An EU framework and recommendations on training and exchange of good practice for Community Health Workers (CHW) (D5.2)

Contract 2015 71 01 A behavioural survey for HIV/AIDS and associated infections and a survey and tailored training for community based health workers to facilitate access and improve the quality of prevention, diagnosis of HIV/AIDS, STI and viral hepatitis and health care services for men who have sex with men (MSM).

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An EU framework and recommendations on training and exchange of good practice for Community Health Workers (CHW) (D5.2)

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Abbreviations

CB	Community based
CEEISCAT	Centre for Epidemiological Studies of Sexually Transmitted Disease and AIDS in Catalonia
CHAFEA	Consumers, Health, Agriculture and Food Executive Agency
CHW	Community health worker
EATG	European AIDS Treatment Group
ECHOES	European Community Health Worker Online Survey
EMIS	The European Men-Who-Have-Sex-With-Men Internet Survey
ESTICOM	European Surveys and Training to Improve MSM community health
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
LGBTI	Lesbian, gay, bisexual, transgender, and intersex
MSM	Men who have Sex with Men
PEP	Post-Exposure Prophylaxis
PLWHA	People Living With HIV/AIDS
PrEP	Pre-Exposure Prophylaxis
STI	Sexually Transmitted Infections
WP	Work Packages

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1. Background

This report arises from the ESTICOM project (European Surveys and Training to Improve MSM Community Health), a three-year project which started in September 2016, funded by the Consumers, Health, Agriculture and Food Executive Agency (Chafea) of the European Commission.

The purpose of the ESTICOM project is to strengthen the community response and raise awareness about the persisting legal, structural, political and social barriers hindering a more effective response to the syndemics of HIV, hepatitis viruses B and C, and other sexually transmitted infections (STI) among gay, bisexual and other men having sex with men (MSM). To achieve this purpose, the project was built on three objectives:

- Objective 1: A European online survey among gay, bisexual and other MSM (EMIS-2017),
- Objective 2: A European Community Health Worker (CHW) Online Survey (ECHOES),
- Objective 3: Development and pilot testing of a training programme for MSM-focused CHW intended to be adaptable for all EU countries.

The present report is closely related to the second objective, built on four Work Packages (WPs): a review of CHW knowledge, attitudes and practices relating to the sexual health of gay, bisexual and other MSM, including existing surveys and training materials (WP5), a CHW online survey design (WP6), promotion and execution of the survey (WP7) and an analysis and survey report (WP8).

This report brings together the results or input from WP5, WP8 and Objective 3 and is coordinated by the European AIDS Treatment Group (EATG, WP5) and Centre for Epidemiological Studies of Sexually Transmitted Disease and AIDS in Catalonia (CEEISCAT, WP5 and WP8). It is based on the review on CHW knowledge, attitudes and practices relating to the sexual health of gay, bisexual and other MSM (WP5, D.1[1]), the ECHOES results (WP8[2]) with input from the ESTICOM Training Programme (Objective 3).

1.1. Definition of CHW

The term “Community Health Worker” (CHW) can apply to a wide range of health workers at a local, national and international level. The CHW review found that the most commonly used terms for CHWs are (in alphabetical order): ambassador, auxiliary health worker, community health advisor, community health aid, community health representative, frontline worker, health advisor, health navigator/community-based health navigator, health outreach worker, health promoter, health trainer, health worker, lay health advisor, lay health promoter, lay health worker, natural helper, outreach educator, outreach worker, peer advocate, peer health provider, peer educator, peer leader, volunteer health educator, etc.

This range of terms was also confirmed in the ECHOES data, when CHW were asked how they would describe their job title. The diversity of the replies is illustrated by the image below (Figure 1).

[1] C. Folch, P. Fernández-Dávila, J. Palacio-Vieira, M. Dutarte, G.M. Corbelli, K. Block. A Review of Community Health Worker (CHW) knowledge, attitudes and practices relating to the sexual health of MSM, including existing training materials and manuals in Europe and neighbouring countries. Luxemburg, European Union (EU); 2017.

