

Antiretroviral Therapy as Prevention Interviews with MSM Interview Guide

FACE PAGE

This section to filled in using panel data on participant and / or information that arises from interview.

Age _____

Country / Region _____

HIV testing

Have you ever taken an HIV test?

- No
 Yes
 Prefer not to answer

If yes, do you wish to disclose the results of your test?

- No
 Yes Seronegative Seropositive

Current relationship status

- In a serodiscordant relationship
 In a seroconcordant relationship
 Not in a relationship
 In a relationship but status not disclosed to partner
 Prefer not to answer

1. Introduction

Explanatory notes in blue

Additional prompts or info to look for in green

To briefly describe the project related to this interview: WHO is developing consolidated guidance on HIV and KPs, bringing together existing guidance for separate key population groups and including important new information to address defined gaps. One of the new areas in the guidelines will be looking at PrEP for MSM. Values and preferences related to these services are a vital component that will inform the new recommendations.

Length of interview: 1 hour (if you have time constraints, I will make every effort to make our conversation shorter)

Primary goal: To have a conversation about a number of specific topics that affect you or that you have experience with as a man who has sex with men. I want to focus on your experience, your opinions and what you think or feel about the topics covered, and how your experiences have influenced your views.

Overview: I'll ask some general questions about your back ground and your experiences as a MSM where you live, but mostly about your experiences, values and preferences regarding the use of ART for

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prevention (PrEP, PEP, early initiation of ART, and some questions about your HIV testing experiences and preferences.

If participant is involved with advising about or providing services for MSM ask: I will also ask your views from a service provision perspective in relation to the topics discussed.

If there are any other topics that you would like to raise relative to the main topics we discuss, please feel free to do so, as I will include any additional topics or issues in the report.

Important reminder: You may decline answers to any questions or discussion of any topics at any time.

Recording our conversation: I would like to make an audio recording of our conversation to be sure that I am able to capture your contribution in as much detail and as accurately as possible. I do not keep any identifying information about you personally, so there is **no way to identify you in the report**. If you prefer that I not record our conversation, I will only take written notes. In either case, our conversation is **completely confidential**. Please let me know what you are more comfortable with. After we've spoken, if you have any further thoughts to share with me, please feel free to email me with your follow-up inputs.

At this time, do you have any further questions or concerns?

Emphasize at this point that you want to hear about the individual's actual experiences and views, not those of his/her organization or those that are considered legal or acceptable in their country. They may mention these differences of perspective or setting, but their personal views are of primary importance for this interview.

2. Verbal consent

Before we move on, I will need to obtain your verbal consent to be interviewed. Would you like to participate in this interview?

Make sure to receive verbal consent to participate.

If participant says "NO", thank him and discontinue interview.

If participant says "YES", begin the interview.

- Verbal consent was NOT obtained from the study participant
- Verbal consent was obtained from the study participant

3. Background information

Thank you again for agreeing to participate in this interview. I would like to begin by asking you to share a little about yourself.

1. How do you identify yourself sexually?
2. What is your living situation?
3. What is your relationship status?
4. What is it like for you living as (*however he identifies regarding MSM*) in your country?

4. HIV testing experience / modalities (if not addressed previously)

I'd like to ask you a few questions about HIV testing as it concerns you and other members of your community.

Community members: Can you briefly tell me a about your HIV testing experience?

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- Where tested / type of setting (hospital / clinic / stand-alone HTC / mobile clinic / community-based service provider / self-test)
- Was it easy or difficult to get a test? Specific barriers / facilitators to access?
- What do you feel is the optimal testing modality/setting for yourself? For others in your community? Please explain. Advantages / disadvantages of different options?
- What are the most important issues you see in providing HIV testing services for MSM?
- HIV self-testing is becoming increasingly more available, via the internet (online purchase) and over the counter in pharmacies. Some countries are considering supporting community groups to supply HIV self-test kits. What are your thoughts about self-testing for yourself and for others in your community?

Experts / service providers: As an expert / someone who advises on services for MSM / service provider:

- What are your general thoughts about providing HIV testing for MSM?
- In your view, how has this been delivered most successfully?
- HIV self-testing is becoming increasingly more available, via the internet (online purchase) and over-the-counter in pharmacies. Some countries are considering supporting community groups to supply HIV self-test kits. What are your thoughts about self-testing?

