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 (D5.1)

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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Abbreviations

AAE	AIDS Action Europe
AIDS	Acquired Immune Deficiency Syndrome
BASHH	British Association for Sexual Health and HIV
BHIVA	British HIV Association
CBVCT	Community-based voluntary counselling and testing services
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
CSW	Centres for Social Work
EATG	European AIDS Treatment Group
ECDC	European Centre for Disease Prevention and Control
ECHOES	European Community Health Worker Online Survey
ECOM	Eurasian Coalition on Male Health
EMIS	European online survey among gay, bisexual and other MSM
ESTICOM	European surveys and training to improve MSM community health
ETV	European Testing Week
Euro HIV EDAT	Operational knowledge to improve HIV early diagnosis and treatment among vulnerable groups in Europe
GLWHIV	Gay activists living with HIV
HCP	Health Care Providers
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HIV-COBATEST	HIV community-based testing practices in Europe
HP	Health Providers
HTC	HIV testing services
IDU	Injecting drug users
LGTB	Lesbian, Gay, Bisexual and Transgender
MS	Member States
MSM	Men who have Sex with Men
NGO	Non-governmental organisation
PEP	Post-Exposure Prophylaxis
PLWHA	People living with HIV/AIDS
POCT	Point of care testing
PrEP	Pre-Exposure Prophylaxis
QoL	Quality of Life
SHA	Sexual Health Advisers
SIALON I	Capacity building of HIV/Syphilis prevalence estimation using non-invasive methods among MSM in Southern and Eastern Europe
SIALON II	Capacity building in combining targeted prevention with meaningful HIV surveillance among MSM
STI	Sexually transmitted infections
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation
WP	Work Packages

Executive Summary

BACKGROUND

The term Community Health Worker (CHW) can apply to a wide range of individuals providing different health services and support. The important contribution of CHWs is recognized by the wider health sector due to their work in facilitating the access of key groups to services as well as in providing information and peer support to the community. Despite this acknowledgement, very little is known about the role of CHWs in the promotion of sexual health and HIV/STI prevention among gay, bisexual and other men who have sex with men (MSM). The accessible literature on CHWs is also limited. This is especially true when it comes to the European region. Therefore, it was deemed necessary to carry out a thorough review of this topic in the European Union and neighbouring countries.

AIM OF THE REVIEW

The main aim of this review is to describe 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 and neighbouring countries. This objective implied also identifying gaps related to sexual health and prevention for gay, bisexual and other MSM in existing training programmes, tools and guides aimed at CHWs; identifying good practice examples of successful CHW programmes; as well as assessing the capabilities of CHW and their perceived needs and the barriers they face to carrying out their activities.

METHODOLOGY

The review comprised of 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); (3) interviews with stakeholders from key organisations in selected countries in order to assess the capabilities and perceived needs of CHWs and the barriers they face to performing their activities.

Selection criteria

Only articles published after 2005 were considered for the literature scoping review. Searches were limited to English-language articles from Europe and neighbouring countries, using combinations or variations of terms: community health worker, peer, volunteer, outreach worker, MSM, gay men, sexual health, knowledge, practice, etc. The setting where CHWs perform their activities had to be community/population-based. Outcomes included data on assessment of knowledge, attitudes and practices of CHWs.

For the published literature, the sources used to collect information included the following electronic databases: Pubmed, Cochrane Library, ProQuest, Scopus, Ebsco Host, Web of knowledge, Psycinfo, and Sage Journals. Grey literature reviews were conducted in the following internet-based search tools: OpenGrey, Open Aire, Google Scholar, Global Health, Google, AIDSmap, and AAE.

Analysis

Data from received documentation and selected articles was extracted and introduced in detailed tables in order to be analysed according to at least 30 different pre-established variables, depending on type of material (articles, manuals/guides, training programmes).

The analysis of the Stakeholders' interviews consisted in constructing a matrix where the participants' answers were described. A content analysis was carried out.

FINDINGS

Documents retrieved and analysed

- The online survey to identify sources of information and key persons resulted in 86 individual replies from 38 countries. The individuals who answered the survey represented 80 different organisations across Europe.

- Literature search: The titles and abstracts of 1,490 records were screened and 1,469 were excluded because inclusion criteria were not met. Twenty-one studies were finally included.

- Thirty-three different documents were found and classified as manuals/guides and technical reports. The majority of these documents are focused on one or more than one topic, classified as follows: knowledge, advocacy and capacity building skills, service delivery/practices, attitudes and skills and others.

- Overall, 47 different training resource packages targeting CHW were identified from the review, mainly from Western and Central European countries (n=11 and ten countries, respectively). Eastern European countries were those with the lowest number of training packages (n=5 countries).

Interpretation of data

- The scoping review reveals that literature on CHWs who provide health-related services and support for gay, bisexual and other MSM in the EU and neighbouring countries is scarce.

Knowledge, attitudes and practices

- Identified gaps in knowledge about CHWs: CHW knowledge of HIV/STI epidemiology and prevention needs, details on CHW training and topics covered

in their training, determinants of CHW motivation, the work environment or working conditions of CHWs, their role in addressing the special needs of highly vulnerable MSM sub-groups, enablers and/or barriers that CHWs face to delivering services, information about CHWs who perform their work in community-based LGTB organisations.

- Key characteristics of being a 'good' CHW: communication, interpersonal, service coordination and capacity building skills. However, the main role or function of a CHW seems to be to provide information.

CHW Training

- The target audience in the majority of training programmes were volunteers/staff working for NGOs and/or in VCT centres.

- Identified gaps in training: lack of definition of the theoretical framework for the training, lack of a standardized training curriculum, skills are not included in the same proportion as knowledge, training is not well evaluated and monitored, no accreditation or certification is in place.

Barriers

- One of the main barriers to CHWs carrying out their activities is the lack of funding. This is strongly associated with the level of the organisation and results in e.g. not having a space to perform activities, not being able to hire highly qualified and long-term staff, or give some economic compensation to the CHWs for their activities.

- Stigma was mentioned as a major social barrier in some Eastern European countries, which may impede members of the LGBT community from seeking work as CHWs.

A set of recommendations are provided in section 7 to address the main findings of the review.

1. Introduction

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

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:

1) A European online survey among gay, bisexual and other MSM (EMIS2017)
2) A European Community Health Worker (CHW) Online Survey (ECHOES)
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 (WP): 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 particularly shows the results of WP5, coordinated by the European AIDS Treatment Group (EATG), in close cooperation with the Centre d'Estudis Epidemiològics sobre les Infeccions de Transmissió Sexual i Sida de Catalunya (CEEISCAT).

1.1. Background

In Europe, the work, role, meaning and purpose of Community Health Workers (CHW) in sexual health promotion and HIV/STI prevention among gay, bisexual and other MSM is almost unknown, despite being a major social actor since the emergence of HIV/AIDS and having a strong presence in community-based Lesbian, Gay, Bisexual and Transgender (LGBT) organisations.

The term "Community Health Worker" can apply to a wide range of health workers at a local, national and continental level. The most commonly used terms for CHW are: 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.

The World Health Organisation (WHO) defines CHWs as individuals who should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organisation, and have shorter training than professional workers [1], though they receive a standardized training outside of the formal nursing or medical curricula [2].

CHWs are operators that help individuals and groups in their own communities to access health and social services, and educate community members about various health issues. While CHWs may not replace the need for sophisticated and quality health care delivery through highly skilled health care workers, they could play an important role in increasing access to health care and services, and in improving health outcomes, as an effective link between the community and the formal health system, and as a critical component in the efforts for a wider approach that takes into account social and environmental determinants of health [3].

CHWs frequently represent the target communities (social, ethnic and cultural, or behavioural groups) that are at greatest risk. Many programmes, interventions, and treatment services use CHWs to attract, educate, advocate, and administer treatments to beneficiaries with great success [4]. In this sense, CHWs serve multiple roles in the community as educators, connectors, and providers [5].

CHWs are considered natural leaders and advocates for the health and other rights of their communities, through community organisation, mobilisation and empowerment activities [6,7]. They are able to deliver cost-effective health education and health promotion and prevention services in a more culturally (and linguistically, in the case of migrants) appropriate manner, reach populations that are inaccessible via conventional methods, improve client-provider communication, and increase the impact of outreach efforts through ongoing contact [8–11]. Because they know local norms, CHWs are able to make personal connections more effectively than traditional health care providers, as well as disseminate health information [12].

CHWs in some high income countries are recruited by community-based organisations or by public health organisations with the intent that CHWs are from the community they serve or have similar living conditions and experiences to the service population [13].

For the LGTB population, CHWs include their role as LGBT community guides who help to identify hard-to-reach members for both research and intervention purposes [4]. The CHW approach has the potential to effectively and efficiently reach large numbers of MSM subgroups [14,15] Outreach work aimed at high-risk MSM through in-person and venue-based recruitment may, for instance, help overcome some of the barriers to testing and bring them closer to sexual health services [14,16–18]. In some cases, CHWs could act as 'safe spaces' for other MSM to socialize around [19] and they can improve access to affirmative social support [20].

Moreover, CHWs may help people get tested, link them to care and support treatment adherence. Ideally, some AIDS service organisations may develop or further enhance

their capacity to provide comprehensive primary and preventive care, including mental health/substance abuse services, and transition to become qualified health centres. In such instances, AIDS service organisations may best evolve to become community health programmes designed to address the range of "whole health" needs of gay men and lesbians [21].

To sum up this first attempt to understanding the concept of CHW, we can state the following:

- The term CHW functions as the umbrella concept for all community workers in the health sector (there is a list of largely synonymous titles);
- Definition of CHW tends to be focused on low and middle-income countries;
- CHWs and the activities they undertake are focused on marginalized/vulnerable populations (e.g. immigrants). In the case of MSM, the articles found are focused on Latino MSM or MSM living with HIV.
- The accessible literature on CHW in Europe seems to be limited, most titles originating from the United States.

Based on these first findings, it was deemed necessary to carry out a thorough review, at European level, of the existing knowledge of CHWs.

1.2. Definition of CHW

There is a wide variety of CHWs, with different titles, working voluntarily or paid, with multiple roles and tasks. CHAFEA 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.*

A working definition and/or inclusion criteria for CHW is essential for the study but is also problematic: the definition must be sufficiently broad enough to encompass the variety of CHW roles in all social, political, funding and epidemiological environments across 28 Member States (MS) and other European countries, but it must also be sufficiently precise for the pragmatic identification of relevant community health work so that we can define and explore the knowledge, attitudes and health service practices of staff working with/for MSM in Europe.

In the initial stages of the project, the following definition was used for the WP5 activities:

> *Community health worker refers to a person working with MSM and health, providing services (prevention, testing, education etc.) outside the formal setting, also sometimes referred to as health promoter, outreach educator, peer educator, peer leader, peer supporter etc.*

Later, an initial 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.*

Based on the outcomes of the review, a definition of CHW will be proposed and agreed upon with the contracting authority for precise inclusion criteria for participation in the CHW survey (WP6, ECHOES).

A final CHW definition will be obtained as one of the outputs of the ECHOES survey (WP6).

2. Objectives for the Work Package

2.1. General objective

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 and neighbouring countries.

2.2. Specific objectives

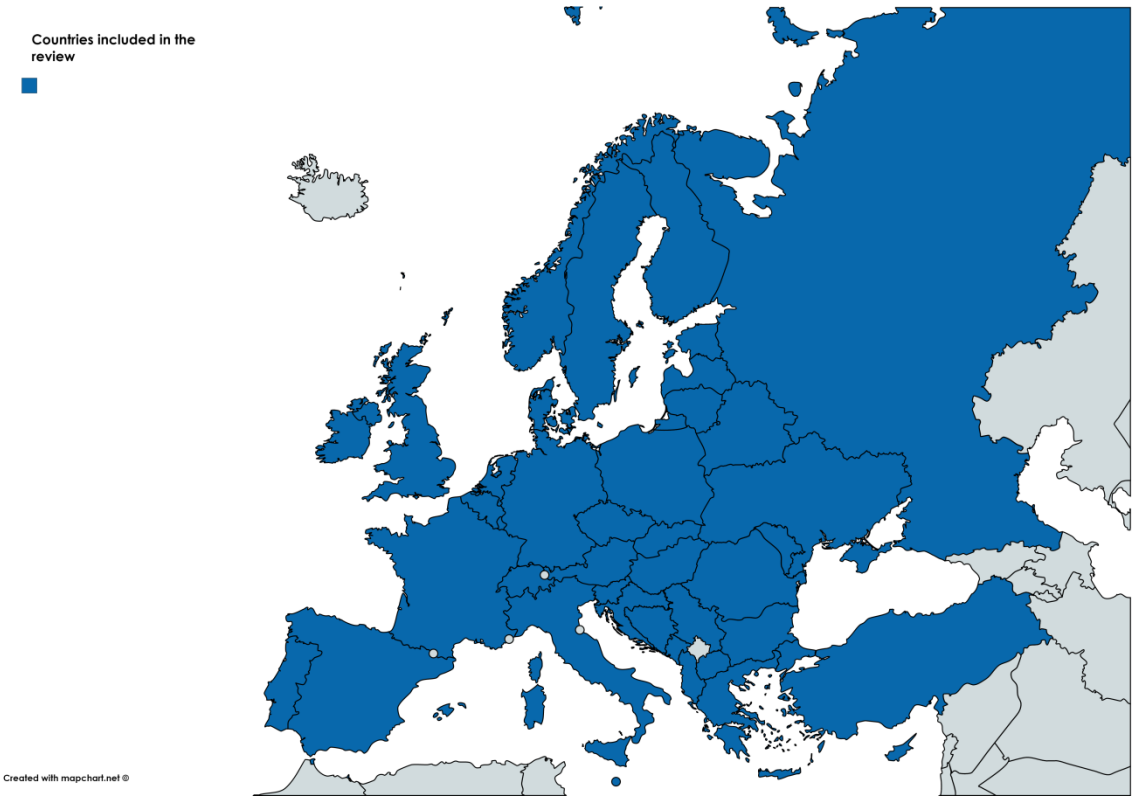
- To identify existing surveys and questionnaires addressing CHW knowledge, attitudes and practices relating to the health needs of gay, bisexual and other MSM;
- To identify existing CHW training programmes, tools, and guides, to prepare them for service delivery, and ensure they have the necessary skills to provide quality services;
- To identify potential gaps in existing CHW training programmes, tools and guides, that cover issues related to access and improvement of quality of prevention, counselling, testing and health services for gay, bisexual and other MSM;
- To identify good practice examples of successful CHW programmes;
- To assess the capabilities of CHWs to perform counselling, promote testing, promote risk reduction strategies and foster adherence to treatment for HIV/AIDS and associated infections;
- To assess the perceived needs of CHW and the barriers they face to delivering services to gay, bisexual and other MSM in the context of their country;
- To propose recommendations on potential countries where CHW training could be useful by proposing an EU framework for collaboration on training and exchange of good practices.

3. Methodology

There were three main components in the work of WP5: 1) working with the Associated Network to identify sources for the collection of materials, 2) the review of academic and grey literature and 3) stakeholder interviews. Finally, in order to enhance the methodological rigour of the scoping review, a final consultation among the consortium members and associated network was carried out.

Forty countries in the European and neighbouring countries were included in the review: Albania, Austria, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Macedonia, Malta, Moldova, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine and the United Kingdom (Figure 1).

Figure 1: Countries included in the review



3.1. Identification of sources (information, documents and key informants) for the collection of materials

As a first step in addressing the objectives of the review and gathering relevant data, key contacts in each of the countries were identified. These were individuals working in the field of MSM sexual health, in national or regional organisations, NGOs or community initiatives, knowledgeable about the situation of CHWs in their countries. To ensure the representativeness of CHWs in Europe, the guiding principles for this task were:

- Identifying major community-based health centres in all regions within Europe (Western, Central, Eastern, Southern and Northern Europe);
- Identifying key organisations (e.g. NGOs) with specific focus on different vulnerable populations (e.g. MSM sex workers, MSM and PWID, prisoners…).

Individuals connected to the following networks were contacted:

- EMIS-2010, SIALON I and II, and HIV-COBATEST projects
- Members of the European AIDS Treatment Group (EATG)
- Member organisations of Aids Action Europe (AAE) with specific focus on different vulnerable populations
- Members of the HIV/AIDS Civil Society Forum
- ECDC Newsletter recipients
- ECOM (Eurasian Coalition on Male Health) mailing list subscribers
- CEEISCAT network and Ministry of Health of Spain.

The estimated number of individuals contacted is approximately 500. It should be noted that there is some overlap in the different groups above, as the same individuals sometimes are part of several networks. Where full names and emails were available, the contacts were merged into a database, currently containing 393 individuals.

An **online survey** was designed to capture the knowledge of these individuals about surveys, questionnaires or training material concerning CHWs working with MSM in their countries (Appendix 1).

Based on the responses, further (individual) contact was made with the persons who had answered. They were asked to submit, via email, any existing surveys and tools/materials for CHWs in a national/regional setting they had access to. This allowed the identifying of materials made available at national level, including non-English language publications and training tools from the different countries. Some key informants were asked to translate the main topics of the materials that were not in English. If possible, translations included the index, summary and main conclusions.

As a result of this consultation process with the Associated Network, an important number of documents, especially related to CHW training were identified. These are described in detail in the following sections. It should also be mentioned that these

findings will be instrumental for the work of Objective 3 of the ESTICOM project, the development of training packages for CHWs.

The Associated Network also facilitated the identifying of interviewees for the stakeholder interviews.

3.2. Scoping review

The scoping review was aimed to cover published evidence on studies aimed at CHW knowledge, attitudes and practices relating to the health needs of gay, bisexual and other MSM. In addition, this review sought to identify gaps in, needs of and barriers to CHW training programmes through the collection and analysis of tools, guides, surveys and other types of documents that addressed prevention, counselling, testing and health services for gay, bisexual and other MSM, among others.

Searches were designed to be as comprehensive as possible and were strategically divided into two main areas: a review of published information in public databases and a collection of specific documents through institutional networks (e.g. ESTICOM network members, EATG network). Table 1 shows the criteria defined to be included in the scoping review.

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 procedings	---------

In addition to the criteria mentioned in table 1, manuals/guides, technical reports and training programmes should include the following criteria:

1. Topics such as the use of psychoactive drugs, Treatment as Prevention (TasP), Pre-Exposure Prophylaxis (PrEP), Post Exposure Prophylaxis (PEP), co-infections, hepatitis, double/triple vulnerabilities, Quality of Life (QoL) of People

Living with HIV/AIDS (PLWHA), access and uptake of treatment, multimorbidity, polydrug therapy among gay, bisexual and other MSM.
2. Inclusion of specific groups (PLWHA, MSM prisoners, young MSM) in their development and implementation.

3.2.1. Search question and strategy

The research question to be answered in this scoping review was: "What is known about CHWs in Europe and their knowledge, attitudes and practices that facilitates access and improve the quality of prevention, diagnosis of HIV/AIDS, STI and viral hepatitis and health care services for gay, bisexual and other MSM?"

After its definition, this research question was translated into a search strategy (Figure 2). The terminology used, as well as different combinations of the terms, was defined before the implementation of the searches. When new terms and combinations emerged during the search, these were used to improve all searches. Searches were modified and adapted depending on the level of detail and specificity of each web-based tool.

Figure 2. Key words and terms used for searches

Advisor, Auxiliary health worker, Community-based, Community Groups, Community health workers, Community health, Community Outreach, Community-based voluntary counseling and testing services, Community-Based, Counselling, Cultural Competency, Frontline workers, Health advisor, Health Aides, Health navigators, Health Personnel, Health promoter, Health promotion, Health provider, Health trainers, HIV Prevention, Lay health advisors, Outreach educator, Outreach work, Outreach Worker, Outreach, Peer, Professionals, Service Provider, Volunteer health educator.
AND
Acquired Immunodeficiency Syndrome (AIDS), Acuminata, Chancroid, Chlamydia, Condylomata, Drugs, Gonorrhea, Granuloma Inguinale, Herpes Genitalis, HIV Infections, HIV prevention, HIV, Hepatitis, Human immunodeficiency virus, Mobile technologies, Online technologies, Prophylaxis, Risk practices, Sexual health, Sexually Transmitted Diseases (STD), Sexually Transmitted Infection (STI), Syphilis.
AND
Bisexual men, Gay, Homosexuality, Men who have sex with men, MSM, Sexual minority men.
AND
Attitudes, Behaviour, Beliefs, Health Knowledge, Indicators, Knowledge, Motivation, Opinions, Perception, Perspectives, Practice, Training.

3.2.2. Database searches

The sources used to collect information included the following electronic databases: Pubmed, Cochrane Library, ProQuest, Scopus, Ebsco Host, Web of knowledge, Psycinfo, Sage Journals. Each of these databases has specific methods to perform requests, save, upload and combine searches and most of them operate with Boolean connectors. For those databases where options were available, searches were done to

retrieve articles in which all the terminology shown in table 1 were included only in the title or abstract. Appendix 2 shows the procedures of searches carried out in each of the databases mentioned above.

3.2.3. Web-based search engines

In addition to the sources mentioned above grey literature and materials reviews were conducted in the following internet-based search tools: OpenGrey, Open Aire, Google Scholar, Global Health, Google, AIDSmap, and AAE. Again, the use of these search tools was possible because of their use of Booleans connectors.

The definition of grey literature used was *"that which is produced at all levels of government, academic, business and industry in print and electronic formats, but which is not controlled by commercial publishers".* It may include, but is not limited to: reports (pre-prints, preliminary progress and advanced reports, technical reports, statistical reports, memoranda, state-of-the art reports, market research reports, etc.), theses, conference proceedings, technical specifications and standards, non-commercial translations, bibliographies, technical and commercial documentation, and official documents not published commercially (primarily government reports and documents)[1]. Appendix 2 summarises the search strategies implemented to collect grey literature.

3.2.4. Hand searches of key articles

The bibliographies of all included studies were hand searched to detect any further article that could be included and fulfil the inclusion criteria.

3.2.5. Data extraction and analysis

The initial screening of titles and abstracts was conducted by one of the reviewers involved in the study followed by two of the other reviewers who confirmed if the article/material really fulfilled the inclusion criteria. Full-text analysis was conducted by all three reviewers and inclusion was decided if all of the three researchers agreed. Data from selected articles and other documents was extracted and introduced in a detailed Excel file (see Appendix 3), in which, depending on the search, at least 30 variables were included varying from the source, type, and publisher, to the topic, main elements, subjects treated in the publication, population involved and main outcomes.

3.3. Stakeholders interviews: perceived needs and barriers of CHW

In order to assess the capabilities and perceived needs of CHWs and the barriers they face to performing their activities, specific stakeholders from key organisations in selected countries were interviewed. This allowed us to obtain detailed information on

[1] What is Grey Literature? Grey Literature Report. http://www.greylit.org/about. Accessed, Nov 8th 2016.

the current situation of different countries regarding their work with CHWs and prevention of HIV and other STI.

We defined stakeholders as those directly or indirectly involved in HIV prevention activities. In this sense, stakeholders could include people living with HIV, health-care workers, workers at community-based organisations, local community and traditional leaders, non-governmental organisations, community-based organisations, public health and regulatory authorities, among others. Stakeholders can provide a reality check on the appropriateness and feasibility of HIV programs in their social context.

Interviews were conducted between December of 2016 and January of 2017 and covered several topics including (see Appendix 4):

a) A description of the organisation, its duties in the prevention of HIV, STI and hepatitis B and C; the organisation's work with gay, bisexual and other MSM; the work of the CHWs with gay, bisexual and other MSM at an organisational level, description of other main organisations in this field in their country and comparisons between them.
b) Perceived needs and barriers of gay, bisexual and other MSM in the context of accessing health services in their country and ways to facilitate access to these services.
c) Perceived needs and barriers of CHW in the delivering of services to gay, bisexual and other MSM.
d) CHW Interventions (counselling, promoting testing and risk reduction strategies, fostering adherence to treatment for HIV/AIDS and associated infections) directed at MSM, their evaluation and the level of skills needed to perform these activities.
e) Needs and barriers for the successful implementation of CHW programmes, and suggested solutions.
f) Existing surveys/questionnaires or training material (programmes, brochures, guides or other tools) directed to CHW.

The selection of countries was done first by seeking a diverse sample of countries from northern, southern, eastern and western countries across Europe; countries representing the different realities of CHWs, and those who responded to the initial online survey and showed interest in being part of the interviews.

The number of interviewees was limited to 10 due to the tight timeline of the project deliverables. The persons interviewed were mainly managers, directors or chairs in their organisations. Table 2 shows the countries and the institutions that participated in this part of the study.

Table 2. Countries and institutions of the interviewees

Country	Institution
Turkey	Red Ribbon Istanbul (www.kirmizikurdele.org)
Spain	Stop Sida (www.stopsida.org)
Croatia	LET/FLIGHT (www.udruga-let.hr)
Bulgaria	Health Without Borders (google.com/healthwithoutbordersbg/home)
Poland	Foundation of Social Education (www.fes.edu.pl)
United Kingdom	LGBT Foundation (http://lgbt.foundation/)
France	AIDES (http://www.aides.org/)
Latvia	Baltic HIV association, Checkpoint (http://balthiv.com/)
Bosnia and Herzegovina	Action Against AIDS (http://www.aaa.ba/)
The Netherlands*	Soa Aids Nederland (https://www.soaaids.nl/) GGD Amsterdam (http://www.ggd.amsterdam.nl/)

* The first interviewee preferred not to answer some questions and recommended a colleague from another organisation to answer them.

Participation in the interviews was voluntary and not reimbursed. All interviews were conducted by two interviewers (WP5 members at CEEISCAT) via an online conference service.). Interviews lasted 36–81 minutes (Median: 47') and were tape-recorded, previous authorization.

The analysis of the interviews consisted in constructing a matrix where the answers of the participants were described but not literally transcribed for each question. With this "raw data", a content analysis was carried out.

3.4. Consultation phase

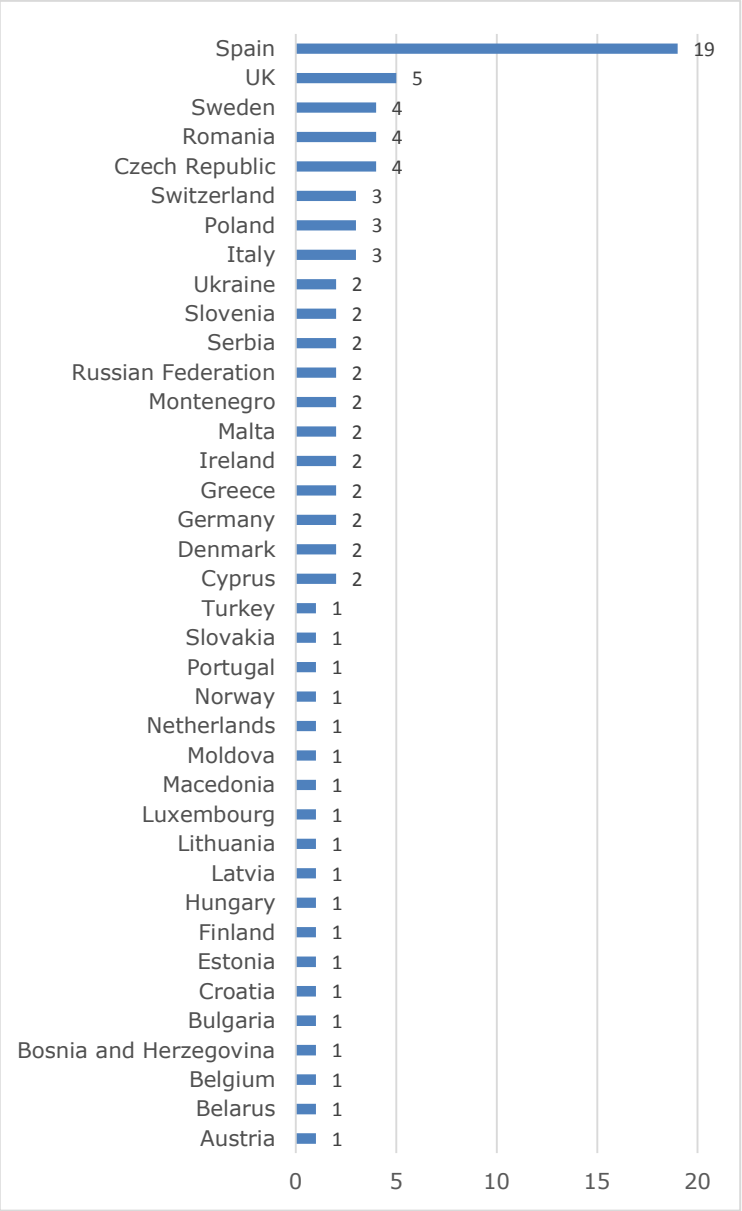
In order to validate the evidence map of themes, as well as to identify additional sources of information, the results (data extraction tables for the included studies and materials) and a preliminary version of this report were shared with stakeholders (55), and the consortium associated partners (15) and members of the Advisory Board (8). Responses were received from seven of the informants, but only three provided important feedback (Portugal, Serbia and Austria). One additional person who had not submitted information during the data collection phase, sent a training package (Ireland). Furthermore, members of the consortium made important comments on the content of the report and their views were introduced in this final version.

4. Results

4.1. Online Survey Results

The online survey for the Associated Network resulted in 86 individual replies from 38 countries. No replies were received from Albania or France (material was later received from France via an interview).

Figure 3. Number of online survey replies per country



The individuals who answered the survey represented 80 different organisations across Europe. They held different positions, from director and programme manager roles or worked as consultants, social workers or similar.

There were 36 affirmative answers (from 22 countries) to the question: *Are you aware of any surveys, questionnaires or training material concerning Community Health Workers (CHW) working with MSM in your country?* Twenty of these provided some description of the resources they had available in the survey.

Based on these survey replies, further contact was made with the respondents. Documentation about surveys and/or training materials were received from 22 countries (Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, France, Germany, Greece, Italy, Latvia, Denmark, Moldova, Netherlands, Portugal, Romania, Russian Federation, Serbia, Slovenia, Switzerland, Spain, UK, Ukraine). In many cases, there were several iterations of email contact with the respondents to clarify issues with the provided documentation.

The online survey also included some general questions about CHWs in the national context. The key issues are summarized below. Eighteen individuals answered the question: *In your opinion, what should be the key areas addressed by Community Health Workers in their work with MSM in your country?* The main themes found in these answers are summarized below.

Table 3. Online survey responses about key areas to be addressed by CHWs

Key area*	Number of answers that mentioned the key area
Prevention of HIV and other STIs	5
Information about PrEP	5
Testing for HIV and STIs	5
HIV related stigma and self-stigma	5
Discrimination	5
Information about Chemsex	4
Counselling, psychological support	4
Information about HIV, treatment	4
Information about STIs	3
Information about services	2
Referral to services	2
Condom use	2
Information about TasP	2
Mental health	1
Risk behaviour	1
Family support	1
MSM, LGBT, trans identity, attitudes	1
Quality of life	1
Key populations: migrants	1
Sex work	1
Relationships	1
Social media	1
Ageing	1
Disclosure	1
Self-care	1
Alcohol, drugs	1
PEP	1
Activism among MSM living with HIV	1

* The categories reflect the wording used by the respondents.

One respondent expressed their views on the anticipated role of the CHWs in the following way:

> '*There are several key issues that need to be taken into consideration. To keep and develop sustainable and effectively working check points- VCT centres for HIV testing and STI diagnostic. To improve the knowledge and working skills of health providers working with MSM. To raise the awareness of responsible institutions, regarding provision of funds for these activities. To improve the process of linkage to care and therapy for new HIV positive patients.*' (Bulgaria)

The online survey also included a question about the expectations for the ECHOES survey (WP6). Some key answers to the questions: *What information would be most helpful to you and/or the organisation/setting you work in? What information would help you to improve and/or expand your activities?* are summarized below.

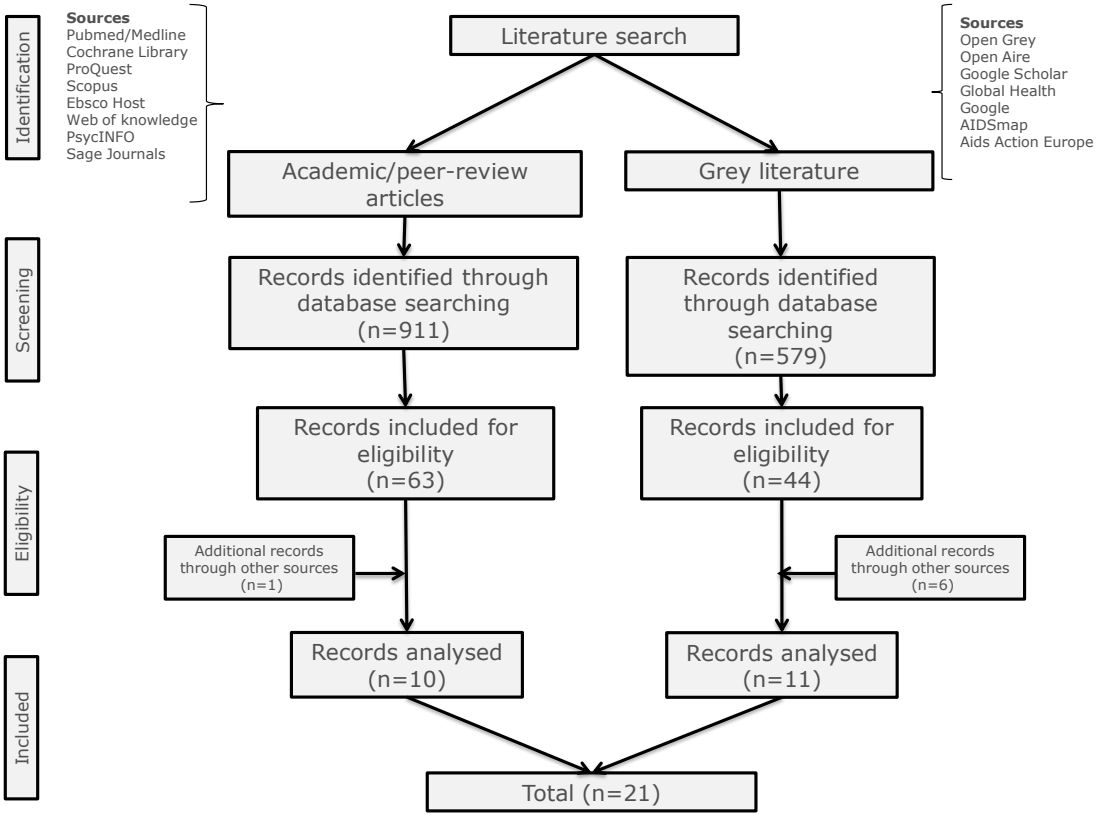
Table 4. Expectations for the CHW survey (WP6, ECHOES)

Main expectations obtained during the survey
▪ There is no research among CHWs or VCT counsellors working with MSM and their knowledge, attitudes and practices relating to MSM. Consequently, all information would be helpful to improve and expand our activities. It will be interesting to see if CHWs have the right practices in their preventive efforts, if they answer to the needs of MSM and are acceptable for and well understood by MSM and if these efforts change MSM behaviour. It will also be interesting to see what their attitudes toward PrEP are and what they see as equally good alternatives to PrEP etc.
▪ Assessment of knowledge, attitudes, beliefs and practices among CHWs in their work with MSM in my country; CHWs needs assessment in the areas of STIs, Hep B and C and other diseases like TB, their awareness of determinants of sexual risky behaviours, self-assessment of community-based VCT conducted by outreach workers and peer consultants.
▪ Attitudes to HIV and towards those living with HIV. Service needs and promotion of services. Health promotion needs and messages. Needs of MSM who do not identify as gay or are isolated
▪ Knowledge about the gaps that should be addressed in the future to fulfil the MSM community needs
▪ Information about successful training programmes and different ways of targeting different sub-groups among MSM
▪ To identify gaps in knowledge and/or skills which could be addressed by the national HIV prevention programmes
▪ Knowledge, attitudes and practices about PEP, PrEP, drugs, condoms, chemsex, gay relationships, gay intimacy, gay sexual liberty,
▪ I don't see benefit from this survey. Each country has different prevention programmes, community health workers are defined in various ways, comparison would be very difficult between countries, even between cities and different organisations
▪ Basic information about CHWs, their motivations and working hours

4.2. Literature search

The titles and abstracts of 1,490 records were screened and 1,469 were excluded because inclusion criteria were not met. Twenty-one studies were finally included, one of them was identified through hand searchers and five were obtained through one of the ESTICOM partners (see Figure 4).

Figure 4. Results of the literature review



Following identification and retrieval of relevant literature and subsequent abstraction of data from the articles, data was reviewed to identify common themes in the literature to answer the research question.