[2] Lorente N, Folch C, Aussò S, Sherriff N, Huber J, Panochenko O, Krone M, Marcus U, Schink S, Dutarte M, Kuske M, Casabona J. European Community Health Worker Online Survey (ECHOES): Final report. Barcelona: CEEISCAT; 2019. https://www.esticom.eu/Webs/ESTICOM/EN/echoes/survey-report/D8_5_European_CHW_Online_Survey_Report.pdf?__blob=publicationFile&v=2

Figure 1: Word Cloud of job self-description of ECHOES respondents

The EC provided the following broad definition in the tender for this project (Chafea/2015/Health/38):

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

For the CHW review (WP5), a working definition was agreed among the Objective 2 members:

> *A CHW is someone who currently provides sexual health services directly to gay, bisexual and other MSM which include HIV/STI and/or viral hepatitis (Hep B and C). A CHW delivers health promotion and/or public health services directly to gay, bisexual and other MSM in a community (i.e. non-clinical) setting.*

This definition evolved based on further discussions among the partners and resulted in another working definition for the ECHOES questionnaire:

> *Someone who provides sexual health support around HIV/AIDS, viral hepatitis and other Sexually Transmitted Infections (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).*

An update of this definition was finally proposed after analysing the ECHOES data, considering the feedback of the participants in the training programme:

> *CHWs are people who provide sexual health and other health-related support (whether being paid or unpaid) to gay, bisexual and other MSM. A CHW may*

deliver health promotion and/or public health activities outside of formal health settings. They may be members of, or connected to, the communities they serve (peers).

1.2. Aim of the present report

Based on the review and on the ECHOES findings, this report aims to make recommendations to the EU and neighbouring countries about the type of training which might be useful for CHWs in the future.

While the Objective 3 team of ESTICOM and the preliminary data of ECHOES have established that there are important CHW training needs all over Europe, this report includes recommendations on potential countries where CHW training could be useful to increase the knowledge and skills of CHWs to develop and implement a range of activities and services to improve access to HIV, STI and viral hepatitis prevention and health care for MSM.

It is recognized that many of the elements identified in the CHW review and in the preliminary ECHOES results have already been addressed and implemented by Objective 3 of ESTICOM. The Objective 3 team developed training materials for CHW, including the preliminary findings of ECHOES and work of Objective 2. From January to October 2018, a Pilot Training Programme was conducted in more than 20 European countries where the preliminary ECHOES findings were being discussed, implemented and evaluated in on-site trainings with CHWs from all over Europe.

The added value of this report is to underline specific findings in the ECHOES data. It furthermore highlights key countries and regions where specific needs are identified and where the impact of increased training for CHW is likely to be more significant.

1.3. Methodology

The CHW review (D5.1) encompassed three activities: (1) identification of sources of information and key persons through an online survey in order to collect surveys, studies and materials (guides, manuals, training programmes targeting CHWs); (2) a scoping review of published studies addressing CHW issues and unpublished literature (grey literature); and (3) interviews with stakeholders from key organisations in selected countries to assess the capabilities and perceived needs of CHWs and the barriers they face when performing their activities. The methodology for the review has been described in detail in the CHW review report, also published online[3] in 2017.

ECHOES was an online questionnaire available in 16 languages and included questions about demographics, employment, role as CHW, users of CHW services, barriers to performing CHW activities, recruitment, training, skills and knowledge. A total of 1035 participants from 37 countries responded to the ECHOES survey. The data have been analysed and all findings are presented in the final ECHOES report[4].

Objective 3 conducted a Pilot Training Programme including participants from 27 European countries. The aim was to evaluate draft training material developed by Objective 3 in the different environments CHW in Europe are working in. The literature review (D5.1) and the preliminary ECHOES data were key sources in identifying important topics and content for the trainings. Based on the evaluation and a peer

[3] https://www.esticom.eu/Webs/ESTICOM/EN/echoes/chw-review/Review_Evidence_CHW_KAP.pdf?__blob=publicationFile&v=2

[4] Lorente N, Folch C, Aussò S, Sherriff N, Huber J, Panochenko O, Krone M, Marcus U, Schink S, Dutarte M, Kuske M, Casabona J. European Community Health Worker Online Survey (ECHOES): Final report. Barcelona: CEEISCAT; 2019.

expert review the training material was revised and published on www.msm-trainings.org.

