Supplementary File 2:
Focus Group Discussion Guide

BEAT TB Asia: Behavioral Economic Approaches for Tuberculosis Preventive Therapy in Asia Pacific IeDEA Sites

Healthcare Worker: Focus Group Discussion Guide (FG001)

A. Introduction

Thank you for taking the time to participate in this study. I am ……..

Purpose: The focus of our discussion will be on TPT prescribing. I would like to learn about the group's experiences with TB preventive care for patients. I am also interested in the overall *why* and *when* clinicians consider providing medication or guidance to *prevent* illness versus *treating* an illness. We want to understand some of what is actually happening in clinics here and what may sometimes limit clinicians' opportunities to provide specific recommended preventive care.

Finally, we hope to discuss and identify an approach that will simplify the TPT prescribing process in order to increase TPT uptake in PLHIV in [Country].

Ethics: Your participation in this discussion is completely voluntary, and may be stopped at any time. The FGD will take about an **hour**. Please feel free to share your point of view even if it differs from what others have said. We will be taping the session because we don't want to miss any of your comments/thoughts. The information you provide will remain completely confidential. This FGD/IDI will be audio-recorded and transcribed, omitting any identifiable information. Audio records will be destroyed once transcription is completed. We won't use any names in our reports. Your responses will only be shared with research team members and we will ensure that any information we include in our report does not identify you as the respondent. Do you have any questions before we start?

TURN ON RECORDER

For the purpose of this recording do you agree to take part in this interview?

B. Ground Rules

Great. First let's start with some ground rules that will help us to keep time and create an inclusive environment for the discussion today.

1. Please respect what others say. Everyone deserves a chance to speak. Please do not interrupt when someone else is speaking. If people speak over each other, we will have trouble listening to the recording later.

2. If you begin talking when another is speaking, I will ask you to stop and get back to you when the person is finished

3. Please do not carry on side conversations as this is disrespectful and will make the recording difficult to understand.

4. Turn phones on silent and refrain from using phones during this discussion as it will distract from the conversation.

5. This is a discussion, so please listen to others ideas, if you have something to add you can add after the person finishes his idea. After they are finished, please feel free to tell the group if you agree or disagree with what they said. We are interested in everyone's thoughts and opinions.

6. Refrain from sharing information mentioned during this discussion with other people outside of this room after the discussion is finished. It is important to respect the privacy of everyone involved with this discussion.

7. Please try to be as honest as possible during this discussion. Your thoughts and opinions will not be linked to you in any way. Your experiences will help researchers understand how to improve the TPT prescribing process in the future.

Does everyone agree with these rules? Do you have any you think we should add?

C. FGD Guide

1. **Tell me about your role in the clinic.**
2. **Tell me about your responsibilities regarding TB diagnosis and treatment and TB preventive therapy.**
3. **Who do you think TB preventive therapy is most likely to help?**

We are going to be talking today about ART and your experience and perceptions about TPT. To begin,

Theme 1: General experiences about ART services

1. Tell us about how you go about starting some patients on ART in your clinic.
    a. How do you decide if someone is ready to start the ART?
    b. Is there variation in how this happens? If yes, can you explain these variations?
    c. Who is the final authority to decide?
2. Describe key considerations for someone being evaluated for ART initiation.
    a. Probe: what about comorbidities or opportunistic infections?
3. Tell us about your thoughts of TB disease at the time of ART initiation? What usually gets done? What usually does not get done?
    a. Probe: What is the standard procedure? What happens in reality that is different from the standard procedure?
4. In addition to ART, what are key considerations for managing a patient with HIV?
    a. What gets prioritized? (e.g. PCP prevention, hypertension care, etc.)

Theme 2: Processes, Perceptions and Experiences about TPT prescribing

5. What do clinicians think about TPT? How important is it among all the things that are done for people with HIV?
    a. Walk me through one of your most memorable experiences with TPT prescribing. How did you feel about this experience at that time? How do you feel about it now?
    b. Probe: What do you think are the positive aspects of TPT prescribing? Can you mention some examples?
6. Have you had any negative experiences with TPT prescribing (e.g. side effects, active TB, default)? Why is that negative? Can you mention some examples?
    a. Probe: What did you share to your colleagues about this experience? What do you think should be done differently or the same in the future?
7. Tell us more about the process of prescribing TPT.
    a. How does the TPT prescribing fit into the clinic visit workflow?
    Who is usually responsible for prescribing TPT?
    a. How do you decide which patients to give TPT to?
    b. When do you first consider prescribing TPT?
    c. When do you think TPT isn't the right thing for a patient?
        i. Can you elaborate with any specific examples/cases that you may remember?
    d. Are the TPT prescribing steps always the same for each patient (ie check for TB symptoms and if no symptoms give TPT)? Explain
        i. Do all providers at your clinic follow the same steps to prescribe TPT?
        ii. Are there any confusing (or unhelpful) steps in TPT prescribing? Can you describe further these confusing (or unhelpful) steps?
            - Probe: what do you think should be done to ease this process?
    e. Describe any challenges to prescribing TPT
        i. How do you feel about these challenges? Probe: In your opinion, do these challenges affect patient care and/or compliance to TPT? Why or why not?
    f. How much do you think the DOH or HIV care leadership wants TPT to be provided? How do they show this?

Theme 3: Perception about TPT information delivery

8. How do patients respond to being prescribed TPT?
    a. What types of challenges have you faced in discussing TPT with patients?
    b. Are patients ever hesitant about TPT or not interested in TPT?
    c. Tell me about some ways TPT information has been presented to your patients. Probe: what do you think has been good? What do you think needs to be changed or improved?
        i. Probes: Is there enough time? Is there information that is sometimes important to have but not given/told to the patient?
        ii. Is there no TPT or a cost to the patient? Why or why not?
        iii. Do you feel that TPT prescribing limits your time available to address your patient's other concerns and conduct other duties? Why or why not?

Theme 4: Processes and experiences about TPT documentation

9. Describe how you document TPT prescribing.

Theme 5: Challenges about supply amidst pandemic

10. Thinking about the last year, describe any challenges with the TPT supply chain, such as stockouts of INH, RPT, cotrimoxazole, or pyridoxine? What do you do in these situations?

Theme 6: Final questions

11. Describe what changes you would suggest to TPT prescribing practices in the Philippines?
    a. Is there anything you would like to change regarding the way decisions are made regarding whom to prescribe TPT?

D. Moderator's comments / Reflexive notes:			
Instructions: This section is designed for the moderator to review and reflect on how the discussion went. It gives the moderator an opportunity to note whether they felt they spoke a lot, if they had to push the discussion along, or if the conversation needed only minimal moderation. We use these notes in our data analysis, and moderators will be trained to incorporate this reflexive practice into their work. Use the questions under the "Reflexive Comments" in giving comments /notes. Answer this section at the end of the FGD session.			
Reflexive Comments: D1. How well do you think this interview went? D2. How much do you feel that you affected this interview? D3. How much did you confess or talk about yourself in this interview? D4. Please make any other notes you feel are relevant or important to add here.			
D5	Was this interview interrupted? *(Did someone walk in, were there noises that may have interrupted the recording etc. This helps us*	[__] 0 = No	If **"No"**, END of procedure.
		[__] 1 = Yes	If **"Yes"**, proceed to next

	identify why there may be breaks in the transcript.)		question.
D6	If yes, who interrupted?		
D7	Number of times interview was interrupted?	[__][__] times	