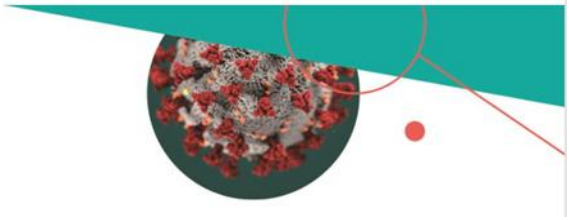
regional advisory group
bbvs, sexual health and covid-19



ASHM Blood Borne Viruses, Sexual Health and COVID-19 Regional Advisory Group (RAG)
Evaluation Report

November 2020

Introduction

The COVID-19 pandemic has resulted in significant changes to health service delivery in our sector. As such, there is a need to ensure BBV and sexual health workers have the capacity to effectively manage BBV and sexual health service delivery throughout the pandemic. The ASHM Regional Advisory Group (RAG) has been providing guidance through bulletins and webinars in order to help bridge the information gap. This has included information and guidance regarding scientific, clinical, social and research aspects of COVID-19 in relation to BBV and sexual health workers in the Asia and Pacific Regions.

Project objectives

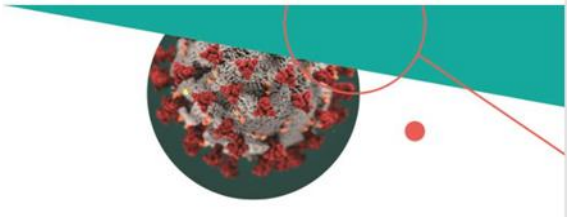
Objective: Strengthen the capacity of the BBV and sexual health workforce to effectively respond to management of BBV and sexual health during COVID-19 in Asia and the Pacific regions.

The project outcomes required to achieve this objective are:

- Increase the regional workforce's knowledge in emerging clinical and psycho-social issues, prevention, treatment, care and support approaches related to COVID-19, BBVs and sexual health by disseminating relevant evidence-based guidance.

Evaluation focus

The evaluation considered the extent to which the guidance and webinars produced by the RAG were beneficial to BBV and sexual health workers and were effective at supporting them to deliver viral hepatitis, sexual health and HIV services. The evaluation focused on these aspects of the program in order to inform the future directions and work of the Regional Advisory Group.



Stakeholders and target recipients of the RAG

Stakeholders included 400 clinicians, community members and sector organisations across Asia and the Pacific and 70 members of the RAG. The RAG as divided into 3 sub-groups 1) Science, Epidemiology, and research 2) Clinical Care 3) Community. Dr Nicholas Medland, ASHM President, chaired the RAG and each sub-group was led by a technical lead from the region. ASHM also played a role in the COVID-19 response in Papua New Guinea under the DFAT

supported Sexual and Reproductive Health Integration Project and this support was integrated into the RAG when appropriate. ASHM staff provided secretariat support to the RAG.

Mid-Term Evaluation Methodology

- Short survey
  - Sent out through the regional mailing list on CRM
- Interviews
  - RAG Members
- Bulletin and webinar analytics
  - From RAG website and qualitative responses to post-webinar surveys

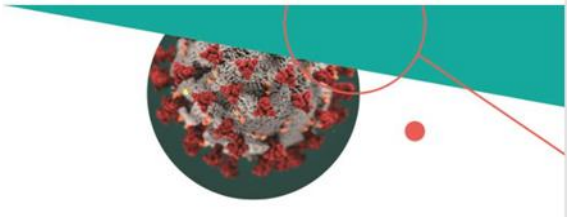
Findings

Demographics

A total of 28 participants completed the survey. Of these participants, 60.7% (*n* = 17) identified as women, 32.1% (*n* = 9) identified as men, 3.6% (*n* = 1) identified as non-binary/gender fluid, and 3.6% (*n* = 1) had a different gender identity, which the participant did not choose to disclose. Most of the participants reported that their work focuses on the 'Asia-Pacific regions' (44.4%, *n* = 13), Australia (22.2%, *n* = 6) or Malaysia (11.1%, *n* = 3).