The methodology for this report consists of the identification of (1) key issues in the CHW review and (2) related findings in the ECHOES data as well as (3) in the Objective 3 work.

2. Findings

2.1. Access to training

While the CHW review did not establish specific findings about access to training, this was one of the key issues covered by ECHOES.

ECHOES found that overall 89.6% of the respondents had received training for their role. No statistically significant differences were seen when comparing training rates by ECHOES regions[5].

At country level (referring to countries with more than 15 respondents), there are four countries where 20% or more of the respondents said they had not received training for their CHW role: Bulgaria (29.4%), The Netherlands (23.5%), Switzerland (23.3%), and Austria (20%).

When looking at the demographics of CHWs who had received vs. not received training, it does not seem that there are any significant differences by region, age, gender, volunteer/employee status or level of education.

When asked about the barriers to community health work, a number of CHWs indicated that limited or no access to training was an issue (10.0%). This was especially relevant in CHW working in countries with 'high LGBTI inequality' where 16.3% of the respondents stated this, compared to 8.0% in those working in 'low LGBTI inequality' countries ($p<0.001$).

Availability of further training opportunities (face-to-face or online, structured support or observation) did not differ between CHWs from 'low LGBTI inequality' or 'high LGBTI inequality' countries.

2.2. Content of training

The CHW review found that there was no standardized training curriculum for community health work with gay, bisexual and other MSM. The ESTICOM training material and programme aims to fill this gap in the future.

The review concluded that communication, interpersonal skills, service coordination and capacity building skills were seen as key aspects for being a "good" CHW; however, the ECHOES data shows that these skills were not always addressed in trainings (Figure 2).

Skills such as organisational, decision-making and cultural competency were absent in the material the WP5 review identified. Only a few training packages addressed management aspects (e.g. monitoring and evaluation) and standards for the quality of the services provided.

[5] See Annex 1 for regional classification.

The review also established that there was a shortage of information and training materials aimed specifically at CHWs, especially on topics of interest such as Chemsex, the use of PrEP, mental health, the inclusion of social and psychological needs, or discrimination/legal issues. The ECHOES data confirm these deficiencies since they show that Chemsex was included only in 53.9% of trainings, mental health support in 41.1% and interpersonal skills and relationship building in 20.4%. The ECHOES data did not specify the inclusion of PrEP or discrimination/legal issues in trainings.

The CHW review also found that specific needs of potentially vulnerable MSM, such as MSM youth, MSM migrants, MSM from ethnic or cultural minorities, and MSM in prisons were underrepresented in training content.

The ECHOES results show that the current CHW training focuses mainly on prevention, screening/testing and treatment (topics mainly focused on knowledge), while areas such as cultural competency, communication and interpersonal skills receive less coverage. Administrative skills, leadership & management skills as well as financial skills are barely included (Figure 2).

