

Kingdom of Cambodia  
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National Center for HIV/AIDS, Dermatology and STD

# QUALITATIVE ASSESSMENT OF PrEP CLIENT DROP-OUT

UNDERSTANDING WHY MEN WHO HAVE SEX WITH MEN AND  
TRANSGENDER WOMEN DISCONTINUE PREP



September 2023



**Disclaimer:**

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## Acronyms Used in This Report

ART	Antiretroviral therapy
ARV	Antiretroviral (drug)
BCC	Behavior Change Communication
BMC	Banteay Meanchey
CAB-LA	Long-acting Injectable Cabotegravir
CBO	Community-based Organization
EpiC	Meeting Targets and Maintaining Epidemic Control
FEW	Female Entertainment Workers
HIV	Human Immunodeficiency Virus
IDI	In-depth Interview
MHC	Men's Health Cambodia
MHSS	Men Health Social Services
MSM	Men Who Have Sex with Men
NCHADS	National Center for HIV/AIDS, Dermatology and STD
PLHIV	People Living with HIV
PNH	Phnom Penh
PrEP	Pre-exposure prophylaxis
SRP	Siem Reap Province
TGW	Transgender Women
PWID	Person(s) Who Inject Drugs

## Acknowledgement

This Qualitative Assessment of PrEP client drop-out was designed to better understand why men who have sex with men (MSM) and transgender women (TGW) discontinue PrEP in Cambodia. It was made possible by the efforts and contributions of various development partners under the leadership of the National Center for HIV/AIDS, Dermatology and STD (NCHADS). We would like to take this opportunity to express our sincere gratitude to the President Emergency Program for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID) for financial support and the FHI360 EpiC project (Mr. Rang Chandary, Mr. Nhim Dalen, Dr. Steve Wignall) who contributed their technical, time and energy for this assessment.

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Finally, we would like to thank the Agile Development Group, PrEP providers, PrEP coordinators, outreach workers, and participants for their outstanding collaboration and participation. We hope that the findings of this assessment will be used to inform decision-makers, program implementers, and stakeholders to take concrete actions to improve uptake and PrEP retention among KPs, enhancing its impact on the reduction of HIV new infections in Cambodia.

Date: 12. Oct. 2023

Director of NCHADS



Dr. Ouk Vichea

## Executive Summary

Cambodia initiated PrEP implementation in 2019 and has gradually rolled out PrEP availability to 29 sites across the country. As the number of PrEP users increased, data emerged showing that duration of PrEP use varied widely and only about 50% of those initiating PrEP continued its use 12 months post-initiation. NCHADS through FHI360's EpiC Project contracted the Agile Development Group to conduct a qualitative assessment of reasons for PrEP discontinuation among men who have sex with men (MSM) and transgender women (TGW). The study aimed to identify specific reasons why some PrEP users discontinued daily oral PrEP within the first three months of initiation while others remained in care for six or more months.

Data collection was completed in May 2023 in Phnom Penh, Siem Reap, and Banteay Meanchey, sites where PrEP is currently available. There were 73 respondents, including 64 PrEP enrollees (41 who had discontinued user and 23 continuing use), six health service providers, and three outreach workers.

The study findings provide insights into factors affecting daily oral PrEP use among MSM and TGW, who reported low adherence. The respondents emphasized their agency in deciding to start and stop PrEP, in which the common decision-making factors were related to the user's perceived risks for HIV acquisition. Peer recommendations also encourage PrEP uptake among MSM and TGW, in addition to PrEP awareness messaging through social media and outreach workers counseling sessions. The study found MSM and TGW who have multiple sexual partners, partners living with HIV, and commonly have only a single sexual encounter with a new partner, use PrEP as a prevention method.

Adherence to PrEP is negatively influenced by often multiple overlapping barriers that discourage use. Individual factors such as forgetting to take daily PrEP or being away from home when PrEP led some to simply stop using. More than half of the respondents stopped using PrEP because they believed their risk had decreased because of their breakup with a positive partner and/or beginning a committed relationship with a negative partner. When perceived risk was low, users mostly used alternatives like condoms for their occasional sexual activity or moved to the event-driven PrEP approach. The most common reason for PrEP discontinuation was drug side effects. Users reported missing doses of PrEP or discontinuing PrEP altogether due to nausea, dizziness, and fatigue that affected their daily work. Other barriers to PrEP access or continuation, included lack of transport, financial constraints, and distance from the PrEP site. Self-stigma was heightened especially in facilities where the PrEP and ART were delivered together. The similarity of PrEP and ARV drug bottles was also identified as a barrier to PrEP continuation by some users.

PrEP service providers played a significant role and influenced client uptake and retention on PrEP. The respondents indicated high satisfaction, especially with the health service providers and outreach workers' friendliness, fast service, quality of the counseling sessions, and provision of support and encouragement for PrEP adherence. The respondents further identified community-based PrEP as convenient, fast, and available 24/7.

Several recommendations have been generated that include increasing awareness of PrEP in target key populations to generate more demand, utilizing social media platforms with well-known celebrity or content creators can help reach a wider audience and provide accurate information about PrEP, dispelling any misconceptions or rumors surrounding it. Re-design of

the PrEP bottle so that it doesn't look like treatment ARV, would likely reduce the fear of PrEP use disclosure among MSM and TGW. The expansion of CBO PrEP and injectable PrEP may enhance access to service and influence service uptake. Separating PrEP and ART sites serves as a stigma reduction strategy. More capacity building for providers on counseling methods, monitoring, and provision of support to clients experiencing side effects is strongly recommended.

# 1. Background

Integrated behavioral and biological surveys (IBBS, 2016, 2017 and 2016, 2017, and 2019) show that the risk of HIV infection remains a threat for key populations (KP). HIV prevalence reported in these studies found 3.2% HIV positivity for female entertainment workers (FEW); 15.2% for persons who inject drugs (PWID); 4% for MSM; and 9.6% among TGW. HIV prevalence for all KPs was higher in metropolitan areas such as Phnom Penh, Siem Reap, Banteay Meanchey and Battambang provinces.<sup>1</sup>

PrEP is an antiretroviral medicine that reduces an individual's chance of HIV infection from unprotected sex or shared injection drug use. When used as prescribed, daily oral PrEP reduces the risks of HIV infection through sex by about 99%. In the first three quarters of 2022, a total of 3,315,726 individuals had started using PrEP worldwide, including 1,336,954 individuals or 40.3% of the total global initiation.

PrEP was first introduced in Cambodia in late 2019 and by the 2<sup>nd</sup> quarter of 2023, PrEP was available in 14 provinces across the country in 29 sites, including 23 health facility PrEP sites and 6 CBO PrEP sites.

