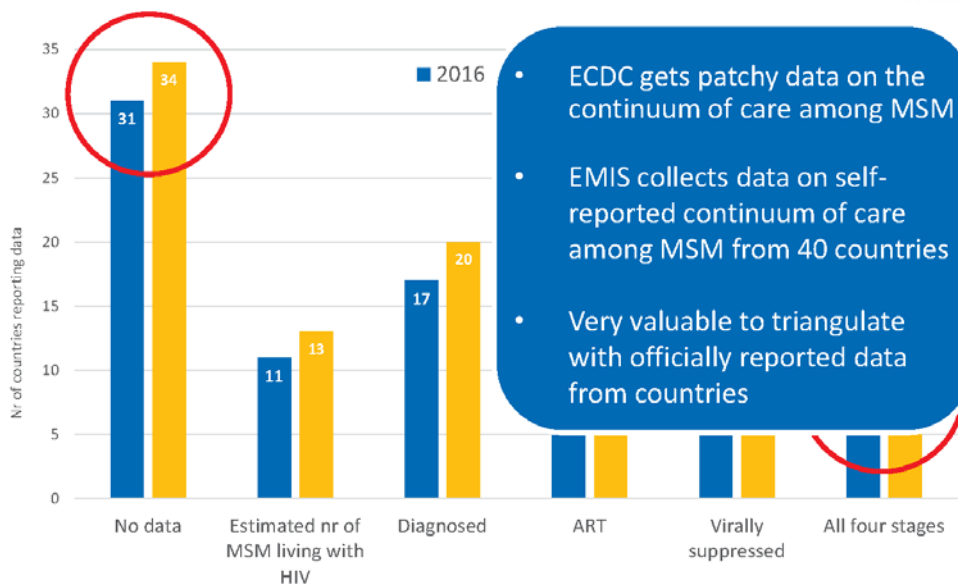
Proportion of new diagnoses attributed to sex between men, EU/EEA, 2016



Source: ECDC, Sexually transmitted infections in Europe, 2016; Hepatitis B and C in Europe, 2016; ECDC/WHO HIV Surveillance in Europe 2016 data, 2017

## How does EMIS data complement Dublin Declaration monitoring in the European region?

### Availability of data along the various stages of the continuum of care, MSM



Source: ECDC, Dublin Declaration monitoring 2018; validated unpublished data.

## Status of formal PrEP implementation in Europe March, 2019



- Nationally available (reimbursed)
- Ongoing pilot or research project
- Generics available in healthcare settings (not reimbursed)
- Not formally implemented

- Luxembourg
- Malta
- Liechtenstein

- ECDC collects data on PrEP policies and on PrEP uptake
- Only countries with formal PrEP programmes are able to report on the nr of people on PrEP
- EMIS provides comparable data on PrEP use (formal/informal) from 40 countries

Source: ECDC, Dublin Declaration monitoring 2018; validated unpublished data.

## Are data available on Chemsex among MSM in your country? 2018



- Yes
- No
- No response

- ECDC asks if data on Chemsex is available and gets non-comparable data from 15 countries
- EMIS provides comparable data on the use of Chems in sexualised contexts from 40 countries

Source: ECDC, Dublin Declaration monitoring 2018; validated unpublished data.

## Country use of EMIS data for international reporting, 2018-2019



**Sigma**  
RESEARCH

*Knowledge for Action*

This confidential document was prepared for ECDC on the basis of EMIS 2017 data (raw data). It shows 19 Dublin Declaration Monitoring and 2 GAM (Global AIDS Monitoring) country-level indicators for 40 European countries.

For reporting purposes only.

No publication, presentation or upload.

© Sigma Research 2018.

