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Objective. Very little is known about Community Health Workers (CHWs) in the promotion of sexual health among men who have sex with men (MSM). A scoping review was carried out to describe CHW knowledge, attitudes and practices relating to the sexual health of MSM. Forty countries in the European Union and neighbouring countries were included in the review (see countries in Figure 1).



Figure 1: Countries included in the review

Methods. Titles and abstracts of 1,490 records (academic and grey literature published in English after 2005) from electronic databases and internet-based search tools were screened, twenty-one were included.

Results. The included studies originated from the UK (n=7), Spain (n=3), the Netherlands (n=2), and Ukraine (n=2). The 7 remaining studies included several European countries.

Most of the publications were qualitative studies (15/21), 1 used both qualitative and quantitative

methods, 2 were cross-sectional surveys and 3 were descriptive reports. All but 2 were published after 2010.

Table 1. Inclusion criteria for the literature search

Criteria	Terms/Topics	Description
Population	Community health workers (CHW)	All the possible definitions of CHW depending on the setting and contexts: Outreach workers, Peer workers etc.
Target group	Gay, bisexual, and other men who have sex with men (MSM)	-----
Outcome	Assessment of the knowledge, attitudes and practices of CHW	Types of training, background, opinions, perceptions and others reported by CHWs during their work with MSM
Setting	Community/population-based	Non-Governmental Organisations (NGO) facilities, sexual venues, counselling services. Clinical settings were not included
Time-lapse	Ten years (2006 to present)	-----
Context	Europe and neighbouring countries	Central, Western, Eastern Europe, including Russia and neighbouring countries.
Language	Searches were restricted to English	In case of non-English language papers, abstracts were used to determine their inclusion.
Type of document	Article, abstracts, manuscripts, manuals, guides, reports, conference proceedings	-----

Four main categories for CHWs' activities were identified:

- Access (supporting accessing medical services),
- Education (Sexual health promotion; information on legal rights),
- Advocacy and capacity building (Advocating to ensure that the needs of gay men living with HIV are met),
- Service delivery (Distribution of materials; HIV/STI testing and counselling, mental health and substance abuse services).

Most desired skills for a CHW include:

- communication (ability in spoken, written and non-verbal interaction),
- interpersonal (provide support without creating dependence),
- service coordination (ability to network and build coalitions)
- capacity building (empowerment, self-confidence).

Main results about CHW characteristics include:

- Most of the studies included in the scoping review did not comment specifically on CHW socio-demographic characteristics such as gender, age or origin.
- CHWs in most of the studies are recruited by community-based organisations, most of them (14/20) from Berlin, Spain, Netherlands, UK, Romania, Ukraine and others including cities around Europe.