4.2.1. Characteristics of the excluded articles

The articles screened were selected by one of the researchers and then two more researchers participated in the selection and inclusion of articles separately. The most frequent reasons for exclusion were:

- Despite being restricted exclusively to the inclusion criteria, most of the excluded articles were not focused on the CHW knowledge, attitudes or practices towards the work with gay, bisexual and other MSM. For example, there were articles about HIV and STI infections, treatment or counselling from the MSM point of view but not about the CHWs performance in the provision of these services.
- Some of the articles were addressed to CHW/settings but their objectives were not the analysis of CHW issues. For example, there were articles the data of which was collected in community-based organisations but conclusions and recommendations were not made about the work of CHWs.
- Despite the use of the same inclusion criteria in all the databases, some of them

were less accurate than others. For example, grey literature searchers, such as Google or Google Scholar, included articles located outside the geographical limits.

4.2.2. Characteristics of the included articles

The included studies 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). 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 two of the studies were published after 2010. A description of included studies is provided in Table 5 (they are numbered starting from 22, 23, 24, 25….).

Table 5. Key characteristics of studies included in the review addressing CHW knowledge, attitudes and practices on health needs of gay, bisexual and other MSM

Ref	Author, year	City (Country)	Participants (CHW type)	Methodology	Objective
[22]	Bonell C, et al (2006)	London (UK)	Outreach workers from two inter-collaborating teams, one voluntary sector and the other statutory sector. (n=14)	Focus group and semi-structured interviews.	To evaluate coverage, feasibility, acceptability and perceived impact of venue-based HIV prevention outreach by professionals in London.
[23]	Coll-Planas G, et al (2009)	Barcelona (Spain)	Key people working with the LGBT community. (psychologist, social educator, mediator, etc.)	Structured interviews and focus group discussions.	This report contains the results of a study carried out of the reality of LGBT people in the city of Barcelona, part of a wider diagnostic study carried out by Barcelona City Council's Department for Civil Rights prior to launching the participatory process to draw up Municipal Plan for LGBT People.
[24]	Demchenko IL, et al (2012)	Ukraine	Staff members of NGOs or invited specialists who directly implement group forms of work with MSM or are engaged in the planning and coordination of the mentioned activity.	Qualitative and quantitative sociological methods.	To analyse and evaluate the direct and indirect results, and effectuality of group forms of work, as well as their impact on prevention of the spread of HIV among MSM.
[25]	Desai M, et (2016)	UK	Sexual HCP working in the UK (n=328).	Cross-sectional survey.	To describe Knowledge, Attitudes and Practices of Pre-Exposure Prophylaxis (PrEP) among UK HCP in order to inform the possible wider implementation of PrEP as an HIV prevention intervention.
[26]	ECDC (2015)	EU countries	Workers and volunteers members of HIV prevention organisations in UK, Germany and Italy. (n=8)	In-depth interviews and online survey .	To provide a better understanding of the role which MSM smartphone applications play within the HIV epidemic, both as a tool that MSM use to source sexual partners and as a platform for reaching MSM by organisations who work in the field of HIV prevention and sexual health.
[27]	Gasch A, et al	Spain	Health professionals/experts	A qualitative study using	To identify the shortage of preventive

	(2014)		assisting MSM. Selection criteria: knowledge and experience in HIV prevention in MSM, working in research and/or activists in LGBTTQ groups. (N=11)	the key informant technique.	messages and the barriers in detecting the infection according to the perception of health professionals assisting MSM and experts in this area in a Spanish context.
[28]	Grov C, et al (2014)	Berlin (Germany)	Staff from organisations who provide direct outreach or services to MSM. (n=18)	Qualitative study. (interviews)	To identify strengths and weaknesses in the current approaches being used to prevent onward transmission of HIV among MSM.
[29]	Kononenko L (2012)	Ukraine	Prison staff and NGO members.	Training and seminars.	The report presents the outcomes of three years of the project «HIV Prevention and Psychosocial Support for MSM in Prisons» implemented in Ukraine by the Penitentiary Initiative NGO.
[30]	MacPherson P, 2011	Liverpool (UK)	Health care providers(HCP)working within community-based sites. (N=25)	Qualitative study. (focus group discussions)	To explore the feasibility and acceptability of point of care testing (POCT) for HIV among at-risk and marginalized groups.
[31]	Marin C (2014)	Romania	NGOs workers providing health services for disadvantaged groups. (n=25)	Semi-structured interviews.	To collect information concerning the health professionals' perspective and awareness of specific LGBT needs, existing training and information on LGBT issues, polices, confidentiality and of the impact of discrimination on services they provide.
[32]	Mowlabocus S, et al (2015)	UK	Online outreach workers. (NetReach Project)	Ethnographic and focus group interviews.	To capture the experiences of workers engaged in the Terrence Higgins Trust (THT) digital outreach service, NetReach.
[33]	Mowlabocus S, et al (2016)	UK	Online outreach workers. (NetReach Project)	Ethnographic research and focus group interviews.	To identify the challenges that commercial hook-up apps and other digitally based dating and sex services pose for conventional forms of gay men's health promotion, as well as to explore the opportunities that these same services offer for health promotion teams.
[34]	Murray H (2015)	Amsterdam (Netherlands)	Members of public health organisations that were	Semi-structured interviews.	To provide Mainline with useful and practical harm reduction

			connected to peer involvement. (N=20) (Mainline project)		recommendations on how they can improve and extend their peer to peer based health practices regarding three specific drug use settings.
[35]	Navaza B, et al (2016)	Madrid and Barcelona (Spain)	Health Providers (HP) working in different roles and types of services. (community-based, primary care, specialized care) (N=21)	In-depth interviews and discussion groups.	To examine HP' experiences offering HIV tests to migrants in Barcelona and Madrid.
[36]	Prica A (2014)	Serbia	Professionals working in the Centres for Social Work (CSW): counsellors in Voluntary Counselling Testing (VCT) services. (n=738)	Open interviews.	To evaluate the quality of VCT services in Serbia, the national readiness for VCT development in Serbia, counsellor training and requirements and to recommend actions that need to be taken by government, governmental, and non-governmental organisations, in order to improve VCT in Serbia.
[37]	Reyes-Urueña J, et al (2015)	EU and EFTA countries	Responsible for the management of Community-based voluntary counselling and testing services. (CVBCT) (n=55)	Cross-sectional study. Semi- structured and self-administered questionnaires.	To assess the current availability of CBVCTs and how the concept of CBVCT is understood; to describe CBVCT modalities and strategies; and to measure the use of rapid tests within CBVCTs.
[38]	Rojas Castro D, et al (2012)	EU countries	Members (field coordinators) and users of CBVCT centres in Spain, Italy, France, Denmark, Germany, Slovenia, Poland and the Czech Republic.	Qualitative methods. (8 focus groups and 7 semi-structured interviews)	To identify and describe different practices in the implementation of CBVCT.
[39]	Schenk L, et al (2012)	Netherlands	Volunteers from community-based organisation for and by gay men living with HIV.	Descriptive study: Example of good practices.	To describe Poz&Proud in the Netherlands, a continuous community empowerment initiative that exemplifies how gay men living with HIV addressed this problem.
[40]	Sidhva Dina P (2013)	Scotland (UK)	Thirty-seven service users (including volunteers and community advocates) and 22 others, including two volunteers, Steering Group members,	Consultations, semi-structured interviews and focus group discussions.	To present the findings of the evaluation of the Positive Scotland project, a project which provides support for anyone living with and affected by HIV and/or HCV and has a particular focus on

			workers, managers and external partners of THT Scotland and Waverley Care.		skills and employability, the needs of older people and gay men living with HIV.
[41]	South J (2010)	UK	Staff and volunteers of a sexual health outreach service targeted at MSM and external partners. (n=14)	Semi-structured interviews.	To generate data on the benefits of lay involvement in service delivery and about how relationships were constructed between the volunteer, the organisation and the wider community.
[42]	WHO, 2015	EU countries	Members of HIV counselling and testing centres, among others. (n=90)	Consultation meeting.	To disseminate the new WHO HIV Testing Services Guidelines in the WHO European Region, and to identify barriers and share strategies to scale up HIV testing services in the Region.

4.2.3. CHW profile/description

Demographics

Overall, most of the studies included in the scoping review did not comment specifically on CHW socio-demographic characteristics such as gender, age or origin.

In twelve articles that do specify gender, male CHWs dominated. In London, HIV prevention outreach workers from statutory agencies which employed both men and women felt that this enabled them to meet the diversity of needs and preferences of gay men, but those from voluntary sector considered gay men as better placed [22]. In contrast, outreach workers targeting MSM who used drugs in Amsterdam mentioned the need to be a man for being a "good" peer [34].

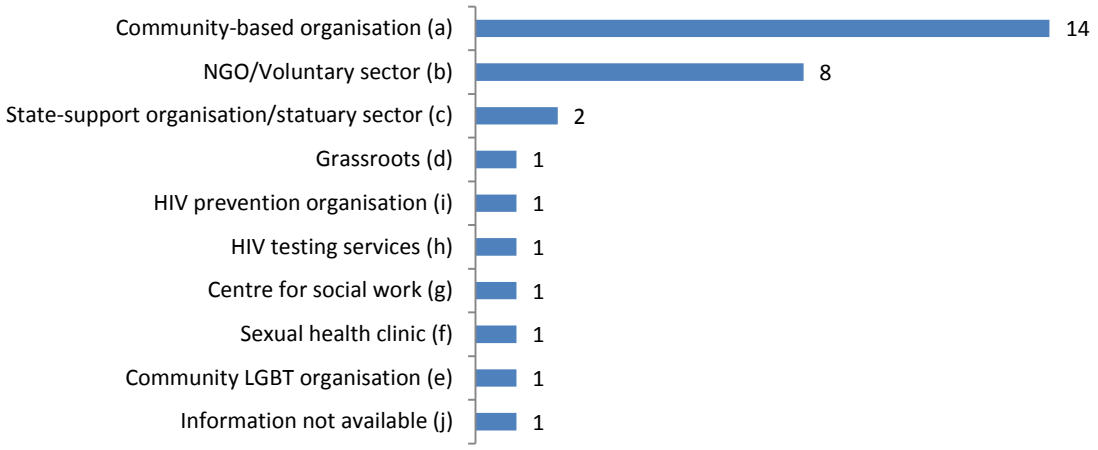
Information on age and origin are even less frequent in the literature. Only one article conducted in London described outreach workers main age range between 26 and 35 years, with just two aged between 36 and 45 years. In this study, most described themselves as white, two as black/black British and one as "other" [22].

There are a wide variety of CHWs, with different titles, working voluntarily or paid, with multiple tasks. CHWs are usually members of their target communities and most CHWs are unpaid or low paid "volunteers" [22,26,28,39–41].

Organisation Type

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. In fact, the articles describing CHWs at European level [26,37,38,42] are based mainly on CBVCTs. CBVCTs are defined as any programmes or services that offer HIV counselling and testing on a voluntary basis outside formal health facilities and that have been designed to target specific groups of the population most at risk and is clearly adapted for and accessible to those communities [38]. The first EU-wide survey of CBVCTs conducted from December 2011 to February 2012 described that most of the services (91%) were exclusively managed by NGOs and direct community management in CBVCTs was reported only by 27% of the country participants [28] (Figure 5).

Figure 5. Type of services described in the articles



References: a[26,28–35,37–41,42] b[22,26,29,31,34,37,40,41,44] c[28,41] d[28] e[23] f[25] g[36] h[42] i[26] j[27]; categories are not mutually exclusive.

Job titles

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, including those used in the HIV-COBATEST survey[2] at European level as well as by the WHO (Table 6).

Table 6. Terms used for CHWs at European level

Terms	Country	Study Reference
Community Advocates	UK	[40]
Counsellors	Serbia	[36]
Health Care Providers	UK	[30]
Health Providers	Spain	[35]
Lay Health Workers	UK	[41]
Lay Providers	WHO consultation	[42]
Mediators	Spain	[23]
NGO workers	Romania, Ukraine	[31,43]
Outreach workers	UK	[22,32,33]
Peer counsellors	WHO consultation	[42]
Peer educators	UK, Ukraine, HIV-COBATEST	[29,37,41]
Peer navigators	WHO consultation	[42]
Peer supporters	UK	[40]
Peer workers	Netherlands	[34]
Service Providers	Germany	[28]

[2] The HIVCOBATEST project was implemented from 2010 to 2012, co-funded by the Consumers, Health and Food Executive Agency (CHAFEA), under the EU Public Health Programme 2009–2013, in order to promote early diagnosis of HIV infection in Europe by improving the implementation and evaluation of community-based testing practices. A cross-sectional survey was conducted in two different key informant groups: HIV/AIDS national focal points (NFPs) and CBVCTs from the EU and European Free Trade Association (EFTA) countries (32).

Sexual Health Advisers	UK	[25]
Street social educators	Spain	[23]

The most common terms for CHW is "outreach worker" and "peer educator/worker/supporter". The term "Lay Health Worker" was also used in the UK. The term "Lay Provider" was defined by WHO as any person who performs functions related to health-care delivery and has been trained to deliver specific services but has received no formal professional or a paraprofessional certificate or tertiary education degree [25].

4.2.4. CHW Knowledge and skills

Knowledge

Only two of the 21 studies included the measurement of CHW knowledge. One of the studies was a cross-sectional survey assessing the knowledge of, attitudes to and practices of PrEP among health care providers (HCP) from UK in order to inform the possible wider implementation of PrEP as an HIV prevention intervention [25]. Of the 328 respondents, 59% were doctors, 19% were Health Advisers and 16% nurses. More doctors rated their knowledge as medium or high (90%) than either nurses (61%) or Sexual Health Advisers (SHA) (71%; $p<0.001$). Moreover, Most doctors (81%) had read the BASHH/ BHIVA position statement on PrEP[3], but significantly fewer SHA (43%) and nurses (36%) had done so ($p<0.001$). The majority of participants were aware of the PROUD study[4] (240 of 311; 77%), even if they were not directly involved (157 of 228; 69%), and this was broadly similar among groups accessing the survey from each of the different sources.

An increase in knowledge about LGBT issues was seen in employees of Centers for Social Work in Serbia, after training organised by the civil society organisation association DUGA, in cooperation with the Office for Human and Minority Rights (19). The primary aim of the training was to increase the working capacity of employees in Centres for Social Work and to, in an indirect way, strengthen quality, efficiency and effectiveness of assessment and planning of their services related to vulnerable groups, and to LGBT persons and their families. In particular, the average percentage of correct answers in pre-test, completed by 738 participants, was over 81%. Post-training test results have shown that the average percentage of correct answers per question was over 95%. The training directly enhanced Centres for Social Work's programme stakeholders' capacity to manage cases and to make evidence based

[3] In May 2016, the British HIV Association (BHIVA) and the British Association for Sexual Health and HIV (BASHH) published a position statement on PrEP in the UK, which recommends that PrEP be made available within a comprehensive HIV prevention package to: MSM, trans men and trans women who are engaging in condomless anal sex; HIV-negative partners who are in serodiscordant heterosexual and same-sex relationships with a HIV-positive partner whose viral replication is not suppressed; and other heterosexuals considered to be at high risk.

[4] PROUD is an open-label randomized trial carried out at 13 sexual health clinics in England between 27 November 2012 and 30 April 2014.

decisions through knowledge improvement and the practice of the delivery of appropriate social welfare services to LGBT persons and their families.

Skills

In order to do their jobs effectively and to grow personally and professionally through their work, CHWs should possess certain core skills. This review identified five core CHW skill areas (Table 7).

Table 7. Skills and Sub-Skills

Skills	Sub-skills	References
Communication skills	Ability to communicate with empathy. Ability to listen actively. Flexibility in applying communication strategies. Ability to prepare written communication including electronic communication.	[28, 32, 36, 40]
Interpersonal skills	Ability to address men's personal needs. Provide support without creating dependence. Patience, flexibility. Respect/tolerance.	[28, 40]
Service coordination skills	Ability to network and build coalitions. Ability to make appropriate referrals. Cohesion between partners.	[36, 40]
Capacity building skills	Empowerment. Self-confidence. New life skills (e.g. being more open-minded).	[40]
Online Outreach Skills	Written skills. New digital literacy skills and expertise.	[32]

4.2.5. Training

CHWs must be adequately trained for the roles and responsibilities they are expected to fulfil. The ways CHWs are trained depend on their role within their organisations and, their specific programme requirements (e.g. online or venue-based outreach activities). 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.

Training for outreach workers

Many organisations provide outreach education to MSM work "in the field" and must be prepared for a variety of scenarios. The findings of a study from London highlighted the importance of adequate training and supervision of outreach workers targeting commercial gay venues [22]. On the other hand, all volunteers from an outreach project nested within a community-based sexual health screening service in UK received induction and training to prepare for their specific role in sexual health outreach work [41].

Volunteers from Positive Scotland, a partnership project between THT and Waverley Care, received on-going training and courses in order to consider programme evaluation and change as part of their jobs, in order to build capacity for helping the programme respond to changing conditions [40].

Training of new members, volunteers, or staff was an essential part of delivering and maintaining an effective health service for MSM who used drugs in Amsterdam [34]. This training was divided into two sections: substances and effective communication, each covered by paid professional staff [34].

Online outreach workers engaged in NetReach, a pioneering community outreach initiative targeting gay, bisexual and MSM men living in the UK, reported that a more in-depth knowledge of sexual health information was required in digital outreach activities in comparison with outreach activities in physical settings. Beyond the lack of non-verbal cues and resources, the mediated experience of digital outreach also appears to alter the relationship between workers, their clients and the information sought and given. This study exposed the importance of CHW training in online outreach services to the success of future intervention services and, by extension, the sustainability of online outreach for sexual health.

Some examples of training in Spain and France for workers involved in HIV prevention activities on smartphone apps were also reported in an ECDC report (see tables below). This report, produced by ECDC in collaboration with the Terrence Higgins Trust, looks into the role of smartphone applications directed at MSM and its influence on the HIV epidemic across the EU/EEA. Specifically, the training covered counselling skills, how to use the technology, where to refer individuals, among other topics [26].

Case study 1: France

"When apps are used before or during an outreach activity, such as HIV testing, we can have a third more people coming to it and they're more likely to be at higher risk of HIV or sexually transmitted infections. App outreach requires time and regularity. I've noticed my fellow volunteers and I tend to give up after a few months when we've already contacted every profile once or twice. People get tired of it easily. It also requires financial means to invest in quality material and group training on counselling skills, how to use the technology, etc. A quality iPad or touchscreen mobile phone matters as the team is more likely to get bored if there are bugs or slowness.'

Case study 2: Spain

"'We (Stop Sida) believe in peer education so we organise three months of training to have some prepared volunteers who are available for online counselling about sexual health. We also meet once a month to coordinate and support these volunteers. Training and supporting the people who are going to provide any service on the app is also important (it's a lonely activity, with not many chances to share experiences). And it requires knowing what health resources are available and where to refer individuals. Outreach on apps is a great opportunity to be available for many people. It can be a great tool to promote sexual health.'

Adapted from ECDC technical report [26]

Some particular NGOs in Ukraine arrange training for volunteers/activists from among clients of NGOs for the purpose of training them in further peer-driven awareness-raising work [43].

Subjects of such events were rather versatile: HIV/AIDS/STIs/hepatitis and their routes of transmission, biological particularities of HIV, antiretroviral therapy, opportunistic diseases, safe sexual behaviour, use of contraception measures (male and female condoms), lubricants, alternative sexual practices and the risk of exposure to HIV, as well as a group of topics that aren't directly related to HIV/AIDS prevention, in particular tolerant social attitudes to LGBT, prevention of alcoholism, drug dependence, and smoking, betrayal among MSM, relations with police, legal protection, outreach work (for volunteers), etc.

The goals and objectives of such events were to inform/increase the level of MSM-clients' awareness of HIV/AIDS/STIs/hepatitis, prevention of these diseases, and the establishment of safe sexual behaviour skills. According to the information provided by NGOs during such events, in addition to presentations (passive informing), methods of interactive work with participants were applied, e.g. brain-storming, work in small groups, training games, debates and discussions. These events were held by project/area managers, social workers, leaders of the MSM community, MSM living with HIV, psychologists, and invited specialists (psychologists, physicians, lawyers, etc.). The length of the training depended on a particular NGO and varied from 6-12 hours to 2-3 days. Mini-training sessions (information lessons with training elements) were shorter and lasted from 2 to 6 hours. Respectively, there were variations in the frequency of such events: from 9 times per month to twice a year.

Both staff members and clients of NGOs noted that group events dedicated exclusively to the subject of HIV/AIDS weren't interesting for the vast majority of clients. This had a respective impact on a number of attendants of such events. Information on prevention was better apprehended and learnt, when it was incorporated as small blocks into other subjects that were more favourable for the target populations (interaction with partners, significant others, relatives, etc.). As such, combining such subjects as STIs and safe sexual behaviour largely enhances clients' interest in HIV-related topics.

According to expert evaluations, awareness-raising events dealing with the subject of HIV/AIDS had the best effect only when they were held with new clients. Those attending NGOs for a longer time needed only periodical refreshers, with additional new vital information on HIV/AIDS. Gaming and a competitive nature of such events help to remind clients, in an unobtrusive way, about important moments of HIV/AIDS/STI prevention, discovering gaps in their knowledge, misconceptions, prejudices, etc., and correcting them adequately.

Peer educators training for outreach work among MSM/outcast inmates

The Penitentiary Initiative NGO in Nikolaev (Ukraine) developed an outreach model of HIV prevention and psychosocial support for MSM/MSM-living with HIV prisoners.

Funded by amfAR, the program has been implemented in four regions of Ukraine since 2009, and includes psychological support groups; training in HIV, STIs and other infectious disease prevention; individual counselling by psychologists and social workers; training peer educators for outreach work among MSM/outcast inmates; among others [29].

In particular, training sessions for the support group participants were focused on safer sex and health maintenance in prison settings. Main topics were HIV, STIs, viral hepatitis, and TB prevention, how to use condoms and lubricant, and alcohol and drug abuse as factors of high risk sexual behaviour. The participants' knowledge of HIV prevention and sexual health increased on average by 30% in one year. Training in peer education concepts and communication skills was also provided. The opportunity to help others became, for many of the participants, as important as getting help and support for themselves.

Training for Voluntary Counselling Testing staff

Researchers and community members of CBVCTs from 8 EU countries participating in the HIV-COBATEST project agreed on the need of training staff, with professional background or not, community members or not, in order to offer quality VCT services. Regarding the existence of guidelines for conducting counselling, there were a wide range of situations: while in Poland you must get a certificate, in other countries like Italy no protocols exist. Interesting experiences were reported by the Danish and the French CBVCT coordinators, which detailed the creation of guidelines, training and internal evaluation in order to conduct an adequate counselling service.

The majority of VCT counsellors in Serbia received basic training in VCT as part of the UNICEF project "Empowerment of services for voluntary confidential counselling and HIV testing", with the Institute for Students' Health as the main implementing partner [36]. Participants acquired general competences and are trained to adopt and apply key contemporary knowledge about sexual orientation and LGBT identity, as well as the function of families with LGBT members, and to recognize their own stereotypes and prejudices with regards to LGBT persons and reduce their impact on the implementation of professional treatment, providing quality service to LGBT people and their families.

4.2.5.1. Training needs

- **Training in gender perspective and from a transcultural point of view**

Results from a Spanish study focusing on the lack of preventive messages and the barriers in detecting HIV infection due to the perception of health professionals assisting MSM and experts in this area showed that the lack of knowledge of the health systems about the social reality of MSM and the lack of tools to cater to affective-sexual diversity was one of the main barriers to HIV detection in MSM. Selection criteria of the participants included the knowledge and experience in HIV prevention in MSM at care level (public and private programs) and at theoretical political level, working in research and/or being activists in lesbian, gay, bisexual,

transsexual, transgender and queer groups. Key informants suggested health professionals train in gender and transcultural[5] perspectives (e.g. knowledge about gay culture) integrated within educative programs to improve MSM health [27].

- **Training addressing LGBT health needs**

Study number 14 describes how interviews with healthcare professionals and NGO workers providing health services for disadvantaged groups in Romania were done to collect information concerning the health professionals' perspectives and awareness of specific LGBT needs, existing training and information on LGBT issues, polices, confidentiality and of the impact of discrimination on services they provide. Participants recommended the introduction of Modules or courses addressing LGBT health needs, under subjects such as dermato-venereology, ethics, endocrinology, gynaecology, epidemiology, and internal medicine, while others referred to the updating of patient forms and the provision of high quality services to all. The interviews showed that healthcare providers are not entirely aware of barriers in healthcare, especially of communication barriers. This lack of training and awareness may cause care providers to misdiagnose or underestimate the extent of emerging disorders in the LGBT population [31].

- **Training in sexual diversity**

Results of a study carried out by Barcelona City Council's Department for Civil Rights involving key people working with the LGBT community (psychologists, social educators, mediators, etc.) highlighted the need for professionals such as social workers and staff at nursing homes to receive training in sexual diversity and the elderly [23].

4.2.6. CHW attitudes and opinions

Five main themes emerged from the data: attitudes about HIV testing and counselling, attitudes about Pre-Exposure Prophylaxis (PrEP), opinions about the role of CHWs as volunteers, opinions about online outreach activities and opinions about LGBT specific needs.

Attitudes about HIV testing and counselling

HIV Voluntary Counselling Testing (VCT) is a critical and essential gateway to HIV prevention, treatment, care, and support services. WHO has defined five key components—the "5 Cs"—that must be respected and adhered to by all HIV testing services (HTS)[25]. These components are: Consent, Confidentiality, Counselling, Correct test results, and Connection/linkage to prevention, care and treatment.

[5] The transcultural perspective embraces five interrelated but distinct dimensions of diversity: 1) recognizing the importance of culture in health/social work at all levels of practice; 2) applying principles of cultural competence in practice; 3) understanding dynamics of power, privilege and oppression; 4) maintaining an awareness of one's own cultural perspectives, values, and beliefs; and 5) demonstrating respect in interactions with client systems.

According to these principles, all HIV testing services should include pre-test information, post-test counselling, linkage to appropriate HIV prevention, care and treatment services, quality HIV testing, and accurate test results and diagnosis.

The five Cs, and the key principles they entail, apply to all models of HTS services, including those performed by CHWs in a community (i.e. non-clinical) setting. Attitudes about the five key components of HTC have been identified in the review.

Attitudes about consent

According to the WHO definition, people being tested for HIV must give informed consent to be tested. They must be informed of the process, the services that will be available depending on the results, and their right to refuse testing. The majority of HPs participating in a qualitative study in Madrid and Barcelona (Spain) were fully aware of the importance of informing users appropriately and obtaining their consent prior to testing for HIV. However, attitudes and procedures varied dramatically across settings. These depended largely on HPs' views independent from existing regulations and protocols. For most professionals, obtaining consent and not pressuring users was of paramount importance but several said that informed consent procedures were an unnecessary obstacle and a few admitted to have conducted HIV tests without asking for consent [35].

Legal frameworks regarding informed consent are quite different participating countries in the HIV-COBATEST qualitative study. There are countries with no legal framework (e.g. Spain) and other countries where there is a very strict legal framework (e.g. Poland). The authors observed a lack of national/regional regulations and/or guidelines regarding informed consent for being tested for HIV in CBVCT services. Some coordinators considered pre-test counselling as a means to obtain the informed consent [38].

Attitudes about confidentiality

WHO recommends that testing services should be confidential, meaning that the content of discussions between the person tested and the CHW, as well as the test results, will not be disclosed to anyone else without the consent of the person tested.

Safeguarding confidentiality relating to HIV test results was of paramount importance for most of the HPs working in different services from Barcelona and Madrid interviewed, but many were also sceptical and acknowledged that breaches of confidentiality occurred. For many users privacy could be better safeguarded at health facilities than at MSM-specific community-based testing services where it would be relatively easy to come across an acquaintance [35].

The issue of anonymity and confidentiality was one of the most mentioned among the CBVCT coordinators. Some of the participants clearly described the differences in anonymity between CBVCT and formal health care settings. For them, the main risk when getting tested in traditional health care settings was that the person is easily

traceable, as is all the personal information, including the result. Contrarily, in CBVCT sites the person has the opportunity to get tested without giving any ID [38].

Attitudes towards counselling

According to WHO, testing services must be accompanied by appropriate and high-quality pre-test information or pre-test counselling, and post-test counselling.

Pre-counselling was often skipped or took the form of a behavioural survey that HPs perceived to be unreliable. Skipping post-counselling sessions was also common and this was perceived positively by many providers who saw it as ineffective in promoting safer sexual behaviours [35].

If we look at the issue of counselling within different national contexts, we find that pre and post-test counselling are not compulsory in all the countries. Nevertheless in most of the participating CBVCT sites, counselling is provided.

Regarding procedure/guidelines very different situations exist, ranging from nothing at all to the request of a certificate in order to provide counselling. For some CBVCT coordinators, counselling and talking were more important than the test itself. Concerns about the capacity of CBVCTs to offer an adapted response to the people who are most at-risk were also mentioned in the HIV-COBATEST qualitative study [38].

Attitudes about communication of test results

For most HPs, communicating an HIV-positive test result was an emotionally charged experience for which they felt "always unprepared" irrespective of their experience and training courses received [35].

Service providers working community-based sites had concerns about how to deal with a HIV-positive result and expressed fear at the prospect of giving a result that could have profound and long-lasting implications for the client's health and social life [30].

Attitudes about linkage to care

WHO states that connections to HIV prevention, treatment and care and support services should be supported through concrete and well-resourced patient referral, support, and/or tracking systems.

Many HPs stressed the importance of allocating sufficient time and resources to ensure adequate care and completion of the linkage to treatment process. Linking HIV positive patients to care and treatment, especially undocumented migrants, was a time-consuming process that HPs navigated amidst confusion about actual health care entitlement for undocumented migrants in Spain [35].

Moreover, for some CBVCTs coordinators interviewed, linkage and quality follow-up in the case of a positive result is guaranteed by the very close cooperation with formal health systems. It is particularly important that CBVCT staff offer emotional and personalized support at the same time as they help clients regarding linkage to hospital and treatment follow-up [38].

Attitudes about PrEP

Evidence suggests that the use of PrEP for MSM is an effective HIV prevention tool. Consequently, the ECDC is recently recommending countries to consider integrating PrEP into their existing HIV prevention packages for those most at-risk of HIV infection, starting with MSM [44].

Non-clinical providers of HIV prevention services (e.g., community-based organisations) will play a crucial role in PrEP implementation including promotion, counselling, and adherence support and will influence uptake of this intervention in the populations they serve. Therefore, it is important to understand their opinions and learning needs regarding PrEP.

In this sense, a cross-sectional survey of sexual healthcare providers (HP) was conducted in UK to assess knowledge, attitudes and practices of PrEP [25]. Of the 328 respondents, 59% were doctors, 19% were SHA and 16% nurses. The main results related to the HP attitudes on PrEP are listed below:

- Half of respondents (54%) thought that PrEP should be available in the UK outside of a clinical trial, and this proportion was higher among nurses (66%) and SHA (73%) than doctors (49%; $p<0.001$).
- Overall, participants had positive attitudes about support from the gay community for the availability of PrEP (84%), drug safety (67%), and having time to counsel patients (66%) and were not concerned about patients being stigmatized for being on PrEP (58%) or being wrongly perceived as being HIV positive (56%).
- Among those with medium/high knowledge (80%), 55% felt that they knew enough about PrEP to have an informed discussion with users.
- The main concerns highlighted were prescribing PrEP without UK-specific guidance (80%), concern about funding diversion (55%), lack of confidence in real-world effectiveness (53%), and lack of confidence in patient adherence (23%). Of note, 42% felt that PrEP would result in risk compensation.

There is higher support for PrEP availability outside a clinical trial among SHA, most of them working in community-based settings, than among nurses and doctors. This study suggested that in general, HPs in UK were willing to add this new biomedical technology to existing risk reduction packages. However, there were residual concerns that need to be explored before PrEP roll-out will have universal support, especially around availability based on current evidence, adherence, physical or sexual coercion and the need for UK-specific guidance.

Opinions about the role of the CHW as a volunteer

The CHW model has been successfully used to promote health and reduce adverse health outcomes in under-served communities. Although there is a general consensus that involvement of natural helpers from the targeted communities is a promising approach in the elimination of health disparities, there is less agreement on their responsibilities, scope of work, and reimbursement for their services (ranging from paid staff to unpaid volunteers).

Different modalities of CHW have been included in the review: from services where all CHWs were volunteers [34,39] to a combined model with both volunteers and paid CHWs [22,28,40,41]. Positive and negative opinions and attitudes about volunteers have been identified in the review [34,40,41] (Table 8).

Table 8. Opinions and attitudes of the community health workers towards volunteers

Opinions/attitudes	Description
Positive opinions/attitudes about volunteers	The non-professional status of volunteers reduced barriers and improved access for the target population. Ability to reach a greater volume of individuals from the target community. To provide a conduit that allowed information to flow from the organisation to the community through natural social networks. A non-judgmental and supportive environment. Important role in reducing stigma. Ability to talk to people in 'their own language'. Trust
Negative opinions/attitudes about volunteers	Retention Reliability Burgeoning work load Time related issues

Opinions about Online outreach activities

Online outreach is the extension of traditional peer-based outreach from health promotion workers in an online setting. Whereas advertising will tend to try and direct groups of MSM towards an activity, online outreach usually involves the use of a profile on the app to engage individual MSM in an intervention with a health promotion worker to provide tailored information and advice.

To better understand the role which MSM smartphone applications play within the HIV epidemic, both as a tool that MSM use to seek sexual partners and as a platform for reaching MSM, the views of individuals working for MSM HIV prevention organisations in EU were explored. Participants were asked what they considered to be the biggest obstacles they faced in conducting HIV prevention on smartphone apps. Financial limitations were said to be the main barriers to conducting HIV prevention work on smartphone apps with 'lack of funding to carry out online prevention work' and 'cost of advertising' being rated the largest barriers. A lack of support from app owners' is

considered an obstacle and this includes policies which become an impediment to conducting outreach on the apps. Whereas MSM websites often allow forms of community outreach to take place by HIV organisations, some smartphone applications have restrictions against any type of community organisation profile [26].

Knowledge to undertake effective online outreach on apps was also felt to be an issue for many of the respondents, with 65% feeling that the knowledge or skills required to undertake online outreach apps was either a medium or large barrier to them undertaking this work [26]. These results are consistent with the opinion of NetReach workers, a community outreach initiative targeting gay, bisexual and MSM living in the UK. To begin with, NetReach workers agreed that online, the depth of honesty and the speed with which service users disclosed sexual practices, concerns, HIV status etc., was far greater. This allowed them to target the 'real issues' that lay behind the service user seeking out support and information. However, as a consequence of the depth of disclosure online, health workers require a more in-depth knowledge of sexual health information when working with service users in digital contexts. Of most concern was the belief that, online users seemed to want 'simple' answers to their questions more often and could become agitated or frustrated when such an answer could not be given. In lieu of the fluidity and flexibility of verbal communication, NetReach workers relied on written skills to convey both information and empathy [32].

The vast majority of respondent stakeholders felt that smartphone apps could be very important to the future of their organisation's HIV prevention work, and this was backed up by a wide range of comments which demonstrated a huge amount of enthusiasm, with a particular focus on the many potential positive outcomes from working on smartphone apps [26]. Similarly, NetReach workers considered mobile apps such Grindr and Scruff to be the ideal context for their work, although the architecture of the services (often built around a simple instant messenger format) and the style of communication engendered on the platform (short-form text messaging and image sharing) created challenges for the outreach team [32].

Opinions about LGBT specific needs

Interviews with healthcare professionals and NGO workers providing health services for disadvantaged groups were carried out in Bucharest, Brasov, Constanta and Timisoara (Romania) to collect information concerning the health professionals' perspectives and awareness of specific LGBT needs, existing training and information on LGBT issues, polices, confidentiality and of the impact of discrimination on services they provide [31].

Some of the respondents indicated that they feel attitudes have improved, while others mentioned they felt these attitudes remained unchanged or had become worse (increasing stigma and marginalization towards the LGBT community due to the economic crisis and general radicalization of the Romanian society).

On the other hand, many of the respondents did not consider that there might be specific health needs of the LGBT population which should be tackled. Only 12 out of

the 25 respondents took into account the possibility of LGBT persons having specific needs or risk factors to be taken into consideration, and out of the 12, all believed these specific needs were related to either STI prevention or psychological issues.

Only 12 of the respondents mentioned specific needs related to either STI prevention or psychological issues. Some of them suggested the creation of some training materials on LGBT issues for professionals.

4.2.7. CHW practices

Activities/Roles

Based on the type of services delivered, CHW roles could be classified into four main groups: promoting access, providing education, advocacy, and direct service delivery (see Figure 6).