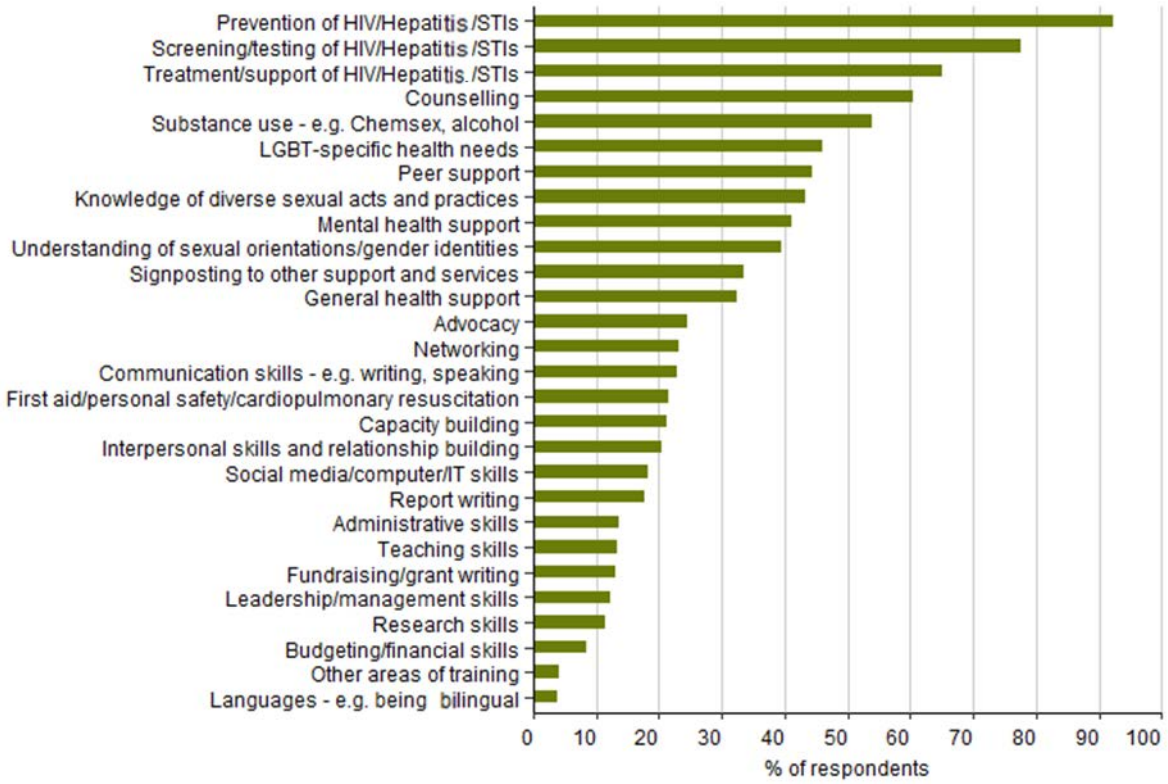

Figure 2: ECHOES – Areas covered in CHW training

2.3. Training needs

As discussed above, the CHW review identified shortages of information and training material aimed specifically at CHWs on Chemsex, the use of PrEP, mental health including social and psychological needs, discrimination/legal issues, etc. Other skills such as organisational skills, decision-making and cultural competency were absent in the studied material and only a few training packages addressed management aspects (e.g. monitoring and evaluation tools) and quality standards of the services provided.
When asked about their additional training needs, ECHOES respondents indicated that they need more training on 1) substance use (40.3%), 2) prevention of HIV, viral hepatitis and other STIs (35.9%), and 3) mental health support (32.8%). Leadership or communication skills were not among the most important needs indicated (10.7% and 7.9%, respectively) (Figure 3).

Regarding communication skills, it should be noted that (based on the preliminary findings of implementation of Objective 3 of the ESTICOM project) there is an assumption that persons who work as CHWs have good communication skills in general, especially in regard to engaging with their main target group (MSM). This might result in not identifying this as a need (which however does not mean that they would not benefit from further training, for example to address special sub-groups of MSM).

