ANRS | MIE Scientific Days in Vietnam

Towards ending epidemics

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Qualitative assessment about PrEP acceptability in key-populations in Cambodia

"ANRS-12415 Quali PrEP Cambodia"

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HIV in Cambodia

- 90-90-90 goals in the general population almost achieved (HIV prevalence is 0.5%)[1]

- HIV prevalence still very high in key-populations (KP):
  - Female entertainment workers (FEW) 4.9%[2];
  - Men who have sex with men (MSM) 4%[3];
  - Transgender women (TGW) 9.6%[4].

- Young MSM and TGW sources of new infections -> +++ importance of PrEP (oral PrEP as validated tool to prevent HIV infection among KP recommended by WHO since 2015, injectable PrEP approved in the US in 2021)

Interruption of a clinical trial in 2004
-> PrEP controversial?

PrEP perception, acceptability and administration preferences in ?

- Cambodian KP (TGW, FEW, MEW, MSM)
- CBO (community-based organizations) workers
- Head CBO (KHANA)
- Healthcare workers (HW)
- Policymakers (NAA, NCHADS)

PrEP

- **Acceptability?**
- **Benefits? Drawbacks?**
- **Daily or event-driven PrEP?**
- **Community-based PrEP or hospital-based PrEP?**
- **Injectable PrEP?**

→ Viewpoints of KP, CBO, healthcare workers, policymakers ?

Context around HIV and STIs

- Awareness infection risk?
- Perceived risk factors?
- Access to information about preventive methods?
- Usage of preventive methods?

4 Fomulated hypothesis

- i) PrEP awareness and acceptability is low in KP in Cambodia, as this is the case in other South-East Asian countries
- ii) the Cambodian context might be especially unfavourable to PrEP given the above-mentioned controversy
- iii) community organizations can play a critical role in providing PrEP information, initiation and counselling, as KP are difficult to reach in health facilities in Cambodia
- iv) community organizations may lack the financial, logistical and skill capacities to adequately deliver PrEP

- 8 **focus groups (KP, CBO, HW)** + 7 semi-structured individual **interviews (KP, CBO, Policy makers) for a total of 88 participants**
- **KP from Multiple regions**: Phnom Penh, Siem Reap, Kampong Som, Kandal, Banteay Manchey, Battambang, and Sihanoukville (18 from PP, 13 from SR, 8 from KS, 10 from KD, 4 from BTM, 4 from BTB, 2 from SH)
- **Community approach**: consultation with 3 CBO* -> 63 participants selected (KP)

  *Cambodian Women for Peace and Development (CWPD), Men's Health Cambodia (MHC) and Men's Health Social Service (MHSS)
- Data collection in **2022**
- Grid of questions + data analysis with NVivo

8 Focus Group	Age range
10 **TGW**	22-36
10 cisgender **venue-based FEW**	24-38
10 cisgender **street-based FEW**	23-43
10 cisgender male entertainments workers **(MEW)**	19-36
10 cisgender **MSM**	18-35
9 **PrEP users** (6 cisgender MSM + 3 TGW)	21-36
11 **CBO workers** (3 MHC + 3 MHSS + 3 CWPD + 2 FHI360)	
11 **Healthcare workers** (7 counsellors + 4 physicians)	

7 Semi-structured individual interviews	Age
1 **TGW key influencer**	27
1 cisgender **FEW key influencer**	41
1 cisgender **MSM ex PrEP user**	42
1 **upper-class hidden** cisgender **MSM**	30
1 **NCHADS** (National Center for HIV/AIDS, Dermatology and STD)	
1 **NAA** (National AIDS Authority)	
1 **KHANA** (**umbrella CBO** belonging to the HIV/AIDS international alliance)	

Context around HIV and STI

Perceived risk factors (KP)

- Use of drugs during sex/chemsex
- Condom not used/used incorrectly
- Abuse of alcohol
- Promiscuity and uncertainty about partner's HIV status
- Low hygiene (all venue-based EW)
- Sexual practices (anal/group sex)
- No PrEP usage

Access to information about preventive methods (KP)

- Most of all thanks to CBO (through social media or by phone), websites, friends, hospitals, doctors and health centers
- Difficulties to access information in provinces

Usage of preventive methods (KP)

- With random partners: condom, hygiene and PrEP
- With stable partner: health check-ups, condom, no protection, outside ejaculation, hygiene, a particular sex position, and PrEP