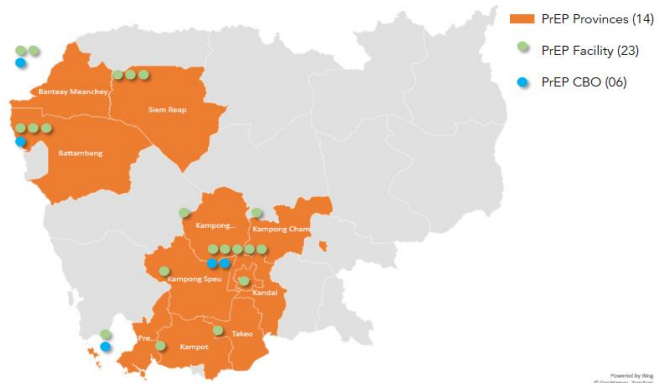
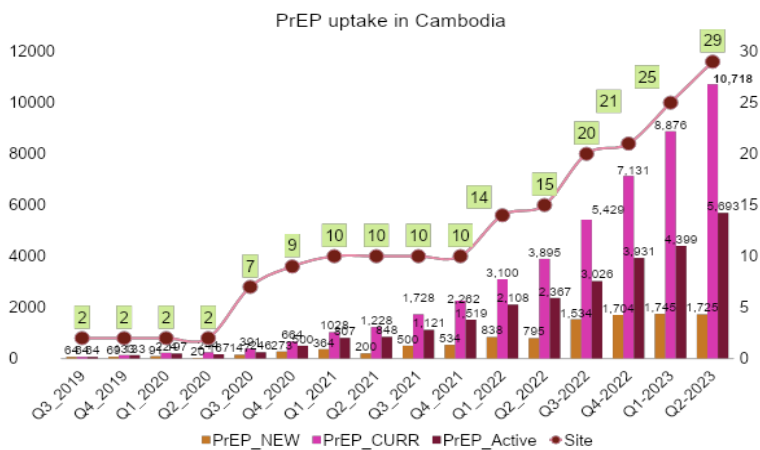


Figure 1: PrEP Service Locations Across Cambodia as of Q2 2023

According to NCHADS, 10,718 individuals-initiated PrEP by Q2 of 2023 but only 53% continued their PrEP use. Users were most likely to discontinue PrEP in the first three months of use<sup>2</sup>.



Increasing PrEP uptake and improved adherence by all key populations (KPs) will be key to Cambodia's reaching HIV elimination by 2025.

Figure 2: Trend of PrEP Uptake Since Initiation of all Sites

<sup>1</sup> [Standard Operating Procedures Same-Day HIV PrEP Delivery by Community Based Organizations for Key Populations in Cambodia](#)

<sup>2</sup> NCHADS PrEP Data



## 2. Purpose of Assessment

To understand the specific reasons for oral-PrEP discontinuation by men who have sex with men (MSM) and transgender women (TGW) in Cambodia, FHI360/EpiC contracted the Agile Development Group to conduct a qualitative assessment of the risks for drop-out. The objectives of the study are:

1. To identify reasons for PrEP users discontinuing daily PrEP within the first three months of initiation.
2. To identify reasons for PrEP users continued PrEP use for six or more months.
3. To identify specific challenges around adherence and daily pill consumption.
4. To utilize assessment results to make recommendations based on the study that might lead to increased PrEP uptake and retention.

## 3. Methodology

### 3.1. Data Collection

The qualitative assessment utilized In-depth Interviews (IDI) conducted one-on-one by three interviewers trained in qualitative methods and interviewing. The field data collection was conducted in May 2023. Interviews were conducted in Khmer at a clinic or by phone with PrEP users respecting their preference and confidentiality. Interviewers explored four main topics using a structured interview guide including: (1) oral PrEP decision-making; (2) reasons for continuing or discontinuing daily oral PrEP; (3) challenges with using PrEP; and (4) experienced side effects. The IDIs were audio-recorded with participants' consent, enabling accurate transcription and analysis of the data.

### 3.2. Study Sites

The assessment includes three key demographic locations: Phnom Penh, Siem Reap and Banteay Meanchey provinces. HIV prevalence among KPs is higher in these provinces and motivation to initiate and continue PrEP due to perceived risk should be high.

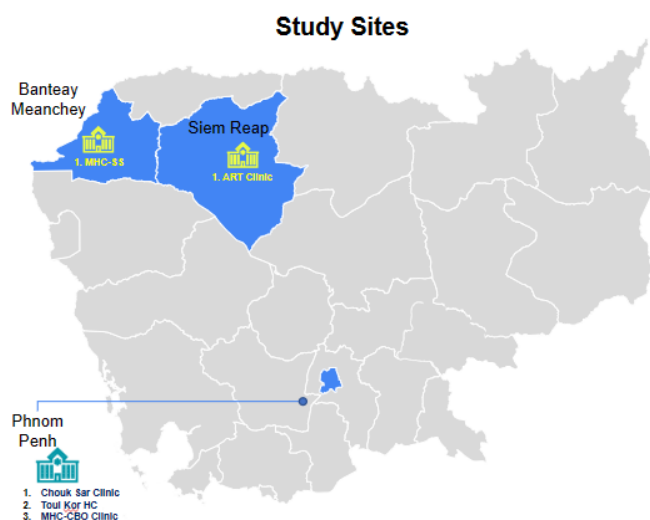


Figure 3: Study Sites

### 3.3. Sample Size

The study included 73 respondents: 64 PrEP clients including MSM and 29 TGW; six health service providers working in PrEP clinics; and three community outreach workers who promote PrEP and support PrEP users. There were a variety of public and CSO PrEP healthcare providers for the study, including FHC-Serie Sophorn, ART-Siem Reap, Tuol Kork HC, Chhouk Sar Clinic, and NCHADS' ART Clinic. Participants were selected based on their PrEP usage; work in PrEP clinics; and, work as outreach PrEP promoters. The study was able to gather valuable insights and recommendations for improving PrEP usage and support services by including various stakeholders including users, providers, and supporters.

Table 1: Sample Size

City/Province	Facility	Discontinued PrEP		Continued PrEP		Healthcare Providers
		MSM	TGW	MSM	TGW	
Phnom Penh	1	3	3	3	3	2
	2	3	4	2	3	2
	3	4	3	3	2	2
Siem Reap	1	11	6	2	1	2
Banteay Meanchey	1	2	2	3	2	1
<b>Total</b>	<b>6</b>	<b>23</b>	<b>18</b>	<b>12</b>	<b>11</b>	<b>9</b>

### 3.4. Recruitment Process

The respondents were randomly from a list of PrEP enrollees provided by NCHADS and partners. The selected enrollees were self-identified MSM or TGW who:

- Discontinued PrEP use: initiated daily oral PrEP use within the previous 6 months and discontinued within three months of starting its use (M0, M1, or M3)
- Continued PrEP use: initiated daily oral PrEP use more than six months ago and currently remains on PrEP.

Event-driven clients weren't included in the study because its goals were to examine only two groups of PrEP users: those who stopped taking PrEP daily within the first three months after starting and those who continued taking PrEP for six or more months.

## 4. Limitations

There are several limitations to this study. The nature of qualitative data reflects the experience only of those interviewed. The participants are not representative of all Cambodian MSM and TGW. The findings were self-reported experience and perceptions of respondents thus only those statements that the informants were aware of or mentioned were captured.

