

Supplementary materials

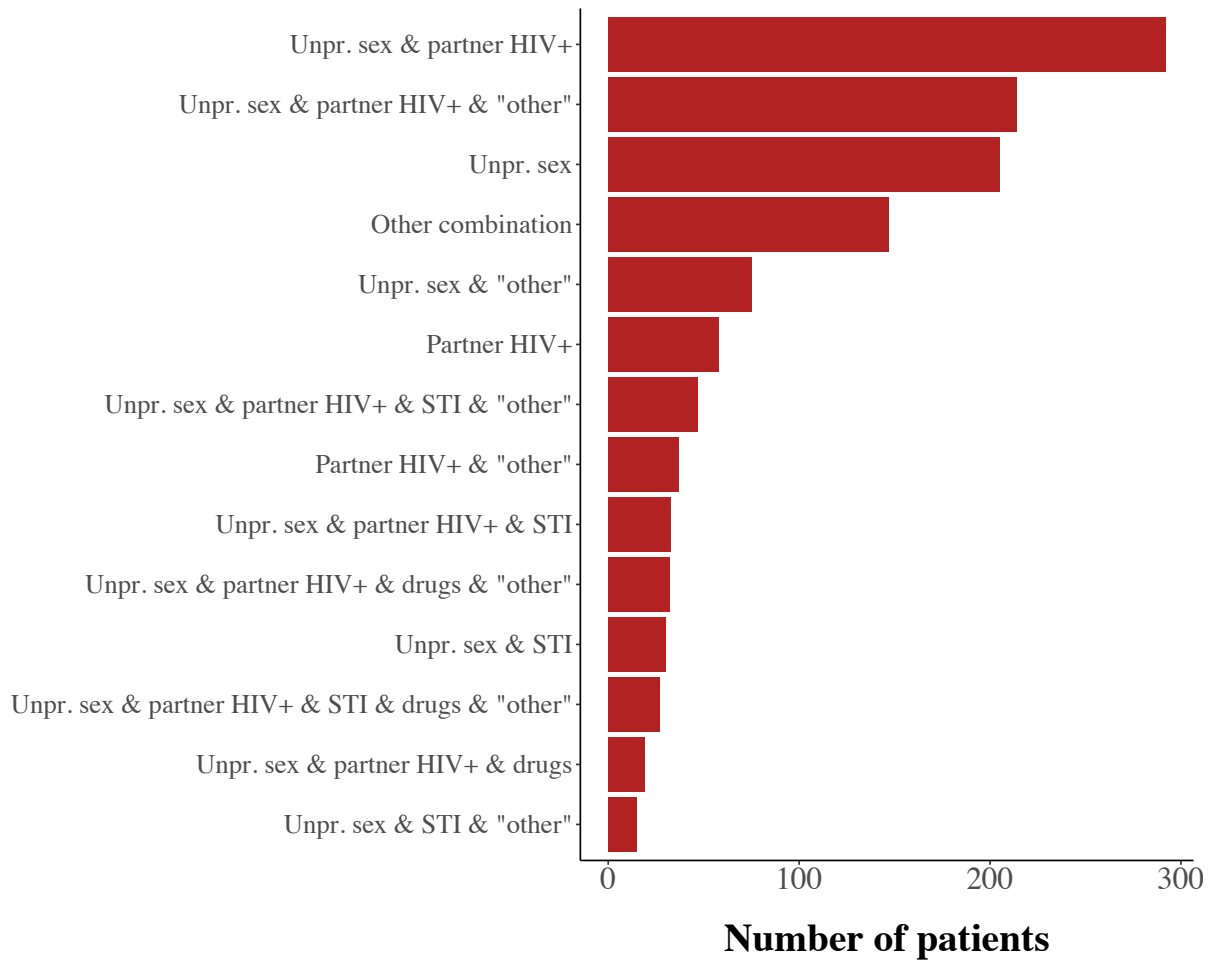
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Figure S1. Location of the six healthcare facilities included in the study¹



¹ Each circle indicates the location of a study healthcare facility.

Figure S2. Reasons for having been categorized as being at risk of acquiring HIV



Abbreviations and definitions: Unpr. sex = Answered ‘yes’ to “In the past six months, have you had unprotected (condom-less) sex?”; partner HIV+ = Answered ‘yes’ to “In the past six months, have you had sex with partners who are HIV-positive or whose HIV status you did not know?”; STI = Answered ‘yes’ to “In the past six months, have you had a sexually transmitted infection?”; drugs = Answered ‘yes’ to “In the past six months, have you had sex under the influence of alcohol and/or drugs?”; “other” = Answered ‘yes’ to “In the past six months, have you been using post-exposure prophylaxis (PEP)?” and/or “In the past six months, have you experienced or do you expect any situations which you consider to be risky for acquiring HIV?”

Figure S3. Poster promoting PrEP that was displayed in all healthcare facilities throughout the study period



Figure S4. Pamphlet on PrEP available at all healthcare facilities throughout the study period

Ministry of Health

What if there was a pill that could prevent HIV?