Most participants worked in HIV and/or other STIs (78.6%, *n* = 22), followed by sexual and reproductive health (42.9%, *n* = 12), viral hepatitis (28.6%, *n* = 8), gender (21.4%, *n* = 6), and disability (7.1%, *n* = 2). 10.7% (*n* = 3) chose 'other' and reported that they worked in general infection prevention and control (*n* = 1), COVID-19 public health systems and health policy (*n* = 1), and mental health (*n* = 1).

Most participants worked for a university/in research (46.4%, *n* = 13), or for a NGO/civil society 35.7% (*n* = 10), followed by those who reported working in the healthcare workforce (28.6%, *n* = 8), a government body (21.4% *n* = 6), a multilateral agency (10.7%, *n* = 3), or an international development organisation (3.6%, *n* = 1). Of the services provided by the participants/the



organisations that the participants worked for, most participants engaged in research (71.4%, *n* = 20), followed by advocacy 64.3% (*n* = 18) and policy and guidelines (64.3%, *n* = 18), health service delivery (57.1%, *n* = 16), community engagement (46.4%, *n* = 13), and 10.7% (*n* = 3) who ticked the 'other' category; these participants reported that they/their organisation were engaged in health promotion, capacity building, governance and leadership, sensitisation, and gender responsive budgeting training.

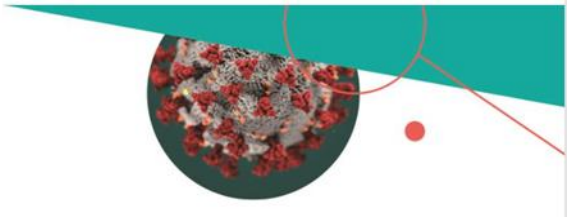
Most participants reported working with transgender people (84%, *n* = 21), followed by lesbian/gay/bisexual people (80%, *n* = 20), people living with HIV (80%, *n* = 20) and sex workers (80%, *n* = 20), people who use drugs (76%, *n* = 19), people living with viral hepatitis (68%, *n* = 17) and 28% (*n* = 7) of participants ticked the 'other' category; these participants reported working with in mental health, with children, young key affected populations, the population at large, Aboriginal youth aged 12-16 years old, young people and women, single mums, the elderly, street kids and former and present female inmates.

RAG members were invited to participate in a 30-minute semi-structured interview. A total of 11 RAG members were interviewed, consisted of a mix of people working on health projects and clinicians. The interviewees worked in a number of different countries and regions, including the Pacific, Australia, Papua New Guinea, Timor-Leste, the Philippines, Indonesia, the WHO Western Pacific region, the Asia Pacific region.

Reach of the Bulletins & Webinars

The RAG produced eight webinars, eleven guidance documents and two guidance document summaries. The survey found that the highest number of participants watched a total of three webinars (32.1%, n = 9), either live or a recording. Another 17.9% (n = 5) reported that they watched five or more webinars, an equal number of participants reported watching four webinars 14.3% (n = 4) as they did one webinar 14.3% (n = 4) , and an equal number of participants reported watching two webinars 10.7% (*n* = 3) as they did zero webinars 10.7% (*n* = 3).

At the time of writing, the RAG website had received 3,009 views. Of the guidance documents, the hepatitis B interim guidance summary (301 views), the intensive care and HIV (296 views), the RAG adapted interim recommendations (288 views) and the COVID-19 and hepatitis C (276 views) documents received the most views. Other documents also received a high number of views, including the COVID-19 pandemic and sexual and reproductive rights in the pacific (181 views), brief guide to COVID-19 statistics (166 views) and elimination of parent to child transmission of HIV, syphilis and hepatitis B (132 views) guidance documents. Additionally, the



infection prevention in settings with shortages of personal protective equipment (87 views), COVID-19 hepatitis B interim guidance (76 views), HIV in children and adolescents in the context of COVID-19 (66 views), solidarity trial in South East Asia and the Pacific (61 views) and supporting psychological health and wellbeing through COVID-19 (58 views) documents also received a number of views.