Contact: a.j.schmidt@emis-project.eu

DDM Indicator number →

| EU (country median) | EU | 1     | 2  | 3   | 4   | 5   | 6   | 7   | 8  |
|---------------------|----|-------|----|-----|-----|-----|-----|-----|----|
| Austria             | AT |       |    |     |     |     |     |     |    |
| Belgium             | BE |       |    |     |     |     |     |     |    |
| Bulgaria            | BG |       |    |     |     |     |     |     |    |
| Croatia             | HR | 1'015 | 5% | 23% | 6%  | 74% | 34% | 46% | 3% |
| Cyprus              | CY | 307   | 5% | 24% | 4%  | 69% | 34% | 39% |    |
| Czech Republic      | CZ | 1'897 | 5% | 24% | 8%  | 73% | 43% | 42% |    |
| Denmark*            | DK | 1'698 | 4% | 45% | 21% | 69% | 49% | 50% |    |

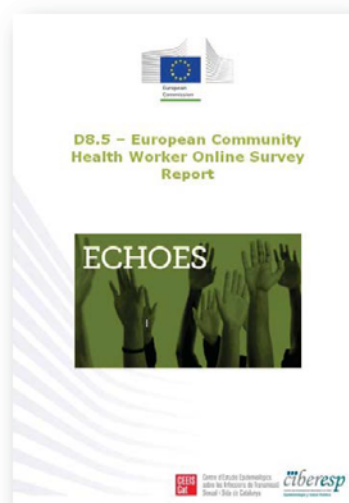
- 40 countries are able to supply EMIS data on 21 indicators as part of their commitment to report to international agencies (ECDC, UNAIDS, WHO)
- Expect to use this national data for international reporting in the next 5-6 years

## ECHOES



ECHOES is **unique** offering a number of 'firsts':

- First** ever EU-wide **description** of the diverse CHW workforce supporting MSM health in the EU;
- First** attempt to estimate the **size** of the CHW population supporting MSM across the 36 eligible countries;
- First** opportunity to **compare** data on CHW activities at different stages of the continuum of HIV care;
- First** European data on CHWs that can be used as a **benchmark** for future quantitative/qualitative research building on ECHOES;
- First** European empirical data that can **meaningfully** inform planning of **capacity-building initiatives** for CHWs



# Conclusions



- MSM are disproportionally affected by STIs/HIV/hepatitis in the EU/EEA
- For the first time in a decade, we are seeing declines in HIV incidence in

## In terms of sustainability:

- EMIS-2017 & ECHOES must proactively disseminate data to countries/researchers and encourage/support them to use it.
- Without EMIS data, responding effectively to HIV in Europe would be significantly more challenging
- Thanks to ECHOES we now have empirical data on a European level that can meaningfully inform planning of capacity-building initiatives for CHWs



## Huge congratulations

to everyone associated with ESTICOM for the amazing work that you have done for public health in Europe and beyond!



# Thank you

Anastasia Pharris

Erika Duffell

Lina Nerlander

Andrew Amato

[teymur.noori@ecdc.europa.eu](mailto:teymur.noori@ecdc.europa.eu)