Actually, there is.

It's PrEP: a daily pill to prevent HIV

Fast Facts about PrEP

- PrEP is more than 90% effective at preventing HIV if taken every day, the right dose at the right time
- PrEP needs to be used with other HIV prevention methods
- PrEP does not prevent sexually transmitted infections or pregnancy
- It is important to have an HIV test every 3 months while on PrEP
- Your pills are for you ONLY. Please do not share them with anyone else

PrEP Yourself For an HIV-FREE Generation

What does PrEP stand for?
Pre: Before
Exposure: coming into contact with HIV
Prophylaxis: a pill to prevent infection

Why should I take PrEP?
 To prevent HIV infection as an HIV-negative person likely to come in contact with HIV

How should I take PrEP?

- 1 pill once a day with or without food
- Take it at the same time everyday
- If you forget, take it as soon as you remember but do not take more than 1 pill in one day

How safe is PrEP?
 Some people experience mild side effects when taking PrEP, but they usually go away in a couple of weeks

How often do I need to visit the health facility?

First visit HIV and blood test screening
 Get your first PrEP supply for one month

One month later HIV test
 Get a 2 month refill of PrEP

Two months later HIV test
 Get a 3 month refill of PrEP

Every 3 months while at risk for HIV HIV test
 Get a 3 month refill of PrEP
 Blood test screening

For more information about PrEP, please see a health care provider at one of the following PrEP demonstration sites:

Hhohho Region - Hhukwini Clinic | Hora Clinic | Lobamba Clinic | Mbabane PHU
 Ndwabangeni Nazarene Clinic | Ndzingeni Nazarene Clinic | Nifonjeni Clinic | Siphocosini Clinic

Manzini Region - King Sobhuza II PHU | Luyengo Clinic | PSI/New Start Clinic

Shiselweni Region - Dwaleni Clinic | FTM Clinic | Gege Clinic | Lavumisa Clinic
 Magubheleni Clinic | Mahlandle Clinic | Mashobeni Clinic | Nhlanguano Health Center | SOS Clinic
 Nhlanguano Fixed Testing Site | Tfokotani Clinic | Zombodze Clinic

Figure S5. Palm card on PrEP available at all healthcare facilities throughout the study period

What if there was a pill that could prevent HIV?
Actually, there is.

PrEP: a daily pill to prevent HIV

PrEP is only for people who are HIV-negative, as an **additional** prevention option

Pre: Before
Exposure: coming into contact with HIV
Prophylaxis: a pill to prevent infection

For more information about PrEP, please see a health care provider at one of the following PrEP demonstration sites:

Hhohho Region - FLAS Mbabane | Hhukwini Clinic | Horo Clinic | Ndwabangeni Nazarene Clinic | Ndzingeni Nazarene Clinic | Ntfontjeni Clinic | Siphocosini Clinic


Shiselweni Region - Dwaleni Clinic | FTM Clinic | Gege Clinic | Magubheleni Clinic | Mahlandle Clinic | Mashobeni Clinic | Nhlanguano Health Center | SOS Clinic | Nhlanguano Satellite HIV Testing Site | Tlokotani Clinic | Zombodze Clinic

Manzini Region - FLAS Manzini

Figure S6. Form used to screen whether clients were at risk of acquiring HIV

PrEP for HIV Prevention: Part A Risk assessment

Facility name: _____



[insert serial number]

Date: DD MM YYYY

Consent for screening: Yes → First time PrEP Screening Repeat screening
 No

Sex: Male Female Transgender

DOB: DD MM YYYY

Reason for visit: PrEP VCT OPD STI treatment ANC PNC
 FP Other, _____ Referral # _____

Relationship status: Single, no relationship One partner, living together
 Multiple partners One partner, not living together

Partner HIV status: Negative Positive Unknown No answer

If partner HIV-positive: Partner on ART Partner **NOT** on ART Unknown partner ART status

Education: None Secondary
 Primary Tertiary

HIV test date: DD MM YYYY Non-reactive Indeterminate Reactive → Linked to ART

HTS register #: _____

Perceived risk: On a scale of 1-5, how high does the client perceive his/ her risk to get HIV. Circle the correct number.
1: No risk 2: Low risk 3: Some risk 4: High risk 5: Very high risk

In the past SIX months:		
1. Have you had unprotected (condom-less) sex?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you had sex with partners who are HIV positive or whose HIV status you did not know?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you had a sexually transmitted infection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been using post-exposure prophylaxis (PEP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you had sex under the influence of alcohol and/or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you experienced or do you expect any situations which you consider to be risky for acquiring HIV? If yes, specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If known, indicate if the client belongs to any of the following target populations (tick any that apply):

Young woman 16 – 25 years Yes No

In sero-discordant relationship: Yes No Unknown

Sex worker: Yes No Unknown

MSM: Yes No Unknown

Client with current STI: Yes No Unknown

Pregnant: Yes **EDD:** DD MM YYYY
 No **LMP:** DD MM YYYY

Lactating: Yes No

Comments: _____

Other at risk as per risk assessment:

Yes No

If yes, specify: _____

Conclusion:

Client at substantial risk for HIV infection and interested in PrEP
→ Continue with eligibility assessment on next page

Client at substantial risk for HIV infection and **NO** interest in PrEP
→ Discuss, offer and/ or refer for other HIV prevention services

Client not at substantial risk for HIV infection
→ Discuss, offer and/ or refer for other HIV prevention services

Provided counselling on:

Condoms

VMMC → Referred for VMMC

Delayed sexual debut

Reducing # of sexual partners

STIs

Partner testing

Test and Start

Other, specify: _____

Initial & Date (Clinic Staff): _____

Initial & Date (Data Staff): _____

PrEP for HIV Prevention: Part B Eligibility assessment

<p>Acute HIV Infection (AHI) In the past 3 days have you had any of the following symptoms?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Sore throat</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>Fever</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>Night sweats</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>Swollen glands</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>Mouth ulcers</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>Headache</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>Rash</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>Generalized body pain</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>Intense fatigue</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> </table> <p>Possible exposure to HIV in the last 14 days: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> ≥1 symptom + possible exposure → Suspect AHI, defer PrEP initiation</p> <p><input type="checkbox"/> ≥1 symptom + no exposure → Differential diagnosis: _____</p> <p>TB screening: <input type="checkbox"/> Neg. <input type="checkbox"/> Pos. <input type="checkbox"/> Active TB</p>	Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Night sweats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Swollen glands	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mouth ulcers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rash	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Generalized body pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Intense fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>STI symptom screening In the past 3 days have you had any symptoms of an STI?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Genital sore or ulcer</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>Vaginal/penile/anal discharge</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>Vulval/penile itching /burning</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>Lower abdominal pain</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>Scrotal swelling</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>Inguinal bubo</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> </table> <p>Differential diagnosis: _____</p> <p>RPR / Syphilis (if symptomatic) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date tested: DD MM YYYY</p> <p>Result: <input type="checkbox"/> Non-reactive <input type="checkbox"/> Reactive → <input type="checkbox"/> Rx given</p>	Genital sore or ulcer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vaginal/penile/anal discharge	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vulval/penile itching /burning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lower abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Scrotal swelling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inguinal bubo	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Inguinal bubo	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																												
<p>Known NCDs:</p> <p>HPT: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>BP: _____</p> <p>DM: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Serum creatinine</p> <p>Date sample drawn: DD MM YYYY Result: _____ μmol/ L</p> <p>Age: _____ years CrCl: _____ mL/min</p> <p>Weight: _____ kg</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p> $(140 - \text{Age}) \times \text{weight in kg} \times 1.23$ Serum creatinine (in μmol/L)</p> <p> $(140 - \text{Age}) \times \text{weight in kg} \times 1.04$ Serum creatinine (in μmol/L)</p> </div>																																													
<p>Eligibility checklist (tick all that apply)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1. Participant is ≥16 years</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>2. HIV test is non-reactive</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>3. At substantial risk for HIV infection</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>4. Do not suspect acute HIV infection</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>5. Baseline creatinine taken</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>6. Baseline HBsAg taken</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>7. Participant is > 40 kg</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>8. Participant is willing/ able to come of follow up appointments</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> <tr><td>9. No contraindications to TDF (see guidelines)</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> </table>		1. Participant is ≥16 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. HIV test is non-reactive	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. At substantial risk for HIV infection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Do not suspect acute HIV infection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Baseline creatinine taken	<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Baseline HBsAg taken	<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Participant is > 40 kg	<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Participant is willing/ able to come of follow up appointments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. No contraindications to TDF (see guidelines)	<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
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9. No contraindications to TDF (see guidelines)	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																												
<p>Eligible for PrEP: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending</p> <p>Informed consent signed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>PrEP initiation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred</p> <p>If PrEP deferred next review date: DD MM YYYY</p>	<p>Other services offered/ provided:</p> 																																													
<p>Comments: _____</p> <p>_____</p>																																														
<p>Initial & Date (Clinic Staff): _____ Initial & Date (Data Staff): _____</p>																																														

Figure S7. T-shirt that was part of the PrEP Promotion Package



Figure S8. Flipchart that was part of the PrEP Promotion Package

See separate document.

Figure S9. Booklet for clients that was part of the PrEP Promotion Package

See separate document.