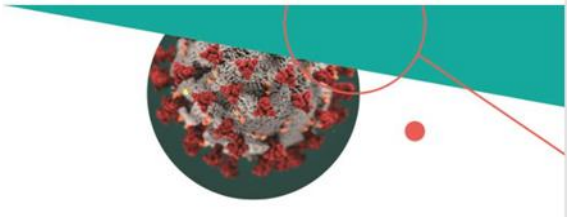
Of the total 3009 page views, 1457 were referred by a google search, 88 were referred from the mailing list emails, 304 were not referred and went directly to the website, 148 were referred by Bing, 83 were referred by the ASHM website, 18 were referred by Twitter, and 14 were referred by the Hepatitis Queensland newsletter.

Support to BBV & Sexual Health Workers

Both the RAG webinars and guidelines appear to have effectively supported BBV and sexual health workers and others in the sector. When asked how much they agree or disagree with the statement "The information presented in the RAG content helped to support my work", the majority of participants either agreed or strongly agreed. In relation to the webinars, 62.5% (*n* = 15) reported that they agreed, and 37.5% (*n* = 9) reported that they strongly agreed. In relation to the guidelines (bulletins), 64% (*n* = 6) agreed, 32% (*n* = 8) strongly agreed, and 4% (*n* = 1) reported that they neither agreed not disagreed that the guidelines helped to support their work. No participants disagreed or strongly disagreed with the statement in relation to the webinars or the guidelines.

When asked what aspects of the webinars/guidelines made them helpful to participants' work, participants reported that the diversity of representation, both of people from different countries in the Asia-Pacific and the variety of health professionals, such as policy makers, clinicians and community representatives, was helpful. Other participants reported that the interactive nature of the webinars, and the scientific rigour of the guidance documents made them useful to participants. One participant reported that the webinars/guidelines helped support their conversations with Aboriginal youth, as it enabled the participant to direct their clients to health websites for further information, and another said the webinars/guidelines helped health providers cope with the pandemic.

Some participants cited the way the guidance documents pulled information together into the one document, making information easily accessible, rather than having to search for it in multiple locations. The usefulness of guidance documents pulling together information from



experts was also cited in the interviews. Some interview participants also commented that they appreciated ASHM taking the initiative to set up the RAG. One survey participant, who worked for an NGO/civil society, reported that the guidelines were not hugely relevant to their job.

Increase in Knowledge

Participants reported that the content in both the RAG webinars and guidelines increased their knowledge of a number of areas, both in areas related and unrelated to COVID-19. More participants reported increased knowledge of the interaction between COVID-19 and HIV, STIs and viral hepatitis due to the webinars (52%, *n* = 13) than the guidelines (44%, *n* = 11). Conversely, more participants reported increased knowledge of the adaptation of HIV, sexual health and Viral Hepatitis services due to the guidelines (60%, *n* = 15), compared to the webinars (40%, *n* = 10).

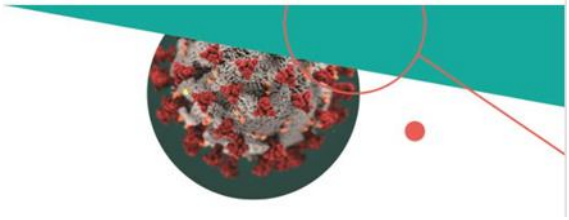
Of the participants who reported increased knowledge due to the webinars, the highest number of participants reported increased knowledge in clinical and psycho-social issues (56%, *n* = 14), an area unrelated to COVID-19. Participants also reported increased knowledge of care and support approaches (48%, *n* = 12), HIV, STI and Viral Hepatitis prevention (36%, *n* = 9), and treatment (32%, *n* = 8).