Random sampling was also a challenge, Of the 500 individuals selected from the PrEP user lists, 281 (56%) could not be reached or refused to participate due to privacy or confidentiality concerns: 14 clients refused; 188 were unreachable; and incorrect contact information provided for 79. Other participants reported to be event-driven clients, had never heard of or used PrEP excluded from the study. The sample was randomly selected, without any bias or preference, to ensure that the sample represents the population as accurately as possible. This method allowed us to make inferences and draw conclusions about the population based on the characteristics observed in the sample. Only individuals willing to participate were included, which could also have introduced bias, a limitation which is inevitable in qualitative research. Lastly, language was also a constraint. Information was collected in Khmer and translated into English and some inconsistencies or discrepancies may have occurred during the translation process.

## 5. Findings

The qualitative assessment included 64 men who have sex with men (MSM) or transgender women (TGW) PrEP clients. The findings include a wide range of reasons for both remaining and discontinuing PrEP by clients with validation provided by six health service providers and three outreach workers.

### 5.1. Oral PrEP Decision-making

#### 5.1.1. Motivation for PrEP Initiation

The study found three main factors motivating PrEP initiation and retention. The most common and primary reason for initiating and continuing oral PrEP was related to the user's perceived risks associated with their sexual behavior. Peer recommendations for starting PrEP, especially by fellow MSM and TGW and lack of trust in their partner's fidelity were also significant factors influencing PrEP initiation and retention.

**Perceived risks for HIV acquisition.** Several MSM and TGW respondents described being very sexually active when they first initiated daily oral PrEP mentioning multiple temporary partners. Being at high risk was the main motivational factor for initiating PrEP as they wanted to prevent HIV infection. This was especially true for sex workers who reported feeling anxious about potential HIV infection given the unprotected sexual activity that occurs with most of their clients.

*"I have a lot of partners and sell sex for money; they sometimes force me to not use protection. I was told that when we use PrEP, it can reduce the risks of contracting HIV from having unprotected sex accidentally and I decided to use it." - A 21-year-old TGW in Banteay Meanchey*

Three among the 64 respondents-initiated PrEP because their partner was positive. Their perception of being at high risk of HIV infection motivated them to stay on PrEP as a protective measure.

*"I began taking PrEP because I am in a relationship with an HIV-positive partner. Other than that, I may go out with different people as well." – An MSM in Banteay Meanchey*

*“Before I never used PrEP, but I used to date a HIV-positive partner, so I started using PrEP when we are together to reduce the risk of infection”. A 21-year-old TGW in Banteay Meanchey*

*“I have a HIV-positive partner and I went for many testings, but it always turned out negative...I was advised by the doctor to use daily PrEP since we live together, so I stick to it until today.” An MSM respondent from Phnom Penh who has been on PrEP for three years.*

**Trust issues with their partner.** Individuals in long-distance relationships and others unsure about their partners fidelity caused PrEP users to think about how to ensure their own safety. Six respondents (two current users and four who discontinued PrEP) recognized this as a factor prompting them to continue daily use. PrEP reduced mental stress and offered a desired additional layer of protection.

*“I started PrEP with a recommendation from a friend and my own decision. I have never had another partner, but I used PrEP because I am afraid that my partner may have other partners that cause me problems.” an MSM respondent from Siem Reap*

*“At first, I did not know that my partner cheated on me. When I found out, I went for testing, but the result was negative. The doctor recommended that I start PrEP.” An MSM from Phnom Penh*

**What Motivated PrEP Initiation:** Respondents pointed out that their PrEP knowledge and motivation to start came from three main sources. The first and most significant contribution came from **outreach workers** (OW) from various organizations such as Men's Health Cambodia (MHC), Men's Health Social Service (MHSS), and Reproductive Health Association of Cambodia (RHAC). Respondents mentioned the outreach worker community visits and the information they shared about how to access PrEP was a very important factor in their decision to start PrEP. OWs target higher-risk populations, provide HIV testing, and conduct risk screening and suggest PrEP initiation for those at high risk and screen negative for HIV, connecting them with healthcare providers who can prescribe it.

The second source of motivation comes from MSM and TGW friends who've started PrEP. These “**peer recommendations**” about the advantages of PrEP in reducing HIV risk are very influential.

*“I have a friend who works at a community-based organization, and I regularly participate in HIV campaigns. There was a recommendation to use PrEP, so I went for HIV testing at MHC and they explained to me the benefits of PrEP.” An MSM respondent in Phnom Penh*

The study also found that **social media** was also key in increasing PrEP awareness, uptake, and adherence.

*“I know from social media that PrEP can prevent the risk of HIV infection. It is easy to use, free of charge, and keeps confidential information for users”. An MSM university student in Phnom Penh*

The short powerful messages, especially from influential figures or content creators on Facebook or TikTok, are most likely to attract interest on the topic.

*“...I see a lot of advertisements from Sinora Roath, Nikki Nikki or Soy Seng Hour and I trust them.”* Another MSM in Phnom Penh Disclosure of PrEP Use

**Revealing PrEP use is generally not a problem.** The study found that 52 (81%) respondents disclosed their PrEP use to others including their sexual partners (21%); their MSM and TGW close friends perceived to be at high risk (75%); family (1.9%); and, colleagues (1.9%). Users often think PrEP is something that should be shared with those engaging in high-risk behaviors - for instance, having multiple partners or selling sex. Support from family further pushed forward the adherence.

*“I tell those who love the same sex because it is something that people should know”*  
an MSM in Phnom Penh

*“My parents support me in using. They ask me when they see the pills and I tell them”*  
a 31-year-old TGW from Siem Reap added

The 19% who do not disclose PrEP use say it is due to their hidden sexual orientation. They mentioned not coming out to their family, for fear of their family knowing their sexual preference and possibly the multiple partners they have. MSM and TGW sex workers were afraid of their partner's reaction and the likelihood they may not use protection.

*“I did not tell my partner because he would not use a condom if he is aware”.* A TGW in Siem Reap

Others still feel ashamed to reveal their PrEP use because of rumors surrounding HIV and many not being aware of PrEP and what it does. Some feel that disclosing their PrEP use could lead to discrimination or negative reactions from others. Health service providers claimed that the majority of those who do not disclose are celebrities.

Health service providers also raised a significant concern regarding the similarity of packaging of PrEP and antiretroviral drugs that create barriers to disclosure and use.

*“In 2020, there is a case that the user hid the PrEP use from his parents by telling them it is the medicine for the liver. I think it is because the package is similar to ARV medicine, so he feels like other people would think he is HIV-positive. He even brought the ARV bottle to compare and said it is the same.”* A counselor from Banteay Meanchey, Serey Sophoan Referral Hospital

### **5.1.2. Satisfaction With Services Received**

The majority (98%) of PrEP users reported high levels of satisfaction with the service they received. They were especially happy with the health service providers and outreach workers' friendliness, fast service, quality of the counseling sessions, and provision of support and encouragement to PrEP adherence and uptake. The participants mentioned that they fully trusted the service providers with their confidential information and the additional support or inquiries through phone calls or messengers proved effective.