Figure S10. Self-risk assessment form that was part of the PrEP Promotion Package

AM I AT RISK FOR HIV?		DATE: DD / MM / YYYY	
<p>Complete the self-risk assessment below by ticking 'yes' or 'no' to the questions about your HIV risk behaviour in the past 6 months.</p> <p>Age: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender</p>			
<p><i>What do you think is your level of HIV risk currently?</i> <input type="checkbox"/>1: No risk <input type="checkbox"/>2: Low risk <input type="checkbox"/>3: Some risk <input type="checkbox"/>4: High risk <input type="checkbox"/>5: Very high risk</p>			
In the past SIX months:		Yes	No
1. Have you had unprotected (condom-less) sex?			
2. Have you had sex with partners who are HIV positive or whose HIV status you did not know?			
3. Have you had a sexually transmitted infection (STI)?			
4. Have you been using post-exposure prophylaxis (PEP)?			
5. Have you had sex under the influence of alcohol and/or drugs?			
6. Have you experienced or do you expect any situations, which you consider to be risky for getting HIV?			
<p><i>Any 'yes' answer may mean that you are at risk for HIV infection.</i></p> <p>Are you interested in learning more about PrEP to prevent HIV? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>			
<p>Give this card to your counsellor or nurse to discuss your HIV risk and determine if PrEP may be the right option for you -- See the back of this card for more information about HIV prevention methods.</p>			

Figure S11. PrEP client file

PrEP Client file

Facility name:			
PrEP initiation date:	DD MM YYYY		
PrEP ID:	_ _ _ _ _ _ _ _ _ _ _ _		
Preferred service delivery point:	<input type="checkbox"/> OPD <input type="checkbox"/> VCT <input type="checkbox"/> ANC	<input type="checkbox"/> PNC <input type="checkbox"/> FP <input type="checkbox"/> Other: _____	

Demographic information					
National ID No.					
First name:					
Surname:					
DOB:		Sex:	M	F TG	
Physical address:					
Telephone:					
Education:					
Occupation:					
Relationship status: (Update every 6 months)	MM YYYY	MM YYYY	MM YYYY	MM YYYY	
Single					
Partner, not living together					
Partner, living together					
Multiple partners					
TOPICS	Tick if topics discussed				
	MM YY	MM YY	MM YY	MM YY	MM YY
A. What is PrEP?					
B. Who is PrEP for?					
C. Safety and Effectiveness					
D. Advantages of taking PrEP					
E. How does PrEP work?					
F. What is the process of getting PrEP and how to take it?					
G. Ways to support adherence					
H. Discussing PrEP with others					
I. PrEP and alcohol or recreational drugs					
J. No STI protection other than HIV					
K. No contraceptive effects					
L. Starting PrEP					
M. Pausing & Restarting PrEP					
N. Stopping PrEP					
O. HIV Testing					
P. Minor side-effects					
Q. Kidney side-effects					
R. Hepatitis B					
S. PrEP during pregnancy and breastfeeding					
T. What's the difference between PrEP and PEP?					
U. Health monitoring while on PrEP					
V. Population specific topics, specify:					

PrEP=HIV pre-exposure prophylaxis; OPD=Outpatient department; VCT=HIV voluntary counseling and testing; ANC=Antenatal care; PNC=Postnatal care; FP=Family planning; DOB=Date of birth; STI=Sexually transmitted infection

Table S1. Characteristics of the six healthcare facilities included in the study

<i>Facility name</i>	<i>Ownership</i>	<i>Catchment area¹</i>	<i>Monthly patient volume²</i>	<i>ART clients³</i>	<i>Nurses</i>	<i>HIV testing counselors</i>	<i>Peer supporters⁴</i>
Ndvwabangeni	Mission	14,868	1,031	101	5	1	4
Ntfontjeni	Government	12,875	1,758	229	4	1	2
Siphocosini	Mission	9,666	1,145	586	5	1	2
Hhukwini	Government	7,658	905	74	5	0	3
Horo	Government	14,317	1,884	761	5	1	4
Ndzingeni	Government	7,445	521	162	5	1	2

ART=Antiretroviral therapy

¹ Estimated population size in the facility's catchment area in 2016.

² Mean monthly number of primary healthcare visits between August 2016 and July 2017.

³ Total number of clients on antiretroviral therapy between August 2016 and July 2017.

⁴ Peer supporters include HIV expert clients and mother-to-mother mentors (M2M).

Table S2. Characteristics of clients who underwent an HIV risk assessment, by healthcare facility