Figure 6: Categorization of CHW activities by role[6]

ACCESS (Ensuring people get the services they need)
1. Linkage to care and treatment for people living with HIV
2. Providing support to LGBT communities to access medical services
3. Facilitating continuity of care by providing follow-up
4. Supporting people to move along the continuum or 'pathway of employability'

EDUCATION (Providing culturally appropriate health education and other related information)
5. Sexual health promotion
6. Training in HIV/STI and other infectious diseases prevention
7. Spreading awareness on HIV prevention
8. Providing information on political matters and legal rights that affect gay men living with HIV

ADVOCACY AND CAPACITY BUILDING (giving voice to the community regarding their needs and building individual and community capacity)
9. Advocating to ensure that the needs of gay men living with HIV are met by HIV- and public health organisations
10. Providing support to LGBT communities in dealing with reports of discriminatory attitudes or lack of awareness regarding particular LGBT health needs
11. Empowering service users as evinced by 'massive difference in the sense of confidence'
12. Providing support and infrastructure to other organisations (i.e., umbrella organisations)
13. Promoting gay liberation and gay self-confidence as a means of achieving HIV prevention
14. Giving emotional support/confidence when faced with discrimination and violence

[6] Adapted from: Minnesota Department of Health, Office of Rural Health and Primary Care. Community Health Worker (CHW) Toolkit, a Guide for Employers. 2016 Available in: http://www.health.state.mn.us/divs/orhpc/workforce/emerging/chw/2016chwtool.pdf

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

15. Distribution of leaflets, condoms, lubricant
16. HIV/STI testing and counselling
17. Health related screenings
18. Treatment services to MSM
19. Hepatitis vaccinations
20. Drug and alcohol services
21. Harm reduction services
22. One-to-one intervention programmes to help raise HIV awareness
23. Mental health services/Psychological support
24. Social activities where gay men living with HIV can meet other gay men living with HIV to network, share experiences, and reduce their sense of isolation
25. Treatment services to MSM
26. Housing assistance for HIV-positive MSM
27. Job assistance, training, and legal support
28. Assisting all people living with HIV/AIDS and/or hepatitis, as well as their partners and families
29. Leisure organisation events (movie club, master classes, subject-focused tea-drinking, etc.)

Settings

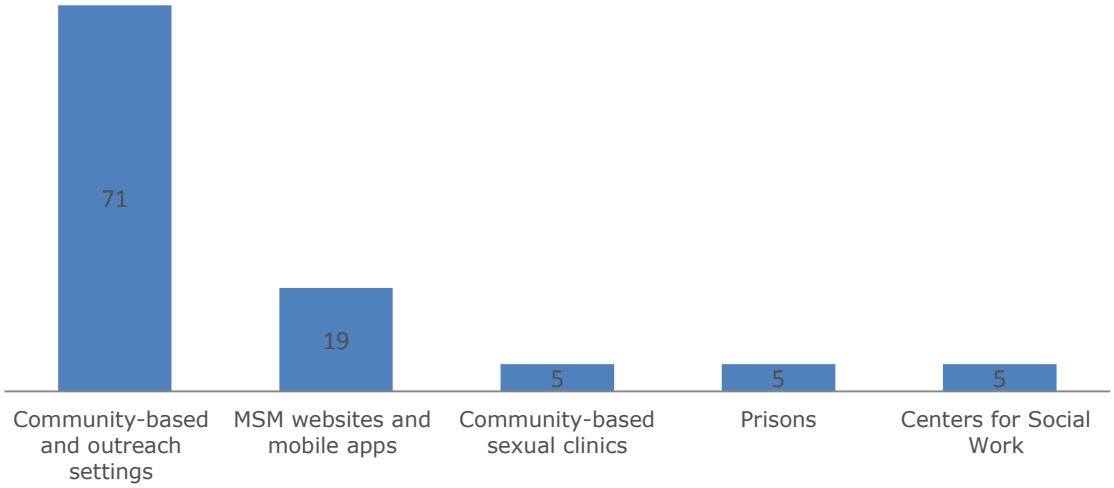
CHW activities can be performed in different settings such as community-based and outreach settings [22,28–30,32,35–39,41], community clinics, prisons and social care centres. Figure 7 shows the distributions of the articles depending on the setting where CHWs perform their roles and activities.

Community and outreach settings were the most popular locations where CHW did their activities. Some of the articles mentioned specifically outreach activities in gay venues such as saunas, sex clubs, and discos. This was the case of organisations that provide direct outreach and services to MSM in Berlin and London, where CHW distributed lubricants, condoms and sexual health information in gay settings [22,28], or some CBVCT services in Austria, Belgium, Denmark, Estonia, France, Germany, Hungary, Ireland, Luxemburg, Slovakia, Slovenia, Spain, Switzerland, and UK which perform HIV testing in these gay venues [37].

Three out of 21 articles mentioned outreach activities based on community clinics (e.g. free clinics or community health centres where MSM can turn up without an appointment), all of them in the UK [25,30,32].

The Penitentiary Initiative NGO in Nikolaev Region in Ukraine developed an outreach model of HIV prevention and psychosocial support for MSM/MSM-living with HIV prisoners. It includes psychological support groups; trainings in HIV, STIs and other infectious disease prevention; individual counselling by psychologists and social workers; training peer educators for outreach work among MSM/outcast inmates; distribution of condoms, lubricant, supplies for personal hygiene, bleach and informational materials; and referrals after release [29].

Figure 7. Proportion of articles by setting where CHWs provide their services



Note: categories are not mutually exclusive.

Finally, staff in the Centres for Social Work in Serbia were trained for providing quality services for LGBT persons and their families", proposed by the Office for Human and Minority Rights of the Government of the Republic of Serbia in partnership with the Association DUGA [36].

Online spaces have recently emerged as a new setting for HIV prevention targeting MSM, including MSM websites and mobile apps [26,32,33,39]. In order to understand the impact and influence smartphone apps have on the ways in which MSM meet partners, a survey asked individuals working for MSM HIV prevention organisations to rate the popularity of MSM meeting spaces in their area (with one being 'unpopular' and five being 'very popular'). Overall, participants rated MSM websites and smartphone apps as the most popular spaces for MSM meeting partners in Europe. Physical spaces such as gay bars and clubs were also rated as popular in West and Central Europe, but less so in Eastern Europe where perhaps there are fewer gay-specific venues and less LBGT infrastructure. In Eastern Europe, websites and smartphone apps were rated the most popular MSM spaces by a much larger margin compared to physical spaces than the rest of Europe [26].

Most of the countries who participated in the survey (26 of the 29 EU/EEA) reported conducting HIV prevention work online, with only respondents from Slovakia, Luxembourg and Iceland not reporting online work. On the other hand, the number of countries with an organisation working on smartphone apps was much lower, 16 out of 29 (55%) [26].

The Poz & Proud approach in the Netherlands, and Netreach initiative in the UK, are examples of new digital platforms that cater to gay, bisexual, and MSM men [32,33,39].

4.2.8. CHW motivation to conduct their activities

Maintaining the motivation of CHWs to consistently conduct their responsibilities is a challenging, but crucial, element in CHW programmes. Motivation is a complex

phenomenon that is the product of a range of psychological, interpersonal, and contextual factors. Staff and volunteers from several organisations who provide direct outreach and services to MSM reported having a passion for their work in HIV prevention and that this passion contributed to the organisation's success [28]. Reasons varied greatly between respondents, but one common theme was that the work in HIV prevention was very personally gratifying because it offered them the opportunity to help individuals in need.

In a London study evaluating coverage, feasibility, acceptability and perceived impact of venue-based HIV prevention outreach by professionals, the results showed that it was feasible for workers to initiate conversations with gay men and, through them, to address negotiation skills and men's own behaviour. Nevertheless, such discussions required workers to see this as a priority, to be well motivated and to have good communication skills [22].

Personal reasons for being involved in peer education work were explored among MSM peer in the Netherlands. The desire to spread harm reduction practices to particular populations was another discernible reason participants gave as a driving factor for their involvement. Upon discovering that other Dutch public health agencies were not aware of the increasing crystal meth use among MSM, one participant decided that this growing population seriously required the attention of harm reduction measures. The results suggest that organisations that do not use peers are less connected to what is actually happening in the drug use settings that they appear to target [30].

4.2.9. Impact of being a volunteer on the life of CHWs

Clearly, volunteering seems to have been experienced as a fulfilling and 'self-actualising' experience—arising from a combination of self-seeking, public spirited and altruistic motives. Volunteers felt, in general, that their time and efforts had been instrumental in empowering people, making them feel less isolated and making them feel that they were listened to. In general the volunteers felt that volunteering had a very positive impact on self: existential issues such as meaning in life, acquiring new life skills, restoring confidence and the beginning of new opportunities were all seen as the impact on self [40].

Volunteers believe that they are able to make a difference in the lives of the people they work with: and that the service makes service users feel less isolated, more listened to and in general empowered. Confidence, self-esteem and self-worth were rated as the most significant changes as a result of volunteering [40].

4.2.10. Barriers and Facilitators

One of the objectives of this scoping review has been to identify barriers and facilitators to service provision commonly experienced by CHW programmes.

The research team discussed the identified barriers that emerged from the review and merged those into themes. Four main themes concerning barriers were identified: structural and contextual barriers, work-related barriers, relationship barriers and individual barriers.

Structural and contextual barriers:

- Economic barriers, which impede, for example, the providing of different services [26,28,34,35]

- Poor support from national structures [37]
- HIV stigma and homophobia [29,31]
- Legal barriers: HIV testing laws [37].

Work-related barriers:

- Lack of supervision: Unclear Roles [22]
- Lack of privacy during outreach activities
- Lack of time: high work load in their organisation [39–41]
- Lack of support from gay bar owners [38]
- Lack of support from online service providers; app owners [26,33].

Relationship barriers:

- Lack of support from gay bar owners [38]
- Lack of support from online service providers [33]
- Difficult communication with laboratory personnel [30]
- Challenges with other NGOs and agencies (pressure from larger organisations, competition, lack of communication) [29].

Individual barriers:

- Knowledge barriers [23,26,27,31,35]
- Risk of relapse among drug users in peer involvement [34]
- Lack of motivation [22,28,30].

Some facilitators to CHW service provision are listed below:

- Peer involvement: having staff/volunteers to match targeted populations [28]
- Motivation: being invested in the cause; maintaining enthusiasm [22,28]
- Cross-coordination of services to prevent duplication and ensure full coverage [28]
- Seeing Eye-to-Eye with the target population and adopting an approach that starts with a client's perspectives, recognizing that the client's goals may be different from that of the organisation's [28]
- Good relations with venue staff [22]
- Clarity of purpose [22]
- The non-professional status of volunteers reduced barriers and improved access for the target population [41]
- Volunteers had an important role in reducing stigma and the notion of being non-judgmental was seen as a central feature of the outreach work [41].

4.2.11. Gaps in the research

This scoping review reveals that the literature on CHWs who provide health-related services and support for gay, bisexual and other MSM in the EU and neighbouring countries is scarce. The main gaps identified in the literature review are listed below.

- There is a lack of evidence on the specific knowledge of CHWs on HIV/STI, viral hepatitis epidemiology and prevention needs. No articles were found that assessed the CHWs knowledge level. This implies that it has not been possible to identify "knowledge gaps" in order to assess what type of training the CHWs needs to provide quality services.
- Communication, interpersonal, service coordination and capacity building skills have been described in the review as key aspects to be taken into account to a

be a "good" CHW. Nevertheless, there is a need to identify other essential qualities and characteristics of successful CHWs.

- The importance of adequate training of CHW is mentioned, although no details on the training processes and topics covered were given.
- The reasons that lead a person to become a CHW, their needs and expectations were missed in most of the existing studies. This information would be valuable to design interventions aiming to increase motivation and retention.
- Data on the determinants of CHWs' motivation to do their work is scarce, a key factor that can influence CHW performance.
- It is critical to pay attention to the work environment or working conditions of CHWs, factors that may play a defining role in their level of productivity and quality.
- The scoping review shows a wide diversity of roles and responsibilities for CHWs. However, more research is needed on effectiveness of CHW work in different fields or regarding different specific interventions, using appropriate study designs and methodologies.
- Few studies have focused on CHWs addressing the special needs of highly vulnerable MSM groups such as migrants, PLWHIV and/or prisoners.
- Data about the enablers and/or barriers that CHWs face to delivering services to MSM in Europe is scarce.
- There is no information on the profile of CHWs who perform their work in community-based LGTB organisations, information that would be useful to improve recruitment strategies of CHWs to be involved in the organisations.

4.3. Manuals, guides and technical reports

Table 9 below summarizes the training, guides/manuals and other technical reports analysed. Twenty-six manuals from 12 countries were identified, 9 technical reports were found in 6 countries and 1 at the European level. Altogether, the data includes 47 training packages aimed at CHW from 29 countries in total, and 2 combining several countries in Europe.

Several attempts were made to obtain manuals/guides, technical reports or training packages from countries around Europe and neighbouring countries. However, given the particular situation of each country, its organisation and context, it was not possible to obtain data from 11 countries (Lithuania, Cyprus, Czech Republic, Estonia, Finland, Hungary, Ireland, Luxemburg, Former Yugoslav Republic of Macedonia, Malta, Norway, Slovakia, Sweden and Turkey).

Table 9. Country and type of materials addressed to CHWs

Country	Manual/guides	Technical report	Training	Reference
Albania			1	
Austria	-	-	4	-
Belgium	-	-	3	-
Bosnia and Herzegovina	4	-	1	[45–47]
Bulgaria	2	-	3	[48,49]
Croatia	1	-	3	
Cyprus			1	
Denmark	-	-	2	
France	-	-	5	
Germany	-	-	2	
Greece	1	-	2	[50]
Hungary			1	
Ireland	-	-	1	-
Italy	-	-	2	
Latvia	-	-	1	
Lithuania			1	
Moldova	2	-	2	[51,52]
Poland			1	
Portugal	1	-	2	
Romania	-	1	1	[31]
Russia	1	1	1	
Serbia	4	-	4	
Slovenia	-	-	2	
Spain	3	1	17	
Sweden			1	
Switzerland	1	-	-	
The Netherlands	-	1	-	
Ukraine	2	1	2	[29,43,53]
United Kingdom	3	2	1	[40,54–57]
Europe	1	2	-	[42,58,59]
Total	26*	9	67**	

* The total number of different manuals is 24; one was developed for three countries. **Total number of different training packages= 47, two were adapted in different countries as part of the Sialon II and EuroHIVEdat projects.

Table 10 below summarises the key characteristics of the manuals, guides and technical reports (for more details see Appendix 5).

4.3.1. Target population

Figure 8 shows the target population in which CHWs intervened and which appeared described in the materials: 53% of the documents described the CHWs work aimed exclusively at gay, bisexual and other MSM while the other materials referred the CHWs work targeted most-at-risk populations such as Roma, injecting drug users, sex workers include, and MSM.

There were some materials which described the CHWs work aimed at MSM subpopulations such as young MSM [60], MSM who use drugs [34,61], MSM in prison [29], migrant MSM [62] and MSM sex workers [63].

Figure 8. Material distribution considering the target population of CHW services

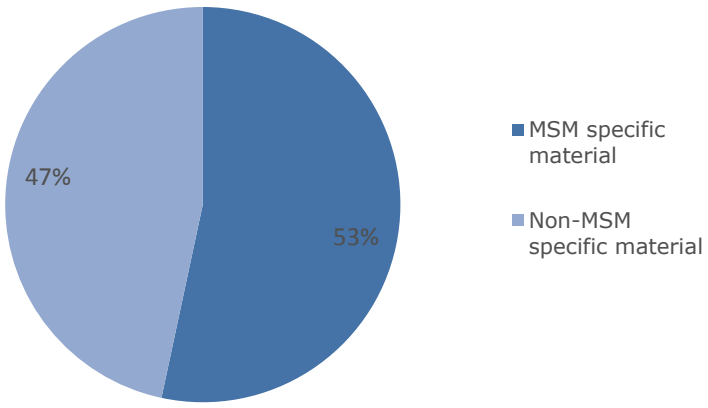


Table 10. Key characteristics of the guides/manuals and technical reports included in the review addressing CHW knowledge, attitudes and practices on health needs of gay, bisexual and other MSM

Ref.	Country/Year	Author/Institution	Objective	Type of CHW
[47]	Bosnia/2007	The Global Fund/Association XY	To assist persons/organisations engaged in outreach work, those who are planning this approach in working with MSM, for those planning programmes, project coordinators, programme managers and others	Outreach workers and civil society organisations
[45]	Bosnia/2009	Mila Paunić et al. Unicef	To assist different professionals in the delivering of high-quality HIV voluntary counselling and testing services. This manual has multiple benefits, both for users and those who provide services of VCT, and for those interested in this area and authorities wanting to increase their knowledge and understanding	Professionals working in confidential counselling and testing in HIV centres
[46]	Bosnia/2010	The Global Fund/Association XY	Providing basic knowledge and skills for peer counsellors, professionals who work with MSM or in HIV prevention and for a further realisation of their role in the society as advocates for HIV prevention and non-discrimination of the MSM population	Peer educators, service providers in the field of HIV prevention
[60]	Bosnia/Serbia/Croatia/2011	Training Manual to work with young people	To promote gender equality and promote healthy lifestyles to young men by addressing some of the social constructions of masculinity as a strategy for building important life skills in young men as they emerge into young adulthood.	Governmental and non-governmental organisations
[48]	Bulgaria/2011	Cincarski P et al.	To provide the necessary techniques, tools and methods to work with MSM in the frame of Global Fund program. It is aimed at all community workers and professionals- medical paramedical and non-medical, providing prevention services among MSM groups.	NGOs staff, MSM representatives -staff members and volunteers
[49]	Bulgaria/2015	Ministry of health Bulgaria	To present the knowledge and standards of operation of the HIV and STI vulnerable population and PLWHA.	NGO staff working with vulnerable populations, NGO health education centres, VCT centres around the country
[59]	Europe/2013	Rios Guardiola et al	To provide ideas and existing practices on how CBVCT centres can implement and offer their services.	Professionals working CBVCT centres
[42]	Europe/2015	WHO	To support HIV Testing Services by trained lay providers, considers the potential of HIV self-testing to increase access to and coverage of HIV testing, and outlines focused and strategic approaches to HTS that are needed to support the new UN 90–90–90 targets.	Providers of HIV testing services
[58]	Europe/2016	Dinca I, et al	To present the principles of an effective communication strategy: Use	Not specified

			accurate, complete, and current information; Build trust between the recipient and the sender; Promote self-respect and empowerment; Take a participatory approach; Use acceptable language and imagery.	
[64]	Greece	Kalovyrnas L	This guideline presents the basic strategies and knowledge for peer counsellors working in HIV-STI testing centres.	Testing centres
[52]	Moldova/2013	Pîrțînă L	The purpose of the standard: assisting service providers in developing and expanding VCT for KAP by describing and defining the algorithm of VCT, principles and requirements for these services.	CVT Staff
[51]	Moldova/2015	Health Ministry, Republic of Moldova	To present the general principles of the organisation of HIV prevention services related to injecting drug use in order to reduce the spread of HIV among key populations and present the minimum quality standards for the organisation of services for HIV prevention among key populations.	NGO-Staff and Community - based organisations led by representatives from key populations
[34]	Netherlands/2015	Murray H	To explore the best practices of meaningful peer involvement within a harm reduction context with substance users from GHB, MSM, and IDU drug use settings	Peers
[65]	Portugal/2017	GAT Portugal	To provide information on HIV testing site recommendations from WHO and to prepare CHWs for HIV, HBV, HCV and syphilis counselling, testing, monitoring and linkage to care	Professionals at the community-based screening centres and peer workers
[31]	Romania/2014	Marin C (ACCEPT)	To collect data on discriminatory practices in the area of LGBT health in order to develop realistic and practical guidelines for medical personnel and other relevant stakeholders and thus assist them in developing health services that are adequate to LGBT needs.	NGO workers providing services for disadvantaged groups
[66]	Russia/2013	LaSky Project	Documenting the current context of HIV in Russia. HIV epidemiology, discriminatory laws, and concepts: HIV and MSM vulnerability, homophobia, discrimination, myths about homosexuality, internal homophobia and lack of prevention programs, lack of services, preventive work including online prevention, motivational groups, outreach.	Different contexts
[63]	Russia/2014	LaSky Project	To define standard of services within the «LaSky» network implemented in 14 regions of the Russian Federation (2004-2014) including the kind of services for MSM to be developed in each project region and the principles of services provision addressed to MSM: Voluntary services for the target group.	Gay clubs, streets, NGO's premises
[67]	Serbia/2006	Ilic D and Paunić M	This manual is used for organizing education on VCCT for future counsellors	VCT Centres professionals
[68]	Serbia/2007	Andjelkovic V et al	This guideline presents the standards for providing VCT service in	VCT Centres

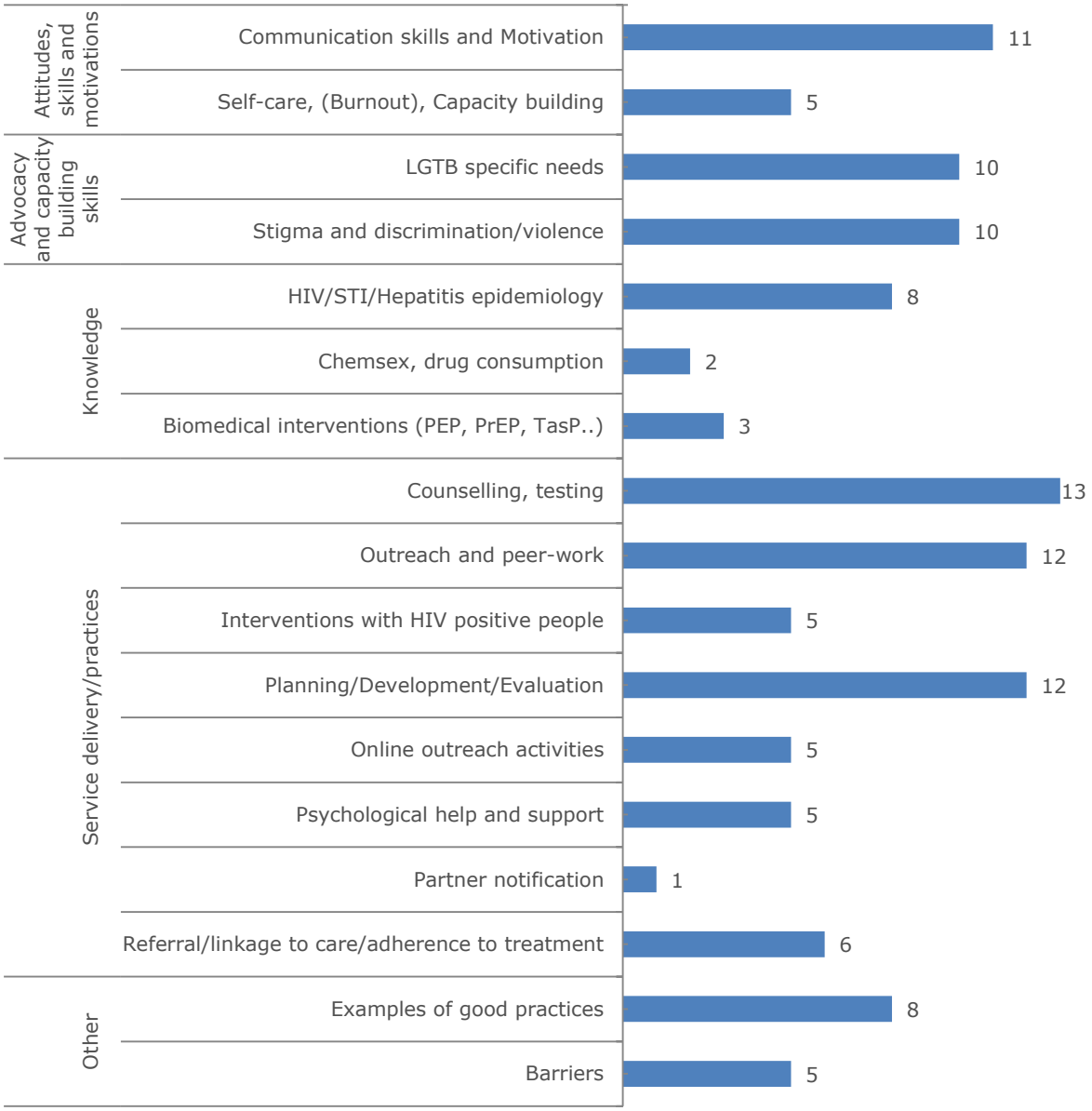
			Serbia, basic principles, benefits, procedures, components and interventions of VCCT are included.	
[69]	Serbia/2010	Viktorija-Cucic E et al	To present basic concepts regarding the MSM population and theoretical concepts of field work and activities and activity implementation during field work.	Outreach, CHW Knowledge, CHW Practice
[23]	Spain/2009	Coll-Planas G	This report contains the results of a study carried out on three groups "Majority sectors" (for example, middle-aged lesbians and gays), Minority or less-studied sectors (trans, the elderly, parents, "men who have sex with men", bisexuals...);· Sectors at risk of social exclusion (immigrants, sex workers, HIV-positive gays, intersexual)	key people working with the LGBT community (psychologist, social educator, mediator
[62]	Spain/2009	Olaortua EG	To present the result of the work and reflections that ALDARTE, an association which works with the LGTB population, has developed in the field of immigration and is aimed at all those persons, social agents and associations who work daily with the immigrant population.	NGOs working with migrant LGTB population
[70]	Spain/2012	StopSida	This document is a compendium of practical materials to organize, implement and evaluate sexual health workshops for MSM.	NGOs working with MSM
[61]	Spain/2016	ViiV Health Care	This document is a compendium and summary of seven presentations about chemsex in Spain, carried out by experts and technicians working at NGOs	Sexual Health Promotion; HIV prevention
[71]	Switzerland	Christinet V, Jouinot F (Cords)	This manual presents basic information and knowledges on PrEP for users and providers (e.g. how to use it, how to access it, where to find it, etc.)	CHWs working in the provision of PrEP
[55]	UK/2011	Hickson F	This document describes the range of choices facing men who have sex with men that impact on HIV incidence, and increases the focus on the motivational factors informing the decisions men make. It is a synthesis of an education and empowerment approach with one that employs values and social norms in order to promote the best sex with the least harm between gay and bisexual men.	Sexual health promoters working with gay men, bisexual men and other men that have sex with men
[54]	UK/2012	Flowers P	To provide the best HIV Prevention evidence in MSM. It is intended to address this and will facilitate the commissioning process for interventions addressing this priority population.	Not specified
[40]	UK/2013	Sidhva DP	This report presents the findings of the evaluation of the Positive Scotland project, based on information collected from consultations with service users, carers, volunteers, all managers and staff connected with the project.	Professionals who may be working with anyone living with and affected by HIV and/or Hepatitis C: volunteers, workers,

				managers and external partners
[56]	UK/2016	Sullivan A, (BASHH)	To provide guidance on the direct clinical care of MSM but also makes reference to the design and delivery of services with the aim of supporting clinicians and commissioners in providing effective services.	Clinicians and commissioners in providing services
[57]	UK/2016	British Association for Sexual Health and HIV (BASHH)	This document sets out standards for the management of STIs in outreach services. It is designed to be read, either as a standalone document, if an organisation is only delivering outreach services, or in conjunction with it.	People who deliver and access services (commissioners and providers)
[29]	Ukraine/2012	KononenKo L	To present the results of the «HIV Prevention and Psychosocial Support for MSM in Prisons» implemented in Ukraine based on a model of HIV prevention and psychosocial support for MSM/MSM+ prisoners.	Prison staff and NGOs
[53]	Ukraine/2011	M. Debelyuk, I. Nerubaieva, S. Lupasko	To present innovative methods of HIV-prevention among MSM developed by The Metro Centre Ltd, London, UK and implemented in Ukraine in 2009 with a pilot project of the Youth Public Movement "Partner" (Odessa). The experience showed that the project had a positive impact both on the client and on the teachers (mentors) who took part in it; in addition, as well as forming a group of volunteers ready to continue working on other prevention projects.	Peer counsellors, MSM volunteers
[43]	Ukraine	Geidar L et al.	This book is intended for leaders and activists of LGBT community, specialists and social workers, for all people working with LBGT organisations and groups. It includes specific LGBT needs and services, practical advice on methods to respond to homophobia; advocacy and lobbying of LGTB interests, community mobilization and the role of the LGBT movement in social and political life in Ukraine.	CHW

4.3.2. Topics addressed in tools/materials/reports

Thirty three different documents were found and classified as manuals/guides and technical reports and one was developed in three countries (Bosnia, Serbia and Croatia). The majority of these documents are focused on one or more topics (see figure 9), classified as followed: knowledge, advocacy and capacity building skills, service delivery/practices, attitudes and skills and other.

Figure 9. List and number of the main topics addressed in the documents collected in the different countries participating in the study.



4.3.2.1. Materials oriented to enhance CHW knowledge

Biomedical interventions (PEP, PrEP, TasP…)

Combination HIV prevention requires a multi-faceted approach encompassing behavioural, biomedical and structural interventions. CHW are in a unique and opportune position to help PrEP diffusion, a new biomedical prevention strategy widely accepted across Europe, to high-risk persons who can be difficult to reach through traditional health and human services settings. Therefore, it is important to increase CHW knowledge on PrEP and other biomedical interventions such as PEP and TasP. Only three materials from UK, Bulgaria and Switzerland include general information about biomedical interventions [49,54,71].

Drug consumption, Chemsex

Although the use of drugs to have sex for long periods of time among MSM (defined as chemsex) has been increasingly reported in some EU countries, only two materials for CHWs (from Switzerland and Spain) include this topic in their content. Particularly, the documents inform CHWs about the characteristics of the different drugs used, interactions with ART, harm reduction strategies, chemsex and mobile applications, among others [61,71].

HIV/STI/Hepatitis epidemiology

A common feature in some of the documents is that they include the local HIV epidemiological context as a background, considering the local MSM's specific needs [45,46,54–58,65]. Few materials include epidemiological data on STI [55,56,65] and/or Hepatitis C [58,65].

4.3.2.2. Advocacy and capacity building skills

Stigma and discrimination/violence

Countries like Romania, Bosnia and Herzegovina, Russia, Ukraine, Bulgaria, Serbia, Spain and The Netherlands have published materials that can be useful for CHWs when working issues like stigma, discrimination or violence [23,26,34,37,48,49,51,66,69,70]. These documents address the increasing awareness of the ways in which discrimination hinders the access of LGBT people to adequate and accessible health services, together with the development of possible advocacy actions and tools.

In some countries, advances in the reduction of stigma and discrimination came after changes in national/local legislation, but for some authors there is still a lot of social discrimination towards MSM that contribute to blockades access to prevention services [48], especially among those from the more disadvantaged groups [69], for instance, among migrant gays, transsexuals or lesbians [23].

LGTB specific needs

CHWs should always consider the needs of the LGTB population and include them in the assessment of the adequacy of their sexual health programmes and prevention initiatives. Peer counsellors have to pay attention to customise the specific needs of the population in relation to human rights, sexuality, sexual orientation, HIV status, but also regarding venues and HIV testing centres [46]. A research project in

Romania [31] with the aim of collecting data on discriminatory practices in the area of LGBT health produced the following recommendations:

a) Collect feedback from LGBT patients and families and the surrounding LGBT community.

b) Ensure that communications and community outreach activities reflect a commitment to the LGBT community.

In the UK, the analysis of LGTB needs resulted in concrete interventions used to adapt the prevention strategies to this population, including those directly aimed at MSM and which are intended to make an impact on their risk and precautionary behaviours [55]. The nature of these needs is diverse, and might include emotional, psychological and mental health needs for PLWHIV and other STIs [40] and other among not HIV positive but exposed to the risk of infection.

In order to engage this stigmatized population, the Penitentiary Initiative in Ukraine formed a partnership in 2008 with LiGA, the Nikolaev Association for Gays, Lesbians and Bisexuals, which contributed funding for an initial pilot project and trained Penitentiary Initiative staff in the specific needs of MSM. The Initiative staff then developed an outreach model of HIV prevention and psychosocial support that they implemented in four prisons. In less than three years, this project made significant headway in breaking down the barriers to HIV education and social support among MSM in Ukrainian prisons. To change the culture of prison attitudes toward MSM and open the door for HIV prevention efforts, the Penitentiary Initiative employed multiple strategies, among them training prison staff, supplying HIV prevention kits to MSM, organizing support groups, and providing access to social and mental health counselling [29].

In countries like Serbia materials for CHWs include recommendations to help MSM in accepting their sexual orientation and in gaining education/knowledge related to sexual health. They also have health needs that they are not comfortable discussing with health workers and they are not always aware of the risk of HIV. In addition, especially vulnerable members of MSM population are those with lower socio-economic status, without proper knowledge of HIV or HIV/STI related health services. Material for CHWs in Serbia is trying to scale up the HIV response among MSM, providing the required skills for outreach workers to do their task [75].

Some material for CHW contain also information about other MSM groups that have specific needs depending on their characteristics, for instance, in the UK and Spain and South-Eastern countries, the needs of younger men, men from ethnic minorities, migrants, trans men and men who do not identify as gay or bisexual may not be met through services and some experience higher rates of HIV despite evidence of lower rates of direct behavioural risk factors and deserve special analysis and research [23,56,60,62].

4.3.2.3. Service delivery/practices

This review collected a number of documents addressed to design, implement and assess the services addressed to meet the needs of gays, bisexuals and MSM. The main topics addressed in the guides/manuals and technical reports identified in this review are summarised as follows.

Referral/linkage to care/adherence to treatment

CHWs provide services that include referral to specialised units and treatment and knowing what to do and where to refer gay, bisexual or MSM in need. At least five of the tools collected in this review define the procedures and standards to refer MSM to the appropriate services [57], improving the referral procedures when needed [51], the standards addressed to NGOs, referral cases of HIV positive persons to VCT centres [49,52] and the possible barriers that might emerge between the needs of identification and referral, such as, loss of patients between both phases, the need to pay for certain services (in some countries) and proper coordination between services [42].

Encouraging the adherence of MSM to treatment is also included as one of the tasks expected from CHWs, whose skills comprise influencing behaviours causing HIV transmissions among MSM, consisting among other things of their ability to follow HIV treatment, taking daily medication and communicate effectively with clinicians [42].

Partner notification

Only one out of the 33 reports includes information about how to proceed with partner notification in the case of anonymous partners and pseudo-anonymous partners. The first case combines information obtained in the course of individual case findings and the second includes the use of the Internet, text or apps and advising patients on the use of the Internet, app or text communication in person or by phone [56].

Psychological help and support

Three documents include specific information about how to approach MSM psychological health and give support. Firstly, according to one document, the staff have to include a trained psychologist in charge of prevention and case management (along with colleagues from other academic backgrounds) [49,52]. In addition, approaching the psychological health of MSM should be focused on promoting acceptance, avoiding internalized homophobia and disclosing identity; as well as the consideration of institutional and individual factors: for instance, management, counsellor commitment and patient's willingness to seek support [43].

Given some specific circumstances there are also certain documents that addressed psychological help and support to MSM in prison or belonging to a minority. In the first case, there are successful experiences of psychological support groups and individual counselling [29] and in the second, professionals have to deal with additional stress factors, such as isolation, fear of rejection from people from their own country, discrimination and cultural factors [62].

There are examples of evaluations of HIV programmes that report the positive impact of psychological support, the efforts of reaching and supporting vulnerable and isolated people and the role of volunteers in the programme that include the possibility of learning, regaining confidence and self-worth, giving something back, helping HIV-affected people, avoiding isolation and overcoming stigma [40].

Outreach and peer-work

A total of 12 documents defined principles, procedures, activities and standards of outreach activities addressed to MSM from the CHW's perspective.

Outreach is included in a group of interventions delivered directly to MSM to serve their HIV prevention needs. Although there is no standardised description of outreach, it usually involves trained workers visiting community settings where men are, and engaging in face-to-face conversations aimed at the reduction of needs in situ or to identify and refer men in need to centre based services [49,55]. According to four documents, meeting the contextual needs is essential for CHWs in charge of outreach activities and in some cases, certain specialists and specific staff are also needed to cover MSM sexual and health aspects and it should be routine and respond to a comprehensive package of STI testing and counselling [49,56,66,67]. In respond to the need of a comprehensive package, there are at least nine standards for the management of STIs in outreach services that range from access to public engagement, and they are included in one document[57]. In addition, there are documents defining the specific goals of outreach in which CHWs are also asked to consider the following characteristics: respond to a model, being led, be backed up by a training model, define a recruiting system, being supervised, having enough and appropriate materials to distribute, adapted to different possible circumstances, having a pre-established team, a referral system, being innovative and creative and respond to a number of communication principles [43,51,66,69].