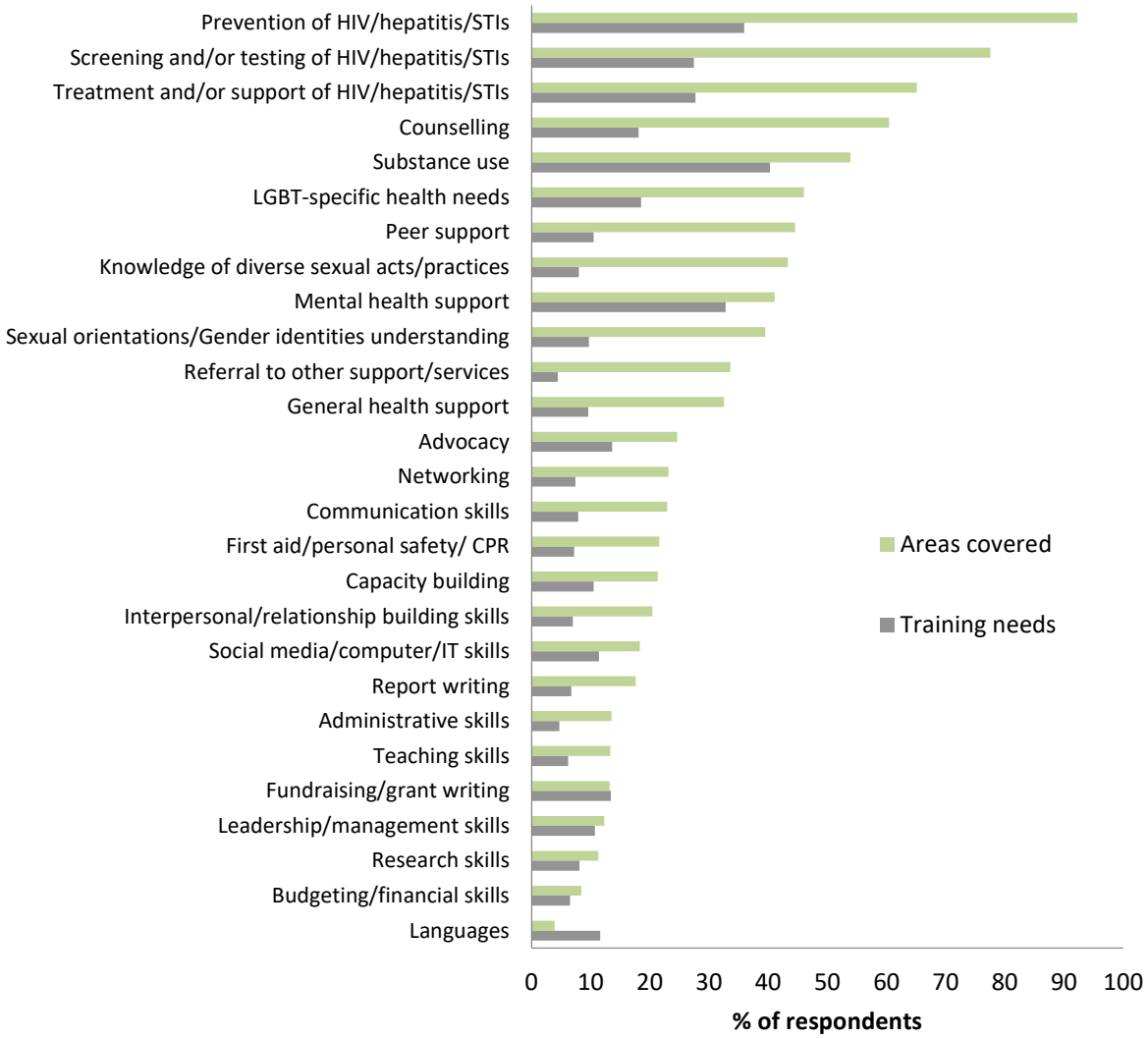

Figure 3: ECHOES – Areas covered by previous trainings versus training needs

When comparing the trainings attended with the reported training needs (Figure 3), it can be seen that CHWs generally request training on aspects they have already received some training in before requesting training in new areas, except for substance use and mental health. One way to interpret these findings might be that there is a need for more advanced training on the main topics CHW deal with on a daily basis. A more detailed analysis might be able to establish this.

2.4. General organisation of training

When it comes to the general framework and organisation of training, the CHW review found that:

- Theoretical frameworks for and informing the training were sometimes not stated or defined;
- Training programmes were in general not systematically evaluated and monitored, and no validated evaluation tools were reported;
- There was no coherent mechanism for accrediting CHW training programmes, and more than half did not receive any certificate and/or accreditation at completion.

ECHOES found that among CHWs who received training (n=912), 49.7% had received both internal and external training, 40.2% had received only internal and 10.1% only external training.

As for the training methodology, face-to-face training was most commonly reported (92.1%). Structured support[6] (52.0%) and structured observation[7] (47.7%) were also reported often as training methodologies. Online courses were only mentioned by 25.3% of respondents (Figure 4).