Healthcare facility	Ndwabangeni	Ntfojemi	Siphocosini	Hhukwini	Horo	Ndzingeni
n	365	345	562	260	311	325
Female, n (%)	293 (80.3)	292 (85.1)	375 (67.8)	216 (83.1)	264 (85.2)	210 (65.0)
Age, mean (SD)	28.2 (9.3)	28.1 (8.4)	30.2 (9.7)	28.4 (10.2)	29.3 (15.7)	28.7 (8.3)
Age group, n (%)						
16-25 years	154 (42.9)	149 (43.8)	184 (33.1)	116 (45.0)	135 (44.0)	125 (39.3)
26-35 years	139 (38.7)	136 (40.0)	235 (42.3)	100 (38.8)	122 (39.7)	142 (44.7)
36-45 years	50 (13.9)	47 (13.8)	92 (16.5)	27 (10.5)	36 (11.7)	32 (10.1)
>45 years	16 (4.5)	8 (2.4)	45 (8.1)	15 (5.8)	14 (4.6)	19 (6.0)
Education, n (%)						
No formal schooling	30 (10.3)	11 (3.3)	7 (1.9)	1 (0.4)	9 (3.4)	11 (4.2)
Some or completed primary school	100 (34.2)	59 (17.5)	57 (15.4)	65 (27.2)	54 (20.1)	60 (22.8)
Some or completed secondary school	151 (51.7)	251 (74.5)	263 (71.3)	170 (71.1)	185 (69.0)	175 (66.5)
Some or completed tertiary education	11 (3.8)	16 (4.7)	42 (11.4)	3 (1.3)	20 (7.5)	17 (6.5)
Relationship status, n (%)						
Multiple partners	9 (3.0)	19 (5.6)	30 (7.9)	16 (6.6)	6 (2.1)	55 (20.7)
One partner, living together	111 (37.5)	154 (45.6)	145 (38.2)	88 (36.5)	91 (32.0)	99 (37.2)
One partner, not living together	169 (57.1)	154 (45.6)	187 (49.2)	127 (52.7)	178 (62.7)	104 (39.1)
Single, no relationship	7 (2.4)	11 (3.3)	18 (4.7)	10 (4.1)	9 (3.2)	8 (3.0)
Member of a priority population, n (%)						
Any priority population ¹	203 (55.6)	238 (69.0)	223 (39.7)	185 (71.2)	203 (65.9)	131 (40.3)
Women aged 16 to 25 years	113 (31.0)	143 (41.4)	116 (20.6)	105 (40.4)	126 (40.5)	80 (24.6)
Pregnant women	55 (15.1)	68 (19.7)	26 (4.6)	59 (22.7)	54 (17.4)	21 (6.5)
Women who are breastfeeding	38 (10.4)	74 (21.4)	34 (6.0)	57 (21.9)	59 (19.0)	19 (5.8)
Relationship with an HIV-positive partner	62 (17.0)	46 (13.3)	57 (10.1)	36 (13.8)	46 (14.8)	28 (8.6)
Sex worker	0 (0.0)	0 (0.0)	1 (0.2)	0 (0.0)	0 (0.0)	0 (0.0)
Men having sex with men	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)

Current STI	14 (3.8)	20 (5.8)	55 (9.8)	8 (3.1)	18 (5.8)	18 (5.5)
Attended specifically for PrEP	19 (6.4)	10 (2.9)	32 (8.4)	11 (4.5)	18 (6.3)	18 (6.7)

Abbreviations: PPP=Pre-exposure prophylaxis Promotion Package; SD=standard deviation

¹ Priority populations were women between 16 and 25 years of age, those in a relationship with an HIV-positive partner, sex workers, men having sex with men, those with a current sexually transmitted infection, pregnant women, and lactating women.

Table S3. Summary and illustrating quotes for healthcare workers’ views on PrEP and the training they received on PrEP

Observation	Supporting quote
Healthcare workers generally expressed that the training was ‘good’ and ‘comprehensive’. A prominent reason given for this positive assessment was that healthcare workers felt that PrEP was a “real” tool. In this vein, interviewees often compared PrEP to condoms, which they felt was not a “real” tool because they are frequently not used. A second common reason given for the positive assessment of the trainings was that healthcare workers appreciated the opportunity for training and professional development in general, independently of the particular topic of the training.	<i>“For most people who attended the training, it was their first time hearing about PrEP. Some have once heard of it but they didn’t have comprehensive information. But after they did the awareness about PrEP, it was a huge success. I think the number of nurses who attended the training was high. Also there were some who wanted to initiate PrEP – as in, not patients but the health workers. They felt like this thing should start with them... I remember this one day someone who was sitting next to me said you know this PrEP that arrived off late. It will really help us, especially we who attend the training because there are lots of things that happen at the trainings.”</i>
Healthcare workers criticized that the trainings lacked practical sessions, during which they could practice the PrEP initiation process and organization of the required paper work.	<i>“More time is needed. Some trainings, they last up to two weeks because in some instances there are practicals. Okay, let me give an example. Like you find that when you come back to work you have forgotten most of the things. So, I think there should have been time for practicals and get to see the inside of it, in terms of reporting and documentation. You find that sometimes we do have the information and see the patients but when it comes to documentation, there are things that get left behind.”</i>
Healthcare workers expressed motivation to provide PrEP during both rounds of interviews. In the first round of interviews (conducted in September 2017), healthcare workers had concerns that PrEP may cause resistance to antiretroviral therapy and a fall in condom use, which would increase sexually transmitted infections and teen pregnancy. However, these concerns were not raised during the second round of interviews (conducted in July 2018). Instead, healthcare workers expressed the impression that both resistance to antiretroviral therapy and condom use were high in Eswatini, and PrEP would do little to change this. However, concerns about clients’ ability to adhere to PrEP persisted throughout both rounds of interviews.	<p><i>“I find it [PrEP] to be a good strategy because my safety is dependent on me, unlike with a condom where you have to decide with a partner. And the female condom failed.”</i></p> <p><i>“I think I like PrEP, but not as a stand-alone HIV prevention strategy. PrEP should still be used together with the other existing prevention methods, like condoms for instance, to help boost the prevention effect. The reason I am encouraging combination prevention is because PrEP helps prevent HIV and the condom helps prevent STIs. So if these are used together, 100% safety is assured.”</i></p> <p><i>“It[PrEP]’s a great tool, a great idea. But I understand why my clients don’t want to take a pill every day. It requires a lot of commitment if you take it. And if you take it incorrectly, I think the risk is greater than if you use your normal condoms. And I have tried PrEP on a personal level. It was tough. The things I experienced, and as much as I know them and I educate my patients on them, I think we need to work around the drugs that we use; find friendlier drugs.”</i></p>