5. Current prevention approaches/practices

Community member

1. What interventions are you currently using to protect yourself from getting HIV / to prevent transmission of HIV to a partner? *(Follow/up regarding: Condoms and Lube, Individual/Group/Community level interventions, Provider-initiated testing and counseling for HIV and STI, Individual and Group Risk Reduction Counseling)*
2. What barriers do you experience / have you experienced in accessing prevention interventions? *For young respondents: Especially as a young MSM?*
3. What has assisted / does assist you in accessing these interventions?
4. What additional prevention interventions do you think will be helpful to you and others in your community?
5. What other strategies would be helpful to improve access to prevention interventions?

PROBES: For each questions use following probes as appropriate

- >>> What kinds of prevention programs exist in your country? *(individual, group, and community level programs)*
- >>> How accessible are *(each of the categories)*
- >>> Has a health care provider ever talked about *(each of the categories)* with you?
- >>> How should *(each of the categories)* be delivered to MSM?
- >>> How is it received by MSM in your country?
- >>> What do you think about it?
- >>> How would you organize prevention programs?
- >>> If not offered in country,
- >>> Is this viable in your country?
- >>> How would it be received?
- >>> How would you improve the conditions for meeting sexual health needs of MSM?

Experts / service providers

1. In your setting/experience, what current prevention strategies are being used / are available for MSM?
2. In your setting/experience, what barriers do MSM experience in accessing prevention interventions?
3. In your setting/experience, what current strategies are helping MSM to access prevention interventions?
4. In your setting / experience, how do the needs of young or adolescent MSM differ from older members of the community and how are their particular needs be addressed by services?
5. In your setting/experience, what additional prevention interventions do you think would benefit MSM?

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6. In your setting/experience, what other strategies would you suggest to improve access to prevention interventions for MSM?

6. ARVs for prevention

There are a number of prevention interventions that involve the use of antiretrovirals (some of which you have mentioned) that the new guidelines are looking into, and we would like to explore these with you.

6a) PrEP (pre-exposure prophylaxis)

Community member

If the respondent has mentioned PrEP in the response to Section 4, go to Question 3 –

1. Are you aware of PrEP?

Yes	a) Do you feel you have a good understanding of PrEP, or would you like me to give you more information? <i>If the respondent asks for more info, go to explanation below.</i>
No (or if answer is incomplete)	<p>b) Explanation: <i>Pre-exposure prophylaxis (or PrEP or Truvada) is the use of antiretroviral drugs by HIV-negative people to reduce the risk of or getting HIV. Recent studies have shown that people who took PrEP pills every day were less likely to become infected with HIV.</i></p> <p><i>Several studies have shown that PrEP can prevent someone acquiring HIV from sex and one study has shown that it can also prevent HIV from sharing needles. Studies have also shown that PrEP or antiretrovirals for people who are HIV-negative are safe and cause few, minor side effects. PrEP does not protect against other blood-borne viruses, hepatitis, STIs, or pregnancy.</i></p>

2. Check understanding: Is that explanation useful? Do you have any questions? How would you explain PrEP to someone?
3. What are your views on PrEP as a preventive option for yourself?
4. Would you be interested in taking PrEP for HIV prevention if it was available?

Yes	<p>a) Why would you consider it?</p> <p>b) What would help you to make a decision about using PrEP as a prevention intervention?</p> <p>>>> More information – What information would you require for making a decision about taking PrEP?</p> <p>>>> Support from health provider</p> <p>>>> Better access</p> <p>>>> Peer influence</p>
No	<p>c) Why would you not consider PrEP?</p> <p>d) What would help you to make a decision about using PrEP as a prevention intervention?</p> <p>>>> More information – What information would you require to make a decision about taking PrEP?</p> <p>>>> Support from health provider</p> <p>>>> Better access</p> <p>>>> Peer influence</p>

5. What do you think are potential benefits of taking PrEP on a daily basis for HIV prevention?
6. What do you think are potential challenges of taking PrEP on a daily basis for HIV prevention? For young respondents: Any particular challenges related to being an adolescent MSM?

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7. How do you feel about PrEP vs other harm reduction options / current prevention strategies that are available?
8. Do you have a strong feeling or preference for one particular option (esp among NSP/OST/PrEP)? Please explain.
9. Are you aware of the views of other MSM regarding PrEP?

Experts / service providers

1. What are your views on PrEP as a prevention option for MSM? Are those views the same for adolescents and young MSM? Please explain.
2. Are MSM aware of PrEP?

Yes	a) What are their views?
	b) How have most of them been informed about PrEP?
	c) Is the information they present with correct?
No	d) Why do you think this is the case?