Of the participants who reported increased knowledge due to the guidelines, the highest number of participants reported increased knowledge in clinical and psycho-social issues (52%, *n* = 13), followed by HIV, STI and Viral Hepatitis prevention (36%, *n* = 9), care and support approaches (36%, *n* = 9), and treatment (32%, *n* = 8).

Participants in the interviews also reported that one of the strengths of the RAG outputs was that it provided a platform for the voices of health workers and the community to be heard, and enabled greater access to information, particularly for smaller, isolated countries. Others also reported that the RAG outputs helped them to stay up to date with COVID-19.

Connection to Health Professionals and Networks

The webinars and guidelines also appear to have helped BBV and sexual health professionals stay connected to other professionals and networks. When asked whether they agreed with the statement “The RAG webinars and/or guidelines helped me to stay connected to other health professionals and networks”, the majority of participants either strongly agreed (29.8%, *n* = 7) or agreed 54.8% (*n* = 13). A small number indicated that they neither agreed nor disagreed with



the statement (12.5%, *n* = 3), and only 4.2% (*n* = 1) indicted they disagreed with the statement. This sentiment was reflected by many of the interview participants, who reported that one of the strengths of the RAG outputs was the sense of connection they provided. A survey participant also said that the webinars "provided a good connecting point to see how others are faring". Participants in the interviews also reported that they benefited from the RAG as it provided opportunities for networking and collaboration and brought people in the field together to share information/resources and discuss issues.

Further Needs of BBV and Sexual Health Workers and other Sector Members in the Region

There is desire for the RAG to support the healthcare workforce in areas unrelated to COVID-19, particularly in relation to HIV. When asked whether there were any gaps in the support for the healthcare workforce (unrelated to COVID-19) that the RAG could support participants with going forward, participants reported wanting support in relation to HIV self-testing 50% (*n* = 9), in relation to U=U (33.3%, *n* = 6), community lead HIV services (33.3%, *n* = 6), in relation to PrEP (22.2%, *n* = 4), in relation to HIV prevention (16.7%, *n* = 3), in relation to HIV testing (11.1%, *n* = 2), and in relation to HIV treatment (5.6%, *n* = 1),

Demand for other areas of support included stigma and discrimination in healthcare settings (44.4%, *n* = 8), soft skills (44.4%, *n* = 8), STI treatment (22.2%, *n* = 4), STI testing (16.7%, *n* = 3), Hepatitis B (16.7%, *n* = 3), Hepatitis C (16.7%, *n* = 3), preventative service delivery (11.1%, *n* = 2), and STI prevention (5.6%, *n* = 1).

In the free response box, participants indicating that they would like support in areas including reproductive health, HTLV-1, and cultural awareness and competency for culturally and linguistically diverse (CALD) and Aboriginal clients.

When participants were asked what they would like to see in future webinars or guidelines, some participants reported topics that they would like to be addressed, including:

- Issues affecting young people
- How to address better engagement of senior population
- Women and HIV
- Strengthening sexual health services in the Asia-Pacific region
- Updates regarding COVID-19, particularly the long-term effects of the virus
- Updates on HIV, STIs and PrEP
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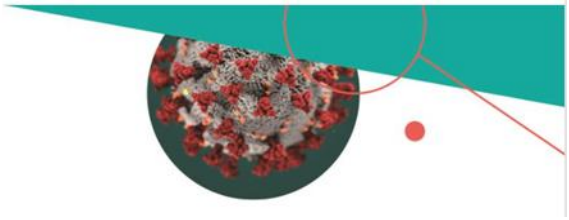


Other participants had format related suggestions regarding what they would like to see in future webinars or guidelines, including:

- Community led sessions
- More time for interaction during the webinars
- Communication regarding when the webinars are to be held

One participant reported that they would have liked to have been more involved but didn't feel like they were in the loop as much as they would have liked to have been.