There are recommendations to expand outreach to very specific contexts such as facilities serving older people, young populations and members of key groups, and facilitating referral networks that allow clients to effectively address their needs; for instance, accessible and acceptable services that are understanding, friendly, trustworthy and not critical, covering other aspects of interventions such as use of psychoactive drugs [40,45]. In addition, outreach experiences, based on the implementation of specific country-based projects comprise information about skills, knowledge and training needs as a way to inform other interested organisations, peers or other CHWs that might plan similar strategies in their own context [46,47]. There are also experiences of outreach that show the work of reaching MSM in specific contexts like prisons and their results revealed the need to work with the inmates in the following aspects: break down barriers and gain trust, increase motivation, promote learning abilities, and reduce stigma and homophobia, among others, because they play an important role in the provision of outreach in such contexts [29].

Online outreach

Online outreach activities are now much more relevant as a result of the use of new technologies and devices. Some examples of online outreach include targeting MSM to promote regular HIV testing, condom delivery, outreach in website chatrooms and technology to support testing and partner notification [57]. Other outreach activities have been also implemented online. Experiences from different contexts are now available online, from leaflets and informative materials about HIV testing to the possibility of buying HIV testing kits for self-use [58].

CHWs have a good opportunity to do their work online and approach MSM using different technologies, devices and mobile-applications. Some of the current more relevant trends among MSM depend directly on how they have been used online, for instance, seeking sexual partners to have sex with drugs (Chemsex) and new

forms of sexual exchanges (for instance, virtual cruising) [68]. These online outreach activities can be very flexible and might include websites, audio materials, ads on YouTube, along with social networks and have been described as a good strategy to promote sexual health and prevent HIV among MSM [62,66].

Sexual health services of MSM: Planning/development/evaluation

The promotion of sexual health and the prevention of HIV and STI infections among MSM have to be organised, planned, developed and evaluated, and in some cases, specific guidelines have been published to fill this gap.

Three of the guides/manuals and technical reports show procedures to plan, and design sexual health services for MSM including needs assessment design of outreach activities and their implementation in a variety of settings, using evidence-based information, and providing enough trained personnel [48,54,56]. Moreover, in order to organise the provision of services of HIV outreach, there are also two documents including standards for the provision services, including access, clinical aspects, outreach, links to other services and patients, public engagement, materials needed, quality requirements and communication strategies [51,57,58]. There is also a document that shows procedures of planning services that meet the needs of specific populations, with their own background and realities and respond to specific hypotheses [55].

According to one of the documents found, CHWs should consider that the development of services aimed at MSM should include proper history taking to cover a comprehensive and holistic risk assessment, including factors associated with risk of STI and HIV infection, and the problematic use of drugs and alcohol [56].

Different HIV testing services have been assessed from the perspective of the WHO consolidated guidelines and taking into consideration national counterparts, civil society and other partners. The final report includes a wide list of achievements, barriers and proposed actions to expand the HIV testing services that vary widely across countries [72]. The assessment of HIV prevention includes qualitative research, surveys, case-control studies, cohort studies, randomized control trials, quasi-experimental studies and non-experimental evaluations [54] and quality indicators [51]. Other types of services, such as, the VCT, testing and community-based voluntary centres have their own specific evaluation processes and protocols [59,65,67]

Interventions with MSM living with HIV

Caring for the needs of MSM living with HIV can be one of the activities of CHWs. According to one of the reports identified, there is a growing need to develop strategies to address issues around older persons who live with HIV for a longer time and who will continue to age with HIV. The strategies include support for emotional, psychological and mental health needs [40]. Recommendations for CHWs are to approach people living with HIV and carry on other STI testing, following standard procedure with tests and post-tests, keeping a record of their sexual history, providing psychological support (in group or individually). Individuals with risky behaviours (e.g. drug use) should be offered more frequent tests of STIs [29,52,56] as well as other counselling services related with sexual orientation, reproductive health and human rights issues [46].

Counselling and testing

HIV testing services are the key entry point into HIV care and treatment services, as well as HIV prevention interventions and approaches. European members of public health systems and/or community-based organisations have tried to improve access to quality testing for most-at-risk populations by implementing CBVCT programmes [59]. Some CBVCT has been established using the name of Checkpoints, an specific name established originally in Amsterdam but spread through Europe during the last years [50,65].

Counselling and testing should be adapted to a number of recommendations, core practices, regulations and technical procedures that ensure their provision to gay, bisexual and other MSM, may cover several health and life issues and can be provided in NGOs and a variety of settings and organisations by health providers, peers and other professionals in healthcare services [29,43,45,46,49,50,52,56,59,63,65,67,68].

In addition, a report published by the World Health Organisation summarises the main achievements, barriers and actions to be implemented in a number of European countries and shows the country perspectives on the expansion of HIV testing services including counselling and testing [42].

4.3.2.4. Attitudes, skills and motivations

At European level, a technical report published by ECDC aims to provide guidance on developing innovative and effective communication strategies to promote a culture of lower risk behaviour in the MSM community, supporting MSM to make decisions that reduce their risk of HIV, STI and viral hepatitis transmission. It is intended as a practical tool for selecting and locally adapting appropriate communication interventions to a variety of contexts [58]. Staff involved in CBVCT programmes needs skills in the following: recruitment and education, providing adequate pre and post-test counselling and risk-reduction information, notifying test results, ensuring confidentiality and assuring quality process and evaluation. A guide to improving processes in European CBVCT centres was published in 2013 including all these topics [59].

Other materials designed to equip CHWs with enhanced skills so that they can employ them during their interactions with clients and contributing to improve the quality of health services are from UK, Romania, Bulgaria, Bosnia, Russia and Serbia [31,46,49,54,55,63,68] including communication and relationship skills. CHWs and NGO workers should be able to collect feedback from the LGTB communities and their families through, for instance, patient surveys about services; having the ability to break barriers, overcome obstacles and employ motivational methods to achieve successful referrals and improve adherence to treatment; ensuring that interventions address the wider social and cultural determinants of HIV risk related to MSM behaviour; improving the reduction of risk through the negotiation of sexual behaviours and having the ability to intervene in interpersonal matters and conflict resolution; CHWs should also be aware of the potential disadvantages of their work, especially in the provision of testing services and the fears that these can generate among users and the need to maintain confidentiality, be approachable and trustworthy.

Resources should be explored for funding to support creative, innovative activities that fall within the areas of encouragement, appreciation and education for CHWs. Counsellor self-care (prevention of "burn out" syndrome) was included in materials

at European and national level [40,45,59].

Motivation and methods of successful referral and accompanying the clients to different medical and non-medical units as VCT centres, HIV treatment hospital departments, social services were included in the Methodological guidance for standardization of HIV prevention services provided for NGOs In Bulgaria [49].

4.3.2.5. Others

Barriers

In 2015 the WHO Regional Office for Europe undertook a regional consultation aimed at disseminating the new WHO HIV Testing Services Guidelines in the WHO European Region. The consultation also aimed to identify barriers and share strategies to scale up HIV testing services in the Region. The presentations, discussions and key recommendations and conclusions from the consultation are presented in a technical report [42]. The most important barriers reported included structural and individual factors such as: high levels of undiagnosed and unregistered PLWHA, insufficient outreach, lack of funding, high levels of stigma, low referrals, unreached special groups (incarcerated MSM), lack of proper treatment possibilities (ARV), long time lapses between screening and confirmation of results, legal barriers for NGOs in charge of testing, low coverage and little variety of settings providing services, lack of human resources and leadership and low or insufficient quality assessment, lack of knowledge and treatment, low risk-perception, lack of coordination among services and financial barriers for testing (private services).

Descriptions of barriers and the obstacles to overcome in working with MSM, including lesbians and bisexuals were considered in several examples of the material and describe stigma, prejudices, discrimination [46]; lack of knowledge among professionals and service access barriers [[31]]; discrimination, unfavourable legal and political environments and social structures, cultural and religious beliefs and attitudes, unprepared health services and personal and professional bias (structural barriers); internalised homonegativity, sexual identity, gender identity health literacy, unintended effects of fear-based communication (individual barriers) [58]; risk of isolation, cultural barriers, discrimination and fear of rejection among gays, lesbians and immigrant transsexuals [62].

Examples of good practices

At least twelve of the documents collected in this review provided examples of good practices and/or included the standards to achieve high-quality services. For example, Dinca et al. included helpful examples of successful prevention messages for MSM, planning concepts, and examples on how to implement and evaluate communication strategies and prevention campaigns at European level [58]. The findings of the evaluation of the Positive Scotland project, a project with a particular focus on skills, employability, and the needs of older people and gay men living with HIV, were presented in a report for those professionals who may be working with anyone living with and affected by HIV and/or Hepatitis C such as volunteers, workers, managers and external partners [40].

In Ukraine, a report presented the outcomes of three years of the project «HIV Prevention and Psychosocial Support for MSM in Prisons» implemented by the Penitentiary Initiative NGO (2009–2012). This organisation developed an outreach model of HIV prevention and psychosocial support for MSM/HIV-positive MSM

prisoners. It included psychological support groups; training in HIV, STIs and other infectious disease prevention; individual counselling by psychologists and social workers; training peer educators for outreach work among MSM/outcast inmates; distribution of condoms, lubricant, supplies for personal hygiene, bleach and informational materials; and referrals after release. In less than three years, this project made significant headway in breaking down the barriers to HIV education and social support among MSM in Ukrainian prisons [29].

An exploration of best practices of meaningful peer involvement within a harm reduction context with substance users from GHB, MSM, and IDU drug use settings was published in the Netherlands [34].

Other "good practice" guidance at European level [42,59], and from Bosnia [45–47], Bulgaria [48,49] and the UK [54] have been identified in the review.

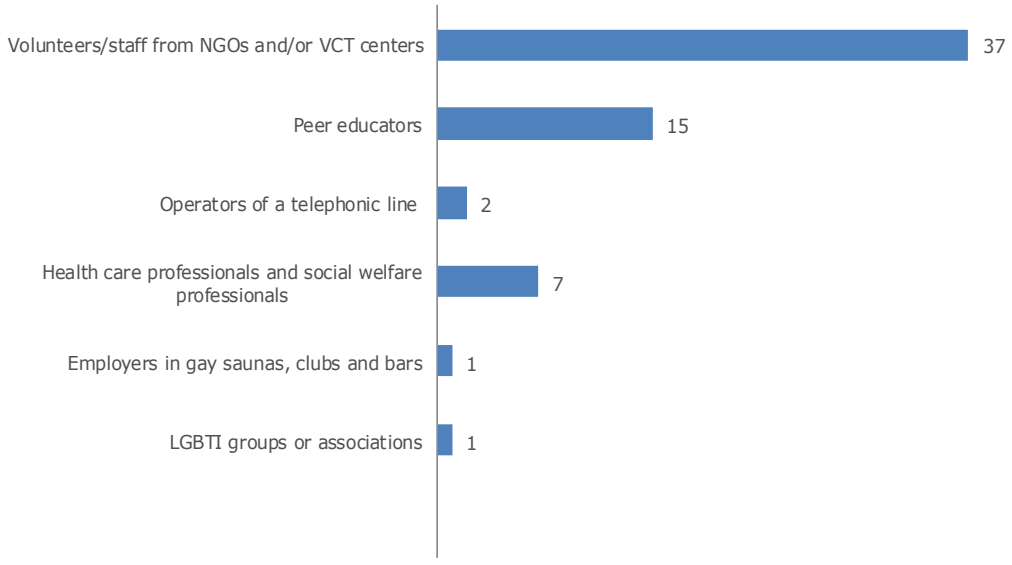
4.4. Training packages

Overall, information on 47 different training packages was collected and analysed. Countries with the highest number of training packages (three or more) were Spain, France, Austria, Serbia, Belgium, Bulgaria, and Croatia. Countries from Eastern Europe (based on the WHO European Region classification) were those with the lowest amount of training reported (only Moldova, Latvia, Ukraine, Lithuania and Russia). Finally, at least one training package was reported in Germany, Greece, Italy, Ireland, Portugal, Sweden, UK, Albania, Bosnia and Herzegovina, Cyprus, Hungary, Poland, Romania, Denmark, and Slovenia (**Table 9**).

4.4.1. Type of training and target audience

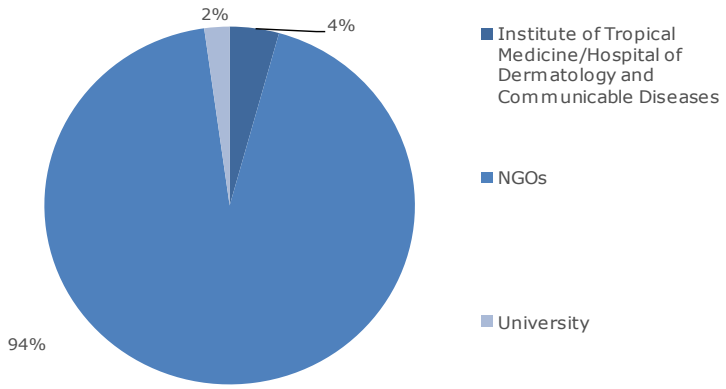
Most of the training was via face-to-face sessions (40 out of 47), and six of them were developed online (all from Spain). Volunteers and/or staff from NGOs and VCT centres were the main group of CHWs targeted for training. Much of the training also targeted MSM as peer educators (Figure 10).

Figure 10. Number of training packages by target audience



Apart from the University (Spain), the Institute of Tropical Medicine (Belgium) and the Hospital of Dermatology and Communicable Diseases (Moldova), all the other training programmes were organized by NGOs (94%) (Figure 11).

Figure 11. Type of training developer



4.4.2. Theoretical framework

Half of the training described the use of one or more theoretical approach (Table 11). Among them (n=21), 60% were based on Empowerment Theories, 40% used a Social-Learning Theory- SLT and 40% also used the Diffusion of Innovation Model. Other models adopted were theories based on cognitive processes: Theory of Reasoned Action (5%), The Information–Motivation–Behavioural Skills Model (5%) and Stages of Change Model (14%). Although the Motivational Interview is not itself an HIV prevention theory, it was mentioned as a model used for the implementation of counselling in VCT services of LGTB organisations (training 32, 33, 34, 36, 42, 47).

Table 11. Theoretical approach adopted on the training

Theories or models oriented towards individual cognitive processes[1]	Theories or models oriented towards the influence of the environment, norms and social or cultural values[2]	Theories or models oriented towards social vulnerability and community mobilization[3]
• Theory of Reasoned Action (TRA) Training 37 • The Information–Motivation–Behavioural Skills Model (IMB) Training 1 • Stages of Change Model Training 3, 36, 47	• Social-Learning Theory (SLT) Training 2, 3, 5, 6, 9, 12, 13, 29, 37 • Diffusion of Innovation Model Training 3, 4, 5, 6, 11, 12, 13, 37	• Empowerment theory Training 5, 6, 8, 11, 12, 13, 25, 31, 32, 33, 35, 37

[1] It views people as rational operators who make assessments about the costs and benefits of a particular behaviour, based on their beliefs and expectations; they seek and use information and make decisions.
[2] It takes into account social norms and values and analyses its specific configuration in different social groups. It incorporates a number of broader social and cultural issues that function as important conditioners of behaviour change. The interventions will be aimed at educating the different social groups.
[3] The interventions that are based on this model seek to emancipate people from the obstacles of irrationality, injustice and oppression that make them structurally vulnerable. It starts from the idea that economic and social inequalities are at the root of the HIV epidemic.

The choice of theories or models in the design of training that was oriented in peer-based education and communication and oriented at community level (such as Empowerment theory or Diffusion of Innovation Model) reveals, to some extent, an evidence-based choice, because this type of theories or models, against other types, has demonstrated its effectiveness in HIV prevention among MSM [73].

The existence of 50% of the training that did not mention a theoretical frame of reference can reveal the level of expert knowledge in HIV prevention of workers or technicians working in organisations, since it has been evidenced that the design of interventions using CHWs and/or based on prevention theories or models are more effective than those that do not [74,75].

4.4.3. Content

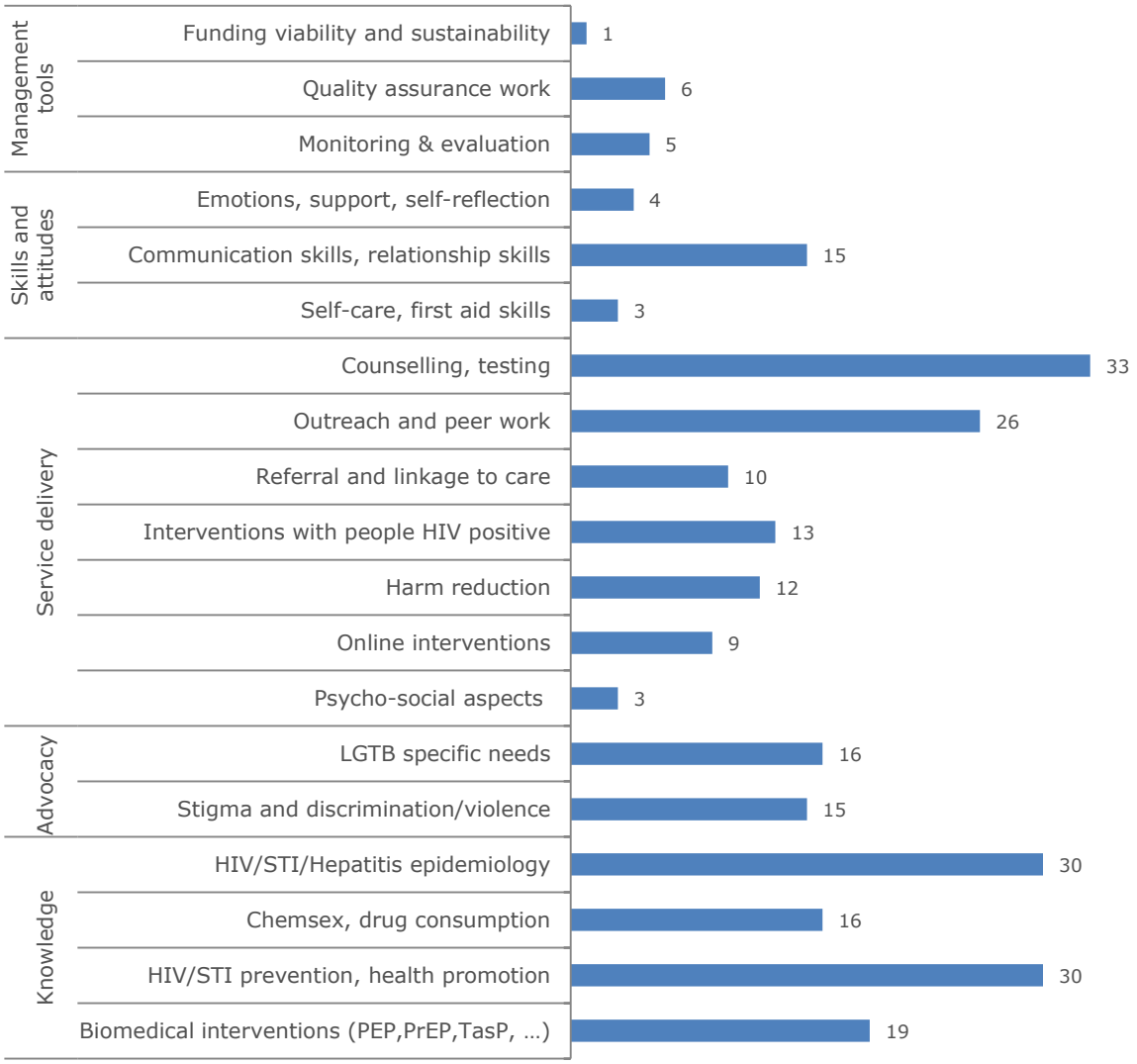
Topics covered in CHW training fell into five broad areas: Knowledge, Advocacy, Service delivery, Skills and attitudes and Management tools. Of these five areas, the majority of training programmes aimed at improving CHW knowledge and/or service delivery of services for gay, bisexual and other MSM (Figure 12).

In particular, the aim of the training was to gain knowledge of HIV/STI/Hepatitis epidemiology (n=30) and HIV/STI prevention, health promotion (n=30), biomedical interventions such as Treatment as Prevention, PrEP and PEP (n=19), and the use of alcohol and drugs and/or the phenomenon of Chemsex (n=16).

Most of the training packages covered the essential areas of CHW roles, mainly those focused on providing direct services to gay, bisexual and other MSM such as counselling and testing services (n=33) and outreach and/or peer work activities (n=26), including those delivered online (n=9). Other topics covered in training were linkage to care (n=10) and other specific interventions with PLWHIV (n=13) such as treatment adherence counselling and quality of life. Only three training packages addressed psycho-social care of gay, bisexual and other MSM.

The capacity of CHWs to develop advocacy and capacity building skills was included in some of the training package: fifteen of them addressed stigma, discrimination and violence and sixteen were focused on specific LGTB needs. Other skills included in the training were communication and relationship skills (n=15) and emotions, support, self-reflection (n=3).

Figure 12. Topics addressed in the training packages (n=47)



4.4.4. CHW recruitment

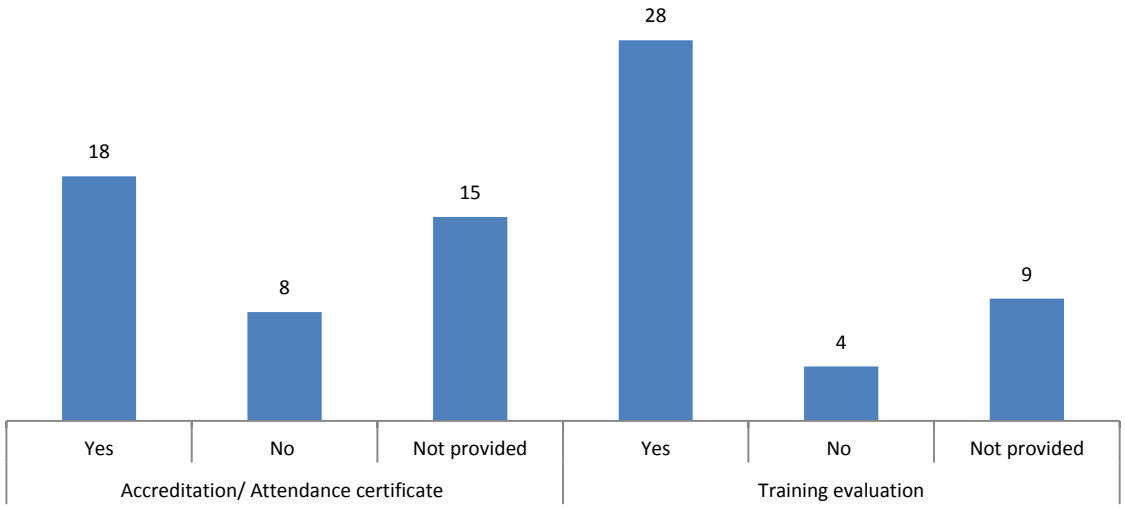
In most of the training packages which described the type of recruitment process (37 out of 47), CHWs were recruited through community participation by the involvement of gay associations in each country or among the different sub-groups of the gay community. In one of the training packages CHWs were selected from employers in gay bars, saunas and clubs from Austria and trained by experts from the Samariter Bund and from the Aids Hilfe Wien. Moreover, training was organised by the Baltic HIV association (Latvia) where CHWs were recruited through posting advertisements in universities and on campus advertisement boards. Finally, two training packages in Serbia recruited participants from healthcare institutions (institutes of public health and primary healthcare centres) and social welfare centres.

4.4.5. Accreditation and evaluation

Certificates at completion and/or training accreditation were confirmed in almost half of the training packages (n=18). In some of them this information was not provided.

Most of the training packages reported some type of evaluation, mainly internal including a short feedback and evaluation at the end of the sessions (Figure 13). Only one of the training packages from Bulgaria reported external evaluation from the Global Fund program responsible and a long- term consultant. No validated evaluation tools were reported.

Figure 13. Training accreditation and evaluation



4.4.6. Gaps in training packages

- Eastern European countries were among those EU and neighbouring countries with the lowest number of training packages identified.
- There was not a clear CHW selection criteria for training (or minimum requirement), although in most of the packages the target audience were volunteers/staff working at the NGOs and/or VCT centres.
- Half of the training packages were not based upon a theoretical framework.
- There was no standardized training curriculum for CHW. Most of the training programs aimed at improving knowledge and capacity of CHWs to develop competencies directly related to their activities; however, skills are included to a lesser extent.
- Few training packages (or none of them depending on the topic) were focused on:

- ✓ Organisational and decision-making skills
- ✓ Work planning and time management skills
- ✓ Cultural competency skills
- ✓ Skills to improve the linkage and retention in care, including treatment for HIV, STI and Hepatitis
- ✓ Social marketing skills
- ✓ Mental health needs, including social and psychological needs
- ✓ Monitoring and evaluation methodologies
- ✓ Quality of life of PLWHA.

- Regarding training themes, none addressed the issues of the two phenomena that in the last years have reshaped the sexual behaviour of many gay men: bareback and private sex parties/group sex.

- No CHW training included the acquisition of the skills to identify and address the personal and social strengths (coping skills) that many gay men have and that can serve as protective factors and reduce their vulnerability in situations of risk.

- Some MSM subgroups were underrepresented in the training packages content: MSM youth, MSM migrants, MSM from ethnic or cultural minorities, MSM in prisons.

- Training programs were in general under-evaluated. Although 27 training packages reported some type of evaluation, most of them were informal and did not included validated evaluation tools. Training evaluation was not focused on assessing if the training objectives were met (e.g. if a CHW had acquired knowledge or skills).

- There was no similar mechanism for accrediting CHW training programmes, and more than half did not provide certification on completion and/or accreditation.

4.5. Results of stakeholder interviews

Ten key informants were interviewed about their experience of the CHW involvement in the prevention of HIV and other STIs among gay, bisexual and other MSM. Appendix 7 shows the results of the interviews.

4.5.1. Perceived needs and barriers of gay, bisexual and other MSM in the context of accessing health services

One of the themes explored in the interviews was the needs and barriers that gay, bisexual and other MSM may face in accessing health services. These aspects are summarized in Table 12.

Table 12. Summary table of the main perceived needs and barriers of gay, bisexual and other MSM in the context of accessing health services from the stakeholders*

Country	Needs	Barriers
Turkey	Knowing their rights Education on sexual diversity among LGTB people. Building of stronger community-based LGTB organisations.	Stigma and/or discrimination in health care services in smaller cities. Rigid health care system. No specific materials on HIV for MSM.
Spain	Health care services free of prejudices. Sexual education in schools. Prevention strategies adapted to individual needs.	Problems with access to health care for migrants. Bias of administrative health workers to provide information. Health-care workers are not trained in a holistic and humanistic health approach
Croatia	Confidentiality and anonymity issues in health care services. Training health-care workers in sexuality and LGTB issues.	Health-care workers are not trained in sexuality and LGTB issues.
Bulgaria	Community-based units.	Health-care workers are not trained in sexuality and LGTB issues. Stigma and/or discrimination in health care services. STI treatment has to be paid for. No LGTB organisations that provides HIV/STI services.
Poland	Training health-care workers in sexuality and LGTB issues. Community-based units.	Stigma and/or discrimination in health care services in smaller cities.
United Kingdom	Sexual education in the schools. Alternative social support spaces for gay men.	Access to health services is not easy (flextime). Stigma and/or discrimination in health care services.
France	Training health-care workers in sexuality and LGTB issues. Friendly sexual health clinics (flextime). Chemsex services.	Stigma and/or discrimination in health care services.
Latvia	Community-based units	Stigma and/or discrimination in health care services. Fear that confidentiality/anonymity is violated in health care services.

Bosnia and Herzegovina	Training health-care workers in sexuality and LGTB issues. Mental health services.	Stigma and/or discrimination in health care services. No access to health services for LGTB people who live in smaller cities.
The Netherlands	Chemsex services Mental health services Non-judgmental information in prevention messages in health services.	Access to health services is not easy (flextime, waiting list). Prejudices on the part of workers. Self-testing is not available.

* Extracted from the results of the interviews (see Appendix 7)

The needs and barriers are closely interrelated. Many of the needs were described as barriers and vice versa. The issues described in Table 10 are grouped in the following ecological levels:

Structural/social needs and barriers

- Sexual education in schools (Spain, UK)
- Rigid health care system (Turkey)
- Anti-migrant laws (Spain)
- Laws do not approve self-testing (The Netherlands)
- STI treatment services are not free (Bulgaria).

Health services/institutional-related needs and barriers

- Bias, prejudices, stigma and discrimination (Spain, The Netherlands, Bosnia and Herzegovina, Latvia, France, UK, Poland, Bulgaria, Turkey)
- Confidentiality and anonymity issues (Croatia)
- Training health-care workers in sexuality and LGTB issues (Croatia, Poland, France, Bosnia and Herzegovina, Bulgaria, Spain)
- Friendly sexual health clinics/centres (flextime to access) (France, The Netherlands, UK)
- Mental health services (Bosnia and Herzegovina, The Netherlands)
- Chemsex services (France, The Netherlands).

Community-related needs and barriers

- Creation of community-based units (Bulgaria, Poland, Latvia)
- Empowerment of LGTB community-based organisations (Turkey)
- Creation of alternative social support spaces (UK).
- Lack of education on sexual diversity among LGTB people (Turkey)
- Prevention strategies adapted to individual needs (Spain)
- Mental health services offered from community-based organisations (Bosnia and Herzegovina, The Netherlands)
- Chemsex services offered from community-based organisations (France, The Netherlands)
- HIV/STI services offered from community-based organisations (Bulgaria)
- No specific materials on HIV for MSM (Turkey).

Individual-related needs and barriers

- Knowing their rights (Turkey)
- Personal fears (Latvia)

The barriers and needs most frequently mentioned were those at health services and community-based organisations level. At the health services-level, the main barrier was related to bias, prejudice, stigma and discrimination, both from administrative staff and health workers (mostly happening outside the context of larger cities). These experiences of stigma and discrimination in the health care services are common in many countries and are a sample of broader attitudes which are integrated into society. Derived from this, another need/barrier was that health care workers have to be trained in MSM sexuality and LGTB issues. This is in line with what the scientific evidence reveals that the homosexual population has difficulties in accessing health services as a result of heteronormative attitudes imposed by health professionals [76]. Interviewees from three Western European countries identified the flextime to access these services as a barrier for the access to health services. While this problem may be common for the general population, in the case of MSM, non-rapid care may be critical, especially among some subgroups of men who may have a high exposure risk to HIV and other STIs.

The need to provide services to the LGTB population addressing the chemsex phenomenon, mental health and HIV/STI testing and treatment was mentioned. In the case of chemsex and mental health (two especially important issues for the LGBT population [77,78]), the interviewees did not specify where these services would be offered, however they should be implemented by the LGTB community-based organisations or adapted to the LGTB population needs in traditional health care services.

Among respondents from several Eastern European countries, one of the main needs mentioned was to have community-based organisations. It seems that civil society in these countries cannot be organized in such a way that it can meet the LGTB population needs because there is no possibility of receiving resources to support organisations in implementing services aimed at the most-at-risk populations. There is a misalignment between national spending on HIV/AIDS responses and the most affected populations across that region [79].

4.5.2. Perceived needs of CHWs and barriers to performing their work

Interviews with stakeholders also explored the needs and barriers that CHWs may face to carrying out their tasks or activities. These aspects are summarised in the Table 13.

Table 13. Summary table of the main needs and barriers of CHWs*

Country	Needs of CHWs to carry out the interventions	Barriers/problems for CHWs to carry out the interventions
Turkey	There are no CHWs, strictly speaking.	Institutional/official barriers: Structure of the health system. Health workers in community organisations are not from the community.
Spain	Funding Qualified staff Space for support and feedback.	Not knowing why they want to be a CHW. Not having the support of their organisation. Having a different ideological discourse inside their organisation.
Croatia	Funding Qualified staff	Low salaries in NGOs. Collateral stigma toward CHWs
Bulgaria	Funding	Lack of Knowledge

		Stigma
Poland	HIV strategy program for MSM. Training Personnel hired for a long time	Stigma No funding for long projects
United Kingdom	Free time available Space for support and feedback Training gaps E-learning support	HIV prevention methods are regularly changing (e.g. PrEP). Publication of key new guidelines (to be updated). How to communicate the range of preventive methods available. Retention of volunteers Administrative work reduces contact time with users.
France	Funding More personnel Training materials	Availability of volunteers
Latvia	Qualified staff Ample space to carry out the activities	Availability of volunteers Limited staff
Bosnia and Herzegovina	Training Prevention materials (condoms, lube) Ample space to carry out the activities	No governmental funding
The Netherlands	Economic compensation for their labour. Support from management in gay venues	No funding No collaboration management in gay venues

* Extracted from the results of the interviews (see Appendix 7)

All issues around the needs and barriers of CHWs to permit them to carry out their activities described in table 13 are grouped in the following ecological levels:

Structural/social barriers

- Funding (Spain, Croatia, Bulgaria, France, Poland, Bosnia and Herzegovina, The Netherlands)
- Stigma (Bulgaria, Poland, Croatia)
- Structure of the health system (Turkey)
- Lack of a HIV national strategy programme for MSM (Poland)
- Availability of prevention materials (condoms, lube) (Bosnia and Herzegovina).

Community-related needs and barriers

- Lack of support and collaboration from commercial gay venues owners (The Netherlands).

Community-based organisations related needs and barriers

- Personnel issues (hired for long time, small salaries, limited staff) (Poland, France, Latvia)

- Qualified staff (Spain, Croatia, Latvia)
- Training (more needed, many gaps, more materials) (Poland, UK, Bosnia and Herzegovina, France)
- Space/meetings for support and feedback (Spain, UK)
- Ample physical space to carry out the activities (Latvia, Bosnia and Herzegovina)
- Support from the organisation (e.g. E-learning) (Spain, UK)
- Different ideological discourses on prevention inside the organisation (Spain)
- Lack of economic incentives (The Netherlands).

Individual barriers

- Free time available (UK, France, Latvia)
- Lack of knowledge (Bulgaria)
- CHWs are not from the community (Turkey)
- Unclear why they want to be a CHW (Spain).

One of the main barriers that the stakeholders mentioned in order for CHWs to be able to carry out their activities is the lack of **funding** or economic support which is strongly associated with some needs related at the **organisational level**: not having a space to perform activities, not being able to hire highly qualified and long-term staff, giving some economic compensation to CHWs for their activities. Precisely, the organisations-related needs/barriers were those most mentioned by the interviewees. At this level, the main problem that the community-based organisations present is the one related to personnel. And personnel problems may be related to other problems that organisations face to facilitate CHW activities. For example, if there is not enough staff, it becomes more complicated to carry out supervisory (in the field as well as the office), monitoring and support work of CHW tasks (e.g. to provide a space for support and feedback). The lack of technically competent personnel could impede the learning of effective prevention models or theories, the incorporation of novel methodological tools (e.g. E-learning) and/or the evaluation of the effectiveness of their programs. These same barriers, which do not facilitate the work of CHWs, seem to have been maintained for a long time [80]. Also, some needs related to training were formulated: implementation, elaboration of materials, and gaps in the content.

Stigma was mentioned as a major social barrier in some Eastern European countries, which may impede the participation of some LGBT people as CHWs in community-based organisations. In that context, being a CHW would imply becoming visible as part of the LGBT population and/or as a person who could potentially have HIV.

4.5.3. About CHW skills

Stakeholder interviews also dealt with the possession of skills that CHWs should have to perform a series of activities or tasks related to their roles or functions (see table 14). The informants were asked to assess what level or degree of skills CHWs should have in order to perform each of the activities or tasks listed above (From 1: none, to 4: best practice).

Table 14. Degree of skill that CHWs should have to perform their activities (n=10)

Activities	Weighted mean score
Counselling	3.4
Field outreach and/or enrolment in services	3.4
Preventive messages diffusion	3.4
Risk reduction strategies	3.3
Testing promotion	3.3
Social support	2.9
Linkage to care activities	2.9
HIV adherence support	2.8
Other*: Rights	-
Other*: Critical thought/detection of needs	-
Other*: Advocacy to transforming the environment	-
Other*: PrEP Knowledge	-

* Only one answer

In general, the tasks/activities for which the majority of the stakeholders agreed that CHWs should have a good level of preparation/skill were:

- *Counselling*: this activity was considered as one of the most important for community health work. It should be noted that, since the emergence of CHWs in the field of MSM sexual health, the main aspects included in their training have been interpersonal/communication skills such as listening, empathy, non-judgment and providing correct information. In relation to HIV, counselling is an individual-level prevention approach recognised as an important strategy to reduce the spread of HIV in high-risk persons [81]. These types of behavioural interventions are effective if they do not take too long to carry out [82]. Among MSM, the main prevention efforts are focused on facilitating access to HIV testing. In the context of normalising HIV testing, counselling has been added to this service as a necessarily associated component [83]. As many of the organisations dedicated to HIV prevention aimed at MSM have HIV testing and counselling services and CHWs carrying out this activity, it is only natural that this activity was highly scored by the stakeholders.

