

ESTICOM Project Objective 2 (WP5)



A Review of Community Health Workers' (CHW) knowledge, attitudes and practices relating to the sexual health of MSM, including existing training materials and manuals in Europe and neighbouring countries

Objectives



To review CHW knowledge, attitudes and practices relating to the sexual health of gay, bisexual and other MSM, including behaviour and lifestyle factors, and the situation with regards to HIV/AIDS, STI, and viral hepatitis in the EU/neighbouring countries.

Specific objectives:

- To identify existing studies addressing CHWs' **knowledge, attitudes and practices**
- To identify **training programmes/tools/guides** to prepare CHWs for service delivery, as well as to identify potential **gaps**.
- To identify **good practice examples** of successful CHW programs.
- To assess the **capabilities, barriers and needs** of CHWs to do their work.
- To propose **recommendations** on potential countries where CHW training could be useful (*Based also on the ECHOES survey results*)

Methodology



A. Associated network* / Online survey

B. Academic + grey literature

C. Key Informants interviews

D. Final consultation

* EMIS-2010, SIALON I and II, and HIV-COBATEST projects, EATG members, AAE, HIV/AIDS Civil Society Forum, ECDC Newsletter recipients, ECOM mailing list; CEEISCAT network and Ministry of Health of Spain

** Arksey H & O'Malley L (2005) Scoping studies: towards a methodological framework. Int J of Social Res Methodology.

A. Online survey to identify sources for the collection of materials: Over 500 persons in 40 countries were contacted, and **86 replies** were received.

B. Scoping review** of published studies and grey literature addressing CHW issues (2006 to present).

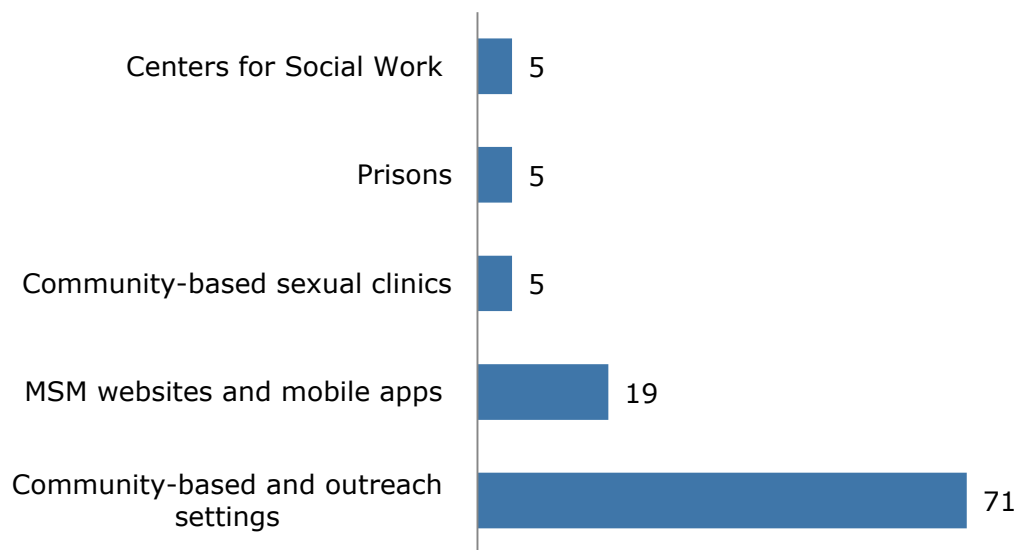
C. Stakeholders interviews in selected countries to assess the **capabilities** and perceived **needs** of CHW and the **barriers** they face to performing their activities (n=10).

D. To validate the evidence map of themes, as well as to identify additional sources of information.

The included studies (n=21) originated from the following countries: the UK (n=7), Spain (n=3), Netherlands (n=2), and Ukraine (n=2). The remaining studies included several European countries (n=7).