Table S4. Summary and illustrating quotes for interviewees' views on PrEP promotion activities implemented during the control phase of the study

Promotion component	Pros	Cons	Example quotations
Morning talk	"Popular", familiar, "a long-standing practice", a way to "pique interest"	Latecomers to facilities miss talks, repetition of talks fatigues clients and providers	<i>"It's good to have PrEP in these talks ... People come to here for these morning talks sometimes just to learn things and meet with people they know. They might not be here for any illness at all"</i> (Healthcare worker, male, control phase).
Risk assessment form	Familiar to counselors and clients	Exceptionally long format (~40 min.) inhibits use, awkward and prying questions for clients, clients disclose desire to lie	<i>"I think it helped me, as for me on how to counsel people and the knowledge that they gave us I think it is it which gave us the know how when you come across a client, this is how you will then be in a position to talk to that client"</i> (Healthcare worker, female, control phase). <i>"Eish, it is long (risk assessment form). And they don't want to answer me truthfully. These questions, you will find them giving different responses because they are worried"</i> (Healthcare worker, female, control phase).

<p>Poster, pamphlet & palm card</p>	<p>'Independence', 'protection' and 'strength' communicated via shields. Sharing and ability to hide pamphlet possible.</p>	<p>Little ownership by Eswatini. No SiSwati words used for PrEP. Priorities and agendas of 'foreigners' evident. No information on how to manage short and long term side effects. Not enough information on the Pamphlet. Counselling materials are not age or gender-specific. Materials are not professional and do not resonate enough with the culture in Eswatini.</p>	<p><i>"I like the shields, they make this ours. We are protecting ourselves, our people from this disease, against the people that bring it to us"</i> (Decline client, female, control phase). <i>"It's important to have this here (points to MoH logo). Then they will know it's from our government. From people that they can trust"</i> (Stakeholder, female, control phase). Words for PrEP: Phephisa ("Protect" in siswati (but "Sorry" in Zulu)) Lihawu ("Shield") Lihlumela LemaSwati ("Swazi Sprout") Siyancoba ("We are conquering") Lisemba LemaSwati ("Swazi Hope") (Several respondents, control phase)</p>
			<p><i>"It's like this with HIV prevention everywhere. It's not professional. It's okay, but it's not clever or dynamic. You need the same level of professionalism that is used for big companies. Look at MTM. They came to KZN and they spent money, they investigated, they invested,</i></p>

			<p><i>they found an old word that was vibey, it was organic. They took that word and used it to sell their network, which I think is the biggest network in the area now. That's what we need" (Stakeholder, male, control phase).</i></p>
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PrEP=HIV pre-exposure prophylaxis.

Table S5. Summary and illustrating quotes for interviewees' views on PrEP promotion activities during the intervention phase of the study

PPP Modality	Pros	Cons	Example quotations
<p>Self-completion risk assessment form (SRAF)</p>	<p>Personal questions regarding sexual activity can be answered alone. SRAF less time consuming, and more practical than the HW-administered risk assessment.</p>	<p>Illiterate clients unable to read and understand the questions fully. 'Everyone is high risk' which renders the SRAF largely unnecessary.</p>	<p><i>"What I first liked about the self-risk assessment is that the client does it themselves. They came to you after they have ranked themselves on where they stand, yes whether they see that they are at risk or not at risk or if the danger is minor. Yes, so I liked that the client will come knowing that they need PrEP and that makes the job easier for us"</i> (Healthcare worker, female, PPP phase).</p>
<p>PrEP t-shirts</p>	<p>Ownership of t-shirt is an incentive to promote PrEP. Travel to clinic wearing t-shirts allows information to be received by a wider audience.</p>	<p>Hierarchy created by red and blue t-shirts. Unprofessional as t-shirts do not have a collar.</p>	<p><i>"If you have the t-shirt then people can see that this person knows about PrEP and information about it. They can read you and see that you have information"</i> (Discontinue client, female, PPP phase).</p>