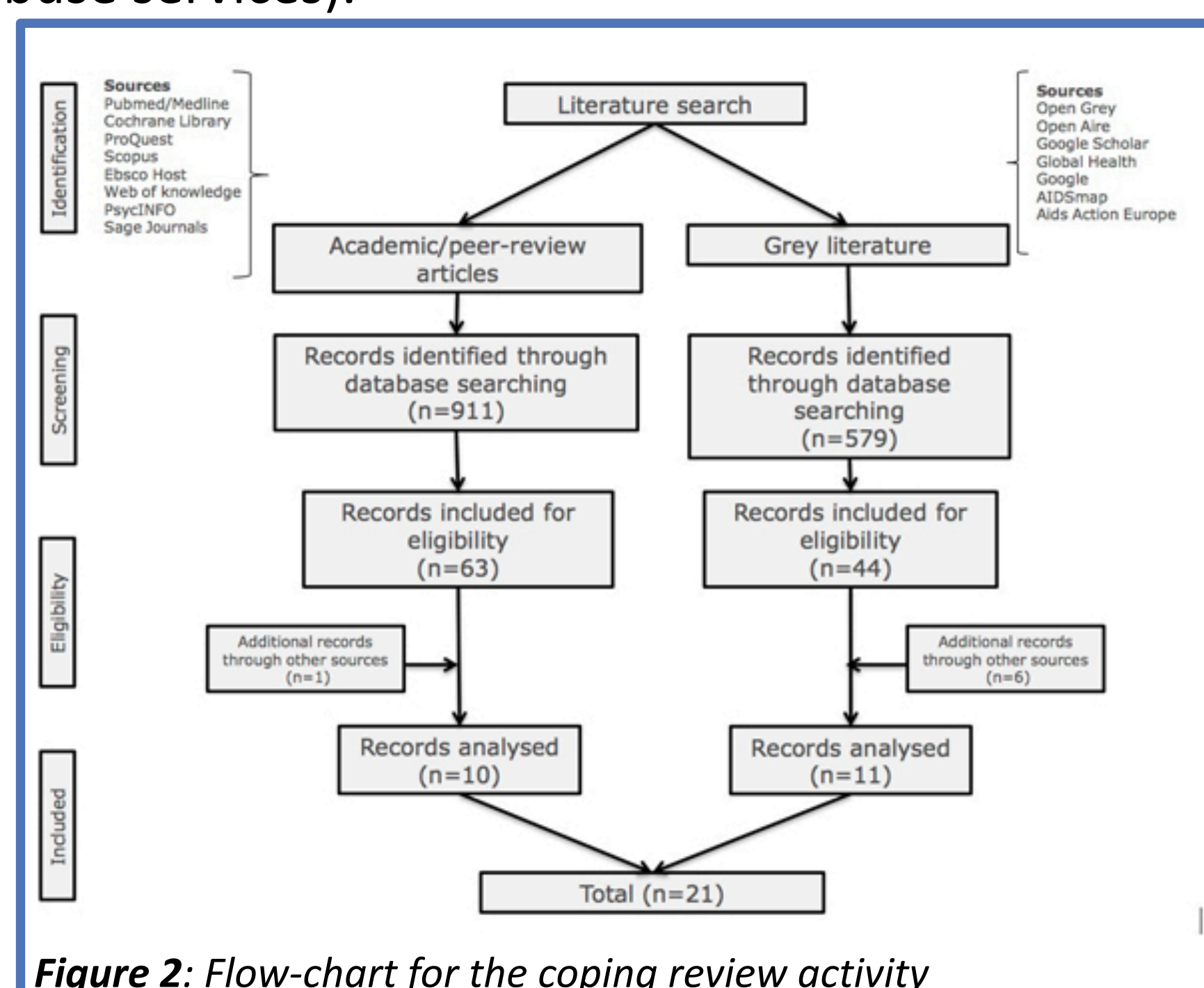


Figure 2: Flow-chart for the scoping review activity

- In Europe, CHWs have a large number of different titles, depending on where they work and what they do. In the review, sixteen different terms were identified in different countries.
- Most of the articles in the review discuss or at least mention the importance of adequate training of CHWs, although few give details on the type of training needed.
- Only two studies assessed CHW knowledge; PrEP and LGBT issues are two main topics CHW need more knowledge about.