Terms used at European level for CHW
Community Advocates
Counsellors
Health Care Providers
Health Providers
Lay Health Workers
Lay Providers
Mediator
NGO workers
Outreach workers
Peer counsellors
Peer educators
Peer navigators
Peer supporters
Peer workers
Service Providers
Sexual Health Advisers
Street social educator

Proportion of articles by setting where CHWs provide their services*



*not exclusive categories

Categorization of CHWs' activities by role

ACCESS (Ensuring people get the services they need)

E.g. Linkage to care and treatment, accessing medical services, supporting people to move along the continuum or 'pathway of employability'

EDUCATION (Providing culturally appropriate health education and other related information)

E.g. Sexual health promotion; spreading awareness on HIV prevention; providing information on legal rights

ADVOCACY AND CAPACITY BUILDING (giving voice to the community regarding their needs and building individual and community capacity)

E.g. Advocating to ensure that the needs of gay men living with HIV are met, Providing support against discriminatory attitudes; providing support and infrastructure to other organisations

SERVICE DELIVERY (Providing direct services, such as informal counselling, social support, health screenings...)

E.g. Distribution of leaflets, condoms, lubricant; HIV/STI testing and counselling, drug and alcohol services; mental health services and psychological support

Results



Manuals, guides, reports, trainings

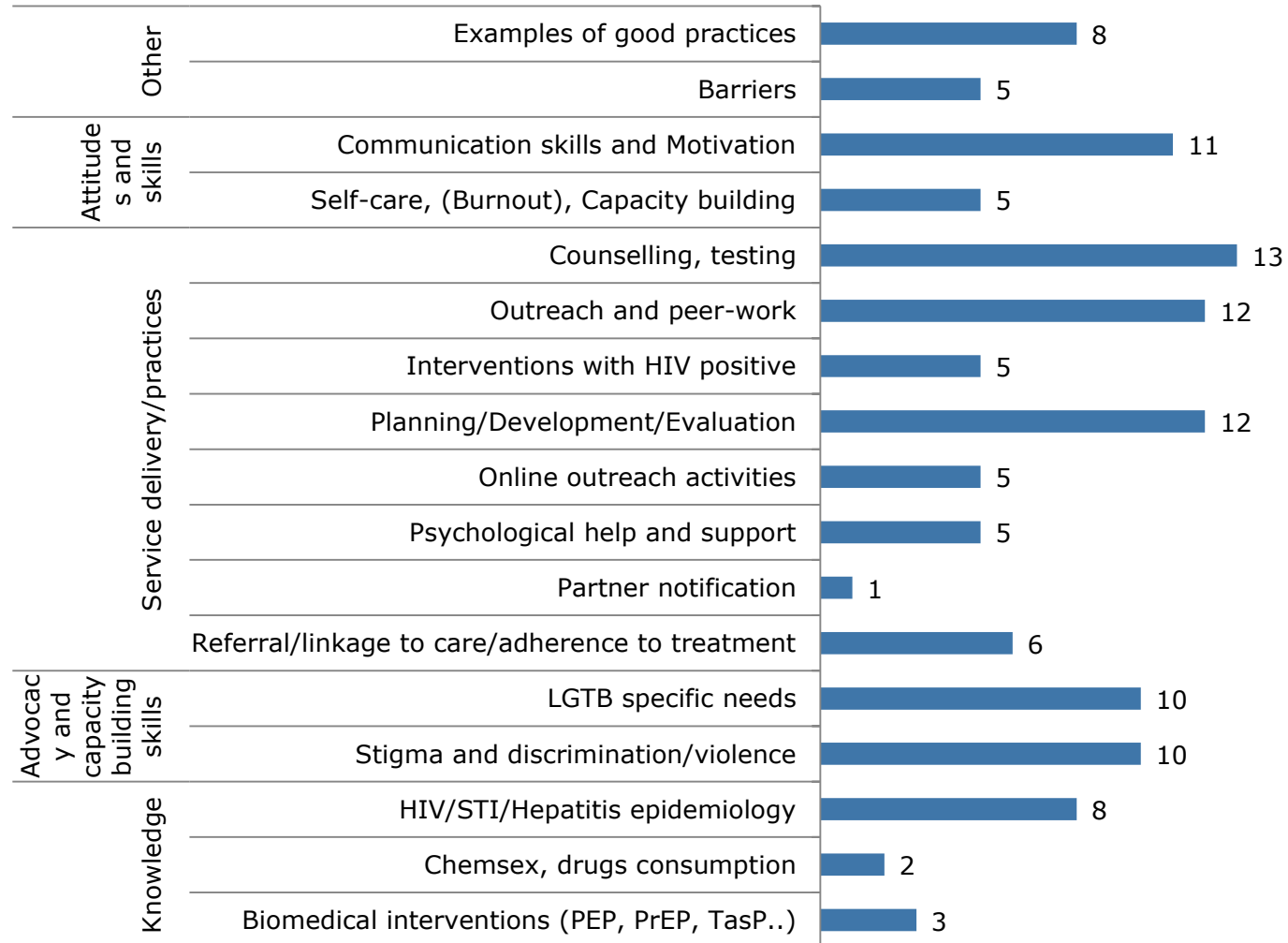
- 26 manuals/guides
- 9 technical reports
- 47 trainings packages