			<p><i>"They should be smarter, with a collar. It feels more professional"</i> (HW, Female, PPP phase).</p> <p><i>"I know these people (in the video), that is nice. But she should not only talk to me. She should talk to her friends and her family"</i> (New uptake client, female, PPP phase).</p> <p><i>"I think if the information could be dialogued to people through one on one talk, like we are talking. If you ask the nurse they answer you about the truths about PrEP. We also have people that have been using PrEP, they could also be added and they can say how PrEP has helped them, why they choose to use PrEP and things like that. If there could also be HTC from each of the facilities that offer PrEP, or a nurse from Nfonjemi among others so that the people from the community can be able to identify them, so that even the patients can easily say there is the community leader from, or there is so and so from here"</i> (Healthcare worker, male, PPP phase).</p>
PrEP Video	Video shown at different time points during the day, allowing for more people to learn about PrEP.	No respected people from the community, including men and older women present in the video. Dramatization and dialogue missing from the video.	
Flipchart	'Difficult' clients can be counselled sufficiently.	Too long and not available in all clinics.	<p><i>"It helps you remember some of the things and the key points that you have to talk about when you are talking to the client and also when they ask you a question it helps you to remember things fast"</i> (Healthcare worker, male, PPP phase).</p>

			<p><i>"This, I've never used it. I can't use it. It's too long"</i> (Healthcare worker, female, PPP phase).</p>
Booklet	Enables PrEP information to be taken home and to be shared with others.	No 'cons' were stated.	<p><i>"I like the booklet because I can take it home and read it anytime. There is enough information for me"</i> (Continue client, female, PPP phase).</p> <p><i>"I loved that I can take the booklet anywhere convenient for me unlike the poster that is placed on the wall which can be a problem to read. Moving chairs around in order to read the poster is a problem while the booklet means I always have a copy to refer to"</i> (Continue client, male, PPP phase).</p>

PrEP=HIV pre-exposure prophylaxis

Table S6. The proportion of respondents in each subgroup (columns) who ranked the PrEP promotion component (row) in the top three of eight ranks.

Component	All	Healthcare workers	New, refill, and cycling clients	Discontinue or decline clients
	<i>n=69</i>	<i>n=21</i>	<i>n=21</i>	<i>n=27</i>
Palm card	36%	24%	48%	37%
Poster	39%	33%	29%	52%
Pamphlet	22%	19%	29%	19%
Video	29%	57%	14%	19%
Self-risk assessment	38%	48%	29%	37%
Booklet	57%	43%	62%	63%
T-shirt	45%	43%	52%	41%
Flipchart	25%	33%	19%	22%

PrEP=HIV pre-exposure prophylaxis

Table S7. Stepwise coverage of respondent preferences by adding one PPP component at a time to cumulatively “cover” respondents with at least one of the PPP components that they ranked in the top three of the eight components

Subgroup	PPP component selected (in order from top to bottom)	Additional number of respondents covered by adding PPP component	Number of respondents not yet covered by cumulative components	Percent of previously uncovered respondents covered by adding PPP component to set	Total cumulative preference coverage
All healthcare workers and clients (n=69)	Booklet	39	30	39/69 (57%)	57%
	Poster	16	14	16/30 (53%)	80%
	Video	8	6	8/14 (57%)	91%
	Self-risk assessment	4	2	4/6 (67%)	97%
	Video	12	9	12/21 (57%)	57%
	T-shirt or Booklet	6	3	6/9 (67%)	86%
Opt-in clients (n=21)	Self-assessment or flipchart	2	1	2/3 (67%)	95%
	Booklet	13	8	13/21 (62%)	62%
	Palm card or Pamphlet	4	4	4/8 (50%)	81%
	Pamphlet or Palm card	3	1	3/4 (75%)	95%
Opt-out clients (n=27)	Booklet	17	10	13/27 (63%)	63%
	Poster	7	3	7/10 (70%)	89%
	Palm card or T-shirt	2	1	2/3 (67%)	96%
	T-shirt				

PPP=PrEP promotion package

Table S8. CONSORT checklist for stepped-wedge cluster-randomized trials*

<i>Topic</i>	<i>Item no</i>	<i>Checklist item</i>	<i>Section</i>
Title and abstract	1a	Identification as a SW-CRT in the title.	Title
	1b	Structured summary of trial design, methods, results, and conclusions	Abstract
Introduction			
Background and objectives	2a	Scientific background. Rationale for using a cluster design and rationale for using a stepped wedge design.	Methods, Study design (para 1)
	2b	Specific objectives or hypotheses.	Introduction, para 2
Methods			
Study design	3a	Description and diagram of trial design including definition of cluster, number of sequences, number of clusters randomised to each sequence, number of periods, duration of time between each step, and whether the participants assessed in different periods are the same people, different people, or a mixture.	Methods, Study design (para 1) and Table 1
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	Not applicable
	4a	Eligibility criteria for clusters and participants.	Methods, Study setting (para 1) and Study design (para 1)
Participants	4b	Settings and locations where the data were collected.	Methods, Study setting (para 1)
	5	The intervention and control conditions with sufficient details to allow replication, including whether the intervention was maintained or repeated, and whether it was delivered at the cluster level, the individual participant level, or both.	Methods, Control phase (para 1-3) and Intervention phase (para 1)
Outcomes	6	Completely defined prespecified primary and secondary outcome measures, including how and when they were assessed.	Methods, Endpoints (para 1)
Sample size	7a	How sample size was determined. Method of calculation and relevant parameters with sufficient detail so the calculation can be assessed.	Methods, Statistical power (para 1)