*“They explained well about the benefits that are easy to understand.”* - an MSM in Phnom Penh

*“They encouraged me to use daily PrEP + condoms to be 100% protected since I have many partners and are at high risk”.* an MSM in Banteay Meanchey

*“I am satisfied because the service is good. They take care of me and are well-spoken”.*  
ATGW in Siem Reap

Only 2% of the total respondents, who seek service from public clinics, experienced some sort of dissatisfaction with the service. They would like the service providers to be more soft-spoken and administer the medicine in a more convenient manner.

The study further noted the great user satisfaction with community-based organization (CBO) PrEP. Those seeking services from organizations such as Men Health Social Services (MHSS) or Men's Health Cambodia (MHC) reported feeling more comfortable in receiving the service from the outreach workers.

*“...I feel closer because we are in the same situation”.*

CBO PrEP services proved to be more user-friendly, faster, and available nearly 24/7, which are the significant factors influencing PrEP uptake.

## **5.2. Challenges in PrEP Use**

Despite satisfaction with PrEP and overall services received, the study looked further into the challenges to daily oral PrEP adherence faced by the users. 56% (36 respondents) did not face any challenges in using the daily oral PrEP. The other 44% (28 respondents) experienced various challenges at individual and community levels.

At the individual level, side effects, inconsistency in their personal usage, and discomfort with the pill size were described as challenges. Known side effects of the medication remain a concern among the beneficiaries, accounting for 57% (n = 28). Although most participants reported good adherence, some voiced their doubts about the harmful effects of the drug. Some complained about dizziness, nausea, vomiting, and stomachache. These drug reactions affected their adherence to PrEP and led them to discontinue.

Another common challenge mentioned by eight respondents was the difficulty in finding time to visit the clinic for follow-up testing and refills due to their work. The distance between their home and centers was also raised as a minor challenge affecting PrEP adherence. The respondents stressed the convenience of community-based PrEP services, both in terms of duration of visit and location, would likely influence their uptake. Another common challenge in daily oral PrEP, especially in the first phase of use, is that users simply just forget to take it, either due to work, travel, or being away from home when PrEP needs to be taken. In addition, a small number of respondents reported actual difficulty taking oral PrEP pills, in particular, the large size of oral PrEP pills that are difficult or uncomfortable to swallow.

At the community level, the health service providers and outreach workers pointed out the skepticism some users had regarding PrEP, especially with ongoing rumors surrounding the use of PrEP for a long period may result in being HIV-positive. Stigma related to HIV and antiretroviral drugs (ARVs) challenges PrEP adherence.



*“The client used to come to me and said that taking this medicine every day is like a HIV-positive person. He thought it might make him HIV-positive if he takes longer. With this skepticism, he just stopped using it because he does not want others to think that he is HIV-positive or the likelihood of him being diagnosed.”* - an outreach worker in Phnom Penh

### 5.3. Reasons for Discontinuing Oral PrEP

The study found the most common challenge and reason for discontinuation were the side effects. Among the 64 respondents, 41 discontinued uses within three months of initiation. The average duration of PrEP before discontinuation was 1 month for 13 of 41 respondents (32%). The shortest period was within 2 to 3 days when users stopped due to major side effects. The longest use was three years in which the user is now in a committed relationship and no longer finds PrEP relevant. The in-depth interviews with the 41 discontinued clients allowed for the classification of barriers to PrEP continuation into three main realms: individual-level, pill-related, and clinical settings.

#### Personal Factors

The respondents reported several individual-level factors that acted as the reason for their discontinuation. About half of the discontinued users reported no longer feeling the need to take daily oral PrEP when their perceived risk diminishes. It is either that their relationship status changed by moving into a single committed partner or becoming sexually inactive.

*“I recently had a committed partner three months ago and we do not have another partner, so I discontinue the use to make sure we gain each other’s trust”.* an MSM in Siem Reap

If a respondent perceived himself at low risk, he used alternatives like condoms for their occasional sexual activity or reverted to the event-driven PrEP dosing approach. The survey found that at least 17% of the discontinued users (n = 41) had used the on-demand PrEP following the guidance from the outreach workers during their first visit.

*“I used to take it every day. But after I broke up and I want to have sexual activity once in a while, I use 2-1-1. I suspended the use at the end of April because I ran out of medicine”.* - a Siem Reap MSM

Another common reason for discontinuation reported by MSM and TGW was frequent forgetfulness. This was often intermittent, which led them to just simply stop using. At least 6 of 41 discontinued admitted having missed doses consecutively.

*“I stopped using it because I am very busy with my work, and I cannot take it on time”* a TGW in Phnom Penh mentioned.

Constant moving, especially for their work, or migration to the neighboring countries was another reason for clients’ discontinuation.

*“I usually travel for my salon work to different provinces, and I cannot find time to visit the clinic”* a TGW in Siem Reap

Existing health issues presented barriers to PrEP adherence as well. Two respondents reported having kidney and liver problems which led to their suspending PrEP.

*“The reason is I have health problems. Recently, I stopped using it because I have a stomach issue. My kidney hurts and I usually feel nauseous”* an MSM in Siem Reap

*“I used PrEP for three months then went for another testing and the creatinine level was up, so I was told to suspend the use”* an MSM.

Other personal reasons mentioned by a few users were the COVID-19 pandemic and lockdowns that restricted clinical visits and two respondents tested HIV-positive and they changed to ART.

## **Pill-related Factor**

Ten (24%) of 41 stopping PrEP experienced severe side effects that led them to stop using PrEP. The users reported missing doses of PrEP or discontinuing PrEP altogether due to nausea, dizziness, and fatigue that affected their daily work.

*“I took it for a whole month, every night at 7 PM. It made me feel dizzy and fatigued, so I suspended the use because I do not want it to affect my work”* a TGW salon worker in Phnom Penh

Two respondents mentioned an interesting pill-related factor causing their PrEP suspension. These clients reported the pills they were given were close to the expiration dates and they feared using them.

*“I never want to stop using, but the two bottles given to me were very close to the expiration date, it was just 2 months left, so I did not continue using it because I was afraid of the health issue. I still have one bottle remaining”* a 31-year-old TGW in Siem Reap

Another TGW in Phnom Penh reported that she had missed many doses and she noted pills expired so she simply stopped using them.

## **Clinical-setting Factor**

Lack of transport, cost, and distance were barriers to PrEP access reported by two respondents. They mentioned the service is only available in the urban areas, which are far from them, and they usually do not have time or money to visit the public clinic due to the working hours.

Health service providers mentioned that most MSM and TGW do not dare to come for follow-up PrEP visits where PrEP is delivered at ART clinics. They feel uncomfortable visiting the same clinic as PLHIV, worrying others would assume they are HIV-positive patients. This is the case in Siem Reap, where the PrEP service is in the same space as the ART site.



## Likelihood of Future PrEP Use

Thirty-nine (79%) clients who had stopped PrEP reported they would probably re-start PrEP if they become sexually active again or if injectable PrEP is available. Two HIV positive respondents were excluded from this question.