Country	Manual/guides	Technical report	Training
Albania	-	-	1
Austria	-	-	4
Belgium	-	-	3
Bosnia & Herzegovina	4	-	1
Bulgaria	2	-	3
Croatia	1	-	3
Cyprus	-	-	1
Denmark	-	-	2
France	-	-	5
Germany	-	-	2
Greece	1	-	2
Hungary	-	-	1
Ireland	-	-	1
Italy	-	-	2
Latvia	-	-	1
Lithuania	-	-	1
Moldova	2	-	2
Poland	-	-	1
Portugal	1	-	2
Romania	-	1	1
Russia	1	1	1
Serbia	4	-	4
Slovenia	-	-	2
Spain	3	1	17
Sweden	-	-	1
Switzerland	1	-	-
The Netherlands	-	1	-
Ukraine	2	1	2
United Kingdom	3	2	1
Europe	1	2	-
Total	26*	9	67**

*The total number of different manuals is 24, one of the them was developed for three countries.

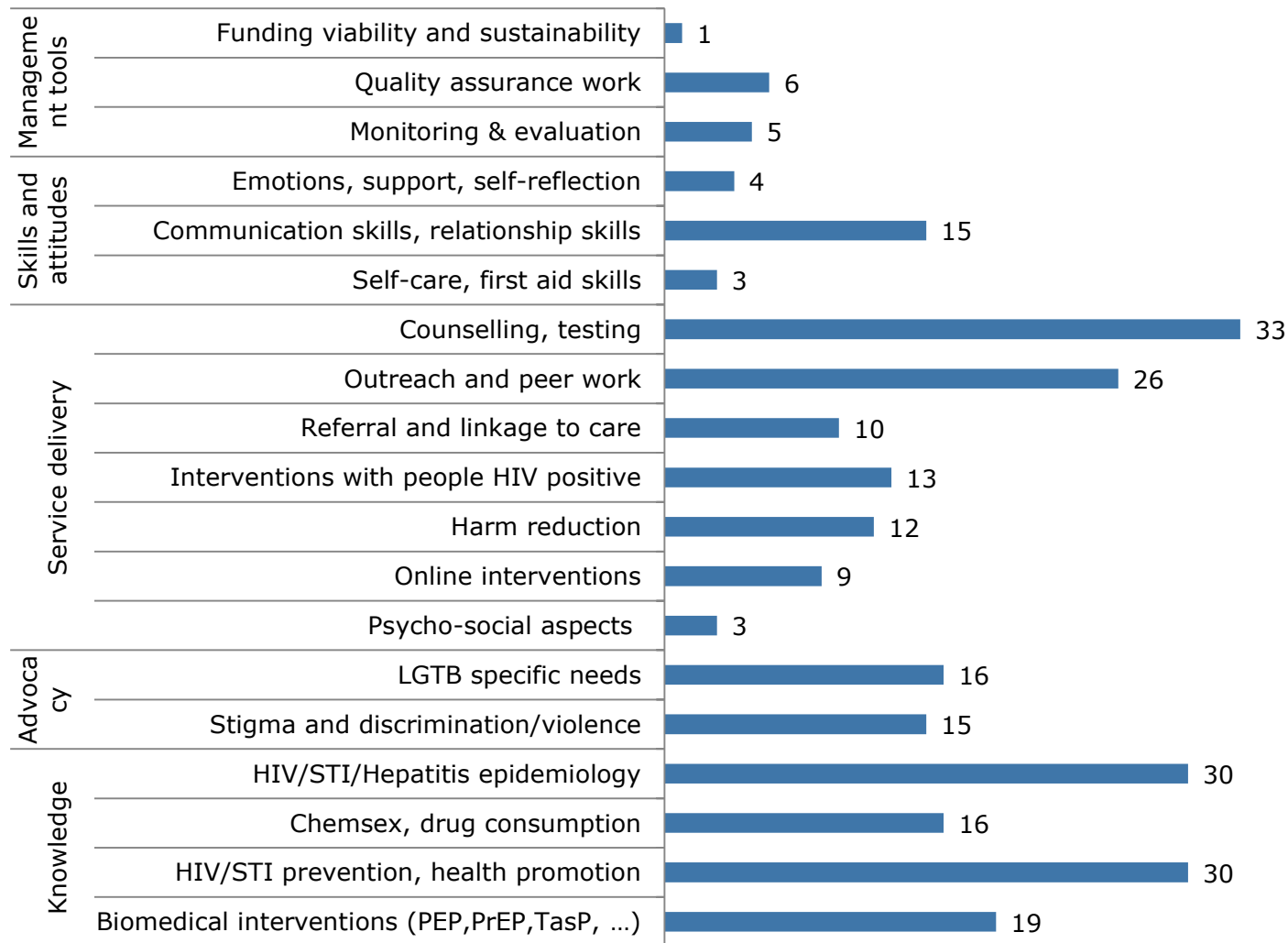
**Total number of different trainings= 47, two of the trainings were adapted in different countries as part of the Sialon II and EuroHIVEDat projects.