- *Field outreach and/or enrolment in services*: from the emergence of HIV and when the intervention programmes began to be implemented in gay sexual and social venues, one of the main activities of CHWs has been the face-to-face field outreach [84]. Before the era of the Internet, and geosocial networking mobile applications, the gay population used to attend the gay scene, which meant, to a certain extent, having a "captive" population, which made it propitious to carry out this type of activity. Despite the latest developments, traditional outreach activities are still one of the main tasks among many CHWs from LGTB organisations. And as part of the tasks involved in field outreach, the enrolment in services (e.g. rapid identification and referral to medical/psychosocial care services) is one of them. Outreach workers are identified as key personnel in carrying out this function [85].

- *Preventive message dissemination*: This is part of the vision of the HIV/STI prevention activities of CHWs, in both indoor (e.g. counselling and HIV testing services) and outdoor settings (e.g. gay venues). This may explain why many stakeholders thought that CHWs should be able to perform this activity very well. CHWs are also part of the community in which they carry out their work, and can participate in group /community-based interventions, as peer educators, to deliver prevention messages to their peers in their everyday interaction. A good example of peer-level intervention is based on the Diffusion of Innovations model: how a new practice can diffuse through a given social system to the point it becomes a social norm [86].

- *Risk reduction strategies*: this aspect is not in itself an activity or task, but is related to the knowledge that CHWs may possess or acquire and which becomes part of his/her preventive discourse offered, for example, in a counselling session. In addition, it may be incorporated as part of a group/community intervention, depending on the ideological discourse about prevention in the organisation where CHWs are involved. However, the discourse of risk reduction strategies appears to be strongly present within HIV prevention organisations targeting MSM as a way of addressing a demand related to other ways of practicing safer sex than just condom use. The increase in some risky sexual practices (e.g. condomless sex, number of sexual partners) in the last 10 years among MSM from high-income countries and the increase in HIV and STI incidence would justify this approach. Sexual risk reduction strategies tend to be presented as an option to prevent HIV and other STIs for those MSM who do not usually use condoms or have difficulties with their use.

The less ranked activities were those related to HIV care. It is not known if the stakeholders' responses were based on the work that their CHWs carry out in their organisations or because they think that the main dedication of a CHW should be in activities focused on HIV primary prevention. This aspect should be investigated in depth because it has been recognised that CHW actions appear to have a positive impact both on the therapeutic management of PLHIV and on strengthening health systems [87].

5. Limitations

This scoping review has several 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 review may have missed some relevant studies due to the search engines or the methodological terms used. Nevertheless, searching databases and registers that include unpublished studies, such as conference proceedings and other grey literature sources can reduce the impact of publication bias.

- The existence of different terms used for CHW can vary widely at local, national or continental 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.

- Publication bias may have also occurred if non-English articles, published in local or national journals, have not been identified (nevertheless, non-English papers including an abstract in English were considered and screened).

- Generalisation of findings from the articles included in the scoping review may be limited due to the small sample sizes, the participant selection bias and the use of qualitative methodologies.

- The objectives of the review were focused mainly on sexual health and HIV/STI prevention in MSM, thus other areas of CHW work in organisations which are not engaged exclusively in these areas could not be included in this review (e.g. mental health and/or psychological services, LGTB rights and advocacy).

- The list of persons contacted and included in the Associated Network may have omitted key informants from the countries included in the review. This may have resulted in missing some of the existing surveys, training materials or publications about CHWs.

- Results regarding training packages might have a bias due to the over-representation of Spain. In this country, a more active and intensive strategy was used to collect materials at the organisation level.

- While male sex workers are a MSM subgroup, in this review they were not included because this group has specific prevention needs and different personal characteristics and sexual behaviours to the population of gay, bisexual and

other MSM. However, it should be noted that some of the material reviewed does cover that subgroup as well.

- This deliverable was commissioned to be carried out during 6 months, which is a very limited time to fulfil 3 different activities at the same time: a collection and analysis of materials (manuals, guides, and training packages) aimed at CHWs, a scoping review and stakeholders' interviews on their perspectives about the work of CHWs.

In the case of the guides, manuals and training packages, there were several barriers or difficulties in accessing these materials. This has possibly impeded collecting a larger amount and a wider variety of materials.

- The collection of materials was very time-consuming. Moreover, in some countries the original documents were not published in English, thus data extraction of the materials was more challenging.

- Although it was clearly specified that the collection of materials was focused on the CHW population, many documents received did not fulfil the inclusion criteria.

- Not all organisations working with gay, bisexual and other MSM in Europe were contacted. Therefore, not all the materials that may have been elaborated and aimed at CHW are included.

Finally, regarding stakeholders' interviews:

- Since the interviews were oriented to gathering the individual perspectives and experiences of the stakeholders on CHW performance, it is clear that these results cannot be generalised in any way, but they can give us valuable insights into what stakeholders think about the work of CHWs.

6. Conclusions

General conclusions

- Very little scientific literature on CHW knowledge, attitudes and practices about the sexual health of MSM is currently available in Europe;

- The vast majority of the literature came from in the United Kingdom. This might show an imbalance in the scientific research within this topic across Europe. More funding, a broader and holistic public health vision and the recognition of the CHWs' role might explain the high identification of articles on CHW issues obtained from the UK. In addition, the use of English in searches (a language bias) could have limited the inclusion of articles not published in this language;

- The existing literature shows a wide diversity of terms used for CHW at European level. These differences were confirmed during the collection of materials and the stakeholders' interviews, especially among Eastern European countries which did not seem align with the proposed CHW definition;

- Although it does not pretend to be representative of all CHWs in Europe, the scoping review shows a wide diversity of roles and responsibilities for CHWs, ranging from simple outreach programmes to advocating for the needs of gay, bisexual and other MSM;

- Communication, interpersonal, service coordination and capacity building skills are seen as key aspects to being a "good" CHW. However, from the NGOs or community organisations workers' perspective, the main role or function of a CHW seems to be to provide information.

- Peer educator/worker/supporter is one of the roles or functions most required to be a CHW. This highlights the peer approach since peers influence the behaviour of a population group and because they have a very close understanding of the community served.

- The results of this review show that the activities of CHWs in community-based organisations are focused mainly on CBVCT services, perhaps because in several countries it is the only sexual health service offered to MSM;

- One of the main barriers for community-based organisations to perform their tasks or activities with CHWs is funding;

- There is a shortage of information and training materials aimed specifically at CHWs. Many organisations use general materials targeting MSM for their CHW training;

- Chemsex and the use of PrEP as a prevention intervention are among the current concerns of many LGBT organisations. These topics are included in some of the

CHW training mainly in Western European countries. However, there is very little material and few guides that include these topics.

- In the process of collecting materials, no questionnaire or survey aimed at CHWs was identified, which may be a reflection of the fact that no specific studies have been conducted for this population.

About training packages

- Among the studied training packages, the theoretical frameworks for the training were not always well defined. Only half of the training resources included descriptions of the pedagogical approach;

- There was no standardized training curriculum for community health work;

- Communication, relationship and advocacy skills were included in less than half of the training resources. Other skills such as organisational, decision-making and cultural competency were absent in the studied material;

- Only a few training packages addressed management aspects (e.g. monitoring and evaluation tools), and standards of the quality of the services provided;

- Sexual health was the general focus of most of the training, and other needs such as mental health, including social and psychological needs, or discrimination/legal issues were not addressed in most of them;

- Vulnerable MSM groups, such as MSM youth, MSM migrants, MSM from ethnic or cultural minorities, and MSM in prisons were underrepresented in training content;

- 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.

7. Recommendations

General

- 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. This may justify their inclusion in prevention programmes aimed at gay, bisexual and other MSM as well as the request for funding.

- It should be emphasized that the LGBT population has specific health and prevention needs that cannot be addressed and/or understood from the point of view of traditional health systems. Therefore, it is important to engage CHWs in community-based organisations in promoting integral health and well-being of the LGTB population.

- The approach to HIV/STI prevention (e.g. concerning personal autonomy/individual freedom, public health, bio-medicalisation of prevention, etc.) by the community organisations engaging the CHW should be clearly expressed from the start. This can avoid internal conflicts between the CHWs and the organisation at a larger state.

- It would be important to involve CHWs in the design, implementation and carrying out of sexual health or prevention programmes of community-based organisations. It may help to develop "community capacity building" among MSM.

- This review found that some smartphone applications have restrictions against any type of community organisation which impede online outreach work. It would be important to explore what kind of perception these apps have of the work of CHWs and to remove those barriers.

- For those CHWs who perform counselling, organisations could explore *counselling online* as an individual service tool which can be carried out from home (both for the user and the CHW). Thus, for example, barriers related to time availability could be avoided.

- Due to funding barriers which impede that CHWs carry out their activities with gay, bisexual and other MSM, it is deemed necessary to shift funding towards priority populations, particularly in Eastern European countries;

Definition

- 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.

Methodology

Future work involving similar collection of materials at continental-level should take into account the following:

- Personalised communication with different stakeholders (e.g. emails should be personalised and targeted in order to engage specific key persons to increase the numbers of replies, as occurred in Spain);

- One person in each country should be responsible for handling the collection of materials in their country, so it would be more efficient and could reach a larger number of organisations;

- Allocation of adequate resources in staff time to manage the task of coordination as above.

Training

- The inclusion of innovative approaches (such as e-learning strategies) to train CHWs should be considered;

- 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;

- 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. For example, the organisations in which CHWs participate could collaborate with centres of higher education that accredit such training. This could, therefore, generate interest in the members of the community in becoming a CHW and would represent, at the same time, a powerful incentive.

- Specific inclusion criteria for CHW selection should be considered;

- It would be important to adapt the training programmes to new realities such as PrEP or the importance of the continuum of care;

- Update content on a regular basis to incorporate new learning and techniques as soon as they are accepted, to keep CHW skills and knowledge as current as possible;

- In addition to "attacking" the weaknesses or psychosocial problems that, for example, lead gay, bisexual and other MSM at risk of HIV infection, it should also pay attention to the personal and social strengths (coping skills) that many gay men have and that can serve as protective factors and reduce their vulnerability to situations of risk. This approach is known as resilience and its use has been initiated in other contexts as a way of approaching Syndemics.

- As the availability of PrEP increases in many European countries, CHW training in the knowledge and orientation of this preventive strategy in the gay community should include the prevention of potential collateral damage that its use among some members of the community would represent. CHWs should be prepared to address the impact of PrEP-related stigma among gay, bisexual and other MSM due to the incorporation of this new HIV prevention method. The PrEP-related stigma has been identified in countries where it has been approved for many years.

- Very little training in this review included MSM psychosocial needs. With the emergence of chemsex, many LGTB organisations and CHWs face a major challenge in beginning to address important psychosocial aspects of the lives of gay men. Implementation of chemsex and/or mental health services should be accompanied with CHW training on these issues.

Countries where CHW training could be useful

- One expected outcome of this review was to define the countries where CHW training could be useful by proposing an EU framework for collaboration on training and exchange of good practices. Based on the documented difficulties, gaps, barriers and needs for CHWs to carry out their activities, it is recommended that training should focus on Eastern European countries. This is however a preliminary recommendation, which needs to be re-assessed, based on the findings of the ECHOES survey.

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9. Appendixes

9.1. **Appendix 1.** Online survey

ESTICOM Initial survey about Community Based Health Care Workers (CHW) & MSM

Page 1

This is an initial survey related to a new European Initiative ESTICOM (European Surveys and Trainings to Improve MSM Community Health). We would like to request for your input for a review on Community Based Health Workers' (CHW*) knowledge, attitudes and practices about sexual health of men who have sex with men (MSM) in Europe and neighbouring countries. Please submit your answer by 12 October 2016. The survey takes approximately 10 minutes to fill in. Thank you for your kind contribution!

*CHW refers to a person working with MSM & health, providing services (prevention, testing, education etc) outside the formal setting (paid/volunteer, medical/non-medical, part/ fulltime, formal/non-formal training), also sometimes referred to as health promoter, outreach educator, peer education, peer leader, peer supporter etc.

1. First Name

2. Last Name

3. Affiliated organisation

4. Position/role in the organisation

5. Country

6. E-mail address

7. Are you aware of any surveys, questionnaires or training material concerning Community Health Workers (CHW) working with MSM in your country?

- ○ Yes
- ○ No

8. Please describe the surveys and questionnaires addressing the Community Health Workers' (CHW) knowledge, attitudes and practices on health needs of MSM in your country (please include author, title, year, brief description of the content if possible)

9. Please describe any training programmes, tools, and guides in your country that help Community Health Workers' (CHW) to prepare in service delivery, and ensure they have the necessary skills to provide quality services for MSM (please include authoring organisation, year, description of main content if possible)

10. In your opinion, what should be the key areas addressed by Community Health Workers in their work with MSM in your country?

11. We are planning to conduct a pan-European survey on Community Based Health Workers' (CHW) knowledge, attitudes and practices about sexual health of MSM. What information would be most helpful to you and/or the organisation/setting you work in? What information would help you to improve and/or expand your activities?

12. Would you be willing to contribute to this study by collecting the above mentioned material (questionnaires, surveys, training material) from your country?

13. Would you allow us to keep your name, affiliation, country and email address in our project network database? Your details would only be shared with the researchers working on the project.

- ○ Yes
- ○ No

9.2. **Appendix 2.** Search strategies implemented in each of the databases used

Database	Strategy
Pubmed	((((((((((Hepatitis[Title/Abstract]) OR (Drugs[Title/Abstract]) OR (prophylaxis[Title/Abstract]) OR (Mobile technologies[Title/Abstract]) OR (Online technologies[Title/Abstract]) OR (Acquired Immunodeficiency Syndrome[Title/Abstract]) OR (HIV[Title/Abstract]) OR (AIDS[Title/Abstract]) OR (Cancroid[Title/Abstract]) OR (Chlamydia[Title/Abstract]) OR (Gonorrhoea[Title/Abstract]) OR (Granuloma Inguinale[Title/Abstract]) OR (Syphilis[Title/Abstract]) OR (Condylomata[Title/Abstract]) OR (Acuminata[Title/Abstract]) OR (Herpes Genitalis[Title/Abstract]) OR (HIV Infections[Title/Abstract]) OR (Sexually Transmitted Diseases[Title/Abstract]) OR (HIV prevention[Title/Abstract]) OR (STI[Title/Abstract]) OR (Human immunodeficiency virus[Title/Abstract]) OR (Risk practices[Title/Abstract]) OR (HIV/AIDS[Title/Abstract]))) AND ((Men who have sex with men[Title/Abstract]) OR (gay[Title/Abstract]) OR (bisexual men[Title/Abstract]) OR (sexual minority men[Title/Abstract]) OR (Homosexuality[Title/Abstract]) OR (Transsexual[Title/Abstract]) OR (MSM[Title/Abstract]) OR (Transgender[Title/Abstract]))) AND ((ambassadors[Title/Abstract]) OR (auxiliary health worker[Title/Abstract]) OR (community health[Title/Abstract]) OR (frontline workers[Title/Abstract]) OR (Health advisor[Title/Abstract]) OR (Health navigators[Title/Abstract]) OR (community based[Title/Abstract]) OR (provider*[Title/Abstract]) OR (outreach[Title/Abstract]) OR (Health promot*[Title/Abstract]) OR (Health trainers[Title/Abstract]) OR (health work*[Title/Abstract]) OR (community health work*[Title/Abstract]) OR (Lay health advisors[Title/Abstract]) OR (Lay health promoter[Title/Abstract]) OR (lay health Work*[Title/Abstract]) OR (Outreach educator[Title/Abstract]) OR (Outreach Work*[Title/Abstract]) OR (Peer[Title/Abstract]) OR (Volunteer health educ*[Title/Abstract]) OR (Community Outreach[Title/Abstract]) OR (Outreach[Title/Abstract]) OR (HIV Prevention[Title/Abstract]) OR (Cultural Competency[Title/Abstract]) OR (Health Personnel[Title/Abstract]) OR (Counselling[Title/Abstract]) OR (Community Groups[Title/Abstract]) OR (Health Prom*[Title/Abstract]) OR (Advisor[Title/Abstract]) OR (Health Aides[Title/Abstract]) OR (Community-based voluntary counselling and testing services[Title/Abstract]) OR (CBVCT*[Title/Abstract]) OR (Community-Based[Title/Abstract]) OR (Professionals[Title/Abstract] OR (Service Provider[Title/Abstract]))) AND ((Health Knowledge, Attitudes, Practice[Title/Abstract]) OR (motivation*[Title/Abstract]) OR (Beliefs[Title/Abstract]) OR (Perspectiv*[Title/Abstract]) OR (Opinions[Title/Abstract]) OR (Training[Title/Abstract]) OR (Behaviour[Title/Abstract]) (Knowledge [Title/Abstract]) OR (Attitudes[Title/Abstract]) OR (Practice[Title/Abstract]) OR (Indicator*[Title/Abstract]) OR (Perception*[Title/Abstract])))) NOT ((USA[Title/Abstract]) OR (Africa[Title/Abstract]) OR (Australia*[Title/Abstract]) OR (Asia[Title/Abstract]) OR (America[Title/Abstract]) OR (China[Title/Abstract]) OR (Canada[Title/Abstract]) OR (United States[Title/Abstract]) OR (Sub-Saharan[Title/Abstract]) OR (India*[Title/Abstract]) OR (Malasia[Title/Abstract]) OR (Vietnam[Title/Abstract]) OR (Laos[Title/Abstract]) OR (Vancouver[Title/Abstract]) OR (Chile[Title/Abstract]) OR (Peru[Title/Abstract]) OR (Los Angeles[Title/Abstract]) OR (Kenya[Title/Abstract]) OR (New York[Title/Abstract]) OR (Malaysia[Title/Abstract]) OR (Thailand[Title/Abstract]) OR (Toronto[Title/Abstract]) OR (New Zealand[Title/Abstract]) OR (Detroit[Title/Abstract]) OR (Ghana[Title/Abstract]) OR (Brazil[Title/Abstract]) OR (Taiwan[Title/Abstract]) OR (Boston[Title/Abstract]) OR (Nigeria*[Title/Abstract]) OR (Israel[Title/Abstract]) OR (Tanzania[Title/Abstract]) OR (Mongolia[Title/Abstract]) OR (Indonesia[Title/Abstract]) OR (Nicaragua[Title/Abstract]) OR (El Salvador[Title/Abstract]) OR (Rico[Title/Abstract]) OR (Mexico[Title/Abstract]) OR (Malawi[Title/Abstract]) OR (Hong Kong[Title/Abstract]) OR (Colorado[Title/Abstract]) OR (San Francisco[Title/Abstract]) OR (Washington[Title/Abstract]) OR (Singapore[Title/Abstract]) OR (Korea[Title/Abstract]) OR (Missouri[Title/Abstract]) OR (Guatemala[Title/Abstract]) OR (Cambodia[Title/Abstract]) OR (Côte d'Ivoire[Title/Abstract]) OR (Bangkok[Title/Abstract]) OR (Chinese[Title/Abstract]) OR (Senegal[Title/Abstract]) OR (Lebanon[Title/Abstract]) OR (Pittsburgh[Title/Abstract]) OR (U.S[Title/Abstract]) OR (Florida[Title/Abstract]) OR (Burundi[Title/Abstract]) OR (Swaziland[Title/Abstract]) OR (Burkina[Title/Abstract]) OR (Columbia[Title/Abstract]) OR (North America*[Title/Abstract]) OR (Mississippi[Title/Abstract]) OR (Nevada[Title/Abstract]) OR (Baltimore[Title/Abstract]) OR (San Diego[Title/Abstract]) OR (Chicago[Title/Abstract]) OR (Jamaica[Title/Abstract]) OR (North Carolina[Title/Abstract]) OR (South African[Title/Abstract]) OR (Osaka[Title/Abstract]) OR (Pakistan[Title/Abstract]) OR (Bangladesh[Title/Abstract]) OR (Louisiana[Title/Abstract]))))) AND ("2005"[Date - Create] : "2016"[Date - Create]))
Web of Knowledge	((((("community health worker*" OR "community health") OR Peer) OR "Health advisor") OR "Outreach work*") OR outreach) OR "Health promot*") AND TOPIC: (("Men who have sex with men" OR gay) OR homosex*)) AND (TOPIC: (((("Acquired Immunodeficiency Syndrome" OR "Sexually Transmitted Diseases") OR HIV) OR AIDS) OR prophylaxis) OR Mobile) NOT TOPIC: ((((((((((((((((((((((((((((((((((China OR India) OR Canada) OR US) OR U.S) OR Africa) OR "South Africa*") OR Malaysia) OR "United States") OR Peru) OR Vietnam) OR Thailand) OR Ghana) OR Burundi) OR Lebanon) OR

	"Los Angeles") OR Rwanda) OR "New York City") OR "Côte d Ivoire") OR Cambodia) OR Asia*) OR Toronto) OR Australia) OR Sydney) OR Boston) OR Philippines) OR "New Zealand") OR "El Salvador") OR Nicaragua) OR "Costa Rica") OR Panama) OR Mozambique) OR Nigeria) OR "Puerto Rico") OR Cameroon) OR "San Diego")))
Proquest	Men who have sex with men AND ("community health worker*" OR outreach) AND (HIV OR AIDS OR Mobile OR "Acquired Immunodeficiency Syndrome" OR "Sexually Transmitted Diseases")
Scopus	TITLE-ABS-KEY ("community health worker*" OR "community health" OR peer OR "Health advisor" OR "Outreach work*" OR outreach OR "Health promot*") AND TITLE-ABS-KEY ("Men who have sex with men" OR gay OR homosex*) AND TITLE-ABS-KEY ("Acquired Immunodeficiency Syndrome" OR "Sexually Transmitted Diseases" OR hiv OR aids OR prophylaxis OR mobile) AND PUBYEAR > 2004 AND (LIMIT-TO (AFFILCOUNTRY , "United Kingdom") OR LIMIT-TO (AFFILCOUNTRY , "Netherlands") OR LIMIT-TO (AFFILCOUNTRY , "Switzerland") OR LIMIT-TO (AFFILCOUNTRY , "Spain") OR LIMIT-TO (AFFILCOUNTRY , "Germany") OR LIMIT-TO (AFFILCOUNTRY , "Sweden") OR LIMIT-TO (AFFILCOUNTRY , "Belgium") OR LIMIT-TO (AFFILCOUNTRY , "France") OR LIMIT-TO (AFFILCOUNTRY , "Russian Federation") OR LIMIT-TO (AFFILCOUNTRY , "Denmark") OR LIMIT-TO (AFFILCOUNTRY , "Norway") OR LIMIT-TO (AFFILCOUNTRY , "Italy"))
Sage Journals	Abstract ("community health worker*" OR "community health" OR Peer OR "Health advisor" OR "Outreach work*" OR outreach OR "Health promot*" AND Abstract ("Men who have sex with men" OR gay OR homosex*) AND Abstract ("Acquired Immunodeficiency Syndrome" OR "Sexually Transmitted Diseases" OR HIV OR AIDS OR prophylaxis OR Mobile)
Google	- "Community health workers", HIV, AIDS, Prevention, Europe, outreach, gay, "Men who have sex with men" -China -India -"Latin America" - HIV, AIDS, Prevention, Europe, outreach, gay, "Men who have sex with men" -china -India -"Latin America" - HIV, AIDS, Europe, outreach, gay, training, peer, educator "Men who have sex with men" -China -India -"Latin America" –Canada
Google Scholar	- HIV, AIDS, gay, attitudes, practices, Europe, community, health, workers, "Men who have sex with men" (Not, Africa Canada "United States" Australia America India) 2005 – 2016 - HIV, AIDS, gay, attitudes, practices, Europe, Men who have sex with men "Outreach workers" -Africa -Canada -"United States" -Australia -America -India –China - HIV, AIDS, gay, attitudes, practices, Europe, Men who have sex with men "Community health promotion" -Africa -Canada -"United States" -Australia -America -India –China - HIV, AIDS, gay, attitudes, practices, Europe, Men who have sex with men "Frontline workers" -Africa -Canada -"United States" -Australia -America -India –China - HIV, AIDS, gay, attitudes, practices, Europe, Men who have sex with men "Health advisor" -Africa -Canada -"United States" -Australia -America -India –China - HIV, AIDS, gay, attitudes, practices, Europe, Men who have sex with men "Health advisor" -Africa -Canada -"United States" -Australia -America -India –China
Open Aire	- "Community health workers", "Men who have sex with men" (2005-2016), (Exclude Articles) - "Community health workers" Europe, "Men who have sex with men", Attitudes, Practices, HIV, AIDS (2005-2016) - "Community health workers" Europe, "Men who have sex with men", HIV, "Sexually Transmitted Diseases"(2005-2016)
Open grey	- "Men who have sex with men" - "Community health workers", HIV - "Outreach workers", HIV, AIDS - "Health personnel", HIV, AIDS - "Health promoter", HIV, AIDS - "Health Promotion", HIV, AIDS - "Community-Based", HIV, AIDS
Global health	"Community health workers", HIV, AIDS, Prevention, Europe, outreach, gay, "Men who have sex with men"
AIDSMAP	"men who have sex with men", outreach

IAS	"Community based", outreach, peer, "community health workers", professionals, training
AIDS Action Europe	"men who have sex with men"

9.3. **Appendix 3.** Scoping Review – Data Extraction Tool

Variable code		Description	Values
1.	Source	Source used to obtain the material	Pubmed, Embase, Cochrane, ISI web, survey-email. etc.
2.	Type	Covers different types from research papers to books	Research paper, Review, Book, Survey, Questionnaire, Training material, Tool, Guide, Other, etc.
3.	Eng_title	Source English title	<Text>
4.	Org_title	Source original title	<Text>
5.	Language	Original language of publication	English, Spanish, French, German, Italian, Russian, etc.
6.	Pub_year	Year of first publication	Xxxx
7.	Update_year	Last year of update	Xxxx
8.	Author	First author	Family name and first initial
9.	Organisation	Authoring organisation	<Text>
10.	Country	Country	Spain, Germany, UK, Italy, France, Russia, etc.
11.	Keywords	Mesh terms/similar	<Text>
12.	Search_Str	Method used, combination of terms, (Booleans operators)	<Text>
13.	Summary	Abstract provided	<Text>
14.	Url	URL to full text (if available)	Web
15.	Elements	Elements addressed in the document	CHW knowledge on health needs of MSM, CHW attitudes on health needs of MSM, CHW practices on health needs of MSM, other. Barriers, good practices
16.	CHW_type	Type of CHWs	Volunteer, Paid
17.	CHW_field	Field of work	Setting of work of CHWs
18.	CHW_recruitment	How CHW are recruited	<Text>
19.	CHW_training1	Training characteristics	<Test>
20.	CHW_training2	Training organisation	Who organises training/coordinate to CHW
21.	CHW_accreditation	Are CHW accredited	Yes, No
22.	Geo_context	The geographic context served	CHWs at local (community level), CHWs at regional level, CHWs at national (country level), CHWs at international level, Other
23.	Content	Topics addressed in the document	Psychoactive drugs, TasP, PrEP, PEP, Co-infections, Hepatitis, Double/triple vulnerabilities, QoL of PLWHA, Access and uptake of treatment, Multimorbidity, Polydrug therapy among MSM, Other
24.	Vul_pop	Vulnerable populations addressed in the content	MSM sex workers, Injecting Drug Users (IDU), Prisoners, Migrant communities, Transgender people, Other
25.	Pop_involv	Populations' involvement in the development of the material	Yes, No
26.	Com_ involv	Community involvement	Yes, No
27.	Other_involv	Other stakeholders involved	Health sector, civil society (specify)

28.	Imp_res	Summary of main results	<Text>
29.	More info	Impact/reach/implementation: How many persons covered/reached? Over which duration? Was repeated or one time only? For training material – is it being updated?	<Text>
30.	Outcomes	Lessons learnt and possibilities to improve recommendations	<Text>

* This extraction tool was slightly modified according to the type of literature.

9.4. **Appendix 4.** Interview guide for the consultation phase

INTERVIEW GUIDE: WP5 STAKEHOLDER CONSULTATIONS

Before starting, do you have any questions about the ESTICOM project or about your participation in this interview? Would you give us your permission to record the interview?

A. General information:

1. Date:
2. Name of respondent:
3. Name of local organisation(s), where the respondent is active:
4. Position/role of the respondent in the organisation(s) above:
5. Country:

B. Description of the organisation:

1. Please describe your organisation's work with HIV, hepatitis viruses B and C, and other STIs
2. Please describe your organisation's work with gay, bisexual and other MSM
3. Please describe your organisation's work with Community Health Workers who work with gay, bisexual and other MSM
4. Who are the other main organisations in this field in your country? How does your organisation compare to these other organisations in this field?

C. Perceived needs and barriers of gay, bisexual and other MSM in the context of accessing health services in your country:

1. In your opinion, what are the main **needs** among gay, bisexual and other MSM, that need to be addressed when it comes to health services, and prevention of HIV, HBV, HCV and other STI in particular, in your country?
2. In your opinion, what are the main **barriers** for gay, bisexual and other MSM in accessing health services, and prevention programs or services for HIV, HBV, HBC and other STI in particular, in your country?
3. What do you see would be the main factors facilitating access to these services?

D. Perceived needs and barriers of Community based Health Workers (CHW) in the context of delivering services to gay, bisexual and other MSM in your country:

> ***Definition of CHW for the proposal of our project: CHW*** *refers to a person working with MSM and health, providing services (prevention, testing, education, etc.) outside the formal setting (paid/volunteer, medical/non-medical, part/ fulltime, formal/non-formal training), also sometimes referred to as health promoter, outreach educator, peer educator, peer leader, peer supporter, volunteer, etc.).*

1. Are there CHWs (according to this definition) in your country?
2. Do you have an estimated number of them in your city and/ or country?
3. Where and how do they work?
4. How are they organised? Is there any local/national strategy?
5. Does your organisation have CHWs? How many?
6. Could you provide us with a general description of the CHWs working for your organisation (age, origin, employment status, level of education ...)?
7. How are they recruited? What are the CHW selection criteria (demographic, training, language skills….)?
8. Do they receive any specific training? If yes: what kind of training? Where did they do it? Who trains them? (Professional health worker, peers, professional educator…) What materials are used in the training?
9. How is the work of the CHW coordinated and/or supervised and by whom?

E. CHW Interventions (counselling, promoting testing and risk reduction strategies, fostering adherence to treatment for HIV/AIDS and associated infections):

1. To what extent are CHWs involved, in general, in these interventions (see above) with gay, bisexual and other MSM in your country?
2. To what extent are the CHW from your organisation involved in these interventions?
3. How are these interventions evaluated? How does your organisation determine the impact of these interventions?
4. In your opinion, what kind of skills should a CHW have in your country to perform the activities listed below?

From 1 (None) to 4 (higher level=Best practice)

ACTIVITIES	1 (none)	2 (minimal)	3 (adequate)	4 (Best practice)
Counselling				
Testing promotion				
Preventive messages diffusion				
Risk reduction strategies				
Linkage to care activities				
HIV adherence support				
Field outreach and/or enrolment in services				
Social support				
Other_____				

5. What do you think are the main **needs** (e.g. economics, personnel, training materials, space, etc.) of CHW to enable them carry out these interventions?
6. What do you think are the main **barriers** or problems for CHW (knowledge barriers, structural and contextual barriers, attitudinal barriers, administrative barriers, free-time availability from volunteers) to carrying out these interventions?
7. Has your organisation suggested solutions to these problems? Which ones? Do you hold feedback meetings on CHW experiences? Do you have any suggestions to improve CHW activities?

F. Existing surveys/questionnaires or training material (programmes, brochures, guides or other tools) directed towards CHWs:

1. Do you have access to any articles, reports or manuals in your training or interventions with CHW that you have not yet shared with us? If yes, could you share these with us?

G. CLOSING

1. What are your impressions of this interview?
2. Would you like to make any comments? Are there any additional questions you think we should have asked you?

9.5. **Appendix 5**. Tools collected from different key country-based informants

Country	Title/Year	Language	Author	Organisation	Summary	Content	Target population
1- Bosnia 1.a	Manual: Guide for voluntary confidential counselling and testing for HIV.2009	Bosnian	Mila Paunić, Janja Bojanić, Lejla Čalkić, et al	Unicef	The manual has been developed for counsellors, doctors, health care providers, other health care collaborators, community workers to assist them in delivering high-quality HIV voluntary counselling and testing services.	Basic information on HIV/AIDS; Key elements of ethical and effective HIV-counselling practice; Background information on HIV testing; addressing special needs (e.g. MSM); Pre and post counselling; Counsellor self-care (prevention of "burn out" syndrome / supervision / training), outreach activities.	Sex workers, injecting drug users, MSM, or hard to reach such as the Roma population.
1.b	Outreach work among MSM population. 2007 Association XY	Bosnian	The Global Fund	Association XY	This module contains information that may be of assistance to persons/organisations engaged in outreach work, planning this type of approach in working with MSM, planning programs, project coordinators, program managers and others.	Alphabet of outreach work - methodology in the field. Training and educational skills of outreach workers: communication skills, motivations, personal characteristics. * Diary of outreach workers - description of the events in the field, which can be an example of how to plan, implement and evaluate outreach activities.	MSM
1.c	Manual: Prevention of HIV through the programme PEER Consulting MSM. 2010	Bosnian	The Global Fund	Association XY	The manual provides basic knowledge and skills for peer counsellors, professionals who work with MSM or HIV prevention and for a further realization of their role as advocates for HIV prevention and non-discrimination of MSM populations.	Description of characteristics for being a good peer counsellor. Breaking barriers and overcoming obstacles in working with MSM, including lesbians and bisexuals. Theoretical information about HIV/AIDS, prevention, transmission, testing and counselling. Inclusion of real life stories, experiences and feelings of people who belong to the TLBTQ population.	MSM

1.d	M Manual: Training Manual to work with young people. 2011	English Bosnian Croatian Serbian Albanian	CARE International	Status M, (Croatia); Center for Healthy Lifestyles: E8 (Serbia); Perpetuum Mobile (Banja Luka); BiH Association XY (Sarajevo); BiH Promundo (Brazil/US)	M Manual is a training manual that aims to promote gender equality and promote healthy lifestyles with young men (including MSM) by addressing some of the social constructions of masculinity (ies) as a strategy for building important life skills in young men as they emerge into young adulthood.	Section 5: Preventing and Living with HIV/AIDS – What and Why *Workshop 1: Want…Don't Want, Want…Don't Want *Workshop 2: I am at Risk When. *Workshop 3: Health, STIs, and HIV/AIDS *Workshop 4: Transmission of HIV/AIDS: A Signature Hunt *Workshop 5: Case Study: The Story of Marko *Workshop 6: Positive Life- Empowering People Living with HIV/AIDS. (PLWHA)	Young MSM
2-Bulgaria 2.a	Programme "Prevention and control of HIV-AIDS" HIV/AIDS prevention and health promotion among MSM community/ methodological guidelines for practical work. 2011	Bulgarian - Translated partially	Mr. Peter Cincarsk, Mrs. Radostina Anonova, Mr. Boyan Vasilev, Vasilka Kuzeva MD	Ministry of Health	The purpose of this manual is to provide the necessary techniques, tools and methods to work with MSM in the frame of Global Fund (GF) programme. It is aimed at all community workers and professionals- medical paramedical and non-medical, providing prevention services among MSM group.	1-Provides description of GF Programme for fight AIDS, 2- includes recommendations and step by step descriptions of the human resources and work obligations of the teams who provide prevention services for MSM , 3- provision of services, methodology used, 4- Guidance for Building up MSM friendly health education centres, including STANDARDS FOR GOOD PRACTICES.	MSM
2.b	Methodological guidance for standardization of HIV prevention services provided by NGOs In Bulgaria. 2015	Bulgarian - Translated partially	Ministry of Health Bulgaria	Ministry of Health	The main purpose of this guidance is to present the knowledge and standards of operation with the HIV and STIs vulnerable population and PLWHA. This document is in service of community health workers in NGOs, also medical paramedical and non-medical staff. The presented HIV prevention services are extracted from the good practices and gained experience during the implementation of the HIV prevention programme in Bulgaria, funded by the GF /2004-2015/	1- Brief description of vulnerable groups; 2- Ethic rules and standards for good practice; 3- Methods used for provision of community based services; 4- Standards, methods and implementation of outreach services. 5- Motivation and methods of successful referral and accompanying the clients to different medical and non-medical units such as VCT centres, HIV treatment hospital departments, social services; 6- Counselling; 7-	Drug users, Minorities, Roma population. Sex workers, People living with HIV/AIDS, Prisoners, MSM.