ESTICOM

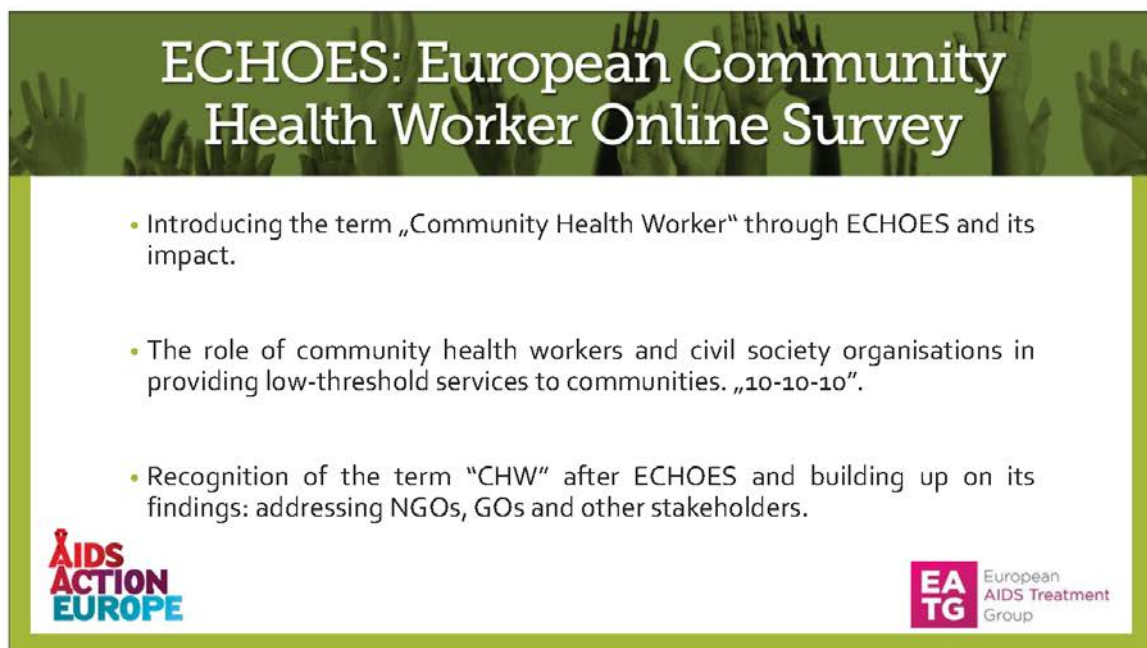
Training Programme

EMIS 2017

ECHOES

Oksana Panochenko  
Communications Officer  
AIDS Action Europe

The banner features a background of many hands raised in the air. The text is overlaid on colored rectangular boxes: 'ESTICOM' in white on a large orange box, 'Training Programme' in white on a red box, 'EMIS 2017' in white on a blue box, and 'ECHOES' in white on a green box. The contact information for Oksana Panochenko is in the bottom left.



### ECHOES: European Community Health Worker Online Survey

- Introducing the term „Community Health Worker“ through ECHOES and its impact.
- The role of community health workers and civil society organisations in providing low-threshold services to communities. „10-10-10“.
- Recognition of the term “CHW” after ECHOES and building up on its findings: addressing NGOs, GOs and other stakeholders.

**AIDS ACTION EUROPE**

**EA TG** European AIDS Treatment Group

The slide has a green header with the title. The main content is on a white background with a green border. It lists three bullet points about the ECHOES survey. Logos for AIDS Action Europe and the European AIDS Treatment Group (EA TG) are at the bottom.

## Challenges as advocacy opportunities.

Main barriers identified by ECHOES findings and ways to address them.

Funding instability identified in ECHOES as one of the major barrier since it affects sustainability, long-term planning and implementation of CHW programmes.



The operations (including staff costs) of CHW services should be funded as part of the health system (local, regional, national)

Insufficient integration of CHW in the health system.



CHW certification at the national level to set minimum standards for education and practice could be considered to recognise and legitimise CHWs with respect to the healthcare system



## Challenges as advocacy opportunities.

Main barriers identified by ECHOES findings and ways to address them. (2)

Regulatory barriers such as laws, regulations hindering decentralised and demedicalized services, e.g. testing





Governments should reform or update laws and regulations to enable community organisations to provide sexual health services beyond medical settings, e. g. to testing.