Topics addressed in manuals/guides/reports





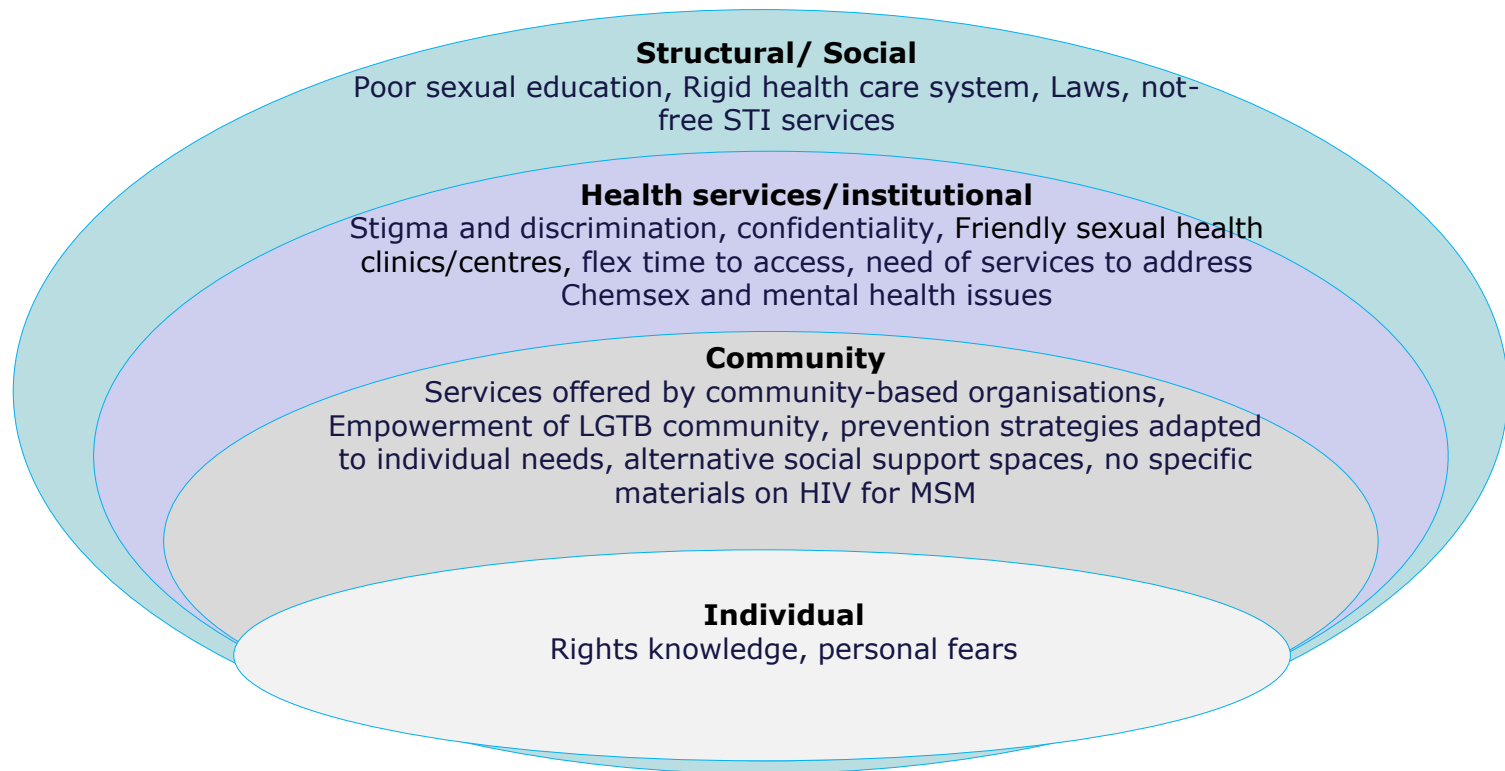
Topics addressed in the training packages