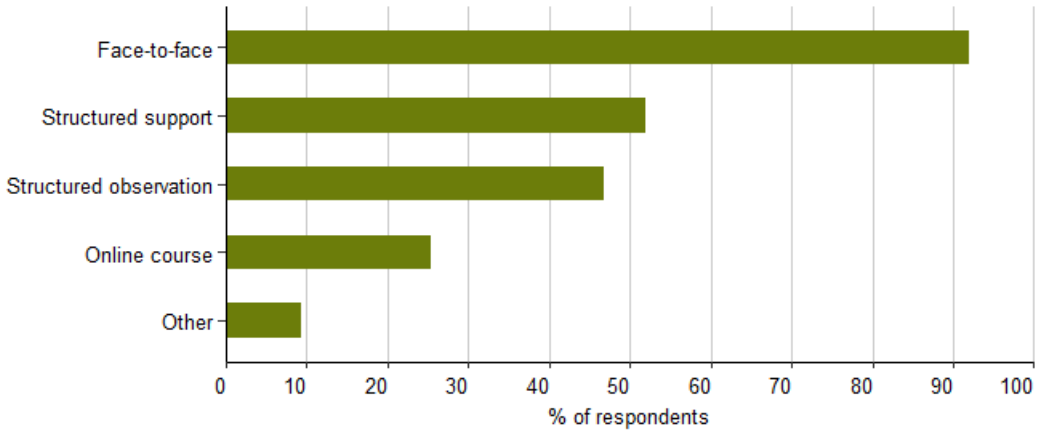

Figure 4: ECHOES – CHW-Reported training methodology

[6] Structured support (e.g. supervision or mentoring) has a clear purpose and a structured framework but is less formalised than a face-to-face or online course. Structured support may happen on one or numerous occasions over a longer period of time.

[7] Structured observation (e.g. shadowing opportunities) has a formalised structure and purpose but is conducted less 'hands-on' and at more of a 'distance' than structured support.

3. Conclusions and recommendations

While the CHW review and the ECHOES data give us useful information about CHWs, their activities and trainings, these results are also an instrument for advocacy for CHW empowerment. While a detailed report based on the ECHOES data has already been published[8], this brief summary highlights the key findings in the light of the WP5 review. It is important to initiate the discussion about how to obtain more visibility and recognition for CHW at national and international level, to improve their training and to tackle challenges in their day-to-day activities (e.g. lack of funding).

The following recommendations were initially made in the CHW review and are confirmed on the basis of the ECHOES findings:

- An integrated conceptual and pedagogical approach is strongly recommended when defining the design and focus of training programmes;
- A core set of common CHW training protocols and learning resources should be developed and adapted to local contexts, as well as supplemented with country appropriate modifications;
- To improve access to training, inclusion of innovative approaches (such as e-learning strategies) to train CHWs should be considered;
- Incentives, recognition and certification of training are a crucial motivational component to be considered;
- Adapting the training programmes to the training needs on e.g. mental health and substance use is important, while also offering continuous training opportunities on a broad choice of topics based on up-to-date materials.

When looking at potential countries where training should be prioritized on a regional level, the CHW review recommended that training should focus on Eastern European countries. This recommendation cannot be supported using the ECHOES data since no significant differences were observed between CHWs working in Eastern and Western Europe.

However, the focus on Eastern Europe is supported by the findings in Objective 3. This region has the widest gaps in the structures supporting CHW and would therefore benefit most from a European-wide approach for training. Indeed, ECHOES showed that CHWs working in the 'high LGBTI inequality' countries (mainly Eastern Europe) were less often considered as 'peer-CHWs' (i.e. CHW identifying themselves as gay, bisexual or other MSM), and therefore the need for community-knowledge (different sub-groups, cultural competency, sexual needs/behaviours, stigma, discrimination, etc.) increases. A less visible gay scene is also observed in this region, which makes it challenging to develop strategies for reaching out to MSM. By supporting local organisations and raising more awareness of the needs of both CHW and their target groups, further training can strengthen the community and help develop adequate approaches to address the target group in the region. It can also reduce stigma and discrimination of CHW and their organisations, within the communities, and within the health system in general.