						Case management; 8- Community leaders training-POL method; 9-Community based health education centres; 10-Case management for PLWHA; 11-Reporting, monitoring and control for NGO service providers.	
3-Croatia 3.a	*See manual 1.d*						
4- Greece	Training Guidelines for Peer Counsellors.	English	Leo Kalovyrnas	Positive Voice People+VIH. ATH Checkpoint	This guideline presents the basic strategies and knowledges for peer counsellors, the procedures to carry out pre-test and post-test counselling. Procedures to deal with positives and negatives (testing) results are also shown. Procedures and types of language used to deal with patients during sessions are also included. Basic information about HIV information and prevention techniques are also include for the peer counsellor to use during sessions.		MSM, PLWHI
5-Moldova 5.a	Standard of Quality HIV Prevention Services among KAP (Key Affected Populations). 2015	Romanian /Translated partially	Silvia Stratulat. Ştefan Gheorghiţă. Ala Iaţco. Vitalie Slobozian. Veaceslav Mulear	Ministerul Sănătății a Republicii Moldova	Presentation of the minimum quality standards for the organisation of services for HIV prevention among key populations. These standards ensure the implementation of existing normative acts on HIV and is based on recommendations developed by WHO, UNAIDS and other international organisations. These standards address NGOs, government services and organisation involved in HIV prevention activities in key populations.	HIV prevention services; Code of ethics; quality standards, training, outreach activities, anonymity, prevention needs. Appendix 4 includes a comprehensive package of HIV prevention services for MSM.	IDU, female Sex Workers, MSM.
5.b	Standard HIV counselling and testing (VCT) of vulnerable groups with the use of	Romanian /Translated partially	Lucia Pîrţînă, Svetlana Doltu, Mihai Oprea, Silvia Stratulat, Liliana Caraulan, et al	Ministerul Sănătății a Republicii Moldova	The purpose of the standard: assisting service providers in developing and expanding VCT for Key Affected Populations (KAP) by describing and defining algorithm of VCT, principles and requirements for these services.	VCT models; Human and resources requirements; Pre-test counselling. Testing. Post-test counselling. Quality. Referral system for HIV+	KAP (including MSM)

	rapid tests in non-governmental organisations. 2013						
6-Portugal 6.a	Manual of procedures for the screening of HIV, viral hepatitis and STIs in a community context. 2017	Portuguese	GAT Portugal	GAT Portugal; Partners: Instituto de Saúde Pública da Universidade do Porto; Serviço de Imunohemoterapia do Centro Hospitalar de São João; AIDS Healthcare Foundation	The purpose of this manual is to complement the information provided in the training programme of the Community Screening Network, a national NGO community based network programme to provide screening for HIV and other sexually transmitted infections, as part of a global approach considering monitoring and linkage to appropriate care. On the other hand, the manual will be used as a quick guide to the consultation of procedures and requirements associated with the screening process.	Epidemiological contextualization; Conditions prior to the start of the screening process; Proposed Model - Guiding Principles; Reception; Pre-test information and oral consent; Type of tests; Description of screening procedures; Rapid tests information; data collection (questionnaire application); Test results Communication; referral processes; Laboratory supervision and quality control; Code of ethical conduct, among others.	People who use drugs, sex workers, MSM and migrants from high prevalence countries.
7-Romania 7.a	Documentation of discrimination in the field of LGBT heath in Romania. General overview, legal framework, findings and recommendations. 2014	English	Carolina Marin (ACCEPT)	ACCEPT Association, Bucharest, Romania, with the support of ILGA-Europe	Aim: to collect data on discriminatory practices in the area of LGBT health in order to develop realistic and practical guidelines for medical personnel and other relevant stakeholders and thus assist them in developing health services that are adequate to LGBT needs.	Legal entitlements to access health care; psychological assistance; discrimination; LGBT health; transgender issues. The includes a summary of interviews with healthcare professionals and NGOs workers providing health services for disadvantaged groups done to collect information concerning the health professionals' perspective and awareness of specific LGBT needs, existing training and information on LGBT issues, polices, confidentiality and of the impact of discrimination on services they provide.	LGBT
8- Russia 8.a	Technical Guidelines on Establishing HIV-Prevention Activities	Russian	LaSky Project	Social Development and Information Center	This document shows the current context of HIV in Russia. According to experts, the HIV epidemic in Russia could reach sizes that are not found outside of Central and South Africa. HIV among MSM may be underestimated but some data from Moscow and St.	Includes strategies and experiences (mainly from the LaSky project) on how to prepare web-sites and gives examples of some of the webs currently available in Russia and their content. Includes also the strategies to design printed-	MSM

	among MSM. 2013				Petersburg (2008) show that 5.7% of MSM are HIV-positive. In 2002, discriminatory laws against the rights of people of homosexual orientation and transgender persons were passed in a number of Russian regions. The first chapter of this document defines concepts like: HIV and MSM vulnerability, Homophobia, Discrimination, Myths about Homosexuality, Internal Homophobia and Lack of prevention programmes. Lack of services. The second chapter presents forms and methods of preventive work including MSM prevention work, Websites, IEC, Audio materials, ads in YouTube, Posters in clubs and saunas, Shows in gay-clubs, Printed Media, Social Networks, Motivational groups, M-groups, Hotlines, Friendly medical services, Outreach work, Training and Summer Schools for outreach workers, Motivational groups (M-groups), Outreach.	products addressed to MSM. YouTube and audio jingles are also presented as a way to attract the attention of the target group and their utility for presenting information in gay clubs, saunas and other places frequented by MSM. This document presents examples of outreach to make public phone hotlines aimed at MSM and a motivational group called "M-Group" in which 8-10 members of the gay community participated. The "M" group includes a number of materials: a hotline, friendly medical services, and outreach: condom, lubricants, information dissemination among others.	
8.b	Comprehensive Package of Services for MSM within the LaSky Project, Technical Guidelines on How to Organize Services. 2014	Russian	LaSky Project	Global Fund/Public Health Institute/Foundation for Russian Health Care	This document includes the development of the standard of services within the «LaSky» network implemented in 14 regions of the Russian Federation (2004-2014). This package allows project managers to understand what kind of services for MSM should be developed in each project region. In addition, this document defines the principles of the provision of services addressed to MSM: Voluntary services for the target group. Friendliness of staff providing services and the organisation of services. Trust that the target group have for service providers.	Defines the basic services to implement preventive services for MSM: Condom/lubricants and leaflets distribution, counselling on HIV/STIs and sexual health. Referral to harm reduction services and services for sex workers. Testing and treatment, Individual counselling and support for male sex workers, Testing for hepatitis, treatment, ARV therapy, prevention and treatment of opportunistic infections and treatment of tuberculosis, prevention and treatment of STIs, Psychosocial support for gay, bisexual and transgender people living with HIV, including counselling on a "peer-to-peer" basis, psychological support,	MSM, Drug users, sex workers.

						counselling on disclosure of HIV status to partner, self-help groups, counselling via the Internet and by phone, Programme on adherence to ARV therapy.	
9. Serbia. a	Guideline for outreach work: how to bring HIV prevention to vulnerable groups. 2010	Serbian	Editor: Emerita Viktorija Cucic. Authors: Daniel Meskovic, Vladimir Veljkovic	Ministry of Health Republic of Serbia	This module of the guideline includes information on basic concepts regarding MSM population; Theoretical concept of field work and activities and field work.	Basic concepts regarding MSM population. Theoretical concept of field work and activities' implementation during field work.	MSM, Roma, drug uses, sex workers.
9.b	Guideline for voluntary, confidential counselling and testing on HIV (VCCT). 2007	Serbian	Violeta Andjelkovic, Verica Lela Ilic Vlatkovic, Dragan Ilic, Mila Paunić	Institute of Public Health of Serbia "Dr Milan Jovanovic Batut", 2007	Standard for providing VCT service in Serbia. Network of 26 VCT centres (24+1 within regional/district IPH coordinated by IPH of Serbia and one within jurisdiction of Ministry of Defence). Basic principles, benefits, procedures, components and interventions of VCCT are included.	Pre-test counselling. Basic information that should be provided to clients. Post-test counselling. Clients with HIV negative result. Clients HIV positive.	All populations with accent on MSM, Roma, Sex Workers, PWID youth; pregnancy and breastfeeding.
9.c	Manual for VCCT – for counsellors and trainers for counsellors. 2006	Serbian	Dragan Ilic, Mila Paunić	Institute for Students' Healthcare (ISH) Belgrade	This manual is used for organizing education on VCCT for future counsellors. Participants in the last education (in November 2016) have been health care workers from ISH, district institutes of public health and outreach workers (with programmes among SWs and PWID). Participation is voluntary and free of charge.	Introduction to the VCCT procedures. Pre-Test counselling. VCCT situations. HIV Testing. Confidentiality. Specific questions for VCCT among gay men. Post-Test counselling. Evaluation of VCCT.	All populations with accent on MSM, Roma, Sex Workers, PWID youth; pregnancy and breastfeeding.
9.e	*See manual 1.d*						
10- Spain 10.a	Diagnostic of the Reality of the LGBT Population of Barcelona.	English/Spanish	Coll-Planas G, Missé M	Public Policies and Government Institute	This report contains the results of a study carried out of the reality of LGBT people in the city of Barcelona. The work forms part of a wider diagnostic study carried out by Barcelona City Council's	The fieldwork was based on three research techniques: A self-administered online questionnaire aimed at the LGBT community and by email. (454	LGBT population

	2009				Department for Civil Rights prior to launching the participatory process to draw up Municipal Plan for LGBT People. The report goes on to study the problems faced by trans, lesbian and gay people in the following areas: the public space, education, the workplace, health and leisure. There follows discussion of what are, in our view, the most vulnerable profiles within the LGBT community.	responses).Interviews with key observers who, due to their professional activities or work as activists, provide interesting glimpses and knowledge of the sector. Interviews with individuals from different sectors of the LGBT community. Four discussion groups were organised.	
10.b	Gays, lesbians and Immigrant transsexual: Reflections for a good welcome. 2008	Spanish	Olaortua EG	ALDARTE	This document is the result of the work and reflections that ALDARTE, an association which works with the LGTB population. It has been developed in the field of immigration and is addressed to all those persons, social agents and associations who work daily with the immigrant population. The report is also a good practice guide.	The document is a guide of good practices for associations who work with LGBT population coming from other countries, where they find good ideas for their daily work. Sections: 1- Introduction, 2- Perceived barriers/needs: isolation, cultural barriers, discrimination, fear of rejection, 3-Support from the community-based organisations: Awareness and information; support and discussion groups; socialisation activities; legal advice; psychological counselling.	Migrant LGTB population.
10.c	How to organize Sexual health workshops for MSM 2012	Spanish	Stop Sida	Stop Sida	This document is a compendium of practical materials to organise, implement and evaluate sexual health workshops for MSM.		
10.d	Chemsex Monographic. 2016	Spanish	ViiV Health Care	This document is a compendium and summary of seven presentations about *chemsex* in Spain, carried out by experts and technicians	This document summarizes presentations about: chemsex definition; chemsex and interactions with ART; conclusions of the European Chemsex Forum; app use and chemsex; description of a Chemsex service in Barcelona and a drug use prevention programme.	MSM population	MSM who use drugs.

				who working at NGOs			
11- Switzerland 11.a	PrEP, Manual of Use.	French	Christinet V, Jouinot F (Cords)	Aide Suisse contre le Sida	This manual presents basic information and knowledges on PrEP for users and providers. (e.g. how to use it, how to access it, and where to find it, etc.)	This manual defines the main characteristics of Pre-exposition prophylaxis (PrEP) concepts of HIV. It also includes the use of PrEP and how it works for prevention, schemes, the possible adverse effects, the use of condoms and the procedures and places to get PrEP and the conditions of use.	MSM
12- The Netherlands 12.a	"Just because we are using doesn't mean that we can't do anything, that we can't do something for ourselves. 2015	English	Murray H.	Mainline, University of Amsterdam	This study focuses on three of Mainline's target audiences: GHB users in the Netherlands, MSM and chemical sex party practices, both nationally and abroad, and IDU internationally. The research question is: 'What are the best practices currently used to get former and current drug users organised and involved with outreach and spreading harm reduction techniques in a meaningful and effective manner?' The aim of this exploration is to provide Mainline with useful and practical harm reduction recommendations on how they can improve and extend their peer to peer based health practices regarding three specific drug use settings.	Peer involvement: overview, benefits, challenges, motivations and lessons.	MSM who use drugs
13- Ukraine 13.a	HIV Prevention and Psychosocial Support for MSM in Prisons. 2012	English	KononenKo L	The Penitentiary Initiative NGO (With support from amfAR's MSM Initiative)	The report presents outcomes of three years of the project «HIV Prevention and Psychosocial Support for MSM in Prisons» implemented in Ukraine by the Penitentiary Initiative NGO (June 1, 2009 – May 31, 2012).The Penitentiary Initiative NGO in Nikolaev developed an outreach model of HIV prevention and psychosocial support for MSM/MSM+	Project activities: Outreach work among outcast prisoners: Psychological support groups; Training; Individual counselling; HIV supplies and informational material distribution; Mass actions and sporting events; Referrals after release. The model is based on our sixteen month experience	MSM/MSM+ in prison

					prisoners. It includes psychological support groups; training in HIV, STI and other infectious disease prevention; individual counselling by psychologists and social workers; training peer educators for outreach work among MSM/outcast inmates; distribution of condoms, lubricant, supplies for personal hygiene, bleach and informational materials; and referrals after release.	conducting outcast support groups, and needs assessment of the target group (focus groups with outcast inmates, and questionnaire survey on their social situation, sexual health knowledge and practices) in Colonies 53 and 93.	
13.b	Training manual for the preparation of staff and volunteers of the Mentoring Support Programme.	English	M. Debelyuk, I. Nerubaieva, S. Lupasko	Alliance for Public Health (formerly International HIV/AIDS Alliance in Ukraine)	This book is dedicated to innovative methods of HIV-prevention among MSM – Programme of Mentoring Support– which was developed and implemented by The Metro Centre Ltd, London, UK. Work on the implementation of the programme started in Ukraine in 2009 with a pilot project of the Youth Public Movement "Partner" (Odessa), in 2011, 4 organisations from different regions of Ukraine also started implementation of the project. The experience showed that the project had a positive impact both on the client and on the teachers (mentors) who took part in it; in addition, as well as forming a group of volunteers ready to continue working in other prevention projects. The authors aimed to give general information about the programme, the history of its occurrence and changes made after testing in Ukraine, to give practical guidance on how to effectively organize the work, to motivate volunteers. The annex contains the necessary documents for the implementation of the programme.	HIV prevention; peer counselling; volunteers; HIV education.	MSM

13.c	Social Work with People Practicing Same-Sex Relationships. Theory. Methodology. Best Practice.	English	Geidar L. et al	International HIV/AIDS Alliance in Ukraine, K.	This book is primarily intended for leaders and activists of the LGBT community, specialists and social workers, and for all people working with LBGT organisations and groups, and will undoubtedly help them to create a favourable environment and to build the needed services for LGBT and, in its own right, will contribute to the response to homophobia, stigma and discrimination. You will learn about specific LGBT needs and services, obtain practical advice on methods to respond to homophobia; you will learn about advocacy and lobbying of the interests, about mobilization of the LGBT community and the role of the LGBT movement in social and political life in Ukraine and will read about the basic principle of social studies methodology.	Background Information. Specific Needs of the Target Groups. Medical Aspects Related to LGBT Health. Health Needs of WSW. Problems of Transgender People. Psychological Health and Counselling. Stress Minorities. Six Phases in the Formation of the Homosexual Identity. Basic Principles of Psychological Support for the Homosexuals. Problems with Counselling for MSM and WSW. Provision of Care and Support Services to HIV Positive MSM in Ukraine. Technology of HIV/STI Prevention among MSM and WSW. Outreach Work. Community Centres. Specific Package of HIV/STI Prevention Serviced for WSW. Response to Homophobia, Stigma and Discrimination. Methods of Response to Homophobia, Stigma and Discrimination. Conducting a Training Session/Workshop: Key Recommendations. How to Correctly Discuss Homosexuality with the Media. The Role of Civic Society LGBT Organisations and Initiative Groups in the Response to Homophobia, Stigma and Discrimination. Mobilization and Organisational Development of the LGBT Community. Advocacy. Theory and Practice Regarding LGBT. Background Information. Steps of the Advocacy Campaign. Methods and Tools of Advocacy. National Strategies of Advocacy LGBT Campaigns. Methodology of Research of LGBT Community in Ukraine.	LGTB, MSM

14- UK 14.a	Good Practice Guidance on HIV Prevention in Men who have Sex with Men (MSM). 2012	English	Flowers P, Eaglesham P, McDaid L, Anderson C, Putnam N	Health Protection Network Scottish Guidance. Supported by Health Protection Scotland	This guidance is based on the best available evidence on HIV Prevention in MSM. It is intended to address this and will facilitate the commissioning process for interventions addressing this priority population. Implementing this guidance will strengthen the commissioning and delivery process• Ensure that interventions are evidence informed • Ensure an authentic MSM-informed, local approach • Strengthen skills/expertise already in place within NGO's locally and nationally • Focus more attention on evaluation of intervention process and outcomes.	Although this guidance is 'evidence informed' rather than 'evidence based' where possible they illustrate the degree of evidence available to support their recommendations. The Guidance Recommendations are divided into: 1-Recommendation on biomedical, behavioural and structural intervention; 2- recommendations on delivery of interventions; 3-Recommendations on the Evaluation of Interventions; and 4-Recommendations to Meet Research Gaps.	MSM
14.b	MAKING IT COUNT. A collaborative planning framework to minimise the incidence of HIV infection during sex between men. 2011	English	Hickson F	SIGMA RESEARCH on behalf of CHAPS partnership	Making it Count is the collaborative planning framework of the CHAPS Partnership. It has several purposes: - For planning interventions - For training volunteers and staff - For marketing and services evaluation - to inspire collective action among the CHAPS partners and between the CHAPS partners and others working in HIV health promotion.	This research covers the context of men's sexual lives, the social and behavioural context in which transmission is occurring, the nature of HIV precaution needs and the extent to which they are met, and the performance of a range of interventions to meet unmet needs.	Gay men, bisexual men and other MSM.
14.c	The impact of Positive Scotland - Now and into the future. 2013	English	Sidhva Dina P	Terrence Higgins Trust and Waverley Care	Positive Scotland provides support for anyone living with and affected by HIV and/or HCV. The project has a particular focus on skills and employability, the needs of older people and gay men living with HIV. It also works to support professionals working with PLWIHV /HCV. This report presents the findings of the evaluation of the Positive Scotland project, based on information collected from consultations with service users, carers, volunteers, all managers and staff connected with the project.	There are seven sections in this report. Section One provides an introduction to the evaluation and a brief overview of the Positive Scotland project. Section Two looks more closely at the evaluation itself: its purpose, its aims and the element of external evaluation. Section Three describes several methodological considerations that arose from this evaluation. Section Four describes the findings that emerged from all those consulted for this evaluation. Section Five concludes with what worked; what could have been done better and	Not MSM specific; the report has a particular focus on gay men living with HIV and HCV.

						reflections on the partnership. Section Six provides recommendations in relation to service users, nature of the service, volunteers, awareness and staff capacity building and service and operational issues. Finally, section seven summarises the author's conclusions about the impact of the partnership programme on the lives of people living with HIV and Hepatitis C, individual views, and the value of collaboration between organizations.	
14.d	United Kingdom national guideline on the sexual health care of men-who-have-sex-with-men (MSM). 2016	English	Ann Sullivan, BASHH CEG Editor	British Association for Sexual Health and HIV - BASHH	This guideline is intended for use in UK Genitourinary medicine clinics and sexual health services but is likely to be of relevance in all sexual health settings, including general practice and CASH services, where MSM seek sexual health care or where addressing the sexual health needs of MSM may have public health benefit. The document is designed primarily to provide guidance on the direct clinical care of MSM but also makes reference to the design and delivery of services with the aim of supporting clinicians and commissioners in providing effective services.	This report includes seven sections: 1. Design and delivery of Sexual Health Services for MSM; 2. STI and HIV Testing in asymptomatic MSM; 3. The management of MSM with symptoms of sexually transmissible enteritis and proctitis; 4. Human Papillomavirus Infection (HPV) in MSM; 5. Partner Notification for MSM; 6. STI and HIV prevention for MSM in the clinic; 7. Sexual Dysfunction in MSM.	MSM
14.e	Standards for the managemen t of sexually transmitted infections (STIs) in outreach services. 2016	English	British Association for Sexual Health and HIV (BASHH)	British Association for Sexual Health and HIV (BASHH)	This document sets out standards for the management of STIs in outreach services. The standards represent current best practice and are intended for use in all outreach services commissioned by local authorities, or the NHS, including those provided by the independent and third sector. The nine standards cover all aspects of the management of STIs in outreach settings including access, the diagnosis and treatment of individuals, links to specialist Level 3 GUM providers and the contribution that outreach services can	Nine standards are proposed. They describe the standards that all outreach sexual health services should achieve: Access in outreach services, clinical assessment in outreach services, diagnostics in outreach services, clinical management in outreach services, information governance in outreach services, clinical governance in outreach services, appropriately trained staff in outreach services, links to other services, and patient and public engagement.	MSM, some black and minority ethnic groups, sex workers and some young people.

					make to broader public health outcomes.		
15-European level 15.a	Communication strategies for the prevention of HIV, STI and hepatitis among MSM in Europe. European Centre for Disease Prevention and Control. Communication strategies for the prevention of HIV, STI and hepatitis among MSM in Europe. Stockholm: ECDC. 2016.	English	Dinca I, Wysocki P, Pharris A, Amato-Gauci A (ECDCCoordinators). Written by: Dirk Sander, Matthias Wentzlaff-Eggebert, Martin Kruspe, Alexandra Gurinova, and Matthias Kuske.	Commissioned by ECDC. Executed by Deutsche AIDS-Hilfe.	The content of this guide is derived from a review of current interventions, scientific and implementation research, grey literature as well as combining extensive collective practical experience and expert consensus. It provides an overview of approaches on how to design better communication programmes and interventions that are targeted at MSM. Some of the areas covered in this guide are mass media, printed materials, outreach work, and one-to-one or small group communication/peer education. This guide includes helpful examples of successful prevention messages for MSM, planning concepts, and examples on how to implement and evaluate communication strategies and prevention campaigns.	HIV and STI prevention among MSM; the epidemiology of HIV and STI; the vulnerability of MSM as a risk group and the need for targeted communication strategies; effective prevention messages; barriers to delivering effective communication strategies. This guide also includes practical examples of prevention messages for HIV, STI and viral hepatitis. All examples are targeted at MSM and include sample texts in plain, neutral English. A central element of this guide is a toolkit to help with the planning, development and evaluation of health communication programmes.	MSM

15.b	A guide to doing it better in our CBVCT centres. Core practices in some European CBVCT centres. 2013	English	Rios Guardiola L, Le Gall JM, Umubyeyi-Mairesse B, HIV-COBATEST Project Steering Committee WP5 Working Group	Association AIDES; co-funded from the Executive Agency for Health and Consumers (EAHC) under the EU Public Health Programme (Grant Agreement N° 2009 12 11).	The document provides ideas and existing practices on how Community-based voluntary counselling and testing (CBVCT) centres can implement and offer their services. Respecting the value of "learning by doing", some NGOs already performing CBVCT have worked together in order to collect their experiences and inspire new practices. Being aware of these different practices might inspire new ways of reaching populations most affected by HIV and more varied and better ways of performing counselling and testing and, consequently, reducing HIV incidence.	• Theoretical framework regarding the implementation of CBVCT: health and sexual health promotion approaches; community-based approach – community health; CBVCT in scaling up strategies; quality assurance approach• CBVCT key issues: the community-based approach in CBVCT services; CBVCT implementation among and with populations; staff and people involved in CBVCT; testing and counselling; CBVCT practices; monitoring and evaluation.	"most-at-risk" populations(MSM are the main targeted population)
15.c	WHO Regional Technical Consultation on the Dissemination of Consolidated Guidelines on HIV Testing Services. 2015	English	World Health Organisation (WHO)	WHO	The new WHO Consolidated HIV Testing Services Guidelines aim to address gaps and limitations in current approaches to HIV testing services. The Guidelines collate existing guidance relevant to HIV testing services and identify issues and approaches for effective delivery of HIV testing services across a variety of settings, contexts and populations. In December 2015 the WHO Regional Office for Europe undertook a regional consultation aiming to disseminate the new WHO HIV Testing Services Guidelines in the WHO European Region. The consultation also aimed to identify barriers and share strategies to scale up HIV testing services in the Region. The presentations, discussions and key recommendations and conclusions from the consultation are presented in this report.	In total about 90 individuals from 271 countries participated in the consultation. This report summarizes the proceedings, key points and main conclusions from the meeting. This document provides a new recommendation to support HIV Testing Services by trained lay providers, considers the potential of HIV self-testing to increase access to and coverage of HIV testing, and outlines focused and strategic approaches to HTS that are needed to support the new UN 90–90–90 targets. Moreover, this guidance will assist national programme managers and service providers, including those from community-based programmes, in planning for and implementing HTS.	Not MSM-specific

9.6. **Appendix 6:** Training tools aimed at CHW in Europe

Table 1: Training tool Europe

Source	ESTICOM member
Title	Sialon II prevention activities
Type of training	Training sessions (n=23) for SIALON II coordinators and data collectors (99 data collectors and educators).
Theoretical framework	Information-Motivation-Behavioural (IBM) skills model
Organisation	Institute of Tropical Medicine, ITG, Antwerp, Belgium
Country	BE, BG, DE, PL, PT, SE, SL, UK, IT, ES
Year	2013
Target audience	Peer educators
Location of CHW interventions	
Training summary	The training session was developed according to the SIALON I experience and included a summary of the data collection and prevention manuals: 1- Information on HIV and STI prevention, testing and counselling; 2- Strategies for giving prevention messages and information about gay health services through approaching men in venue settings; 3-Information about data collection process.
Content	Knowledge on HIV/STI testing and prevention, Prep and PEP, alcohol and drugs use, improvement of communication skills, useful attitudes for data collection, awareness of emotions and support during data collection. (more information in Table X)
CHW Recruitment	Recruitment through the involvement of gay associations in each country: They should be motivated people who were part of the gay community, with good social skills and in line with local cultural and social customs.
CHW accreditation	
Language	Core document in English (adapted in some countries)
Evaluation	Evaluation to provide an overview of their own strengths and weaknesses as well those of the training.
More info	
Project website	www.sialon.eu

Table 2: Training tool Slovenia

Source	Survey. ESTICOM member
Title	Project Odziv na hiv (Eng. Response to HIV)
Type of training	The 1st and 2nd training sessions were carried out for the MSM community; the 3rd training was carried out for members of the self-support group of positive gay men. Training for CHWs and volunteers in Ljubljana as part of work package six in the partnership project Response to HIV (three training sessions). Each training day had two lectures and two workshops.
Theoretical framework	The training content is based on Cognitive and Psychosocial approaches to obtain changes in certain behaviours (Bandura A.). Bandura's social learning theory stresses the importance of observational learning, imitation and modelling. His theory integrates a continuous interaction between behaviours, personal factors - including cognition - and the environment referred to as the reciprocal causation model.
Organisation	Head of project: DIC Legebitra; WP6 coordinator: Škuc
Country	Slovenia
Year	Developed in 2015, implemented in 2016.
Target audience	More than 45 CHWs and 20 volunteers, around 16-20 participants at each training day.
Location of CHW interventions	CHWs trained to intervene in: gay saunas, gay venues like clubs and cruising areas, CBVCT, online counselling, individual counselling.
Training summary	Capacity-building for professionals working with vulnerable groups in the field of prevention of lifestyle-related illnesses (HIV and other STIs).
Content	New psychoactive drugs; Chemsex; Biomedical interventions: TasP, PrEP, microbicides, antibodies, vaccines; PrEP – pros and contras; HIV, stigma and discrimination; Health aspects of trans persons; Quality in HIV prevention; How to choose the right tool for work; Outreach work; Counselling.
CHW Recruitment	CHW were recruited to attend the training by personal invitation and some also through NGO channels.
CHW accreditation	No accreditation
Language	Slovenian
Evaluation	Yes. With short feedback from selected participants.
More info	Miran Solinc, magnus@skuc.org www.magnus.si
Project website	http://odzivnahiv.si/en/chosen-project-results/

Table 3: Training tool Bulgaria

Source	Survey. ESTICOM member
Title	HIV prevention activities are provided for MSM in Bulgaria.
Type of training	Programme prevention and control of HIV funded by Global Fund (GF), Bulgaria, and Component 9 MSM prevention.
Theoretical framework	- The training was based on the following theoretical frameworks: Group dynamics; Social learning theory and role modelling of the individual behaviour; Diffusion of innovation model; Social identity theory ; System theory ; Psychoanalytical theories related to individual development and functioning; Stage theories - For the training purposes the following therapeutic models and methods were used: psychodrama and group dynamic methods – role play, sociodrama; cognitive-behavioural therapeutic methods – modelling, role plays for acquirement of specific skills; bio-psycho-social assessment and case management of difficult cases; individual consultation skills.
Organisation	NGOs operating for GF programme MSM for Sofia and Blagoevgrad- Association Health Without Borders, Varna- SOS Family at Risk Foundation, Plovdiv-Avis vita Foundation and Burgas- Dose of Love Foundation
Country	Bulgaria
Year	2014
Target audience	Training for staff of above mentioned NGOs.
Location of CHW interventions	Outreach interventions, discos, clubs, bars, saunas, parks, etc.
Training summary	CHW outreach training, field-specific, discussion of concrete cases, role games, and outreach consultations.
Content	HIV prevention, STI, health promotion
CHW Recruitment	Recruitment was based on preliminary internal selection of the staff members of the NGOs involved. Project coordinators proposed the selected participants to the long term consultants of the GF programme.
CHW accreditation	Example: no particular accreditation was provided.
Language	Bulgarian
Evaluation	Example: Evaluation of the training was done by the long term consultant Component 9, and the Department for Monitoring and Control of GF Program- Ministry of Health.
More info	Example: outputs, experiences of the field implementation, person of contact, institution details, other.
Project website	Example: www.aidsprogram.bg

Table 4: Training tool Bulgaria

Source	Esticom member
Title	Programme "Prevention and control of HIV-AIDS"
Type of training	Team building-training education
Theoretical framework	POL method is based on the idea that innovative behaviour models can be implemented among every community using the popular opinion leaders, who actively support the new behaviour. This intervention relies on the theory of social diffusion, identifying peer leaders inside the community, and empowerment.
Organisation	Internal training implemented in the five organisations, working with MSM, Global Fund, Bulgaria.
Country	Bulgaria
Year	2011-2015 two POL groups per year.
Target audience	Outreach workers, volunteers
Location of CHW interventions	Example: Trained to promote prevention services in gay clubs, cafes, parks, saunas, and other places visited by MSM.
Training summary	• Training modules-twice per year- nine sessions, up to ten participants per group • Peer training groups through POL method • Feedback from the community • Networking
Content	HIV prevention, STIs, sexual health consultations, referral for testing, partner notification.
CHW Recruitment	The participants were chosen among the deferent sub-groups of the MSM community in the five cities. They were approved by local experts and the long term consultant of the GF.
CHW accreditation	All the participants receive certificate from the organisation leading the training module.
Language	Bulgarian
Evaluation	Example: training was evaluated internally by the local organisational expert and externally by the GF head of programme, long term consultant and monitoring and control department.
More info	POL Programme Plan, Objectives and Monitoring/Reporting of programme, processes like "community assessment"; recruitment, training, and retention of POLs; message/communication, delivery by POLs. Pre and post questions. Outreach team members must successfully pass the training module. The head of training and monitoring –Mr Peter Cincarski, PTsintsarski@hdp.bg, long term consultant HIV prevention programme, BG, component 9.
Project website	www.aidsprogram.bg

Table 5: Training tool Moldova

Source	Survey. ESTICOM member
Title	Training of CHWs for Voluntary Counselling and Testing services (CVT)
Type of training	NGOs working with Key Affected Populations
Theoretical framework	- Cognitive and Psychosocial approaches - Behavioural Changes - Diffusion of innovation model - Empowerment
Organisation	SDMC (Hospital of DermatoVenerology and Communicable Diseases)
Country	Moldova (Including Transnistrian Region- conflict territory)
Year	2014 - 2 training (1 Russian, 1 Romanian language) 2015 – 4 training (2 Romanian, 2 Russian languages) 2016 – 2 training (1 Romanian , 1 Russian languages)
Target audience	Outreach workers, CHW or outreach worker, CVT Staff working with MSM, IDUs, SW
Location of CHW interventions	Cruising areas (parks), LGBT disco, LGBT office (GENDERDOC-M)
Training summary	KAP specific, behaviours, pre-post counselling (importance), testing on rapid tests- practical lessons on testing), mechanism of referral (linkage to confirmation, care, treatment, adherence)
Content	HIV Epidemiology in Moldova, HIV terminology, counselling as a method of prophylaxis, aspects of communication, verbal and nonverbal, pre counselling, rapid testing on saliva, post counselling, PEP, (PREP very superficial because in Moldova it is not available PREP), reporting etc., KAP, linkage to confirmation, treatment and care, periodically, at least two times a year, depending on NGOs needs, certificating participants in order to perform VCT with rapid saliva tests.
CHW Recruitment	Outreach workers were already working in NGOs, but they were able and allowed to do VCT only after successfully completing this training course and being certificated by SDMC.
CHW accreditation	Certificated and accredited by SDMC after the training course.
Language	Romanian/Russian
Evaluation	Carried out by SDMC, and according to evaluation participants were certificated and accredited.
More info	Announcement of training is made in accordance with the NGOs needs and requests, and the training is held when the group is full (financed by SOROS Moldova, Centre PAS-CENTER FOR HEALTH POLICIES AND STUDIES- implementing the "Strengthening the control HIV in Moldova 2015-2017" funded by GFATM.
Project website	

Table 6: Training tool Moldova

Source	Survey. ESTICOM member
Title	Training of CHWs on Standard of Quality HIV Prevention Services among KAP (Key Affected Populations)
Type of training	NGOs working with Key Affected Populations
Theoretical framework	- Cognitive and Psychosocial approaches - Behavioural Changes - Human rights approaches - Diffusion of innovation model - Empowerment
Organisation	Union of Organisations in the field of HIV Prevention and Harm Reduction (UORN)
Country	Moldova
Year	2016
Target audience	CHW, outreach worker, CVT Staff, NGO staff (project coordinators and assistants)
Location of CHW interventions	Cruising areas, LGBT disco, LGBT office, online outreach, prisons.
Training summary	Importance of applying standards of service quality of HIV prevention among KAP based Harm Reduction, Comprehensive strategy service package, principles, indicators, reporting.
Content	The importance of applying standards of service quality of HIV prevention among KAP based Harm Reduction Strategy, principles, standards of quality and their application, comprehensive Service package, indicators, reporting, VCT, PREP- superficial, PEP, ARV etc.
CHW Recruitment	Outreach workers, CHWs, NGO staff that are already working in NGOs.
CHW accreditation	Not accredited, just certification (accreditation will occur when the services are funded from the national budget).
Language	Romanian/Russian
Evaluation	Before and after the training.
More info	
Project website	www.uorn.md , via inviting representatives from KAP NGOs

Table 7: Training tool Europe

Source	
Title	
Type of training	Training for implementation and evaluation of MSM Checkpoints. Part of the EURO HIV EDAT project (WP7)
Theoretical framework	
Organisation	DIC Legebitra, host organisation. WP7 coordinator: AIDS-Hilfe NRW e.v, Germany
Country	Albania, Austria, Belgium, Croatia, Cyprus, France, Greece, Hungary, Lithuania, Romania, Serbia, Spain
Year	2016
Target audience	European MSM Checkpoints
Location of CHW interventions	Community Based Voluntary Counselling and Testing services (CBVCTs)
Training summary	The training aimed to facilitate several debates, workshops, case studies and training sessions on the topic of HIV and STI community based testing. A total of 21 participants from 12 countries participated in this three-day training. (16 participants + five experts)
Content	Toolkit for implementation and evaluation of MSM Checkpoints; key populations and community involvement; funding viability and sustainability; counselling; advocacy; monitoring and evaluation.
CHW Recruitment	-
CHW accreditation	Not accredited
Language	English
Evaluation	Yes, internal evaluation.
More info	
Project website	eurohivedat.eu