The survey revealed intense interest in long-acting injectable cabotegravir (CAB-LA) where 62 respondents mentioned the injection would encourage use. 79% of the discontinued clients (n = 39) and 64% of the continued clients (n = 23) reported being interested in the injection because they do not need to take daily medication nor worry about missing a dose and it can act as the long-term prevention. Their only hesitation was needing more information regarding side effects before they could make the decision. A few respondents were not interested because of discomfort with syringes and another anticipating side effects and would rather stick to the pill.

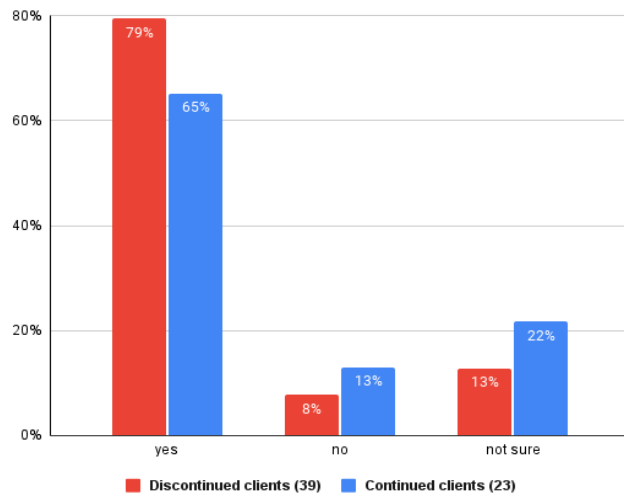


Figure 4: Interest in CAB-LA

## 6. Recommendations

The assessment results provide insights into the factors affecting daily oral PrEP adherence and continuation. To improve PrEP service delivery and increase the proportion of clients who continue PrEP use, several recommendations were generated with inputs from both users and health service providers.

### Increase Awareness

All respondents felt there was still insufficient promotion of PrEP and its benefits. The study found more PrEP education facilitated PrEP uptake and decreased PrEP-associated stigma. They suggested more mass media campaigns, including national television, information banners and leaflets, and social media, to educate the general population about PrEP and its benefits to decrease stigma and possibly related discrimination. In addition, more promotion of PrEP benefits and services including outreach to target populations should focus on eradicating doubts about its efficacy and stating the advantages and disadvantages to allow for making informed choices.

Utilizing social media campaigns, such as Facebook, TikTok, Instagram, and YouTube, by collaborating with Key Opinion Leaders (KOL), content creators, or influencers is highly encouraged to improve the dissemination of PrEP as most young adults tend to rely on those who are influential and perhaps being in the same or similar situation with them.

- **Key recommended action:** ~~Behaviour Change Communication (BCC) of NCHADS and key partners, including CBOs and the PrEP site itself, should do~~ More promotion of PrEP benefits and services to generate more demand, primarily through social media (Facebook, TikTok) through influencers, as well as a dating app, in complement to current outreach.

### Stigma Reduction Strategy

Concern surrounding PrEP bottles and their similarity to ARV is a key barrier to oral PrEP adherence. Clients were concerned that they would be perceived as being HIV infected and on treatment. Different PrEP branding and packaging distinct from that of ARV drugs is recommended.

- **Key recommended action:** Consider re-designing the PrEP bottle

### Access to Service

The limited availability of PrEP was frequently raised by the respondents, especially those who live far from the urban sites. Participants reported being unable or unwilling to travel the distance required to get to the clinic where PrEP was provided. Discontinued PrEP participants expressed interest in re-initiating PrEP if they could access it from clinics closer to them or from nearby pharmacies.

- **Key recommended action:** More CBO PrEP sites in Phnom Penh, Battambang, Banteay Meanchey, Siem Reap, and at least one in Preah Sihanouk, Kandal, Kampong Cham and Takao ensuring good linkages between CBO and PrEP hub sites.

In addition, participants referenced discomfort with accessing PrEP at the same facilities as PLHIV. Stigma is high because PrEP is often available only through infectious disease or HIV-specific clinics. It is a serious concern where the PrEP and ART sites are in the same building.

- **Key recommended action:** Consider separating the PrEP site and ART sites. More CBO sites complementing hub-ART can be an excellent option if there is no better facility site beyond the ART clinic.

Daily oral PrEP was raised as an adherence challenge for many users. Long-acting injectable PrEP is a good alternative and would encourage more PrEP uptake and retention among MSM and TGW.

- **Key recommended action:** CAB-LA is acknowledged as a good option to complement oral PrEP to increase uptake and keep clients in PrEP care. CAB-LA for KPs in-need in selected sites should be implemented.

## Capacity Building for Service Providers

To increase uptake and adherence, service providers need better emphasize benefits while explaining possible side effects at initiation. They should explain that side-effects are usually mild and transient and advise clients on how to deal with them.

Expanding and further professionalizing CBO PrEP deliver is necessary for the continuing improvements in uptake and adherence, especially among MSM and TGW. Monitoring appointments, tracing defaulters, and linking them back to services, follow-up calls, and advising outreach workers on how to promote PrEP to screen negative clients at risk and adapt to the client needs is highly recommended.

- **Key recommended actions:** Improve KPs-friendly services at both facilities and CBO sites (more capacity building, Motivational Counseling skills building, coaching, monitoring). Expanding event-driven PrEP option depending on client sexual activity is a good option. PrEP providers should provide better counseling for daily and event-driven PrEP and its usefulness and side effects.

## Summary of Key Recommended Actions

- More promotion of PrEP to generate more demand, primarily through social media (Facebook, TikTok) through influencers, as well as dating app, in complement to current outreach.
- More CBO PrEP sites in Phnom Penh, Battambang, Banteay Meanchey, Siem Reap, and at least one in Phreah Sihanouk, Kandal, Kampong Cham and Takao ensuring good linkages between CBO and PrEP hub sites.
- Consider re-designing the PrEP bottle.
- Strongly consider separating the PrEP from ART clinics. The CBOs sites complementing hub-ART sites can be an excellent option if there is no better facility site beyond the ART clinic.
- CAB-LA is acknowledged as a good option to complement oral PrEP to increase uptake and keep clients in PrEP care. CAB-LA for KPs in-need in selected sites should be implemented.
- Improve KPs-friendly services at both facilities and CBO sites (more capacity building, Motivational Counseling skills building, coaching, monitoring).
- Expanding event-driven PrEP option depending on client sexual activity is a good option. PrEP providers should provide better counseling for daily and event-driven PrEP and its usefulness and side effects.