Populations to target (most concerned KP) for PrEP implementation

CBO workers + HC workers

- Young MSM 18-40y
- EW
- Chemsexers
- Serodiscordant couples

Head CBO (KHANA)

- TGW
- MSM under 30

Policy makers (NAA + NCHADS)

- MSM
- EW
- TG
- Serodiscordant couples

- Low knowledge but **high acceptability** due to these **benefits** (+ authorities approval -> trust):

Policy makers (NAA + NCHADS)	**Head CBO** (KHANA)	**Healthcare workers**	**KP**	**CBO workers**
HIV screening and prevention when condom is not used	HIV prevention and saving at national level	STIs screening	Condom replacement	Easy to administer
		Cure also HBV		
	Increase sexual pleasure	More confidence in sex	Free health check-ups	
Better HIV prevention				

*"When we use **PrEP**, the changed is that it can help **reduce discrimination**, as we know that using PrEP, **we can have sex with HIV-positive**, so nowadays the **HIV-positive people** still **have the opportunity to have sex as normal** and those who love (HIV-positive) dare to open more than before. **Before, no one dared to love HIV-positive** they were very worried, so this is a good change." (Focus group PrEP users)*

Results

Individual and structural PrEP barriers

Head CBO (KHANA)	Policy makers (NAA + NCHADS)	Healthcare workers	KP	CBO workers
Lack of advertisement, promotion/not clear			No protection towards STIs	
Lack of information about PrEP (from facilities to KP)	Service not widespread	Fear of PrEP side effects (problem of rumors)		
Lack of funds	Long procedure to get PrEP	ART-related discrimination		
	Lack of "demand creation" -> KP no design PrEP program (KP just target, not actor)	Lack of healthcare workers and staffs	Difficulties of adherence (drunkenness, travelling, irregular lifestyle, mental load, HIV-related stigma)	
	PrEP regimens are complicated	PrEP can't be used with a STI treatment		No protection towards pregnancy and interaction with hormonal therapy in TGW
	Loss of follow-ups	Lack of trainings/exchange experiences		Lack of budget to recruit skilled staff, lack of trainings/to pay transport for KP/lack of site to treat side effects
	Cost of transports			Lack of clear legal framework
	Difficulties to reach KP (rural areas/KP travel a lot)			Difficulty to keep KP (KP travel a lot/no remind appointment)

Preferred "daily PrEP" (KP without TGW)

- Less complicated uptake schedule
- Difficult to plan sex
- Lower forgetfulness risk

Preferred "on demand PrEP" (TGW)

- Fear of side effects and of the interaction with hormonal therapy -> lower number of pills
- Not to feel like patients
- - CBO workers and HW allow people to use it only if they meet specific criteria
  - Importance of provide both regimens

Perception of "injectable PrEP" (KP)

- All KP would have accepted injectable PrEP because:
  - No pill intake burden
  - Worked faster
  - Lasted longer
  - Reduced the non-adherence risk, side effects and HIV-related stigma
- Not for cisgender street-based FEW -> forgetfulness
- CBO workers, HW and policymakers are favourable to injectable PrEP

Barriers to hospital-based PrEP (KP)

Lack of explanations

Fear of discrimination

Embarrassment in front of the doctor

→ **Preference for CBO-based PrEP**

"They [CBO] *are **very friendly**. They recommend us and we follow then, we are cured. **They pay lots of attention**. Their working team explain us, we understand, we take the pill and **we are cured**."*
(Semi-structured interview with the cisgender FEW key influencer)

Barriers to CBO-based PrEP (KP)

Distance -> difficult to afford transportation fees

Lack of medical expertise and explanations

Long waiting time

Lack of confidentiality

Absence of HIV or kidney and liver check-ups

→ Some high-class participants preferred **private clinic-based** PrEP

- Low knowledge, but high acceptability of PrEP ->hypothesis disproved -> **Cambodia favorable context to increase PrEP rollout and uptake**
- Participants were difficult to reach in health facilities -> **important role of CBO in PrEP uptake** (recognized by authorities)-> currently 5 CBOs (Chhourk Sar, MHC_PP, MHC_BTM, MHSS_SH, RHAC_SR)
- **KP-specific preferences for PrEP uptake and delivery model**

- **Good acceptability of injectable PrEP**
- **PrEP individual and structural barriers similar to other countries** -> Vietnam (Nguyen et al., 2021), South Africa (Smith et al., 2023), and Malawi (Lancaster et al., 2020)
- **PrEP supported by authorities**
  - Commitment and understanding that **involvement of KP communities in PrEP implementation is crucial**
  - **Increase trust of KP in PrEP**