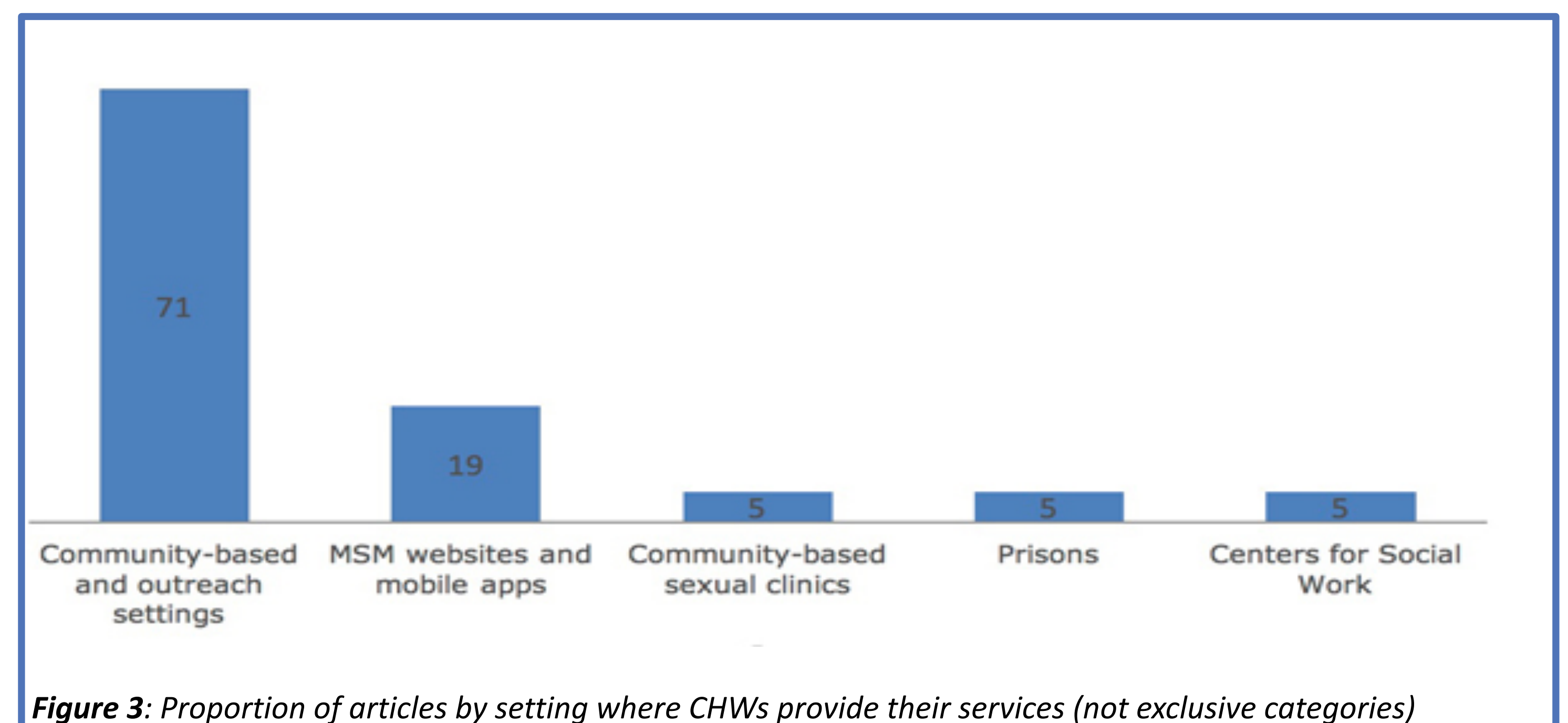


Figure 3: Proportion of articles by setting where CHWs provide their services (not exclusive categories)

Studies also informed on CHWs' attitudes about:

- informed consent (e.g. most CHWs fully aware of its importance, but variety in procedures and lack of guidelines); confidentiality (of paramount importance for CHWs, feeling more able to protect this);
- counselling (pre-counselling often skipped or made by behavioural surveys perceived as unreliable; skipping post-counselling also common);
- communicating an HIV-positive test result (an emotionally charged experience);
- linkage to care (need for sufficient time and resources for this).