On a country level, four countries are highlighted where most of the CHWs are not being trained for their role: Bulgaria, The Netherlands, Switzerland and Austria. However, it

[8] Lorente N, Folch C, Aussò S, Sherriff N, Huber J, Panochenko O, Krone M, Marcus U, Schink S, Dutarte M, Kuske M, Casabona J. European Community Health Worker Online Survey (ECHOES): Final report. Barcelona: CEEISCAT; 2019. Available online at: www.esticom.eu.

should be noted that the reasons behind the lack of training may be different in each country and influenced by the national structures determining community health work. Lack of resources or structures could be relevant, but requirements or prerequisites for working as a professional CHW must be considered as well.

Therefore, a thorough assessment of the needs and structures in individual countries is important for the adaptation and implementation of training programmes within a specific country context. A European-wide approach may support CHWs and their organisations to identify gaps in their own trainings and structures. The Objective 3 of ESTICOM recommends that CHW training is intensified in all parts of Europe, and that training should be locally adapted to the different needs, especially regarding attitudes, practices and lack in relevant skills, as well as knowledge gaps in mental health, new prevention methods and stigma & discrimination. For countries with 'High LGBTI inequality', mainly for Eastern Europe, Objective 3 additionally proposes to include capacity building topics as in most 'Low LGBTI inequality' countries, mainly Western Europe, innovation in prevention work and the work of CHW is considered to have the highest impact besides the proposed main topics that are highly recommended to include everywhere.

The need of a sustainable implementation of a European Training Programme is supported by the review and ECHOES data. There are indications that the national/regional resources are insufficient to provide a sustainable training programme in many regions and that the CHW would benefit from an international exchange on best practices. The ESTICOM training distinguishes itself from many national training initiatives with its focus on attitudes, stigma and interaction, and has received a lot of interest from CHWs in Europe. However, the training material developed by ESTICOM requires constant evaluation and revision and (based on the observations by Objective 3), it will not be sustainable without future coordination and funding of Training of Trainer Workshops and National/Regional Trainings, at least in some regions. An implementation strategy, coordination and funding are required to sustain a larger pool of ESTICOM trainers with up-to-date knowledge. Regional/national trainings, or the integration of the ESTICOM approach into existing national training programmes, will also be required, in particular in countries where resources for training are scarce.

The CHW review noted that very little scientific literature on CHW knowledge, attitudes and practices regarding the sexual health of MSM is currently available in Europe. Therefore, it is strongly recommended to conduct further studies on CHWs at a national and/or regional level in Europe. In addition to the earlier mentioned country level needs assessments, studies that assess the effectiveness of CHWs interventions and their impact in the community (in regard to their different areas of activity, advocacy and skills) are necessary as well. One topic suggested for future research is the use of online training for CHW. It would be important to explore what kind of impact different online learning options could have on the accessibility of training. However, online training should be seen as complementary rather than as replacement for face-to-face trainings, which remain an important method for conveying the key skills and competencies for CHWs.

Further efforts are needed to increase the visibility and understanding of the specific role and contribution of CHWs as part of the healthcare system. The organisation of a European CHW forum could be valuable to increase CHWs' visibility and voice, and to promote cohesiveness and networking among within the group.

Annex 1. Regional classification of ECHOES

For the purpose of analysing and presenting ECHOES data, the variable that referred to 'Country where CHW work' was recoded into a variable categorised in 2 regions according to Human Rights situation of LGBTI people in European countries (Figure 5). This information was collected from LGBTI legal equality index[9]. This index evaluates 49 European countries and is based on 6 indicators: equality and non-discrimination, family issues, hate crime and hate speech, legal gender recognition and bodily integrity, civil society space (freedom of expression), and asylum rights.