Gaps in training packages

- **Eastern European** countries: the lowest number of trainings;
- No clear CHW **selection criteria** for training, no standardized training **curriculum**;
- A **theoretical framework** was missing in half of the trainings;
- Most of the training packages aimed at improving **knowledge** and **capacity** of CHW to develop competencies directly related to their activities; however, **skills** are included to a lesser extent;
- Some **MSM subgroups** were underrepresented: MSM youth, MSM migrants, MSM from ethnic or cultural minorities, MSM in prisons;
- Training packages were in general **under-evaluated** and not always **accredited**.

Perceived needs and barriers of gay, bisexual and other MSM for accessing health services



Perceived needs and barriers of CHWs to perform their work

Structural/social barriers

- Lack of funding
- Stigma
- Structure of health system
- Lack of a HIV national strategy program for MSM
- Availability of prevention materials (condoms, lube)

Individual barriers

- Free time availability
- Lack of knowledge
- CHWs are not from the community
- Not knowing why they want to be a CHW

Community-based organisations related needs and barriers

- Personnel issues (salaries, limited staff)
- Difficult to hire qualified staff
- Trainings (more needed, many gaps, more materials)
- Space/meetings for support and feedback
- Physical space to carry out the activities
- Support from the organisation (e.g. E-learning)
- Different ideological discourses on prevention inside the organisation
- No economic incentives

Community-related needs and barriers

- Lack of support and collaboration from commercial gay venues' owners

Main conclusions & recommendations



- Scientific literature on CHW knowledge, attitudes and practices about the sexual health of MSM in Europe is **scarce**;
- Wide diversity of **terms, roles and responsibilities** for CHWs;
- **Peer** educator/worker/supporter is one of the roles or functions most required to be a CHW;
- One of the main barriers for community-based organisations to perform their tasks or activities with CHWs is **funding**;
- **Chemsex** and **PrEP** are among the current concerns of many LGBT organisations;
- Rigorous studies that assess the **effectiveness** of CHWs interventions are necessary;
- It would be important to **involve CHWs** in the design, implementation and carrying out of sexual health or prevention programmes of community-based organisations;

- The inclusion of **innovative approaches** (such as e-learning strategies) to train CHWs should be considered;
- A core set of **common CHW training protocols** and learning resources should be developed and adapted to local contexts;
- The same emphasis should be placed on **competency-based** training rather than the traditional **knowledge-based** training;
- **Incentives, recognition** and **certification** of training will be a crucial motivation component to be considered;
- Based on the documented difficulties, gaps, barriers and needs for CHWs to carry out their activities, training should focus on **Eastern European countries**. This preliminary recommendation needs to be re-assessed based on the results of ECHOES (CHW online survey).