

Supplementary File 1:
COREQ (Consolidated criteria for Reporting Qualitative research) Checklist

Item No.	Topic and Guide Questions	Report
Domain 1: Research team and reflexivity		
<i>Personal characteristics</i>		
1	Interviewer/ facilitator <i>(Which author/s conducted the interview or focus group?)</i>	MDCR, BJS, CEL and AFH (including a research assistant from Indonesia, which was included in the acknowledgment section) conducted all interviews.
2	Credentials <i>(What were the researcher's credentials? E.g. PhD, MD)</i>	Bachelor's degree (CEL, BJS, AFH); MDs (MD-L, RAH-C, RAD, EY, MY, CJH); Master's degree (LS, ASH); PhD (MDCR, PK, JEG, CJH).
3	Occupation <i>(What was their occupation at the time of the study?)</i>	All interviewers were employed as researchers at the Research Institute of Tropical Medicine (RITM), the Philippines, and Cipto Mangunkusumo General Hospital (CIPTO), Indonesia at time of data collection.
4	Gender <i>(Was the researcher male or female?)</i>	The research team included two non-binary individuals, nine female and three males.
5	Experience and training <i>(What experience or training did the researcher have?)</i>	Interviewers had 3 to 15 years of previous experience in conducting qualitative research and were trained on data collection procedures and ethical considerations (see <i>methods chapter for further information</i>).
<i>Relationship with participants</i>		
6	Relationship established <i>(Was a relationship established prior to study commencement?)</i>	There was no personal relationship between interviewers and participants prior to data collection. When first contacting eligible participants, interviewers introduced themselves and answered any open questions prior to enrolling the participant and scheduling the interview (see <i>methods section for further information</i>).
7	Participant knowledge of the interviewer <i>(What did the participants know about the researcher? e.g. personal goals, reasons for doing the research)</i>	Interviewers introduced themselves and the study to participants. This introduction also included their own affiliation with RITM and Cipto, their overarching interest in the topic at hand, as well as the reasons and goals for conducting this research.
8	Interviewer characteristics	Many of the authors were affiliated with RITM and CIPTO where HIV is highlighted as a research and policy priority. This, and personal interest, sparked researchers'

	<i>(What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic)</i>	engagement in this topic. Interviewers were all Philippines and Indonesian nationals, some originating from an area close to the study setting. While this also was integral to building rapport with participants and collecting in-depth information on their personal experiences, it might also have resulted in biases. As part of the systematic debriefings conducted throughout data collection, emerging concerns and risks of biases were repeatedly discussed (<i>see reflexivity section for further information</i>).
Domain 2: Study design		
<i>Theoretical framework</i>		
9	Methodological orientation and Theory <i>(What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis)</i>	The overarching study was guided by grounded theory approach and aligned with the tiers of the Consolidated Framework for Implementation Research. (<i>see methods chapter for further information on data analysis processes</i>).
<i>Participant selection</i>		
10	Sampling <i>(How were participants selected? e.g. purposive, convenience, consecutive, snowball)</i>	From June to December 2023, we purposively selected healthcare workers (HCWs) involved in providing HIV and TB services, specifically ART and TPT delivery, at the study sites (<i>see methods chapter for more details</i>).
11	Method of approach <i>(How were participants approached? e.g. face-to-face, telephone, mail, email)</i>	We identified potential participants from the list of HCWs and initially contacted them by phone to provide general description of the study and invite them for an in-person discussion of the study procedures, during which we sought their consent (<i>see methods chapter for more details</i>).
12	Sample size <i>(How many participants were in the study?)</i>	This article is based on 10 FGDs and 4 IDIs with 52 individuals (<i>see methods chapter for more details</i>).
13	Non-participation <i>(How many people refused to participate or dropped out? Reasons?)</i>	A total of 11 decline participation, citing reasons busy schedules and declined without specifying (<i>see results chapter for more details</i>).
<i>Setting</i>		
14	Setting of data collection <i>(Where was the data collected? e.g. home, clinic, workplace)</i>	FGDs and IDIs conducted in a private room at the study sites and lasted between 45 and 120 minutes (<i>see methods chapter for more details</i>).

15	Presence of non-participants <i>(Was anyone else present besides the participants and researchers?)</i>	Only the participants and researchers were present during the FGDs and IDIs.
16	Description of sample <i>(What are the important characteristics of the sample? e.g. demographic data, date)</i>	Characteristics of the sample are reported at the beginning of the results chapter.
<i>Data collection</i>		
17	Interview guide <i>(Were questions, prompts, guides provided by the authors? Was it pilot tested?)</i>	Interviews were conducted following a piloted and refined interview guide, focusing on participant's knowledge of and experiences on the policies, logistics, and prescribing practices related to TPT, as well as their personal experiences and concerns (<i>see methods chapter for further information</i>).
18	Repeat interviews <i>(Were repeat interviews carried out? If yes, how many?)</i>	No repeat interviews were carried out.
19	Audio/visual recording <i>(Did the research use audio or visual recording to collect the data?)</i>	All interviews were audio-recorded.
20	Field notes <i>(Were field notes made during and/or after the interview or focus group?)</i>	Interviewers made field notes during and/or immediately after the interviews which served as a basis for discussion during systematic debriefings.
21	Duration <i>(What was the duration of the interviews or focus group?)</i>	Duration of the FGDs and IDIs were reported at the end of the data collection procedures (methods chapter).
22	Data saturation <i>(Was data saturation discussed?)</i>	Interviews were halted when data saturation was achieved (<i>for more information see methods chapter</i>).
23	Transcripts returned <i>(Were transcripts returned to participants for comment and/or correction?)</i>	Transcripts were not returned to participants.
Domain 3: analysis and findings		
<i>Data analysis</i>		

24	Number of data coders <i>(How many data coders coded the data?)</i>	The codebook was developed collaboratively by MDCR, PK and LS with support of all authors. MDCR coded the Philippines dataset and PK and LS coded the Indonesia dataset, while having regular debriefings (<i>see methods chapter for further information</i>).
25	Description of the coding tree <i>(Did authors provide a description of the coding tree?)</i>	The codebook was developed inductively based on the familiarization of the interview and focused on emerging barriers and facilitators (<i>see methods chapter for further information</i>).
26	Derivation of themes <i>(Were themes identified in advance or derived from the data?)</i>	Themes emerged inductively during data systematic debriefings and the coding of FGDs and interviews (<i>see methods chapter for more information</i>).
27	Software <i>(What software, if applicable, was used to manage the data?)</i>	MAXQDA24 (VERBI Software, 2024) was used for coding the data.
28	Participant checking <i>(Did participants provide feedback on the findings?)</i>	So far, findings have not been discussed with participants, since this is part of the larger mixed-methods intervention study. However, we are considering conducting a larger outreach activity for sharing our results with participants upon concluding the overarching study.
<i>Reporting</i>		
29	Quotations presented <i>(Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number)</i>	We present verbatim quotes throughout the results section. We use HCW classification and study site as identifiers.
30	Data and findings consistent <i>(Was there consistency between the data presented and the findings?)</i>	We closely link our findings to our data throughout the results section.
31	Clarity of major themes <i>(Were major themes clearly presented in the findings?)</i>	Major themes, as outlined in Figure 2, are elaborated upon throughout the results section.
32	Clarity of minor themes <i>(Is there a description of diverse cases or discussion of minor themes?)</i>	Minor themes and specific cases are discussed throughout the results section.

Developed based on: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International Journal for Quality in Health Care. 2007. Volume 19, Number 6: pp. 349 – 357