Table 8: Training tool Germany

Source	Esticom member
Title	
Type of training	Training sessions for CHWs in-field-prevention for and with MSM. It is based on the "Handbuch für Vor-Ort-Prävention" and on training from several regional and local prevention organisations.
Theoretical framework	Syndemic theory concept; Structural prevention model which includes multitude approaches; Team building model ("Forming – Storming – Norming – Performing"); Empowerment
Organisation	Deutsche AIDS-Hilfe e.v.(DAH)
Country	Germany
Year	2013
Target audience	CHWs in-field-prevention for and with MSM
Location of CHW interventions	
Training summary	The curriculum focuses on training material for basic training for CHWs who work in a gay environment (gay scene, including the Internet). This basic training imparts the most important knowledge that all CHWs need for their work. It also suggests topics for specialized training for advanced SHW, who need special knowledge for advanced tasks, like e.g.: Internet prevention, Chemsex, theatre pedagogy training, workshops for special environments/communities/settings, medical training, counselling training, especially for VCTC, buddy training, training for/with service providers, sauna owners, etc. The basic training consists of two parts each with 26 training units (TU) of 45 minutes (19.5 hours) and will normally be performed each Thursday and Sunday. Each specialized training lasts one weekend (FRI – SUN) with sixteen training units of 45 minutes. (twelve hours).
Content	HIV/prevention; definition of in-field-prevention; primary prevention, structural prevention and the structure of the health care system in Germany; target group specific/peer-to-peer prevention; media and personal communication; the needs of different communities; networking, keeping contact to important partners (to sauna owners, service providers, pride organizer, other teams etc.); referral competence (e.g. to counselling); knowledge of HIV/STI/Hepatitis/medical prevention tools; self-reflection, motivations, experiences and the role as CHW role-plays with typical situation in on-site-prevention; planning an in-site-prevention activity.
CHW Recruitment	The workshops are announced in the training programme of DAH. Everybody who is interested in the topic can apply for the workshop. Most participants already have contacts to regional aids help organisations/prevention agencies. These are independent and the recruitment process is very different. Most CHWs are recruited in the gay scene and by direct contacts with CHWs.
CHW accreditation	All participants get a certificate of participation. This is a non-qualified certificate. After the workshop there is a feedback process from the trainers of DAH to the regional projects if the participant is eligible to work as a CHW.
Language	German
Evaluation	Yes
More info	Dirk Sander, Clemens Sindelar. DAH. +4930 -690087-0 / Dirk.Sander@dah.aidshilfe.de; Clemens.Sindelar@dah.aidshilfe.de
Project website	www.aidshilfe.de

Table 9: Training tool Serbia

Source	Google Scholar
Title	Training recommendations for working with sexual minorities within the Centres for Social Work (CSW)
Type of training	Training within the project "Tolerance, a Basis for a Stable Family" implemented by the Association DUGA with the support of the former Directorate for Human and Minority Rights. four pilot training days, 35 training days in thirteen cities from September 2013 to April 2014. Total number of trained CHW employees: 738
Theoretical framework	The training programme was based on experiential learning and active participation. Training included usage of different interactive training methods and techniques such as: trainers' input, guided group discussions, brainstorming, presentations and application of case study examples relevant to the CSW experience.
Organisation	Association DUGA
Country	Serbia
Year	2013 - 2014
Target audience	Centres for Social Work employees
Location of CHW interventions	Centres for Social Work
Training summary	The following training objectives were articulated as guiding principles for training implementation: 1- Raising awareness of the terminology and the specific status of LGBT persons and their families, as well as acquiring knowledge on contemporary theoretical concepts and understanding of LGBT identity. 2- To introduce standards used in work with LGBT people, that are based on modern theoretical concepts of social welfare and to examine ways in which they could be more systematically integrated into the programme/process of the delivery of services.
Content	Introduction with appropriate terminology related to LGBT persons; the acquisition of up-to-date knowledge about LGBT identity; introduction with the specifics of work with LGBT persons in order to strengthen the competence of employees that are needed to provide social services in the CSW and community dedicated to these beneficiaries; strengthening the capacity of employees to adjust their services to strengthen LGBT's families; the identification of LGBT needs in order to assess, plan and arrange services in the community and lobbying for the introduction of new services for this population.
CHW Recruitment	-
CHW accreditation	Yes
Language	English, Serbian
Evaluation	Yes
More info	
Project website	http://en.asocijacijaduga.org.rs/wp-content/uploads/2015/03/Preporuke-eng-Konacno.pdf

Table 10: Training tool Bosnia and Herzegovina

Source	Survey. ESTICOM member
Title	Voluntary and confidential counselling and testing for HIV Training
Type of training	Face to face (interactive), manual for trainers (ten teaching units). The activities that attracted the attention of participants include: the exchange of ideas and opinions (brainstorming) compiling lists of activities, scenario analysis, group discussions, problem solving, presentation cases and various games.
Theoretical framework	Behaviour change, friendly approach
Organisation	Partnerships in Health
Country	Bosnia and Herzegovina
Year	2012
Target audience	Trainers
Location of CHW interventions	VCCT, In a NGO
Training summary	The purpose of the manual is that, as counsellors for voluntary, confidential counselling and testing (VCT), to acquire basic knowledge about the voluntary, confidential counselling and testing for HIV, its role in the prevention of HIV, to provide care for people living with HIV, as well as options for counselling and HIV testing of all categories of the population, especially those who are at higher risk of infection, as well as on the content of counselling. One-day training/eight hours
Content	Basic facts about HIV and AIDS; HIV voluntary confidential counselling and testing (objectives, benefits and barriers), HIV positive people referrals, adherence to treatment, advising people who are at higher risk HIV infection; psychological help and support; self-caring and quality assurance work; professional post-exposure Prophylaxis (PEP)
CHW Recruitment	On a voluntary base
CHW accreditation	Valid certificate
Language	Bosnian
Evaluation	Yes, training evaluation and feedback
More info	This manual has been used to support the capacity building of the future counsellors in the new established VCCT centres in Bosnia and Herzegovina.
Project website	http://www.hivtestiranjebih.com/index.html

Table 11: Training tool Austria

Source	Survey. ESTICOM member
Title	MSM peer training
Type of training	First face-to-face meeting with the MSM-expert Short or long training at Aids Hilfe Vienna (it depends on previous knowledge) Short training: one day training (six hours) Long training: five evenings (five hours each evening) Learning by doing with trained peers (tours, infopoints ;…) Advanced training courses once or twice per year with medical experts at Aids Hilfe Vienna
Theoretical framework	Peer to peer approaches Participation Empowerment
Organisation	AIDS-Hilfe Vienna
Country	Austria
Year	Since 2008
Target audience	MSM
Location of CHW interventions	Condoms and information (about HIV-prevention and VCT). Distribution at clubs, events, tours in the gay scene, info points, parties.
Training summary	- General volunteer training (five evenings) - training manual - Individual training by our MSM expert: no documentation - Several assignments with another "experienced" peer (buddy system): no documentation
Content	HIV, STI , VTC-Information; PEP, PreP, condoms
CHW Recruitment	Social media, friends of peers, webpage
CHW accreditation	Yes, after a successful first face-to-face meeting and training.
Language	German
Evaluation	No
More info	Once or twice yearly lectures usually on medical topics. The peers (including the Gay Romeo peers) meet four times a year to exchange information and experiences.
Project website	www.aids.at

Table 12: Training tool Austria

Source	Survey. ESTICOM member
Title	Gay Romeo Health support (since 2017 transferred to another service coordinated/provided by the DAH called "live chat"). Training for CHWs in Germany , 2016 by the DAH
Type of training	Gay Romeo support was mainly conducted by peers. However the "live chat" will be done mostly by employees of the different organisations - First face-to-face meeting with the MSM-expert - Three step training - First step (about 8 hours) - Second step (6 to 8 hours) - Third step - Yearly training in Germany
Theoretical framework	- Social cognitive theory - Diffusion of innovation model - Empowerment
Organisation	AIDS-Hilfe Wien/Deutsche AIDS-Hilfe
Country	Austria
Year	Since 2007 (two or three times a year)
Target audience	MSM (training for MSM who expect to became CHWs) App users (MSM and transgender) who have questions about: HIV; STDs, HIV-Tests, living with HIV, treatment, PEP, Prep.
Location of CHW interventions	Apps on many gay dating portals
Training summary	To become a "Live chat peer/employee" also takes a three step training: - First step: Peer/employee watches how our MSM expert answers the questions. - Second step: Peer/employee answers the questions with the assistance of our MSM expert. - Third step: Peer/employee begins to work at home but can contact our MSM expert if he is not sure.
Content	Topics: HIV prevention, PrEP, PEP, HIV; STIs, HIV-Tests, living with HIV, treatment.
CHW Recruitment	MSM are recruited from the existing peer group or from other Aids Hilfe Wien volunteers.
CHW accreditation	Yes, after a successful first face-to-face meeting and a successful three step training.
Language	German and English
Evaluation	Yes, the Deutsche Aids Hilfe evaluated each training session. The Deutsche Aids Hilfe also evaluated the number of replies to the questions of each gay health profile.
More info	To work as a Gay Romeo peer you have to sign a confidentiality agreement.
Project website	www.planetromeo.com

Table 13: Training tool Austria

Source	Survey. ESTICOM member
Title	Training for CHWs (employers in gay saunas, clubs and bars) in Austria (country)
Type of training	First-aid course Face-to-face training for employers in sex bars or in gay saunas with an expert from the Samariter Bund and the MSM-expert from the Aids Hilfe Wien.
Theoretical framework	Social cognitive theory Diffusion of innovation model Spread of information about HIV prevention in social interaction settings. Empowerment
Organisation	AIDS-Hilfe Wien/Samariter Bund
Country	Austria
Year	Since 2008
Target audience	Employers in gay saunas, clubs and bars
Location of CHW interventions	bars, saunas, dark rooms, sex bars, clubs
Training summary	What to do and what not to do in an emergency case
Content	Topics: HIV prevention, PrEP, STI, PEP, chemsex, how to deal with accidents in a bar/sauna (fainting, health problems, respiratory arrest), how to deal with clients' sexual accidents. (unsafe sex; ruptured condoms)
CHW Recruitment	They are employers in bars or saunas
CHW accreditation	All employers of a bar or a sauna are part of this training.
Language	German
Evaluation	No
More info	The feedback from the participants is very good and they enjoy it. They have a better understanding of how to deal with tough situations in a bar or a sauna after the training. We train five to ten people on each course and three to five bars, saunas and clubs per year.
Project website	www.aids.at

Table 14: Training tool Spain

Source	ESTICOM member
Title	Prevention 2.0. Update on HIV/STI prevention and transmission, and care through information and communication technologies (ICT)
Type of training	Face-to-face training for health workers who work in HIV prevention or LGTB community-based organisations. The sessions were divided into 5 modules (3 days).
Theoretical framework	
Organisation	Grupo de trabajo sobre tratamientos sobre el VIH (gTt-VIH)
Country	Spain
Year	2015
Target audience	NGO volunteers or staff
Location of CHW interventions	Internet
Training summary	The objective of the training is to provide an update on the prevention and transmission of HIV and other STIs based on the new scientific evidence that has been generated in recent years and on how to intervene in prevention through ICT.
Content	Module 1: The ICT in HIV and STI prevention. Module 2: Recreational drug use. Module 3: Update on HIV prevention and other STIs (epidemiology, sexual prevention, biomedical prevention, positive prevention). Module 4: Practices (risk evaluation, counselling). Module 5: HIV/STI prevention among MSM.
CHW Recruitment	Recruitment takes place via an invitation to volunteers or staff who work in HIV prevention/LGTB organisations.
CHW accreditation	Participation certificate
Language	Spanish
Evaluation	Participant survey at the end of training.
More info	
Project website	Not available

Table 15: Training tool Spain

Source	ESTICOM member
Title	Training of mediators to support people living with HIV
Type of training	Online training (January-July, 2016; last edition) divided into 5 modules.
Theoretical framework	Distance education and online model. E-learning
Organisation	National University of Distance Education
Country	Spain
Year	2015, 2016
Target audience	All those interested in supporting people living with HIV, especially those who, in the field of non-profit organisations, work as mediators in the health and social support of this population.
Location of CHW interventions	NGOs, psychosocial services at health centres.
Training summary	Specifically, this training has its focus on: a) basic training in multidisciplinary aspects of the HIV infection, b) to develop the skills to support people living with HIV.
Content	Module 1: Epidemiology and Research. Module 2: HIV infection: clinical aspects. Module 3: Health behaviours for primary and tertiary prevention of HIV infection. Module 4: Psycho-social aspects related to HIV infection. Module 5: Practical aspects
CHW Recruitment	Public call.
CHW accreditation	Professional expert diploma
Language	Spanish
Evaluation	Continuous evaluation through specific practical tasks and activities via the platform.
More info	Available on the web page.
Project website	https://formacionpermanente.uned.es/tp_actividad/idactividad/8515

Table 16: Training tool Spain

Source	ESTICOM member
Title	CHEMSEX ONLINE COURSE: New patterns of substance use among MSM
Type of training	Online training (30 hours, January-March, 2016; last edition) divided into four modules.
Theoretical framework	
Organisation	National Federation of Lesbian, Gay, Transgender and Bisexual (FELGBT)
Country	Spain
Year	2016
Target audience	LGTB NGOs volunteer or staff who are FELGBT members.
Location of CHW interventions	Psychosocial services
Training summary	This course was focused on providing basic information about Chemsex, to provide tools to participate in preventive and harm reduction activities, to acquire knowledge to provide basic care to men with problematic use and to support those who require a referral to a specialized centre.
Content	Module 1: Introduction to the chemsex phenomenon and sexual behaviour. Module 2: Drug addiction and chemsex, Module 3: Chemsex prevention. Modulo 4: Risk reduction strategies in the context of chemsex
CHW Recruitment	Public call addressed to all the member organisations of the FELGBT.
CHW accreditation	
Language	Spanish
Evaluation	Evaluation test for each one of the modules.
More info	Available in the PDF document which can be downloaded from the web page.
Project website	http://www.felgtb.com/escuelaOnline/cursos/Curso_Chemsex_online.pdf

Table 17: Training tool Spain

Source	ESTICOM member
Title	Course on CHEMSEX
Type of training	Face to face training (2 days, May, 2016).
Theoretical framework	
Organisation	National Coordinator of HIV-AIDS (CESIDA)
Country	Spain
Year	2016
Target audience	LGTB NGOs volunteer or staff who are CESIDA members.
Location of CHW interventions	Psychosocial services
Training summary	The objective of this course was to provide information on the characteristics of drugs used in chemsex (high potential for dependence, safe use, possibility of intravenous use) that make it necessary to develop specific preventive strategies for the population at very high risk of health problems or populations more susceptible to this practice.
Content	HIV/STI epidemiology among MSM. Sexual risk behaviour. VHC, PEP y PrEP. Description of the chemsex phenomenon. Recreational use vs. chemsex. Pharmacology. Pharmacological interactions and other drugs. Risk reduction model. Preventive strategies focused on MSM. Interventions with MSM with disadaptative consumption of drugs linked to sex.
CHW Recruitment	Public call addressed to all the organisations members of the CESIDA.
CHW accreditation	
Language	Spanish
Evaluation	
More info	Available in the PDF document which can be downloaded from the web page.
Project website	http://www.cesida.org/wp-content/uploads/2013/09/PROGRAMA-DEL-CURSO_Chemsex.pdf

Table 18: Training tool Spain

Source	ESTICOM member
Title	Network of Cyber-educators: network of peer educators for sexual health promotion through and for the LGBT population through the Internet
Type of training	Online training (April 2015- March 2016) divided into thirteen modules, eleven tutoring sessions to solve doubts and a face to face training weekend. Nine students participated from diverse regions.
Theoretical framework	E-learning
Organisation	Platform for sexual health promotion through the Internet (Stop Sida. "Creación Positiva, Grupo de Trabajo sobre Tratamientos del VIH".
Country	Spain
Year	2015-2016
Target audience	Volunteers at LGTB NGOs
Location of CHW interventions	Internet (gay web-pages) and geo-social apps to seek sexual partners.
Training summary	The training was for the incorporation of new volunteers to the national network of cyber-educators and a series of on-line meetings of retraining, support and coordination to the people who are already part of this network. Thus it facilitates the development and maintenance of its activity to promote sexual health through and for the LGBT community through Internet and mobile phone applications.
Content	Sexual health and sexual rights. Online health workers. HIV (epidemiology, testing, treatment). HIV transmission and prevention. Safer sex. STIs. Sexual diversity and gender perspective. Harm reduction in drug use. Defence and legislation for LGBT community. Counselling.
CHW Recruitment	73 LGBT and/or HIV prevention organisations were informed and invited to participate in this training.
CHW accreditation	Participation certificate
Language	Spanish
Evaluation	Five end-of-module evaluation tests. The participants evaluated both the training modules received and the platform used for teaching and monitoring.
More info	
Project website	

Table 19: Training tool Spain

Source	ESTICOM member
Title	Training for community health workers and human rights
Type of training	Face to face training (34 hours, during a month and a half) divided into thirteen theoretical sessions and three practical sessions. Participants: eleven participants started and six completed the training.
Theoretical framework	
Organisation	Gais positius
Country	Spain
Year	2015
Target audience	All those who want to be trained to participate as volunteers and are already part of the association and want to retrain and update their knowledge.
Location of CHW interventions	Distribution of preventive material (condoms, lube, handouts) and counselling about HIV and STI on the street and in gay venues, face to face and telephone attention, etc.
Training summary	This training aimed to incorporate new volunteers into the association and serve, at the same time, as a refresher course for volunteers who are already carrying out activities in the association. The rationale is that volunteering promotes solidarity and non-discrimination towards the LGTBI population and towards gay men living with HIV. This is the point of the volunteer training. .
Content	HIV. STIs. Counselling. Risk reduction in the use of alcohol and other drugs An educational approach to drug use Living in positive. LGTBI sexualities. LGTBI legal aspects. Practice sessions
CHW Recruitment	Diffusion of information on volunteering in Gais Positius. Dissemination of training in community health work and human rights through different areas: partner organisations, resources, promotion of volunteerism, public administrations and other organisations.
CHW accreditation	Participation certificate
Language	Spanish
Evaluation	Evaluation of both the theoretical and practical sessions through surveys. There was an overall quantitative evaluation.
More info	
Project website	

Table 20: Training tool Spain

Source	ESTICOM member
Title	Volunteer training course
Type of training	Face to face training (24 hours divided into twelve 2 hour sessions, March-April 2015). The training is theoretical and experiential (internalization of values, attitudes and sharing experiences), but it also has developed educational content online. Participants: 34 participants started and 23 completed the training.
Theoretical framework	
Organisation	Stop Sida
Country	Spain
Year	2015
Target audience	LGTB volunteers, including male and transsexual sex workers.
Location of CHW interventions	Gay venues, cruising areas, Internet, HIV testing and counselling, sexual health workshops, support group.
Training summary	This training is part of a much broader proposal (New Management Plan and Volunteer Training) about how to manage volunteering in an organisation. It aimed to incorporate new volunteers into the association to participate in its services and programmes and to carry out activities of direct action and actions of sensitization of the LGBT community and of sexual workers. Within the general training, a specific training course is given, of varying duration and modalities. The specific training is adapted to the service (workshops, testing and counselling, outreach, cyber-educators) that the volunteer has chosen to participate in.
Content	Sexual and cultural diversity. HIV prevention. Safer sex workshop. STI. Biomedical tools (HIV testing and PEP). Transsexuality. Risk reduction in drug use. Harm reduction in BDSM practices. Transphobia and homophobia. Defence of our rights. Living with HIV. Evaluation.
CHW Recruitment	The promotion and the recruitment of volunteers for the different services was carried out through the Stop Sida website, as well as in some websites aimed at the LGTB community (Bakala.org, Chueca.com, Tuamo.net, etc.), lists of e-mails of the organisation, distribution of posters and brochures in LGTB venues of the city of Barcelona, ads in institutional websites of volunteering and other organisations, and press ads in LGTB publications.
CHW accreditation	No
Language	Spanish
Evaluation	Final evaluation at the end of the training, a formative-experiential meeting (which evaluates counselling skills) and individualised monitoring accompanied by an experienced volunteer.
More info	
Project website	

Table 21: Training tool Spain

Source	ESTICOM member
Title	Sexual health education course
Type of training	Face to face training (one day, eight hours, November 2016).
Theoretical framework	
Organisation	SOMOS LGTB+ Aragón
Country	Spain
Year	2016
Target audience	LGTB volunteers and adolescent and young people.
Location of CHW interventions	
Training summary	It is a short and specific training day focused on sexual health issues.
Content	Sexual health and health skills. Basic concepts in sexual and reproductive health. Introduction to gender perspectives and LGBT+ in health programmes. HIV and STIs. Prevention policies. Intervention and harm reduction. Chemsex
CHW Recruitment	The promotion and the recruitment of volunteers was carried out through the SOMOS website, organisation email database sending a PDF document about the course.
CHW accreditation	No
Language	Spanish
Evaluation	
More info	
Project website	

Table 22: Training tool Spain

Source	ESTICOM member
Title	Course on counselling through ICTs
Type of training	Face to face training (two days, twelve hours, May 2015).
Theoretical framework	Expositive-participatory methodology, encouraging active listening and the participation of the attendees, dialogue and reflection on the course contents, as a more effective way of creating meaningful learning.
Organisation	CESIDA (National Coordinator for HIV and AIDS)
Country	Spain
Year	2015
Target audience	Technical staff and volunteers of CESIDA member organisations.
Location of CHW interventions	
Training summary	The objective of this course is to provide the necessary information and methods to the people who collaborate/work within the associations that are members of CESIDA, in the field of HIV/AIDS prevention and counselling through ICT.
Content	Counselling as intervention strategy. New technologies applied to seeking contacts and new social networks. Counselling on the Internet: email and chat. Interventions with people living with HIV and the approach to specific problems.
CHW Recruitment	The promotion of this training was carried out among the CESIDA member organisations.
CHW accreditation	No
Language	Spanish
Evaluation	
More info	
Project website	http://www.cesida.org/curso-asesoramiento-counselling-tic/

Table 23: Training tool Spain

Source	ESTICOM member
Title	Seminar on Pre and Post exposition Prophylaxis
Type of training	Face to face training (1 days, 7 hours, October 2016).
Theoretical framework	
Organisation	CESIDA (National Coordinator for HIV and AIDS)
Country	Spain
Year	2016
Target audience	Technical staff and volunteers of the CESIDA member organisations.
Location of CHW interventions	
Training summary	The objective of this seminar was to deal with those unresolved or more controversial aspects of the approach to Pre and Post exposure Prophylaxis, both in its research and experiential aspects and in the recommendations linked to the particularities of the populations with which the associations work, their concerns and proposals.
Content	Pharmacological update of ART. What is PrEP and PEP? New ways of prevention to debate. The advantages and disadvantages of use of Pre and Post prophylaxis. When it is advisable to use PrEP and PEP. Action of the Ministry of Health: Working Group on PrEP. Studies carried out with PrEP. Experiences in other countries. Results and opinions. PrEP and PEP in our country.
CHW Recruitment	The promotion of this training was carried out among CESIDA member organisations.
CHW accreditation	
Language	Spanish
Evaluation	
More info	
Project website	http://www.cesida.org/jornada-prophylaxis -pre-y-post-exposure-de-cesida/

Table 24: Training tool Spain

Source	ESTICOM member
Title	Training workshop: Hepatitis C and HIV and HCV coinfection
Type of training	Face to face training (2 days, 12 hours, June 2016).
Theoretical framework	
Organisation	CESIDA (National Coordinator for HIV and AIDS)
Country	Spain
Year	2016
Target audience	Technical staff and volunteers of the organisations that are members of CESIDA
Location of CHW interventions	
Training summary	
Content	Epidemiology. Virology. HCV transmission and prevention. Natural history of hepatitis C. Detection and diagnosis. Hepatitis C and public health (addressing hepatitis C in the National Health System). Acute HCV infection treatment. Chronic HCV infection treatment. Evaluation and close
CHW Recruitment	The promotion of this training was carried out among CESIDA member organisations.
CHW accreditation	
Language	Spanish
Evaluation	
More info	
Project website	http://www.cesida.org/wp-content/uploads/2013/09/Programa_-Formaci%C3%B3n-hepatitis-C.pdf

Table 25: Training tool Spain

Source	ESTICOM member
Title	Online course on HIV infection and AIDS: Update
Type of training	Online training (3 months, September-December 2016).
Theoretical framework	The course incorporates the following cross-cutting approaches: the human rights approach; gender, social determinants of health, HIV-related stigma and discrimination; Interculturality and synergies with other health problems, in order to guarantee equity and equal opportunities between men and women, reduce social inequalities in health, achieve better health outcomes and impulse health strategies, dignity and positive prevention.
Organisation	CESIDA (National Coordinator for HIV and AIDS)
Country	Spain
Year	2016
Target audience	Technical staff and volunteers of CESIDA member organisations
Location of CHW interventions	
Training summary	This training aimed to update and expand the technical knowledge of the teams of professionals and volunteers of CESIDA member organisations in order to enhance the quality of their interventions in the prevention of HIV and other STIs, as well as in the care of people living with HIV infection.
Content	HIV biology: Virology and molecular epidemiology of HIV. Mechanisms of HIV transmission. HIV prevention in different groups (MSM: apps, chemsex and slamming; Drug users: harm reduction; heterosexual population; children and young people; sex workers). Diagnosis of HIV: update on different test modalities. the situation relating to test availability in Spain and inequalities in access. Recommendations on the frequency of the test in Spain and in other neighbouring countries. Update on treatments: use of treatment as prevention: PEP and PrEP. Health, dignity and positive prevention: Stigma and discrimination. Violence and HIV. Prevention with people living with HIV and quality of life.
CHW Recruitment	The promotion of this training was carried out among CESIDA member organisations
CHW accreditation	Participation certificate given by CESIDA
Language	Spanish
Evaluation	Evaluation tests were included in all modules.
More info	
Project website	http://www.cesida.org/curso-online-sobre-actualizacion-de-la-infeccion-por-el-vih-y-el-sida/

Table 26: Training tool Spain

Source	ESTICOM member
Title	Annual training for activists and volunteers
Type of training	Face to face training
Theoretical framework	
Organisation	SOMOS LGTB+ Aragón
Country	Spain
Year	2016-2017
Target audience	Activists and volunteers of SOMOS
Location of CHW interventions	
Training summary	The SOMOS training group is the only one formed by the technicians of the NGO staff. The training in SOMOS is subdivided in many subjects and very diverse modalities.
Content	The training themes were focused on education, sexual health and counselling, hate crimes, emotional management, chemsex, rights, youth and LGTBI culture.
CHW Recruitment	Among the activists and volunteers of SOMOS.
CHW accreditation	
Language	Spanish
Evaluation	
More info	Information on its internal training is described in the document on its projects and services which can be downloaded from the project website.
Project website	https://somoslgtb.files.wordpress.com/2016/07/somos-20162017-proyectos-y-servicios-1.pdf

Table 27: Training tool Spain

Source	ESTICOM member
Title	Detection of violence in same-sex couples (3rd edition)
Type of training	Online course (thirty hours, two months, October-November 2016).
Theoretical framework	
Organisation	National Federation of Lesbian, Gay, Transgender and Bisexual (FELGBT)
Country	Spain
Year	2016
Target audience	Professionals, staff and volunteers from organisations working with LGTB people, especially those who work in HIV testing services.
Location of CHW interventions	
Training summary	The purpose of the course was to facilitate professionals who are in contact with the LGTB population and especially those working in HIV testing services where they can detect situations of intra-gender violence and have tools for an initial approach to this type of event. In order to do this, the course will advance from more general and conceptual aspects, establishing the bases for understanding the dynamics of violence in couple relationships, towards more specific aspects about the detection and treatment of this type of violence.
Content	Approach to couple violence between people of the same sex. Characteristics and dynamics of intimate partner violence. The relationships of abuse between people of the same sex: myths, attitudes and behaviours and effects on health. Coping with intra-gender violence by professionals working in HIV testing services.
CHW Recruitment	The promotion of this training was carried out among FELGBT member organisations.
CHW accreditation	
Language	Spanish
Evaluation	Each of the modules includes a ten question multiple choice exercise in order to assess the assimilation of the course contents.
More info	
Project website	http://www.felgtb.com/escuelaOnline/cursos/Curso_Violencia_Intragenero_FELGTB.pdf

Table 28: Training tool Spain

Source	ESTICOM member
Title	Theoretical introduction to bisexuality
Type of training	Online course (five hours, one week, four groups during October-November 2016).
Theoretical framework	
Organisation	National Federation of Lesbian, Gay, Transgender and Bisexual (FELGBT)
Country	Spain
Year	2016
Target audience	Volunteers and staff of organisations that are FELGTB members, both non-bisexual people who want to improve their knowledge about bisexuality and bisexual people who start their activism in our organisations.
Location of CHW interventions	
Training summary	In order to help and to know the reality of bisexuality from a historical, theoretical and social level, this course was offered to teach, sensitize, empathize and clarify that the fight against LGTBI-phobia, it is also to fight against biphobia.
Content	Introduction to bisexuality: history and theoretical evolution. Introduction to biphobia and other problems faced by bisexual people. Bisexual stereotypes and myths. References Bi-erasure. Resources about bisexuality.
CHW Recruitment	The promotion of this training was carried out among the FELGBT member organisations.
CHW accreditation	
Language	Spanish
Evaluation	A ten question exercise was used in order to assess the assimilation of the course content. Participation in the forum will also be mandatory.
More info	
Project website	http://www.felgtb.com/escuelaOnline/cursos/Curso_Bisexualidad_FELGTB.pdf

Table 29: Training tool Belgium

Source	ESTICOM member
Title	Training for CHW in Belgium/Leuven, 2016 by Sensoa
Type of training	Just one session in an NGO
Theoretical framework	Social theory
Organisation	Sensoa, in collaboration with Regenbooghuis Vlaams Brabant
Country	Belgium
Year	2016
Target audience	CHWs in Regenbooghuis Vlaams Brabant.
Location of CHW intervention	CHWs trained to intervene in: LGBTQI-groups or LGBTQI-associations throughout Vlaams Brabant
Training summary	Not provided
Content	HIV prevention, PrEP
CHW recruitment	CHWs were recruited via the Regenbooghuis Vlaams Brabant where they work as volunteers.
CHW accreditation	No
Language	local language, Dutch
Evaluation	No
More info	mark.sergeant@sensoa.be; Koen Block koen.block@eatg.org; Mark Sergeant
Project website	www.sensoa.org/be

Table 30: Training tool Italy

Source	ESTICOM member
Title	Training course for the green-line-plus operators
Type of training	Twenty four hours of course divided into four days,
Theoretical framework	Not informed
Organisation	Plus. Personnel LGTB sieropositive onlus
Country	Italy
Year	2013
Target audience	Operators of a telephonic line (numero verde plus)
Location of CHW intervention	Telephonic
Training summary	Not provided
Content	HIV infection, treatment and transmission Positive relationship diagnostic techniques for HIV infection HIV in the legal system Empathic listening: basic techniques of counselling Sexually transmitted diseases The four phases of telephone counselling When to start antiretroviral therapy Techniques of written communication
CHW recruitment	Not provided
CHW accreditation	Not provided
Language	Italian
Evaluation	Not provided
More info	Information provided by Giulio Maria Corbelli giuliomariacorbelli@gmail.com
Project website	http://www.plus-onlus.it/

Table 31: Training tool Portugal

Source	ESTICOM member
Title	Portuguese community based screening network
Type of training	Public health nurse-led, face-to-face, two days or three sessions (One session is a rapid tests demonstration) or twelve hours in total
Theoretical framework	– Eng., E.; Parker, E. (2002) Chapter VI - Natural Helper Models to Enhance a Community's Health and Competence *in* Emerging theories in health promotion practice and research. USA: Jossey-Bass. WHO 5 C's sequence model (5Cs: consent, confidentiality, counselling, correct results and connection).
Organisation	GAT (Grupo de Ativistas em Tratamentos)
Country	Portugal
Year	2015 – 2016
Target audience	CHWs (peers and/or health/social workers) of community-based organisations (CBO) aimed at priority groups (men who have sex with men, trans people, people who use drugs, sex workers or migrants).
Location of CHW intervention	CHWs trained to intervene in their CBO testing site or mobile unit.
Training summary	In order to define standardized procedures throughout the work process between the different organisations, three training actions were carried out by the GAT in conjunction with the ISPUP. The first training course took place in Lisbon on 8 and 9 October 2015, the second training course took place in Coimbra on 15 and 16 October 2015 and the third training took place in Oporto on March 26 and 27, 2016. 65 CHWs from 20 different CBOs were trained.
Content	WHO 5 C's sequence model (5Cs: consent, confidentiality, counselling, correct results and connection) Update on HIV, HBV, HCV and syphilis infections (epidemiological numbers, transmission routes, window periods, signs and symptoms and criteria to be eligible for screening) Preventive risk management counselling (principles, sexual practices and risk levels for transmission, internal and external condoms and lubricant, post-exposure prophylaxis and partner notification) HIV, HBV, HCV and Syphilis rapid screenings (INSTI HIV, VIKIA AgHbs, ALERE syphilis and HCV INFO rapid tests, referral for confirmatory tests and post-test follow-up) Ethic Code of Community Screening Technician Structural conditions for safe screening (material provision and storage, healthcare associated infection prevention and control and healthcare waste management) Request licensing from the Health Regulatory Authority (certification and complaints book) Laboratory supervision and quality control procedures Screening Network Cohort questionnaire (simulate an entry, a follow-up and a refusal and data management)
CHW recruitment	CBOs decide on which CHWs attend.
CHW accreditation	Only certified training entities can give accreditation, GAT is not certified.
Language	Portuguese
Evaluation	After the training, a minimum of one monthly supervision session is ensured, as well as laboratorial protocol validation and oversight, and scientific supervision and support for data analysis. We intend to pilot and evaluate peer testing in different settings over the course of the next year.
More info	The training programme took into consideration existing regulations in our country, applicable to NGOs, where they exist, or to the National Health Service Community Health Centres.
Project website	http://www.redederastreio.pt/

Table 32: Training tool France

Source	ESTICOM member
Title	Initial training for AIDES
Type of training	Initial training Self-funded (with minimal State funds) for all new members (Staff and Volunteers)
Theoretical framework	AIDES Culture : Societal Change Activist Attitude Community development Health promotion Values Ottawa charter Rogers Motivational Interviewing
Organisation	In House training by peer members of AIDES (internal training and validation as trainers)
Country	France
Year	(Since 1984) current version since 2010 (updates every year)
Target audience	Volunteers and salaried staff
Training summary	Six days (usually three weekends) twenty participants per session, 10-12 sessions per year. Teams of two trainers per weekend. Participants from all over France Participative pedagogy (No top down institution, working with the groups knowledge) Part of the induction process for volunteers. Feedback between trainers and local branches.
Content	Being an activist at AIDES. Principles of global health approach Transmission (HIV HCV) routes Barrier prevention methods: treatment as prevention and PrEP Basic knowledge about HIV HCV and treatment Project construction and engagement with communities Group dynamics on sexual health, HIV, HCV Support etc. Counselling techniques, (Rogers and MI) Harm minimisation
CHW recruitment	Obligatory for all volunteers and staff
CHW accreditation	Post training the volunteers request validation from the local branches. No official validation by the trainers.
Language	French (and sometime Creole and Taki Taki)
Evaluation	Daily summing up by participants, they also keep a diary of the group dynamics of the weekend. Written evaluation of satisfaction at end of the weekends. Yearly quantitative evaluation for state funding.
More info	Not provided
Project website	Not provided

Table 33: Training tool France

Source	ESTICOM member
TITLE	Sexual Harm Minimisation and Screening
Type of training	Continuous Training to accredit participants to carry out rapid diagnostic test for HIV and HCV (minimal state funds)
Theoretical framework	Health promotion and community development. VCT guidelines. Motivational interviewing
Organisation	In house training by peer members of AIDES (internal training and validation as trainers) External training by salaried staff of our training structure.
Country	France
Year	Version 2010 updated 2015(HCV)
Target audience	Volunteers and salaried members of AIDES and some partner organisations. (In-house) Other LBGT stakeholders and community-based NGOs, health professionals
Training summary	Four days (usually 2+2. 15-18 participants. 7-9 sessions per year. Teams of 2-3 trainers per session) (in house). Accreditation is a nominative certificate recognized externally as a skill.
Content	Social worker role and posture Key populations Screening and part of prevention palette Transmission routes STIs HIV HCV Differentiating screening methods and tests Standards of quality Training in sampling and reading test results (live) Counselling : pre and post test Validation of techniques and knowledge
CHW recruitment	Volunteers and staff involved in outreach programmes (In-house) For external sessions this depends on the employers/Structure
CHW accreditation	Accreditation takes place at the end of the session based on trainer appraisal of techniques used and on a basic knowledge questionnaire
Language	French
Evaluation	Evaluation by participants at the end of the session (satisfaction). Yearly quantitative evaluation for state funding.
More info	Not provided
Project website	Not provided

Table 34: Training tool France

Source	ESTICOM member
TITLE	Counselling
Type of training	In house (and external offer) continuous training (minimal state funds)
Theoretical framework	Rogers and Motivational Interviewing
Organisation	In house training by peer members of AIDES (internal training and validation as trainers)
Country	France
Year	2010- Onwards scenarios and case studies updated regularly.
Target audience	Volunteers and staff members (as per contract for external training)
Training summary	Two days (weekend) 7-9 times a year, fifteen participants, team of two trainers.
Content	Representations of being a counsellor at AIDES. Posture of openness and empathy Empowerment, Agency Open questions Reflective listening Resistance Decision making and other MI tools. Giving/making feedback Counselling individuals and groups
CHW recruitment	Any volunteer/ staff member (seen as complementary and necessary for screening activity) External offer = as per employer.
CHW accreditation	No accreditation, but certificate of attendance
Language	French
Evaluation	Participant satisfaction: verbally at end of the day and the weekend and written at end of the weekend. Yearly quantitative evaluation for state funding.
More info	Not provided
Project website	Not provided