Improve PrEP delivery system

- Institutions favorable to PrEP ("demand creation" and collaboration between policymakers, PrEP providers and stakeholders +++) and CBO (expertise and collaboration between CBO, doctors and pharmacists +++)
- Increase and ameliorate CBO-based PrEP (medical staff, privacy protection, STIs screening +++/waiting times ---)
- Enhance hospital-based PrEP (train doctors to non stigmatisation, extend opening hours -NCHADS open in WE-, remind appointments)
- Propose different PrEP regimens and PrEP delivery-models according to the preference of each KP/person
- When it will be available, roll-out injectable PrEP

Improve PrEP side effects information

- Key populations, specifically TGW (fear interaction with hormonal therapy)
- Improve promotion of PrEP through social networks (Facebook, Telegram and Instagram)

Advocate against the stigma towards HIV and key populations

Expected papers: 2 papers

- Article 1 - submitted in Aids Care 'Aids Impact special issue' - Presented in oral communication in AIDS Impact 2023 Conference
- **High PrEP acceptability and need for tailored implementation in Cambodian key populations: results from a qualitative assessment**
- Including HIV/STI context in KP, PrEP knowledge, beliefs, preferences (on-demand/daily/injectable) with a focus on specificities related to TGW and sex work.
- Data: Focus groups KP, PrEP users; Interviews KP, KP key-influencers
- Authors: Camilla OLIVERI*, Rothmony EANG*, Olivier SEGERAL, Marion MORA, Lerksmey PUTH, Prom SENGRITH, Emilie MOSNIER, Ouk VICHEA, Bruno SPIRE, Saphonn VONTHANAK, Marion FIORENTINO
- * equal contribution

- Article 2 –Journal Public Health/South East Asia
- **Recommendations to implement community-based PrEP: viewpoints of policymakers, CBO, healthcare workers and KP key-influencers**
- Data: Focus groups CBO workers, healthcare workers; Interviews policymakers, KP key-influencers
- Authors: Rothmony EANG*, Olivier SEGERAL*, Camilla OLIVERI, Marion MORA, Lerksmey PUTH, Prom SENGRITH, Emilie MOSNIER, Ouk Vichea, Bruno SPIRE, Saphonn VONTHANAK, Marion FIORENTINO

Appendix

- Eligibility criteria of key populations
- Characteristics of participants

SESSTIM, Faculté des Sciences Médicales et Paramédicales, Aix-Marseille Université, Marseille, France
https://sesstim.univ-amu.fr/

Eligibility criteria of key populations

- MSM: being sexually active and having had anal sex with at least one male (including TGW women) partner in the previous 12 months;
- TGW: being biologically male at birth and self-identifying as a woman or third gender, reporting having anal sex with at least one male in the previous 12 months;
- FEW: females venue-based (work in entertainment establishment) or non-venue based (freelance/street-based or park-based) having sexual intercourse at least once in exchange for money in the previous month.

Characteristics of the key populations who participated in the study's six focus groups and four semi-structured interviews

Focus groups

Self-identification	Number of participants	Gender	Age range (years)
Transgender women (TGW)	10	10 transgender women	22-36
Venue-based female entertainment workers	10	10 cisgender women	24-38
Street-based female entertainment workers	10	10 cisgender women	23-43
Male entertainment workers	10	10 cisgender men	19-36
Men who have sex with men (MSM)	10	10 cisgender men	18-35
PrEP users (6 MSM and 3 TGW)	9	6 cisgender men 3 transgender women	21-36

Semi-structured interviews

Self-identification	Number of participants	Gender	Age
TGW, key influencer	1	Transgender woman	27
Entertainment worker key influencer	1	Cisgender woman	41
MSM ex-PrEP user	1	Cisgender man	42
Upper-class hidden MSM	1	Cisgender man	30
Total number of participants	63		

Characteristics of CBO workers and healthcare workers who participate in the focus groups

	Number of participants	Sex	Job	Working place	PrEP user
CBO workers	11	10 M 1 F		3 MHC (PNP) 3 MHSS (BTB, BMC, PNP) 2 FHI360 (PNP) 3 CWPD (PNP)	1 used (for 1 year and a half) 1 is using (more than two years)
Healthcare workers	11	3 M 8 F	7 counsellors 4 physicians	8 Phnom Penh 1 Siem Reap 1 Battambang 1 Bantey Meanchey	