Participants in the interviews cited challenges associated with the RAG including:

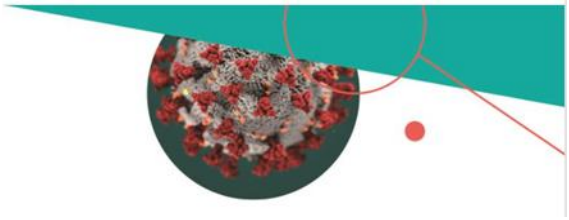
- Technical issues, particularly during the webinars
- Time differences and trying to coordinate schedules
- Working with a large number of people in a single document
- Not knowing which countries the guidance documents were going to or the needs of the groups they were writing for
- Trying to articulate situation 'on the ground' to people who may not be aware of the background of the country
- Communicating with healthcare workers in PNG, as workers are spread out through the country

In terms of improvements, interview participants suggested:

- More community representation and involvement from people in different parts of the Asia-Pacific, particularly South East Asia
- More members from different disciplines
- More opportunities for bi-directional learning and sharing of information between countries
- For webinar panellists, knowing who attended the webinars in order to know whether information they presented was relevant

Future of the Regional Advisory Group

When asked what channels of communication they would prefer to receive information through in the future, 75% (*n* = 18) of participants reported they would prefer to receive



information through the webinars, 70.8% (*n* = 17) through the bulletins, 50% (*n* = 12) through the guidelines, 16.7% (*n* = 4), and 4.17% (*n* = 1) had no preference.

When asked how frequently they would like to receive content from the RAG, 50% (*n* = 7) of participants reported that they would prefer to receive content from the RAG on a monthly basis. 14.3% (*n* = 2) said quarterly, 14.3% (*n* = 2) said weekly, 7.1% (*n* = 1) said bi-monthly, 7.1% (*n* = 1) said every three months, and 7.1% (*n* = 1) said as often as content is produced by the RAG.

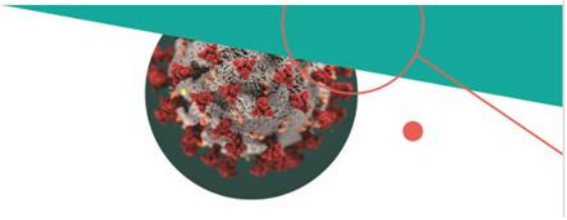
Participants were also asked if they had any name suggestions for the RAG. The names suggested were:

- Regional HIV group
- Regional Mentoring and Support
- People-Centred Services
- Regional Advisors
- Regional advisory Network (a combination of the Regional Network and the RAG)

Interview participant had a number of suggestions regarding topics the RAG could focus on in the future or that they would like to know more about, including:

- Hepatitis B (particularly in the Western Pacific)
- Impact of COVID on people using the conceptive pill
- Vulnerable populations
- Sexual health education
- COVID vaccine
- PrEP
- Stigma and discrimination, particularly in regard to access/barriers to services and support for sex workers
- Criminalisation of sex work
- Information for healthcare workers
- Access to services for transgender people
- Mental health
- Community lead responses for clinical care
- Guidance around maintaining essential health services despite COVID

Interview participants also had suggestions regarding future directions of the RAG, including:



- Defining the region and getting representatives from countries to feed into such a plan
- Increase connection directly with Timorese health workers (establish relationships/two-way exchange)
    - Possibly through a scholarship to attend an ASHM event or funded placements in an Australian BBV/sexual health setting
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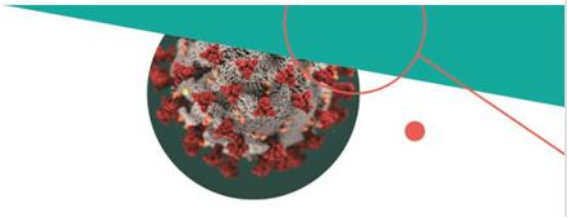
- Empower community/build capacity for primary care to be able to do more in BBVs (e.g. difficult for immigrants who don't speak English to navigate health system, attend appointments)
- Expand possibilities for collaboration, such as online platform where RAG members and stakeholders can share, rather than just providing documents/webinars
- Bringing together work being done in other spaces/fields e.g. setting up collaborations around cervical screening in the pacific
- Position statements around practice in disasters
- An event looking back at last year
- Voice recordings of webinars (because video can sometimes be difficult for people with poor internet connections)
- Webinar festival so key populations without access to recordings could listen together
- Translation of documents and webinars
- Shorter webinars/webinars on demand
- Option to send in questions for webinars
- Holding webinars on the content in the guidelines