Table 35: Training tool France

Source	ESTICOM member
TITLE	Harm Minimisation and Accompanying Health Trajectories.
Type of training	In house (and external offer) continuous training (minimal state funds)
Theoretical framework	Empowerment oriented health promotion (Ottawa, Jakarta) Models of change
Organisation	In house training by peer members of AIDES (internal training and validation as trainers)
Country	France
Year	2013 onwards. Scenarios and case studies updated regularly.
Target audience	Volunteers and staff members (as per contract for external training)
Training summary	Four days (2+2) (two weekends) three times a year, fifteen participants, team of two trainers.
Content	Role and representation of working in Harm minimisation Combating health inequalities Personal experience with Harm minimization Developing empowerment Ethics as tool for action : equity, autonomy, beneficence, legality Questions of gender Reflexive, critical and analytical dimensions of representations. 4 stages of change Ambivalence, resistance, Person centred responses Global approach to health (and sexual health, drug consumption, observance, discrimination) Advocacy
CHW recruitment	Any volunteer/ staff member (seen as complementary and necessary for screening activity) External offer = as per employer.
CHW accreditation	No accreditation, but certificate of attendance
Language	French
Evaluation	Participant satisfaction: verbally at end of the day and the weekend and written at end of weekend. Yearly quantitative evaluation for state funding.
More info	Not provided
Project website	Not provided

Table 36: Training tool Russia

Source	ESTICOM member
Title	Training for CHWs in Russia: "Effective HIV-prevention work with LGBTI and MSM", developed by LaSky Network / SSIPH Foundation
Type of training	A face-to-face training conducted by professional doctors who are at the same time LGBTI-representatives having grassroots experience in implementing HIV/STI prevention programmes for MSM in CIS countries; one 2-day/14 hour training with nine training sessions, for up to fifteen participants
Theoretical framework	- Motivational Interviewing and Behaviour Change Model of Prochaska and DiClemente - Resolution of American Psychological Association - Alfred Kinsey`s scale of sexual orientation - Biological and social theories of homosexuality
Organisation	LaSky Network / SSIPH Foundation aimed at HIV-prevention among MSM in collaboration with Russian LGBT-Network and an independent HIV/AIDS consultant, Yuri Sarankov, (Kyiv, Ukraine)
Country	Russia (Ru)
Year	2012
Target audience	CHWs, NGO`s outreach workers, VCT staff, "trusted" doctors from state medical facilities in Moscow, St Petersburg and the North-Western region of Russia (Arkhangelsk, Kaliningrad)
Location of CHW interventions	CHWs/ outreach workers/"trusted" doctors trained to intervene in "cruising" areas, gay clubs, bars and saunas, VCT, community centres for LGBTI and MSM, via the Internet and web social networks
Training summary	The training was designed to increase CHWs' awareness in the questions related to homosexuality, homosexual behaviour, medical and psychological needs of MSM, and HIV/STI prevention among them. The training is aimed at the elimination of stigma and discrimination among professionals and paraprofessionals working with MSM, and contributing to supporting a network of doctors who are friendly towards MSM and LGBTI so that regional MSM projects would refer their clients to these "trusted" doctors.
Content	Topics: Homosexuality, homophobia, MSM`s medical needs HIV/AIDS: epidemic among MSM and interventions, safer sexual practices, PrEP, HIV-prevention among HIV-positives, comprehensive package of services, VCT, motivational interviewing and behaviour change model, case management, sexual risks assessment, creating a friendly clinical space for MSM, psychological recommendations for communication with MSM
CHW Recruitment	Training participants were recruited through personal contacts of LaSky project staff; official invitation letters were sent to medical facilities to invite those "stigma-free" and willing to communicate with medical doctors from state facilities involved in MSM projects to take part in the training.
CHW accreditation	No accreditation of training participants
Language	Russian
Evaluation	No evaluation
More info	The training was developed and held within the SIDA sub-grant given to PSI/Russia: «Support for the health rights saving in the North-Western part of Russia» One of the results was that some medical practitioners became "trusted" doctors for the project`s clients after this training. Contact details: Andrey Beloglazov mr.lasky@mail.ru Director of LaSky Network Charity Foundation for Support of Social Initiatives and Public Health (SSIPH Foundation) Moscow, Russia
Project website	www.lasky.ru

Table 37: Training tool Greece

Source	ESTICOM member
Title	Training for CHWs in Greece, 2012 by the Hellenic Centre for Disease Control and Prevention (HCDCP)
Type of training	For almost a month and a half before the official inauguration of the Ath Checkpoint, six prospective CHWs met on a daily basis for eight hours at the premises of the HCDCP for extensive training. This was a teacher-led, face-to-face, group training which was carried out by both the HCDCP HIV and STIs specialists working for the HIV Office and the Office of Psychosocial Interventions in the Community and a community mental health counsellor, specialized in LGBTQI issues.
Theoretical framework	Cognitive and Psychosocial approaches like: Social learning and social cognitive theory elements Cognitive behavioural therapy elements Empowerment Theory of reasoned action Peer to peer model and information stemming from the COBATEST manual
Organisation	Positive Voice (Greek Association of PLWHA) in technical collaboration with the Hellenic Centre for Disease Control and Prevention (HCDCP)
Country	Greece
Year	2012 onwards
Target audience	CHWs (CBVCT Staff)
Location of CHW interventions	CHWs trained to intervene firstly at the Ath Checkpoint premises and then at any other out-of-premises testing activity, i.e. gay saunas, MSM community venues, mobile unit testing etc.
Training summary	The most salient objective of the training was to equip CHWs with all the necessary information and knowledge required to work in a community setting and to mainly address MSM community needs around HIV prevention. Also, the CHWs were to be able to fulfil the Checkpoint project's 3 objectives which are: 1) Offer testing, support and linkage to care, 2) Promotion of safer sex through a candid and non-judgemental two-way counselling service and the distribution of informative material, condoms and lube at community venues and 3) Battling effects of HIV-related social stigma by aiming to change people's stance on HIV and other STI testing and to also inform about the beneficial impact of early treatment in QoL and about the transmission reduction benefit of TaSP. Also to empower CHWs through the provision of ongoing training and evaluation of their work to constantly try to reach the most significant Checkpoint project targets which are: 1) Reduction of the number of MSM unaware of their status, 2) Reduction of the undiagnosed fraction, 3) Promotion of routine testing habits, 4) Facilitation of early diagnosis and optimal access to treatment and care
Content	Topics: HIV/AIDS, STIs, prevention issues, safer sexual practices, counselling basics and guidelines, pre- and post-test counselling issues, result announcement, harm reduction from substance use, PEP, correct use of condom, linkage to care, supervision issues, multicultural differences, interpersonal relationships, false trust issues towards our sexual partners, gay men and HIV-related issues etc.
CHW Recruitment	Being based on the peer-to-peer model, Positive Voice recruited both lay PLWHA and healthcare professionals from the MSM community
CHW accreditation	Pending
Language	Greek
Evaluation	Evaluation forms were distributed by the trainers to the CHWs
More info	1) Both Ath and Thess Checkpoints were referred by the WHO in July 2015 as best practice on HIV testing and counselling services 2) For 2014, 19% of the total Greek new HIV cases were recorded at the Checkpoint. This number went up to 31% for 2015 and 33% for 2016 3) 92% of reactively-test beneficiaries was successfully linked to care 4) Up to date, more than 3,5 million condoms and informative material have been distributed

	5) Up to date (end of 2016), more than 45000 HIV, 8500 HBV and 9500 HCV tests have been performed Contact Person: Sophocles Chanos, MSc. Checkpoint Head 4, Pittaki Street, Athens 15, Svolou Street, Thessaloniki Landline: +302103310400 Mobile: +306944425243
Project website	www.mycheckpoint.gr

Table 38: Training tool Latvia

Source	Survey. ESTICOM member
Title	Training for CHWs in Latvia 2017, by the Baltic HIV association
Type of training	It is carried out as face-to-face training. Duration of training is 2.5 hours, in one session. If anyone is in need of more training, they are encouraged to request it also from other specialists. So far we have trained 4 people who carry out tests and more than four client managers, of whom 3 testers and 1 client manager are active now.
Theoretical framework	
Organisation	Baltic HIV association
Country	LV
Year	2017
Target audience	CHWs or outreach workers
Location of CHW interventions	CHW trained to intervene in: gay venues and offices
Training summary	Understand how HIV is transmitted and how it cannot be transmitted. Being able to evaluate HIV transmission risk. Understanding how HIV rapid tests work. Knowledge of how to carry out HIV consultation
Content	Topics: HIV prevention, PrEP, STI, drug use and harm reduction
CHW Recruitment	Workers are recruited through posting advertisements in universities and on campus advertisement boards.
CHW accreditation	
Language	Latvian, Russian, English
Evaluation	The trainee is asked questions about testing etc. The first few working days they are accompanied by an experienced worker who evaluates their work and advice if needed.
More info	
Project website	www.balthiv.com www.testpunkts.lv

Table 39: Training tool Croatia

Source	Survey. ESTICOM member
Title	Training for counsellors for rapid HIV testing for MSM centre (organised as need, 1-2 per year)
Type of training	- 1st part: workshop (4 hours)) on principles and theory of HIV testing organised with partner on project Public Health Institute - 2nd part: required reading (HIV testing manual) (4 hours) - 3nd part: visit to HIV clinic (optional): practical learning on the process when people are referred to care (4 hours) - 4rd part: practical work in pairs with existing counsellors (4-8 hours)
Theoretical framework	N/A
Organisation	Iskorak in collaboration with Public Health Institute
Country	HR
Year	September, 2016
Target audience	Community testing counsellors
Location of CHW interventions	Community based HIV testing site for MSM (at LGBT centre Zagreb)
Training summary	
Content	Epidemiological situation Principles of HIV testing and counselling Process of testing in VCTs in Croatia (pre-counselling, post-counselling) Community based testing Diagnostic methods Rapid HIV tests Positive results and linkage to care Study visits (visit to the lab, visit to the HIV clinic) Practical work with supervision of an experienced counsellor
CHW Recruitment	N/A
CHW accreditation	N/A
Language	Croatian
Evaluation	Counsellors take test before and after. Counsellors working in pairs evaluate capacity to work as counsellors.
More info	
Project website	

Table 40: Training tool Croatia

Source	Survey. ESTICOM member
Title	Training for peer counsellors/outreach workers (one per year)
Type of training	Workshop (4h) on MSM sexual health basics For those in outreach additional explanation on indicators for monitoring and evaluation
Theoretical framework	N/A
Organisation	Iskorak
Country	HR
Year	November, 2016
Target audience	MSM interested in helping community on health programme
Location of CHW interventions	Various: peer counsellors, outreach visits to saunas, clubs and cruising areas
Training summary	
Content	What kind of sex we want What is risky? Current HIV and STD situation among MSM in Croatia Testing Living with HIV European HIV Testing week Specific activities and tasks for testing week Promotion, including outreach work Administration, supervision and monitoring and evaluation
CHW Recruitment	
CHW accreditation	
Language	
Evaluation	
More info	
Project website	

Table 41: Training tool Denmark

Source	Survey. ESTICOM member
Title	Sexpert
Type of training	Face to face workshop – 3-4 hours
Theoretical framework	
Organisation	AIDS-Fondet
Country	DK
Year	2016
Target audience	MSM
Location of CHW interventions	Outreach and online CHW's
Training summary	To train MSM CHWs to give advice online as well as onsite
Content	Info about Sexpert project Norm-Critique Sex-positive approach Sexual practices STIs/HIV ABC/Hep Protection HIV test To be offered a counselling appointment in the Aids-foundation Limit theorem - yourself and those you talk to Conversation engineering: role-playing/situations The role of Sexpert How to create an outreach workshop The website - tour and logic Summary of outreach work
CHW Recruitment	MSM community
CHW accreditation	
Language	Danish
Evaluation	
More info	
Project website	http://sexperterne.dk/

Table 42: Training tool Denmark

Source	Survey. ESTICOM member
Title	Checkpoint tester
Type of training	Face to face workshop – 3-4 hours and 6-8 hours of testing with a trained colleague, followed by 3-6 hours under supervision.
Theoretical framework	Motivational interviewing
Organisation	AIDS-Fondet
Country	DK
Year	2016
Target audience	MSM and professional heath staff – primarily nurses
Location of CHW interventions	Checkpoint test and counselling in-house and onsite.
Training summary	To train staff to test and counsel MSM and ethnic minority populations.
Content	Pre-and-post-test counselling The various test-kits Linkage to care procedure Counselling on HIV/STI and Hepatitis Motivational interviewing Evaluation and feedback after each session
CHW Recruitment	MSM community + ethnic communities
CHW accreditation	
Language	Danish and English (as 33% of our clients are non-Danish speaking)
Evaluation	Internal evaluation
More info	
Project website	http://aidsfondet.dk/hivtest

Table 43: Training tool Ukraine

Source	Survey. ESTICOM member
Title	Training guide «Outreach work with MSM» (Rus)
Type of training	Three days/24 hour training. Up to 20 participants.
Theoretical framework	Analysis of barriers in communication and how to overcome them. Testing of establishing of contact skills. Mastering the skills of short-term solution-based counselling, Improving motivational skills to change behaviour.
Organisation	Alliance for Public Health (former International HIV/AIDS Alliance in Ukraine)
Country	Ukraine
Year	2012
Target audience	CHWs, NGO outreach workers
Location of CHW interventions	NGOs/Community Centres for members of LGBT community
Training summary	The training guide is developed for the training of the personnel of public and state organisations working in HIV prevention among MSM. The main objective of such training is to create conditions for mastering the skills of outreach work in HIV/STI prevention projects among MSM: to analyse the barriers to communication and how to overcome them; work on contact establishing skills; development of the skills of short-term decision-based counselling,; improving motivational skills to change behaviour. Target group: outreach workers and volunteers who work with MSM in prevention projects and initiative groups
Content	Topic 1. Outreach work as a form of organisation of work with closed target groups Topic 2. Outreach work in Ukraine Topic 3. Safety of outreach workers Topic 4. Communication skills Topic 5. Non-verbal communication Topic 6. The theory of safe behaviour Topic 7. Consulting, focused on decision Topic 8. Technicians of scale assessments Topic 9. Methods of overcoming barriers to outreach work among MSM in Ukraine
CHW Recruitment	Training participants were recruited from social/outreach workers from local organisations working with MSM.
CHW accreditation	No accreditation of training participants
Language	Russian
Evaluation	No evaluation
More info	http://aph.org.ua/wp-content/uploads/2016/08/sex-gifted-part1_p.pdf
Project website	www.aph.org.ua

Table 44: Training tool Ukraine

Source	Survey. ESTICOM member
Title	Training guidelines for the prevention of sexual transmission of HIV among MSM
Type of training	Thee 8 hour training days conducted by professional doctors and consultants familiar with the specifics of work with MSM in implementing HIV/STI prevention programmes. 12-20 participants.
Theoretical framework	
Organisation	Alliance for Public Health (former International HIV/AIDS Alliance in Ukraine)
Country	Ukraine
Year	2012
Target audience	CHWs, NGO outreach workers, "trusted" doctors from state medical facilities in the cities of Ukraine where projects for MSM are run.
Location of CHW interventions	NGOs/Community Centres for members of the LGBT community
Training summary	The main objective of the training is to increase the level of theoretical knowledge of social workers from MSM-service organisations in the fields of sexology and consulting work with the aim of facilitating the development of the safest skills of sexual behaviour among men who have sex with men. Content: HIV prevention; HIV education; STI; healthy sexual behaviour
Content	Sexual rights. The concept of sex. Sexual norms. Classification of sex. Sex functions. Varieties of sexual behaviour patterns, practices, techniques. Trends and most species-specific sexual behaviours facing social workers working with MSM. Secure and protected sex. STDs/STIs. Health risks in the context of various sexual practices. Barrier contraception. Lubricants Personal hygiene in the context of sexual risk. Emergency STI/STD prevention. Sex toys: a practical exercise; health risks and their minimisation Sexual trauma and associated risks Sex stimulants and recreational drugs.
CHW Recruitment	Training participants were recruited from social/outreach workers from local organisations working with MSM. Also medical workers affiliated with local NGOs were invited.
CHW accreditation	No accreditation of training participants
Language	Russian
Evaluation	No evaluation
More info	http://aph.org.ua/wp-content/uploads/2016/08/sex-gifted-part2_p.pdf
Project website	www.aph.org.ua

Table 45. Training tool Serbia

Source	Survey. ESTICOM member
Title	Seminar on Training Health Care and Social Welfare/Protection Professionals on LGBT Issues"
Type of training	Face-to-face training.
Theoretical framework	Capacity building through correct information, increased knowledge on LGBT issue and changing attitudes and practices toward LGBT. Cognitive-behavioural approach combining theoretical lectures with interactive workshops.
Organisation	NGO Association RAINBOW. Republic of Serbia GOVERNMENT Directorate for Human and Minority Rights.
Country	RS
Year	2013 (11-12 March)
Target audience	Health Care and Social Welfare/Protection Professionals.
Location of CHW interventions	CHWs (health care workers and social welfare/protection) trained to intervene in: gay venues through outreach work (as a part of outreach team), drop-in centres, and in their own institutions (to connect LGBT reached on field with institution/system based on the referral of outreach workers)
Training summary	History of the Rainbow association. Health/social services. Services provided in the community: drop-in centre and outreach work. Tolerance in the familiar context.
Content	Sensitisation on LGBT issues, adequate terminology and its importance during work with LGBT and their families, LGBT problems (socio-psychological) in social environments and in the family.
CHW Recruitment	Organizer sent official invitation to healthcare institutions (institutes of public health and primary healthcare centres) and social welfare centres in Serbia. Those who were interested registered to participate in the event.
CHW accreditation	The programme was accredited for Social Welfare/Protection Professionals by the Republican Institute for Social Protections. This accreditation is not valid for healthcare workers.
Language	Serbian
Evaluation	They use pre- and post- test of knowledge (at the beginning and the end of the programme) and an evaluation form at the end of the programme.
More info	In 2013, March 11-12, Association Rainbow organized a two-day event of eight hours each day. It was a combination of Professional Conference and Training. Day one was the Conference (8 hours) Day two was Basic Training (8 hours with 8 sessions). Target population were health care and social welfare/protection professionals. At the Conference, they presented results of the series of Basic training for social welfare/protection workers. Piloting of this Basic training ("Tolerance – basis for stable family") was in 2011, and after that Association Rainbow held this one-day training continuously (the last was in 2016). During Basic training the target audience were social welfare/protection professionals. The Basic training covered the above mentioned issues and topics. The training reached social welfare/protection professionals from 149 local Centres for Social Welfare/Protection. An estimated 1037 people took part. Training was interactive; participants are encouraged to present their own conclusions, guided by a trainer. Training is implemented by 2 trainers: 1.Psychologist - Jelena Zulevic. 2.Activist – Aleksandar Prica. The training has a total of 8 sessions.
Project website	www.asocijacijaduga.org.rs

Table 46. Training tool Serbia

Source	Survey. ESTICOM member
Title	Seminar "Advanced training for work with sexual and gender minorities in the social welfare system"
Type of training	Face-to-face two-day training.
Theoretical framework	Capacity building through right information, rise of knowledge on the LGBT issue and changing attitude and practise toward LGBT. Cognitive-behavioural approach combining theoretical lectures with interactive workshops.
Organisation	NGO Association RAINBOW. Republic of Serbia GOVERNMENT Directorate for Human and Minority Rights.
Country	RS
Year	2015-2016
Target audience	Social Welfare/Protection Professionals.
Location of CHW interventions	Social welfare/protection workers trained to intervene in: gay venue through outreach work (as a part of outreach team), in drop-in centres, and in their own institutions (to connect LGBT reached on field with institution/system based on the referral of outreach workers)
Training summary	Gender identity; work with families and multiply marginalized LGBT persons (living with HIV, Roma, and youth); techniques for counselling LGBT; health/social service for LGBT.
Content	Sensitisation on LGBT issues, adequate terminology and its importance during work with LGBT persons and their families; multiple vulnerability of LGBT persons (Roma LGBT, youth LGBT, LGBT living with HIV, abuse of PAS, sex work); counselling with parents of LGBT youth; counselling LGBT; existing health/social services and recommendation for improvement.
CHW Recruitment	Organizer sent official invitation to social welfare centres in Serbia. Those who were interested registered to participate in the event.
CHW accreditation	The programme was accredited for Social Welfare/Protection Professionals by Republican Institute for Social Protections.
Language	Serbian
Evaluation	They use pre- and post- test of knowledge (at the beginning and the end of the programme) and an evaluation form at the end of the programme.
More info	Advanced training is based on outputs of Basic training. It was piloted at the end of 2014, and since 2015 Association Rainbow has held this training for social welfare/protection worker continuously. The last was held in 2017. 642 persons from 81 institutions of social welfare took part. It is a two-day training programme (8 hours per each day) and it has 4 modules. Day one, two modules are presented (Gender identity; working with families and multiply marginalized LGBT persons (living with HIV, Roma, youth.)) Day two– another two modules are presented (techniques for counselling LGBT; health/social service for LGBT). Training was interactive; participants are encouraged to present their own conclusions, guided by a trainer. Training is led by two trainers: 1. Psychologist - Jelena Zulevic. 2. Activist – Aleksandar Prica.
Project website	www.asocijacijaduga.org.rs Material will be soon added at site by Association Rainbow.

Table 47. Training tool Ireland

Source	ESTICOM member
Title	Rapid HIV and Hepatitis testers in outreach situations
Type of training	Three group workshops of 3 hours duration, followed firstly by testing with a trained colleague, then work under supervision, and finally certification as a rapid tester.
Theoretical framework	Theory of change and also Motivational interviewing
Organisation	The Sexual Health Centre, GOSHH, GLEN and Know Now.
Country	Ireland
Year	2016
Target audience	MSM and staff in the organisations.
Location of CHW interventions	In-house and outreach settings such as pubs.
Training summary	To train staff and volunteers to test MSM and minority populations and support them should there be a reactive result
Content	Background to HIV and changes over the years Facts about HIV, STIs and Hepatitis Scenarios that may arise Pre and post- test procedures and protocols Confidentiality Testing kits overview Practice in use of the kits Referrals/Linkage to care procedures Boundaries around the role of testers Non-directive interventions Exploration of own attitudes Counselling skills Motivational interviewing and brief interventions Evaluation and feedback after each session
CHW Recruitment	Staff from the organisations, MSM community, ethnic communities
CHW accreditation	
Language	English
Evaluation	External evaluation of Rapid HIV testing pilot
More info	Deirdre Seery dseery@sexualhealthcentre.com
Project website	www.sexualhealthcentre.com;

9.7. **Appendix 7:** Matrix of analysis of the interviews carried out with the selected stakeholders

a. Perceived needs and barriers of gay, bisexual and other MSM in the context of accessing health services

Country	Main needs among gay, bisexual and other MSM that need to be addressed when it comes to health services and/or HIV/STI prevention	Main barriers for gay, bisexual and other MSM in accessing health services, and/or HIV/STI prevention	Main factors facilitating access to health services and/or HIV/STI prevention
Turkey	- MSM people don't know their rights. For instance, if a Doctor doesn't want to examine someone because they are gay, they don't go to the police because they don't want to get into trouble. - Training on what it means to be gay/lesbian. So many LGTB people are confused - LGTB organisation building: LGTB community organisations don't fight; they cannot include members to the community.	- If you don't behave according to a heteronormative identity, MSM are "others", you are open to discrimination and public stigma. In Ankara, Istanbul, LGTB population do not face major difficulties. In other cities they suffer stigma and discrimination. LGTBs don't get examined because health workers write he/she is gay or lesbian on their results. - Rigid health care system: - No specific materials on HIV for MSM, they are for general public.	- Change health care system
Spain	- Not being judged when they are taken into the care of the health services. - Personalized prevention strategies according to their needs. - Sex education at a structural level.	- In the case of foreigners, not having the health card, which makes access to the health system difficult (e.g. having to pay for PEP). - Do not receive correct information about access to health services from health personnel in the case of those who do not have the health card (criteria to give information: race, class), which violates the right to health. - Medical personnel are not trained to care from a holistic and humanistic perspective.	- Change the laws/regulations that hinder access to foreigners.
Croatia	- Confidentiality and anonymity issues in services in big cities. - LGTB-friendly workers, including doctors who are pretty much open with LGTB people.	- There are not doctors as counsellors who are friendly with LGTB people. Doctors in services don't ask questions about LGTB health problems.	- To continue to promote services for MSM population (money from Global Fund is over, so there is risk of MSM programmes). - Increase number of organisations to address LGTB health issues, this mean, also, increase CHW.
Bulgaria	- There are no community-based units. MSM are tested for STI at private labs.	- Health workers no have idea of how to deal with MSM. - If MSM have HIV, they have double stigma. - Many medical doctors and nurses are very discriminatory.	- Political will: there is no national programme for HIV prevention. Politicians say: we don't need to cover services for those having sex (political discrimination). - Engagement of stakeholders to cooperate

		- Health insurance doesn't cover treatment (if you have syphilis or gonorrhoea, you have to go somewhere to get tested and examined; but you need to pay). - There is no pro-activist gay organisation, particularly, one representative related to HIV/STI that goes on the front-line.	with health providers. - Training for health staff. - To train medical students, they could offer the most effective peer education. - General practitioners training in education, information.
Poland	- Health workers or medical staff should be trained to approach MSM health issues. - More VCT services address to MSM population (they should be friendly).	- Disclosure of sexual orientation. Inside of MSM group there is a discussion if they should reveal their orientation or not, what for? In big cities there are no problems, no stigma in health care system, but in small cities, they don't inform. In VCT services, young MSM feel free to inform, but in other spaces, they are afraid to reveal their orientation. In Warsaw, PLHIV, in the same hospital, can suffer discrimination.	- MSM should be empowered and to know their rights. Problems in health system are due to people don't know their rights. It is a problem of human rights.
United Kingdom	- Education: a lot of people don't have sexual education in school. A gay man grows up without knowledge on HIV, STI. "coming-out" would be easier. - It is necessary to create alternative social support spaces. Mostly gay venues are sexualised spaces. This can avoid isolation.	- It is not so easy to access sexual health services or hospital services. Most men go to the hospital to be tested for HIV. In some hospitals in UK, people need all day (e.g. queueing), then if people have to work, they cannot access testing. - Sometimes people can find bias and discrimination at health system.	- Education - Make access to health centres easier. - More CHWs (promoting volunteer work) to promote HIV testing, online support, more work in the organisation). - Promoting visibility to reduce stigma (HIV status, sexual orientation) through sexual health campaigns, promoting acceptance (e.g. holding hands in the street)
France	- Talk about sexuality openly, sometimes explicitly (e.g. if MSM reveal number of partners, lack of condom use, drug use, etc., practitioners can detect men who need PrEP). - Friendly sexual health clinics that cover gay sexual health issues, this includes flextime (e.g. to attend PrEP follow-up, men have to ask permission from their employer, if they say that need PrEP, it could imply that they have a lot of partners, don't use condoms, etc.). - Men who participate in chemsex are dropping out of traditional addiction services. Specific activities with chemsex users and a semi-medical service structure. More research about this issue.	Needs and barriers are interrelated and interdependent. LGTB people still experience discrimination because of sexuality (reported by 37% in a survey, including transgender, sex workers, lesbians and gay men). Anecdotally, organisation staff know that some people who take PrEP cancel their sessions; they don't want to go to the traditional health practitioners.	- To integrate and diversify services: surgery, HIV test, HCV test, information on chemsex, talk about sexual health issues, support, etc. - Better knowledge about sexual activities and sexual health worries of MSM. - Gay friendly or mobile user friendly, opening hours: people go to confess a little bit, discrimination at the surgery or lack of time to attend if they have to work.

Latvia	- More places for testing. There is only one for MSM. Others available are for drug users, its location is not very central, no community around. A lot of people avoid going.	- Due to stigma attached to HIV, testing and MSM, gay men have more difficulties to access HIV testing. - Condoms are very expensive. Nobody gives condoms for free. - Anonymity of the HIV test: if positive result, people are afraid this is told to others.	- Education: sexual health is not given in school. People don't talk about different kinds of sex (only vaginal sex). Nobody knows about different kinds of sex. - Promotion of testing - Collaboration with other institutions
Bosnia and Herzegovina	- Health providers should be well-educated to provide specific services addressed to LGTBQ community. - LGTBQ population has mental dysfunctions, but they don't have access to centres for mental health care.	- Stigma is present in every institution, in all services. MSM population are not using public health services, because they are afraid to disclose they have sex with persons of the same sex. - LGTBQ people who live in small cities don't have access to services. They have to travel to big cities for HIV test or counselling, even for free condoms. This is worse for PLHIV who have to justify their trip because they don't have family members or friends there.	- To fight against the stigma through different campaigns, public speech. - With projects funded by Global Fund, they organised different training sessions for providers on knowledge of LTGBQ population. - To expand number of services along the territory. Usually those kinds of services are in the capital, in big cities. - Services for LGTBQ people should be in NGOs, out of health facilities.
The Netherlands	There is no good research on needs (the last was in 2011), but interviewee gave some clues: - More services for drug users together with mental health. - In research on crystal meth and slamming, participants expressed the need to have of good non-judgmental information about hepatitis C (e.g. don't promote "life-style"; they don't want information from organisations promoting condoms all the time).	Some barriers, not main barriers: - Difficulty getting an appointment in STI clinics. It is not because of stigma, just practical. The STI clinics have a problem; there is a waiting list, even waiting list for people who think they are at risk. STI clinics are free of charge. People can also go to the general practitioners but they have make a co-payment of 575€ (a part is covered by insurance). - Attitude of professionals: health providers demand MSM coming to the STI clinics, get testing, to find it very normal to be tested, to get tested more and more, but at the same time, MSM are not using condoms. Professionals make MSM feel as though they are questioning their behaviour. - Self-testing is not still developed in the country.	- Talk to policy makers to remove legal barriers (e.g. if we are talking about waiting list, we cannot give money but we can talk about being creative). We also try to convince this is the group at the highest risk; it is the chance to reduce infections. - We are involved in an intervention (elimination of Hepatitis C project) using face to face and online strategies in which we try to work with the community (organize community to talk about how to prevent it) and we are trying to work with hosts of private sex parties (how they can create safe environments to prevent hepatitis C).,

b. CHW Interventions (counselling, promoting testing and risk reduction strategies, fostering adherence to treatment for HIV/AIDS and associated infections, etc.)

Country	Involvement of CHWs in Interventions (in general)	Involvement of CHW in Interventions (in the organisation)	Evaluation of the interventions	Main needs of CHWs to carry out the interventions	Main barriers or problems for CHWs to carry out the interventions	Suggested solutions to these problems from the organisation	Suggestions to improve CHW's activities
Turkey	There are no "official CHWs" in Turkey according to the legislation, so it is limited to counselling for better sexual health/actions, prevention and forwarding to test centres. The main NGOs in the LGTBI community have such volunteers and those which do not ask for support. The role of CHW as defined does not exist in Turkey.	Only counselling for prevention. Health legislation in Turkey, stipulates that even health practitioners (medical technician, medical doctor, nurse, etc.) have to have a license to give CHW-like support. Carrying out unlicensed work is a serious offence called a "crime against body/physical integrity".	There is no smart solution to measure this. due to existing legislation Positive Living NGOs, such as P2P counselling institution, keep records of how many HIV-negative people receive information etc.… which is a kind of basic information that can be used	There are CHWs (members from the community).	- Institutional (official) barriers: sexual health information is given by health centres. - Health practitioners (not from community) work in health services from community organisations.		
Spain		They usually participate in activities at least once a month and remain in the organisation for two years on average.	Each service has a monthly meeting with its volunteers and the CHW work carried out is evaluated (e.g. difficulties). It is difficult to assess the impact of interventions (there have been some attempts). Now in the online	- Funding for training. - Qualified personnel to provide support and follow-up to the CHWs. - Having a space for support and feedback	- Structure of the State - Not knowing why they want to be a CHW (by knowing it, they realize they have individual barriers which impede the carrying out of their functions). - Not having the support of the	- Providing resources (funding and available time) to support the CHWs. - Support the CHWs in their tasks.	Proposals of the technicians that have to be evaluated and approved by the steering committee.

			intervention, the user's evaluation is collected.		organisation itself. Not being appreciated by the organisation. - Some CHWs can have a different ideological discourse from their organisation.
Croatia				- Financial resources. - Qualified staff in this area (very hard to find those people)	- Small salaries in NGOs. - Collateral stigma: if you work with MSM, it means you are a MSM and have risk behaviours - Hard working conditions: no support from gay venue owners. - Administrative barrier: the Health Administration supervises financial support for these projects.
Bulgaria	Promoting testing, condom distribution	Promoting counselling and linkage to care		- Financial resources (Global Fund finished)	- Lack of knowledge, - Structural barriers - Attitudinal barriers	- At organisational level: discussions with other NGOs - At national level: They participate in meetings with Ministry of Health, proposing a national health programme on HIV

Poland	Depends on the projects	Going to clubs, cooperation with clubs	Depends on the ongoing project	- A front strategy programme: projects are short and don't continue. - More training: training depends on money and the projects. - Offer long-term work (people come and go). If projects last many years, staff can train people.	- Until 1 year ago, stigma was not a big problem. New government is very Catholic, (very fanatics) and very homophobic and xenophobic. NGOs working with MSM have suffered attacks. Also, they are seeing changes in Ministry of Health Administration. - No funding for long-term projects.	Proposing European projects
United Kingdom				- Depending on the personal situation, free time available (e.g. volunteer unemployed). - Space for debriefing: it can serve for defining issues, finding information, and/or socialising. - Training gaps: these can be resolved, for example, by sharing CHWs experiences from other cities. - E-learning support.	- The level of knowledge required to perform the role, especially as HIV prevention methods are regularly changing –i.e. introduction of PrEP, guidelines for prompt access to HIV treatment, etc. – keeping up to date with the high level of sexual health information which is constantly updated. - Also keeping up to date with key new guidelines. For example, in the UK National	Building a capacity programme, exchange visits, working space, interacting with other organisations

		Institute for Clinical Excellence (NICE) have just issued guidelines in December 2016 which describe best practice for HIV testing. CHWs need to know that these guidelines exist and how to apply them. - Training and particularly the retention of volunteers can be a challenge. - HIV prevention is a very complex intervention. Communicating the range of prevention methods available to people (i.e. condom use, regular HIV testing, partner numbers, safer sex negotiation, methods to reduce risk, PEP, PrEP, etc.) can be challenging. The introduction of PrEP and making sure CHWs know how to communicate this clearly and accurately with people is important.	

					- Administration requirements with contracts, monitoring reports, etc. reduce the time in which CHWs have with service users.		
France		75% of the people in the association are involved	By the number of HIV testing done	- Funding: without financial aid, there is nothing to do. - Personnel: Number of people to do it. - Training materials	- Availability of volunteers (it is not a barrier; it is a problem for the volunteers).	Annual meeting, supervision and regulations	Improving the quality of approach
Latvia	They are involved in the whole process		By means of questionnaires and consultations	- Well-educated and well-trained staff: non-judgemental (Where do you come?). - Space (having a good place to carry out testing).	- Free time available. - Number of workers, especially with HIV knowledge	Publishing reports and taking part in a coalition	
Bosnia and Herzegovina	Fully engage	Fully engage, local NGO	Internal procedures, database control	- Basic training (e.g. HIV transmission information) - Prevention materials to elaborate testing kits (condoms, lube) - Working space	- Administrative barrier: no national funds to provide services.	Free of charge space, working on a platform.	
The Netherlands				• Economic compensation for their time. • Support from management in	• Financial resources. • Some managers in gay venues have decided to	Yearly meetings, engage more people.	

		gay venues. • GDD: Training • GDD: Training materials	discontinue the collaboration. • GDD: Free-time availability. • GDD: Attitudinal barriers	GDD: Regarding free-time availability I contracted them for a minimum of at least 6 activities per year. Attitudinal barriers are examined in the training and the coaching sessions I lead..	

c. Kind of skills that a CHW should have to perform activities

From 1 (None) to 4 (higher level=Best practice)

Activities	Not important		Important	
	1 (none)	2 (minimal)	3 (adequate)	4 (best practice)
Counselling			6	4
Testing promotion		2	3	5
Preventive message diffusion	1		3	6
Risk reduction strategies		1	5	4
Linkage to care activities	1	2	4	3
HIV adherence support	1	2	5	2
Field outreach and/or enrolment in services		2	2	6
Social support	1	1	6	2
Other: Rights				1
Other: Critical thought and detection of needs				1
Other: Advocacy to transform the environment				1
Other: Knowledge of PreP				1

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