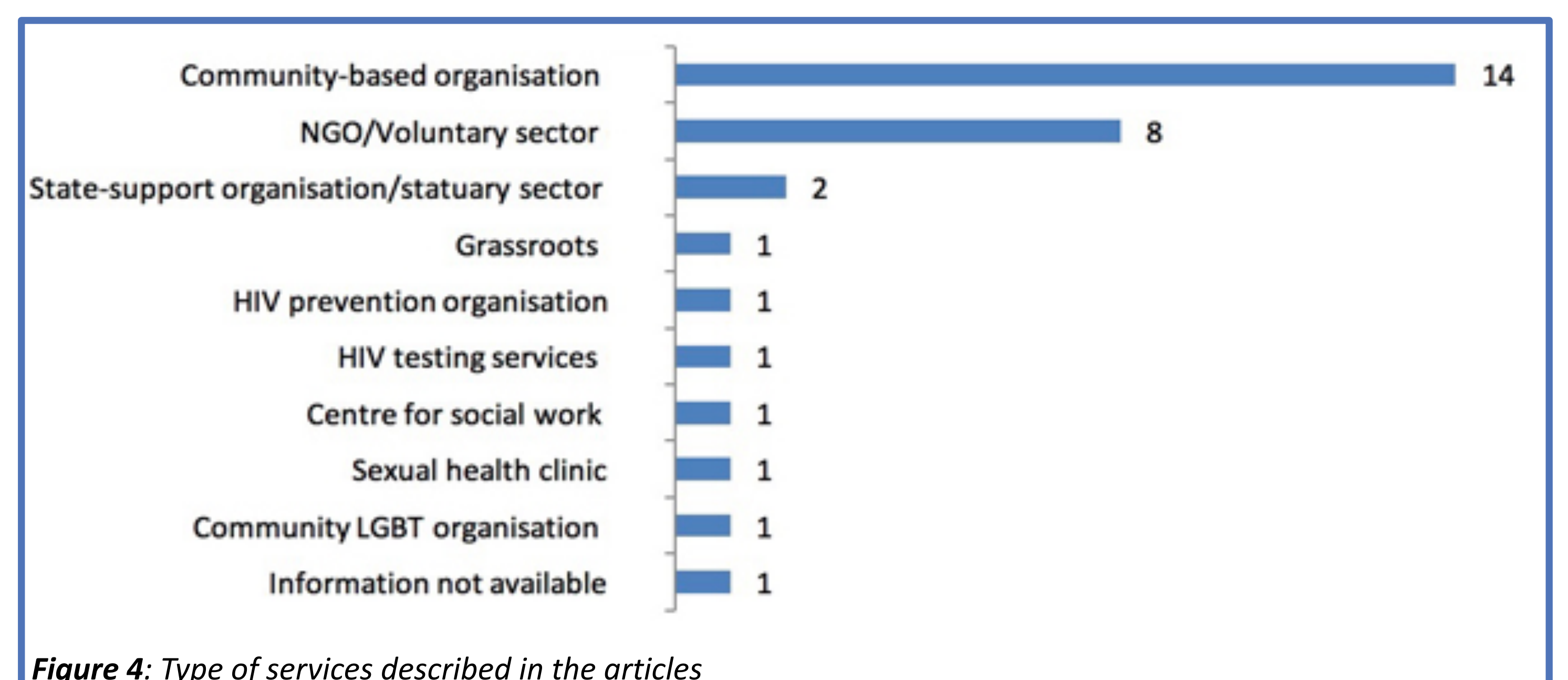


Figure 4: Type of services described in the articles

Limitations: The scarce literature identified does not provide a complete picture of CHWs involved in promoting sexual health and HIV/STI prevention aimed at gay, bisexual and other MSM in Europe. The existence of different terms used for CHW can vary widely at local, national or European level. In the searches, some specific terms could have been omitted, which could have impeded the identification of some articles. Most of the studies at European level identified in this review were focused on CHWs working in CBVCT services; therefore, the characteristics and roles of other CHW types have not been well-described and caution must be taken when generalising results to the wider population.

Conclusions. Scientific literature on CHW working with MSM in Europe is scarce; the existing literature shows a wide diversity of terms, roles and responsibilities for CHW. Peer-educator/worker/supporter is the most required function for CHW. There is lack of information and training materials aimed specifically at CHWs.

Recommendations: Quantitative studies on CHWs (due to their capacity to produce generalizable results) need to be conducted at a national and/or regional level in Europe. Rigorous studies that assess the effectiveness of CHWs interventions and their impact in the community are also necessary. The aspects included in the concept of CHW must be clearly defined in order for it to serve in future research or interventions. The aspects that should be included in the definition of CHW are: their role including a wide range of services, not only focused on sexual health issues/services; CHWs should have a very good understanding of the community they serve; and one should avoid using the term CHW alone, due to a great variety of terms referring to the same role, function or task. It should also be noted that not all CHWs who perform tasks aimed at MSM are involved in community-based organisations and/or are from the community.