3. If PrEP was available, should it be offered to MSM?

Yes	a) What would be your rationale for offering PrEP?
	b) In what circumstances should PrEP be offered?
	c) What support would service providers require to be able to offer PrEP? >>> Up to date information >>> Standard operating procedures and policies >>> Ongoing/reliable supply
	No
	d) What is your rationale for not offering PrEP? >>> Potential concerns/challenges of offering PrEP to MSM in relation to service provision? What strategies could be used to address these concerns/challenges? >>> Potential concerns/challenges in relation to your clients? – What strategies could be used to address these concerns/challenges?
	e) What would assist in improving the acceptability of PrEP to you as a provider?

6b) PEP (post-exposure prophylaxis)

Community member

If the respondent has mentioned PEP in the response to Section 4, go to Question 3 –

1. Are you aware of PEP?

Yes	a) Do you feel you have a good understanding of PEP, or would you like me to give you more information? <i>If the respondent asks for more info, go to explanation below.</i>
No	b) Explanation: <i>Post-exposure prophylaxis (or PEP) is the use of antiretroviral drugs by HIV negative people AFTER possible exposure to HIV to reduce the risk of getting HIV.</i>

2. *Check understanding:* Is that explanation useful? Do you have any questions? How would you explain PEP to someone?
3. What are your views on PEP as a preventive option for yourself?
4. What do you think are the benefits of taking PEP for HIV prevention?
5. What do you think are the challenges of taking PEP for HIV prevention? – What strategies could help to address these challenges? For young respondents: Are there particular challenges for taking PEP related to being a young MSM?
6. Have you ever taken PEP?

Yes	a) Can you tell me about the situation in which you decided to take it?
	b) Who offered it to you?

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	c) Where did you access it? Was it easy to get hold of?	
	d) What was the recommended protocol? Number of days? Follow-up testing?	
	e) Did you take the whole course of PEP as prescribed?	
	Yes	--
	No	How long did you take it? Why did you stop?
	f) What was your experience of taking PEP?	
	>>> Easier / harder than other prevention options?	
	>>> Pill burden?	
	>>> Side effects?	
	>>> More stigmatizing / less stigmatizing?	
	If negative, how could it be improved?	
	g) Would you take it again?	
No	h) Why have you not taken it before?	
	Not available	If offered to you, would you accept it? What would help you to make a decision about PEP? >>> More info – what sort of info would you need? >>> Support from health provider >>> Better access
	Offered but refused	What were your reasons for not taking it? What would help you to make a decision about PEP? >>> More info – what sort of info would you find most helpful?
	Have never needed it	Would you be interested in taking PrEP for HIV prevention?

- How do you feel about PEP vs other harm reduction options / current prevention strategies?
- Do you have a strong feeling or preference for one particular option (esp among NSP/OST/PrEP)? Please explain.
- Are you aware of the views of other MSM regarding PEP?

Experts and service providers:

- What are your views on PEP for MSM who have had a possible exposure to HIV? Are those views the same with regard to adolescents and young MSM? Please explain.
- What are the benefits of PEP for MSM with possible exposure to HIV?
- What concerns do you have with offering PEP to MSM with possible exposure to HIV?
 - In relation to service provision
 - In relation to your clients (MSM)
 - In relation to adolescent and young clients

Service providers only:

- Have you ever prescribed PEP for MSM?

Yes	a) Tell me about your experiences prescribing PEP for MSM	
	b) What challenges did you as a SP face?	
	c) What challenges did your clients face? – What strategies helped you / your client to address these challenges?	
No	d) Why have you not offered PEP?	
	Not available	--
	Not appropriate	Please explain >>> e.g. clients don't return for follow-up
	Offered, client refused	Main reasons for refusing? How to improve acceptability? >>> Access, info....

- If you offer PEP to MSM how many 'courses' of PEP would you feel comfortable with offering in a 12-month period to an individual? Please explain.

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6c) Early initiation of ART

Community members (HIV+ only):

If the respondent has mentioned early initiation of ART in the response to Section 4, go to Question 3 –