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- Unaid.org. “Pre-Exposure Prophylaxis Use Expands, but Not Fast Enough.” UNAIDS, UNAIDS, 17 Jan. 2022, [www.unaids.org/en/resources/presscentre/featurestories/2022/january/20220117\\_preexposure-prophylaxis-use-expands](http://www.unaids.org/en/resources/presscentre/featurestories/2022/january/20220117_preexposure-prophylaxis-use-expands).
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- NCHADS/MoH-Cambodia. PrEP Progress Update Quarter 2 2023, Trend of PrEP Uptake Since Initiation of All Sites [Photograph], 2023

## Annexes

### Annex 1: Workplan

# Work-plan

Project Name : Qualitative Assessment of PrEP Drop-Out Clients

Organization : FHI360 Cambodia

*Period of implementation: 18 April - 21 July 2023*

**Objective: To conduct qualitative assessment for reasons for pre-exposure prophylaxis (PrEP) dropout.**

Activities	# of day	Start Date*	Target Completion Date*
<b>Step 1: Inception</b>			
Consultant attended project orientation and review scope of work with FHI 360 Cambodia	0.5	18 April 2023	18 April 2023
Consultant reviewed the protocol and questionnaires and suggest improvements	2	20 April	21 April
Consultant submitted and finalized suggested protocol and questionnaires with FHI360. Meeting with NCHADS to finalize the protocol and get support letter	1	24 April 2023	24 April 2023
<b>Step 2: Data collection and analysis</b>			
<b>Consultant conduct field data collection in Phnom Penh, Banteay Meanchey and Siem Reap (Traveling included - 1 Day Travel and 1 Day Departure)</b>		<b>2 May</b>	<b>31 May</b>
Phnom Penh	6	2 May	31 May
Banteay Meanchey	4	10 May	11 May
Siem Reap	5	16 May	18 May
Consultant conduct data analysis	5	5 June	9 June
Consultant produce slide presentation of preliminary findings	2	12 June	13 June
<b>Step 3: Presentation of Preliminary Result</b>			
Consultant presents preliminary findings /conduct consultative meeting with NCHADS and partners	3	19 June	14 July
<b>Step 4: Final Report and Slide Presentation for Dissemination</b>			
Consultant produce final report and slide presentation for dissemination	3	19 July	21 July
<b>Total (working days)</b>	<b>31.5</b>		

## Annex 2: Questionnaires (English) of PrEP Drop Out

Guide #1: Discontinued PrEP Users IDI Guide	
<b>Introduction</b>	
<p>My name is _____. Thank you for agreeing to take some time to talk to us today about daily oral PrEP for HIV prevention. I am representing the EpiC project and am collecting data on behalf of the National Center for HIV/AIDS Dermatology and STD (NCHADS). I would like to confirm with you if your name is _____. I would like to confirm with you that you have used PrEP in the past but do not currently use it. Through this discussion, we would like to delve into certain, more specific topics on daily oral PrEP that we hope will help in improving the overall delivery of daily oral PrEP in Cambodia. I am looking forward to hearing your thoughts on the questions I will ask you. Please know there are no right or wrong answers or opinions about the topics we are discussing, so feel free to share your thoughts openly. We're simply looking to collect opinions, experiences, and beliefs from a range of individuals who previously used PrEP. Also, feel free to skip any questions that you do not want to answer.</p>	
<b>Section A: Biography</b>	
1. Please briefly introduce yourself.	<b>Guiding probes:</b> where they grew up, what they do for a living, if they have family, are they new to the area, any other details that would help us to know you better. [Note: no need to ask all probes, keep this section fairly short]
<b>Section B: PrEP Decision-making and Disclosure</b>	
<b>Transition statement:</b> "Now I would like to talk to you about using daily oral PrEP."	
2. Tell me about your decision to start using daily oral PrEP.	a. Is there anything else that influenced your decision to start using PrEP? b. How long did you take PrEP? c. What were the reasons you thought it was necessary for you to take PrEP?
3. When you were using oral PrEP, who (if anyone) did you tell about your PrEP use?	a. Did telling those people make it easier or harder to use oral PrEP? In what ways? b. What kinds of support did they provide? [If no response, probe for general encouragement, transport to clinic, reminders to use PrEP, help dealing with side effects] c. What, if any, other kinds of support would you have liked? d. Who did you not tell about your PrEP use? e. What are the reasons you did not tell them?

<b>Section C: Oral PrEP Practices</b>	
4. Since you are no longer on PrEP, please tell me about your decision to stop using PrEP.	<ul style="list-style-type: none"> <li>a. What were the main reasons that you stopped taking oral PrEP?</li> <li>b. [Probe for stigma if not mentioned]</li> <li>c. Please describe whether or not you felt that PrEP met your needs.</li> </ul>
5. When you were taking PrEP, what were your biggest challenges using it?	<p>[If no challenges mentioned, skip to probe D]</p> <ul style="list-style-type: none"> <li>a. [Probe for stigma if not mentioned]</li> <li>b. Did you ever miss a dose because of these challenges?</li> <li>c. What did you do to manage these challenges or seek help for them? [probe: clinic, other sources of health]</li> <li>d. What have you heard are other people's biggest challenges using PrEP?</li> </ul>
6. Please describe any time you stopped taking PrEP for a while and then started taking PrEP again.	<p>[If they have never done this, skip to question 7]</p> <ul style="list-style-type: none"> <li>a. Why did you stop taking PrEP?</li> <li>b. What made you start taking it again?</li> <li>c. How many times did you stop and start?</li> <li>d. What additional support do you think would have helped you stay on PrEP during these times?</li> <li>e. Have you ever used event-driven PrEP? (meaning taking PrEP before doing sexual activities...)</li> </ul>
7. Tell me about your (previous) experience taking daily oral PrEP.	
8. What side effects did you experience when you were taking PrEP?	<p>If no personal side effects, ask probe H] If yes, tell me more about them</p> <ul style="list-style-type: none"> <li>a. [Probe for stigma if not mentioned]</li> <li>b. Did you ever miss taking PrEP due to the side effects?</li> <li>c. What did you do to manage these challenges or seek help for them? [probe: clinic, other sources of health]</li> <li>d. Are there any side effects that you have heard from other people that are taking PrEP?</li> </ul>



9. When you were taking PrEP, what were your biggest challenges using it?	<ul style="list-style-type: none"> <li>a. What helped you take it every day?</li> <li>b. Who (if anyone) did you ask for help so you could take your pill every day?</li> <li>c. If you ever went to the clinic for help taking PrEP every day, did you find it to be helpful?</li> </ul>
10. Do you think you'll use PrEP again in the future?	<ul style="list-style-type: none"> <li>a. What are the main reasons you would or wouldn't use it again?</li> </ul>
11. Oral PrEP contains the same medication that is used for treating HIV-positive people. What did you think about taking a medication that was also used for HIV treatment?	<ul style="list-style-type: none"> <li>a. Why do you say so?</li> </ul>
12. Have you ever heard of instances where people share their oral PrEP with others?	<ul style="list-style-type: none"> <li>a. Did you ever share your oral PrEP with anyone? [If never shared, skip to question 6]</li> <li>b. Tell me more about this.</li> <li>c. Who did you share your PrEP with?</li> <li>d. What were the reasons you shared it?</li> </ul>
<b>Section D: Satisfaction with Oral PrEP Service</b>	
13. How satisfied did you feel with the service you received from the clinic where you got PrEP?	<ul style="list-style-type: none"> <li>a. How did providers interact with you? [Probe: did they listen to you; how did they treat you]</li> <li>b. How do you feel the service at this clinic compares to a public clinic?</li> </ul>
14. Please describe what role/contribution your provider had in your decision to go on PrEP.	<ul style="list-style-type: none"> <li>a. Have you ever felt pressured to take PrEP against your will? [If so, what happened?]</li> <li>b. Do you think you knew enough about oral PrEP and what it was before you started taking it?</li> </ul>
15. What do you think should be improved to make the services better?	
<b>Perception of CAB-LA (Long-term HIV Vaccine)</b>	
Do you think you might be interested in taking a long-term HIV vaccine (CAB-LA) if it is available in the future?	<ul style="list-style-type: none"> <li>a. Why? [Probe : No need to take daily medication, Don't need to worry about missing a dose, Long term prevention, Others won't know about me taking CAB-LA, I have high challenges]</li> </ul>