The scale ranges from 0 (gross violations of human rights, discrimination) to 100 (respect of human rights, full equality). The legal index of LGBTI equality was used as a binary variable based on the median of ILGA indexes of ECHOES countries:

1 = Low LGBTI inequality (ILGA index ≥ 45.7)

2 = High LGBTI inequality (ILGA index < 45.7)

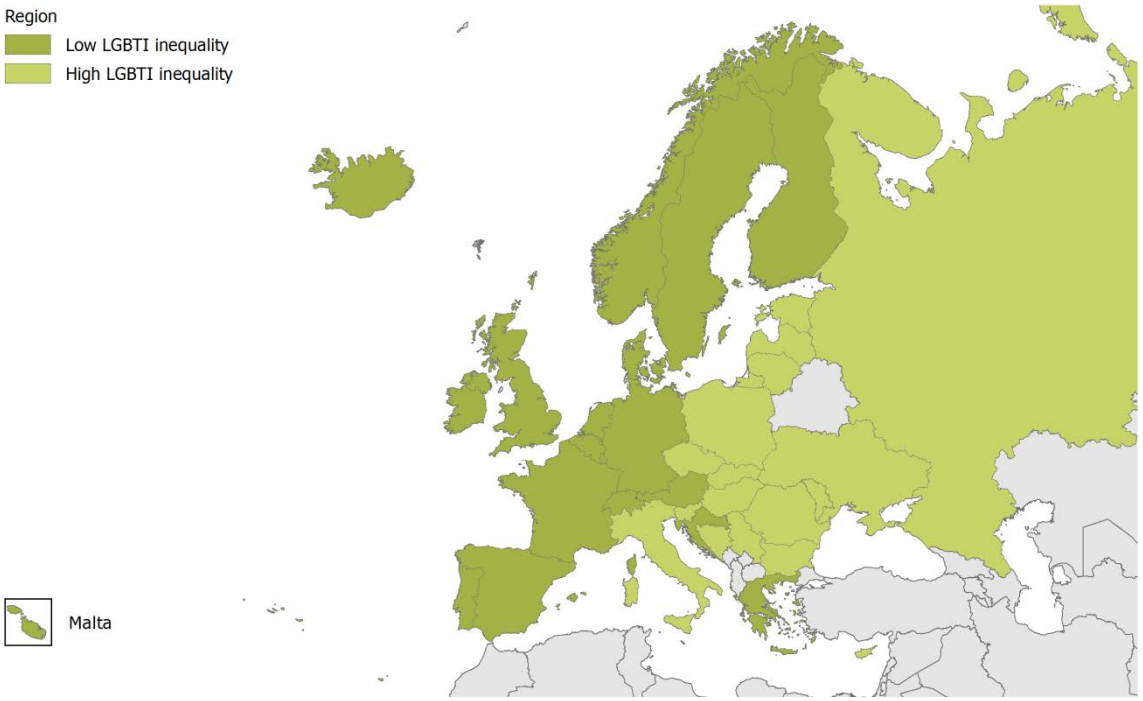

Figure 5: Country grouping according to ILGA Index (2016)

Based on the EMIS 2010 Sub-regions of Europe[10], 'low LGBTI inequality' countries are mainly those from Western Europe; whereas 'high LGBTI inequality' countries are mainly from Eastern Europe (Table 1).

[9] Source: ILGA 3/5/2018 https://rainbow-europe.org/country-ranking.
[10] EMIS 2010 report accessible at:

Table 1: Country grouping according to the ILGA index and EMIS sub-regions

Country	EMIS Sub-regions	ECHOES	Country	EMIS Sub-regions	ECHOES
Germany	Central West	Low LGBTI inequality	Bulgaria	East EU	High LGBTI inequality
Switzerland			Cyprus		
Austria			Czech Republic		
Luxembourg			Estonia		
Spain	South West		Hungary		
Norway			Latvia		
Portugal			Lithuania		
Greece			Poland		
United Kingdom	West		Romania		
Netherlands			Slovakia		
France			Slovenia		
Ireland			Bosnia Herzegovina	East non-EU	
Belgium			Moldova		
Denmark	North West		Russia		
Finland			Serbia		
Iceland			Ukraine		
Sweden			Italy	South West	
Croatia	East EU				
Malta					

http://www.emis-project.eu/sites/default/files/public/publications/emis-2010_european_msm_internet_survey_38_countries_v5.pdf (accessed on 25 June 2019).

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