Summary

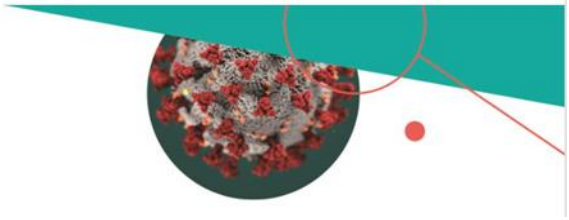
This evaluation has found that the RAG webinars and guidelines have been beneficial to BBV and sexual health workers and others in the sector, and helped them to continue to deliver viral hepatitis, sexual health and HIV services. The majority of participants surveyed agreed or strongly agreed the RAG bulletins and webinars helped to support their work, and that the webinars and guidelines helped them stay connected to other professionals and networks. In relation to increased knowledge, the webinars were found to increase knowledge of the interaction between COVID-19 and HIV, STIs and viral hepatitis more so than the guidelines. However, the opposite was true for knowledge of the adaptation of HIV, sexual health and Viral Hepatitis services, with more people reporting increased knowledge due to the guidelines than the webinars. The webinars and guidelines also increased knowledge in non-COVID areas, particularly clinical and psycho-social issues, and care and support approaches. The evaluation



also found a demand for RAG support in areas unrelated to COVID-19, particularly in areas related to HIV. Other support areas included stigma and discrimination in healthcare settings, and soft skills.

The evaluation found the main strengths of the RAG were the way in which it brought people in the field together to discuss issues, and the opportunities it provided for networking and collaboration. A number of people also appreciated ASHM taking the initiative to create the RAG. In terms of challenges, technical issues were a barrier for a number of people, and others

also suggested there could have been more community representation and involvement from different parts of the Asia-Pacific region. Participants had many suggestions for the future of the RAG and how to improve it, including translating the guideline documents and webinars in other languages, holding shorter webinars, expanding possibilities for collaboration, and bring together work being done in different fields. The evaluation does have some limitations, including a small sample size, lack of statistically validated findings, and the potential for response bias.



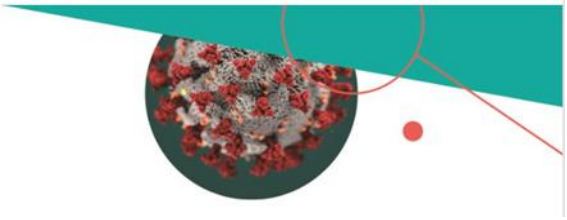
Appendix

Demographic questions

- Which of the following best describes your current gender identity?
  - male, female, non-binary/gender fluid, different identity [free response box]
- What country, countries or region does your work focus on?
  - [free response box]
- What health areas do you work in? (tick all that apply)
  - HIV and/or other STIs, sexual and reproductive health, viral hepatitis, disability, gender, other [free response box]
- What kind of organisation do you work for? (tick all that apply)
  - government body, multilateral agency, NGO/civil society, healthcare workforce, university/research, other [free response box]
- What services do you/your organisation provide (tick all that apply)
  - policy and guidelines, health service delivery, research, advocacy, community engagement, other [free response box]
- Do you work with any key populations? (tick all that apply)
  - lesbian/gay/bisexual people, transgender people, people living with HIV, people living with viral hepatitis, sex workers, people who use drugs, other [free response box]
- How many webinars did you watch (either live or a recording)?
  - 0, 1, 2, 3, 4, 5 or more