How do you feel about switching from oral PrEP to long-term medications (injected every 2 months)?	[Probe : No need to take daily medication, Don't need to worry about missing a dose, Long term prevention, Others won't know about me taking CAB-LA, I have high challenges]
<b>General Comments</b>	
Do you have anything else about your experiences taking PrEP that you would like to tell me?	
In the past 6 months, did you experience any of the following? Check all that apply.	<p>[Probe]</p> <ol style="list-style-type: none"> <li>1. More than one sex partner</li> <li>2. Sex without a condom</li> <li>3. Having a sexually transmitted infection or TB</li> <li>4. Having used a shared syringe</li> <li>5. Having sex under influences (drunk)</li> <li>6. Sell sex (for money, goods, or drugs)</li> <li>7. CHEM-SEX</li> <li>8. I'd rather not say - I'm mysterious!</li> </ol>

<b>Guide #2: CURRENT PrEP Users IDI Guide</b>	
<b>Introduction</b>	
<p>My name is _____. Thank you for agreeing to take some time to talk to us today about daily oral PrEP for HIV prevention. I am representing the EpiC project and am collecting data on behalf of the National Center for HIV/AIDS Dermatology and STD (NCHADS). I would like to confirm with you if your name is _____. Are you a current daily oral PrEP user? Through this discussion, we would like to discuss certain, more specific topics on oral PrEP that we hope will help in improving the overall delivery of daily oral PrEP in Cambodia. I am looking forward to hearing your thoughts on the questions I will ask you. Please know there are no right or wrong answers or opinions about the topics we are discussing, so feel free to share your thoughts openly. We're simply looking to collect opinions, experiences, and beliefs from a range of individuals who currently or previously used PrEP. Also, feel free to skip any questions that you do not want to answer</p>	
<b>Section A: Biography</b>	
<p>Please tell me a brief history of yourself to help me get to know you better.</p>	<p><b>Guiding probes:</b> where they grew up, what they do for a living, if they have family, are they new to the area, any other details that would help us to know you better. [Note: no need to ask all probes, keep this section fairly short]</p>

**Section B: PrEP Decision-making and Disclosure**

**Transition statement:** “Now I would like to talk to you about using oral PrEP.”

<p>2. Tell me about your decision to start using daily oral PrEP.</p>	<ul style="list-style-type: none"> <li>a. Is there anything else that influenced your decision to start using PrEP?</li> <li>b. How long have you been using PrEP?</li> <li>c. What were the reasons you thought it was necessary for you to take PrEP?</li> </ul>
<p>3. Who (if anyone) have you told about your daily oral PrEP use?</p>	<ul style="list-style-type: none"> <li>a. Has telling those people made it easier or harder to use PrEP? In what ways?</li> <li>b. What kinds of support have they provided? [If no response, probe for general encouragement, transport to clinic, reminders to use PrEP, help dealing with side effects]</li> <li>c. What, if any, other kinds of support would you like?</li> <li>d. Who haven't you told about your PrEP use?</li> <li>e. What are the reasons you haven't told them?</li> </ul>

**Section C: Oral PrEP Practices**

<p>4. What have been your biggest challenges using daily oral PrEP?</p>	<p>[If no challenges mentioned, ask probe d]</p> <ul style="list-style-type: none"> <li>a. [Probe for stigma if not mentioned]</li> <li>b. How have you dealt with these challenges? [probe: clinic, other sources of health]</li> <li>c. Do you ever miss a dose because of these challenges?</li> <li>d. What have you heard are other people's biggest challenges using PrEP?</li> </ul>
<p>5. Please describe what it's like trying to take daily oral PrEP every day.</p>	<ul style="list-style-type: none"> <li>a. What challenges have you faced?</li> <li>b. What has helped you to take it every day?</li> <li>c. Who (if anyone) have you asked for help so you can take your pill every day?</li> <li>d. If you have ever gone to the clinic for help taking PrEP every day, have you found this to be helpful?</li> </ul>
<p>6. What side effects have you experienced from taking daily oral PrEP?</p>	<p>If no personal side effects, ask probe H]</p>

	<ul style="list-style-type: none"> <li>a. How long did you use oral PrEP before you started experiencing side effects?</li> <li>b. How have these side effects affected your daily life?</li> <li>c. How have you dealt with them?</li> <li>d. How long did these side effects last?</li> <li>e. Were you taking any other medication along with your oral PrEP at the time?</li> <li>f. If you have ever gone to the clinic for help with side effects, did you find this helpful?</li> <li>g. [If they have never gone to the clinic] Why did you not go to the clinic for help with side effects?</li> <li>h. Are there any side effects that you have heard from other people that are taking PrEP?</li> </ul>
<p>7. Please describe any time you have stopped taking daily oral PrEP for a while and then started taking daily oral PrEP again</p>	<p>[If they have never done this, skip to question 8]</p> <ul style="list-style-type: none"> <li>a. Why did you stop taking PrEP?</li> <li>b. What made you start taking it again?</li> <li>c. How many times have you stopped and started?</li> <li>d. What additional support do you think would have helped you stay on PrEP during these times?</li> <li>e. Have you ever used event-driven PrEP? (meaning taking PrEP before doing sexual activities...)</li> </ul>
<p>8. Many people have tried daily oral PrEP but then stopped using it. What helps you keep using it?</p>	<ul style="list-style-type: none"> <li>a. What additional support would help you keep using it?</li> <li>b. Can you share some methods that has worked for you to keep using PrEP?</li> </ul>
<p>9. Have you ever heard of instances where people share their daily oral PrEP with others?</p>	<ul style="list-style-type: none"> <li>a. Have you ever shared your oral PrEP with anyone? [If never shared, skip to question 5]</li> <li>b. Tell me more about this.</li> <li>c. Who did you share your PrEP with?</li> <li>d. What were the reasons you shared it?</li> </ul>
<p>10. Daily oral PrEP contains the same medication that is used for treating HIV-positive people. What do you think about taking a medication that is also used for HIV treatment?</p>	<ul style="list-style-type: none"> <li>a. Why do you say so?</li> </ul>