Impact of stigma on provision of community-based services



Discriminatory and criminalising laws and practices should be reviewed and possibly dropped.

|   |   |
|---|---|
| Recommendations for European organisations and institutions | <ul style="list-style-type: none"> <li>▪ Strengthen the visibility of and promote cohesiveness among CHWs (e.g. European forum)</li> <li>▪ Repeat ECHOES to update data about this fast changing workforce</li> <li>▪ Encourage sustainability of CHWs activities and training</li> </ul> |
| Recommendations for CHWs                                    | <ul style="list-style-type: none"> <li>▪ Network, meet, exchange with CHWs from other contexts</li> <li>▪ Drive programmes, engaging the communities to address stigma</li> </ul>   |

|   |  |
|---|--|
| Recommendations for future research         | <ul style="list-style-type: none"> <li>▪ Case studies in some countries to complement ECHOES data</li> <li>▪ Not focussing only on “non-clinical settings”</li> <li>▪ Challenges for large-scale quantitative research like ECHOES: <ul style="list-style-type: none"> <li>▪ Compensation for Local Multipliers</li> <li>▪ Combine online and one-to-one promotion</li> <li>▪ Use link tracking</li> <li>▪ Preliminary research to better know how to diversify recruitment areas (e.g. organisation other than NGOs)</li> </ul> </li> </ul> |
| Recommendations for training implementation | <ul style="list-style-type: none"> <li>▪ Important issues: mental health and drug-related issues; how to address stigma; cross-cutting skills,</li> <li>▪ Include diversity and cultural competency concepts (especially for non-peer CHWs, often less trained)</li> <li>▪ Online trainings for those lacking time</li> <li>▪ Regular update of the training</li> </ul>  |

Oksana Panochenko  
Communications Officer  
AIDS Action Europe  
[oksana.panochenko@aidsactioneurope.org](mailto:oksana.panochenko@aidsactioneurope.org)

Thank you!



## ESTICOM Trainings

### Sustainability

*Matthias Kuske, Barrie Dwyer*

*ESTICOM Dissemination Meeting June 2019*



## Strategy

- National: **Integration** into existing national training programmes, **supporting the development/amendment** of national/regional/local training programmes
- Western Europe: **innovation** in prevention, CHW work
- Eastern Europe: **capacity building** NGO's working with **CHW**
- Internationally: **capacity building CHW / LGBT\*IQ-organisations**
- Building and coordinating a **network of CHW** working in the field
- Possibility to adapt the training material and programme for **other marginalised groups** and **other health care professionals**



2



## Activities and approaches national

- Some NGOs already work or plan to integrate the ESTICOM training material in their trainings or work with the training material:
  - Terrence Higgins Trust
  - Deutsche Aidshilfe
  - Other countries (e.g. Poland, Greece, ...)
- Integration in more national / regional training programmes needed



3



## Activities and approaches EU

- Integration in EU-project **Integrate** trainings
- **Cobatest** trainings for CBVCT staff (projected)
- **Network for CHW** working in the field (idea)
- **ChemSex** project (Erasmus+ Romania – under evaluation)
- **Future Training of Trainer Workshops** (required)
- **Capacity building & CHW trainings** Eastern Europe (required, Norwegian Grant?)
- Discussion with partners in the **MSM Expert Meeting** in August



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## Activities and approaches international

- **ChemSex**-project Russia (THT- under evaluation)
- **LGBT\*IQ-rights** in Lebanon (EuropeAid application – under evaluation)
- Cooperation with ERA (**LGBTI Equal Rights** Association for the Western Balkans and Turkey - projected)
- **LGBT\*IQ- capacity building** in Belorussia / Russia (DAH – planned)
- **CHW capacity building / trainings** South-America (requested from several NGOs & WHO consultant Brasilia)
- **Workshop** on 'Young Leaders for Health' conference: experience in work with CHW



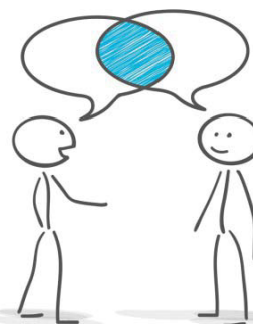
5



## Recommendations and project ideas

- How do you want to use the training material?
- Needs to implement the training material?
- Further implementation ideas?
- How do we train competent trainers?
- Ideas for a CHW network ...
- Further development of the training material

➤ **Afternoon session ECHOES & Training Programme**



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