Did the RAG content increase your knowledge of issues related to COVID-19, BBVs and sexual health, including issues related to (tick all that apply)

- Webinars:
  - clinical and psycho-social issues, HIV/STI/viral hepatitis prevention, treatment, care and support approaches, the interaction between COVID-19 and HIV/STIs/ viral hepatitis, adaptation of HIV, sexual health and viral hepatitis services due to COVID-19, the webinars did not increase my knowledge of these issues, other [free response box]
- Guidelines (bulletins):
  - clinical and psycho-social issues, HIV/STI/viral hepatitis prevention, treatment, care and support approaches, the interaction between COVID-19 and HIV/STIs/



- viral hepatitis, adaptation of HIV, sexual health and viral hepatitis services due to COVID-19, the webinars did not increase my knowledge of these issues, other [free response box]

Please indicate how much you agree or disagree with the following statement: "The information presented in the RAG content helped to support my work".

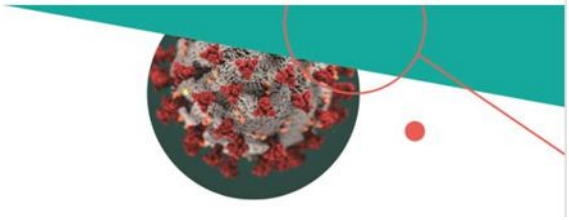
- Webinars:
  - 1 = strongly disagree, 2 = disagree, 3 = neutral/somewhat, 4 = agree, 5 = strongly agree
- Guidelines (bulletins):
  - 1 = strongly disagree, 2 = disagree, 3 = neutral/somewhat, 4 = agree, 5 = strongly agree

- What aspects of the webinars/guidelines made them helpful to your work (or not)?
  - [free response box]

- Please indicate how much you agree or disagree with the following statement: "The RAG webinars and/or guidelines helped me to stay connected to other health professionals and networks"
  - 1 = strongly disagree, 2 = disagree, 3 = neutral/somewhat, 4 = agree, 5 = strongly agree

- Is there anything you would like to see in future webinars or guidelines (e.g. alternative to zoom, topics you would like covered) or other needs you have that the RAG could support you in?
  - [free response box]

- Are there any other gaps in support for the healthcare workforce (unrelated to COVID-19) that the RAG could support you with going forward?
  - U=U, HIV testing, HIV self-testing, HIV treatment, HIV prevention, PrEP, community led HIV services, STI testing, STI treatment, STI prevention, hepatitis
  - B, hepatitis C, preventative service delivery, stigma and discrimination in healthcare settings, soft skills, other [free response box]



- What channels of communication would you prefer to receive information through in the future? (tick all that apply)
    - bulletins, webinars, guidelines, tele-mentoring, no preference, other [free response box]
- Going forward, how frequently would you like to receive content from the RAG?
    - [free response box]

- We are considering renaming the RAG as we transition to longer-term regional support beyond COVID-19 – do you have any name suggestions?
    - [free response box]

- Please enter your email address if you would like to enter the draw to win 1 of 5 registrations to the Joint Australasian HIV & AIDS and sexual Health Conferences
    - [free response box]

Interview Questions

1. Could you talk a bit about what your organisation does and the role you play in it?

2. Can you please talk a little about your involvement in the COVID-19, BBV and Sexual Health Regional Advisory Group (e.g. did you speak at a webinar, did you review guidance documents)?

3. Do you feel like you benefited from being a member of the RAG? If so, how?

4. Have there been any challenges associated with the work you've done for the RAG?

5. What do you see as the strengths of the RAG?

6. How do you think the RAG was of support to BBV and sexual health, health workers in the region

7. Do you think the RAG's output (e.g. bulletins, webinars) could be improved? Do you have any suggests for how the outputs could be improved?

8. What direction would you like to see the RAG take in 2021? E.g in terms of outputs/other areas the RAG could support in terms of COVID but also outside of COVID?

9. Are there any further comments or suggestions you would like to make about the RAG?