1. Are you aware of early initiation of ART?

Yes	a) Do you feel you have a good understanding of early initiation of ART, or would you like me to give you more information? <i>If the respondent asks for more info, go to explanation below.</i>
No	<p>b) Explanation:</p> <p><i>Early initiation of ART is the start of ART by people with HIV at CD4 count above 500.</i></p> <p><i>In 2013, WHO recommended individuals start ART when CD4 is ≤500 (vs. previous guidance of CD4 ≤350). WHO does not currently recommend starting ART when someone's CD4 is >500 except for people with HIV and active TB, for people coinfecting with HIV and Hepatitis B and evidence of severe chronic liver disease, or for partners with HIV in serodiscordant relationships who should be offered ART to reduce transmission to uninfected partners; in all of those cases they should start (or be offered) ART regardless of CD4 count. However some countries are now recommending or considering recommending that all MSM should also be recommended to start ART regardless of CD4 count.</i></p> <p><i>Taking ART, whatever your CD4 count, can reduce HIV transmission to others, either through sex or through sharing equipment. WHO recommends that everyone with a CD4 of 500 or below should be on ART for their health and to prevent transmission to others. While it is not known whether taking ART when you have a CD4 >500 is actually beneficial for your own health, it does have a preventive effect. This early ART initiation is sometimes called 'treatment as prevention' or TasP. Some people suggest early ART (CD4 > 500) should be recommended for all MSM to help prevent transmission to others.</i></p>

2. Check understanding: Is that explanation useful? Do you have any questions? How would you explain early initiation of ART
3. If HIV seropositive: Are you on ART? (Or: You have told me that you are on ART...)

Yes	a) When did you start?	
	b) Did you start because of your health status or for prevention reasons? Or other? (>>> to start a family) Please explain your answer.	
	c) If it was for prevention:	
	If for prevention	<p>Did you face any particular challenges in starting ART for prevention reasons? If so, what were they?</p> <p>What benefits do you see or have you experienced in starting ART for prevention?</p>
No	d) What is your view on early initiation of ART (CD4 500 or above) as a preventive intervention?	
	e) Is this something that you would consider if it was available where you live?	
	Yes	<p>Why would you consider this?</p> <p>What would help you to make a decision about early ART?</p> <p>>>> More info – what info would you find most helpful?</p> <p>>>> Support from service providers</p> <p>>>> Access</p>
	What are your potential concerns or challenges you might have starting ART at a higher CD4 count (or before you feel sick?) – What	

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		strategies do you think could be used to address these challenges?
	No	Why wouldn't you consider it?
		What would assist in improving the acceptability of early initiation of ART?

Experts and service providers:

1. What are your views on early initiation of ART? Are those views the same for adolescent and young MSM? Please explain.
2. What are the potential benefits of offering early initiation of ART to MSM?
3. What are your concerns of offering early initiation of ART to MSM?
 - a) In relation to service provision
 - b) In relation to your clients
 - c) In relation to adolescent and young clients
4. What strategies do you think could be used to address these challenges?
5. What do you advise your MSM clients about early initiation of ART? Same for adolescent and young clients?

Service providers only:

1. Have you ever prescribed early initiation of ART for MSM?

Yes	a) Tell me about your experiences	
	b) What challenges did you as a service provider face?	
	c) What challenges did your clients face? What strategies helped you/your client to address these challenges?	
No	d) Why have you not offered early initiation of ART to MSM?	
	Not available	--
	Not appropriate	Please explain
	Offered, client refused	What were the main reasons that the client refused?
		What would assist in improving the acceptability of early initiation of ART for MSM? >>> Info >>> Access

7. Discrimination/Violence

If discrimination or violence issues arose during interview: Earlier you talked about whatever discrimination or violence issues he mentioned. I would like to ask you some further questions about that if it is OK with you.

If not previously discussed, I would like to ask you some questions about how MSM are received in your country.

How are MSM treated in your country?

What are the attitudes of health providers towards MSM?

How do health providers treat MSM?

How have these attitudes and experiences affected the ability of MSM to access sexual health services?

What experiences have you had with violence directed at you or other men because of being MSM?

7. Legal Issues

How does the legal system affect your to access to HIV services (e.g., criminalization of homosexuality)

What kinds of legal assistance do MSM need?

Where do MSM go for legal assistance?

How does the legal system respond to MSM?

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9. Closing

Thank you very much for your time – I appreciate your willingness to share your personal experiences, views and feelings. Is there anything else that you would like to add at this time?

Once we have collected all the data required for this study, we will prepare a report that will be made available as part of a larger report, which will be available on our website at www.msmsgf.org.

Reminder - Please be assured that I will not include in the report any identifying information about you personally.

Please feel free to contact MSMGF staff if you have any questions or would like to provide feedback. You may have these contact details from an earlier email but would you like me to repeat this information for your convenience?

If participant says yes: You can contact me, Sonya Arreola at SArreola@msmsgf.org if you have any questions or comments or George Ayala at GAyala@msmsgf.org.

Thank you again for your time today. Is this a good time to end the call?