<b>Section D: Satisfaction with daily oral PrEP service</b>	
11. How satisfied do you feel with the service you receive from this clinic?	<p>a. How do providers interact with you? [Probe: do they listen to you, how do they treat you]</p> <p>b. How do you feel the service at this clinic compares to a public clinic?</p>
12. Please describe what role/contribution your provider had in your decision to go on daily oral PrEP.	<p>a. Have you ever felt pressured to take PrEP against your will?</p> <p>b. [If so, what happened?]</p> <p>c. Do you think you knew enough about oral PrEP and what it was before you started taking it?</p>
13. What do you think should be improved to make the services better?	
<b>Perception of CAB-LA (Long-term HIV Vaccine)</b>	
Do you think you might be interested in taking a long-term HIV vaccine (CAB-LA) if it is available in the future?	<p>a. Why?</p> <p>[Probe : No need to take daily medication, Don't need to worry about missing a dose, Long term prevention, Others won't know about me taking CAB-LA, I have high challenges]</p>
How do you feel about switching from oral PrEP to long-term medications (injected every 2 months)?	<p>[Probe : No need to take daily medication, Don't need to worry about missing a dose, Long term prevention, Others won't know about me taking CAB-LA, I have high challenges]</p>
<b>General Comments</b>	
Do you have anything else about your experiences taking PrEP that you would like to tell me?	
In the past 6 months, did you experience any of the following? Check all that apply.	<p>[Probe]</p> <ol style="list-style-type: none"> <li>1. More than one sex partner</li> <li>2. Sex without a condom</li> <li>3. Having a sexually transmitted infection or TB</li> <li>4. Having used a shared syringe</li> <li>5. Having sex under influences (drunk)</li> <li>6. Sell sex (for money, goods, or drugs)</li> <li>7. CHEM-SEX</li> <li>8. I'd rather not say - I'm mysterious!</li> </ol>

**Guide #3: PrEP Service Providers / Community Outreach Workers**

**Introduction**

My name is \_\_\_\_\_. Thank you for agreeing to take some time to talk to us today about oral PrEP for HIV prevention. I am representing the EpiC project and am collecting data on behalf of the National Center for HIV/AIDS Dermatology and STD (NCHADS). I would like to confirm with you if your name is \_\_\_\_\_. I would like to confirm with you that as a healthcare provider, you supply PrEP services to patients. Through this discussion, we would like to delve into certain, more specific topics on oral PrEP that we hope will help in improving the overall delivery of oral PrEP in Cambodia. I am looking forward to hearing your thoughts on the questions I will ask you. Please know there are no right or wrong answers or opinions about the topics we are discussing, so feel free to share your thoughts openly. We are simply looking to collect opinions, experiences, and beliefs from a range of individuals who have knowledge on current or previous PrEP users. Also, feel free to skip any questions that you do not want to answer.

**Section A: Biography**

1. Please tell me a brief introduction of yourself and this facility to help me get to know you better.

**Guiding probes:**

- a. What is your role? What does it involve?
- b. How long they have worked at this facility?
- c. How do you feel about working in PrEP services?  
and any other details that would help us to know you better. [Note: no need to ask all probes, keep this section fairly short]

**Section B: PrEP Decision-making and Disclosure**

**Transition statement:** “Now I would like to talk to you about your patients PrEP use.”

2. From your knowledge, what are the reasons why patients usually decide to start using oral PrEP?

a. Is there anything else that you have heard that has influenced your clients to start using PrEP?

3. When your patients use oral PrEP, do you know if they tell others about their PrEP use?

- a. Do you know if telling other people made it easier or harder for patients to use oral PrEP? In what ways?
- b. What kinds of support did they provide? [probe for general encouragement, transport to clinic, reminders to use PrEP, help dealing with side effects]
- c. Are there certain people patients usually do not tell about their PrEP use?
- d. What are the reasons patients do not tell them?

<b>Section C: Oral PrEP Practices</b>	
4. Have you ever heard of instances where people share their oral PrEP with others?	<ul style="list-style-type: none"> <li>a. Tell me more about this.</li> <li>b. Who did they share their PrEP with?</li> <li>c. What were the reasons they shared it?</li> </ul>
5. When your patients are taking PrEP, what are their biggest challenges using it?	<ul style="list-style-type: none"> <li>a. [Probe for stigma if not mentioned]</li> <li>b. Do they ever miss a dose because of these challenges?</li> <li>c. What do your patients do to manage these challenges or seek help for them? [probe: clinic, other sources of health]</li> </ul>
6. Please describe what helps your patients to try to take oral PrEP every day.	<ul style="list-style-type: none"> <li>a. What challenges do they face?</li> <li>b. What helped them take it every day?</li> <li>c. Who (if anyone) did they ask for help so you could take your pill every day?</li> <li>d. If you ever went to the clinic for help taking PrEP every day, did you find it to be helpful?</li> </ul>
7. What side effects did your patients experience when taking PrEP?	<ul style="list-style-type: none"> <li>a. How long do patients use oral PrEP before starting to experience side effects?</li> <li>b. How have these side effects affected patients' daily life?</li> <li>c. How do they deal with them?</li> <li>d. How long do these side effects last?</li> <li>e. Do patients return to the clinic for help with their side effects, do they find this helpful?</li> <li>f. [For patients who don't return to the clinic] Why do some patients not go to the clinic for help with side effects?</li> </ul>
8. Please describe any times your patients have stopped taking PrEP for a while and then started taking PrEP again.	<p>[If they have never done this, skip to question 8]</p> <ul style="list-style-type: none"> <li>a. Why did patients stop taking PrEP?</li> <li>b. What made them start taking it again?</li> <li>c. What additional support do you think would have helped them stay on PrEP during these times?</li> </ul>
9. For patients who are no longer on PrEP, what were the main reasons that patients stopped taking oral PrEP?	[Probe for stigma if not mentioned]
10. Oral PrEP contains the same medication that is used for treating HIV-positive people. What did you observe from your patient about	

their thoughts about taking a medication that was also used for HIV treatment?	
<b>Section D: Satisfaction with Oral PrEP Service</b>	
11. As a provider, what have you contributed to helping patients' decision to go on PrEP?	a. Is enough information and consultation about oral PrEP and what it was before they started taking it or encourage them to continue using it are sufficiently provided?
12. How satisfied did you feel patients are with the service they received from the clinics where they can get PrEP?	
<b>Perception of CAB-LA (Long-term HIV Vaccine)</b>	
Do you think MSM and TGW might be interested in taking a long-term HIV vaccine (CAB-LA) if it is available in the future?	a. Why? [Probe : No need to take daily medication, Don't need to worry about missing a dose, Long term prevention, Others won't know about me taking CAB-LA, I have high challenges]
How do you feel about switching from oral PrEP to long-term medications (injected every 2 months)?	[Probe : No need to take daily medication, Don't need to worry about missing a dose, Long term prevention, Others won't know about me taking CAB-LA, I have high challenges]
<b>General Comments</b>	
Do you have anything else about PrEP use/services that you would like to tell me?	