		be replicated. Assumptions made about correlations between outcomes of participants from the same cluster.	
	7b	When applicable, explanation of any interim analyses and stopping guidelines.	Not applicable
Randomisation			
Sequence generation	8a	Method used to generate the random allocation to the sequences of treatments.	Methods, Study design (para 1)
	8b	Type of randomisation; details of any constrained randomisation or stratification, if used.	Methods, Study design (para 1)
Allocation concealment mechanism	9	Specification that allocation was based on clusters; description of any methods used to conceal the allocation from the clusters until after recruitment.	Methods, Study design (para 1)
Implementation	10a	Who generated the randomisation schedule, who enrolled clusters, and who assigned clusters to sequences.	Methods, Study setting (para 1) and Study design (para 1)
	10b	Mechanism by which individual participants were included in clusters for the purposes of the trial (such as complete enumeration, random sampling; continuous recruitment or ascertainment; or recruitment at a fixed point in time), including who recruited or identified participants.	Methods, Control phase (para 1-3)
	10c	Whether, from whom and when consent was sought and for what; whether this differed between treatment conditions.	Methods, Control phase (para 1-3)
Blinding	11a	If done, who was blinded after assignment to sequences (eg, cluster level participants, individual level participants, those assessing outcomes) and how.	Methods, Study design (para 1)
	11b	If relevant, description of the similarity of treatments.	Not applicable
Statistical methods	12a	Statistical methods used to compare treatment conditions for primary and secondary outcomes including how time effects, clustering and repeated measures were taken into account.	Methods, Data analysis (para 1-2)
	12b	Methods for additional analyses, such as subgroup analyses, sensitivity analyses, and adjusted analyses.	Methods, Data analysis (para 1-2)
Results			
Participant flow (a diagram is	13a	For each treatment condition or allocated sequence, the numbers of clusters and participants who were assessed for	Figure 2

strongly recommended)		eligibility, were randomly assigned, received intended treatments, and were analysed for the primary outcome.	
	13b	For each treatment condition or allocated sequence, losses and exclusions for both clusters and participants with reasons.	Figure 2
Recruitment	14a	Dates defining the steps, initiation of intervention, and deviations from planned dates. Dates defining recruitment and follow-up for participants.	Methods, Study design (para 1)
	14b	Why the trial ended or was stopped.	Not applicable
Baseline data	15	Baseline characteristics for the individual and cluster levels as applicable for each treatment condition or allocated sequence.	Results, Sample characteristics (para 2) and Table 1
Numbers analysed	16	The number of observations and clusters included in each analysis for each treatment condition and whether the analysis was according to the allocated schedule.	Results, Sample characteristics (para 1) and Effects of the PrEP Promotion Package (para 1)
Outcomes and estimation	17a	For each primary and secondary outcome, results for each treatment condition, and the estimated effect size and its precision (such as 95% confidence interval); any correlations (or covariances) and time effects estimated in the analysis.	Table 3 and Figure 3
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended.	Table 3
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing prespecified from exploratory.	Not applicable
Harms	19	Important harms or unintended effects in each treatment condition.	Not applicable
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses.	Discussion, para 4
Generalisability	21	Generalisability (external validity, applicability) of the trial findings. Generalisability to clusters or individual participants, or both (as relevant).	Discussion, para 4

Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence.	Discussion, para 1-3
Other information			
Registration	23	Registration number and name of trial registry.	Methods, para 1
Protocol	24	Where the full trial protocol can be accessed, if available.	Not applicable
Funding	25	Sources of funding and other support (such as supply of drugs), and the role of funders.	Funding, para 1
Research ethics review	26	Whether the study was approved by a research ethics committee, with identification of the review committee(s). Justification for any waiver or modification of informed consent requirements.	Methods, Ethics, para 1

* This checklist was taken from the following publication: Hemming K, Taljaard M, McKenzie JE, Hooper R, Copas A, Thompson JA, Dixon-Woods M, Aldcroft A, Doussau A, Grayling M, Kristunas C, Goldstein CE, Campbell MK, Girling A, Eldridge S, Campbell MJ, Lilford RJ, Weijer C, Forbes AB, Grimshaw JM. Reporting of stepped wedge cluster randomised trials: extension of the CONSORT 2010 statement with explanation and elaboration. *BMJ*. 2018; 363:k1614. doi: 10.1136/bmj.k1614.

Table S9. Recommended procedures during each healthcare facility visit

Visit	Recommended procedures
<p>First (screening) visit <i>Counsellor/clinician visit</i></p>	<ul style="list-style-type: none"> • Conduct HIV testing and counselling • Educate about the risk, benefits and limitations of PrEP • Behavior risk assessment • Evaluate for eligibility, willingness and readiness to take oral PrEP • STI screening, contraceptive counselling and services • Take baseline bodyweight • Last menstrual period and contraceptive use (for women; if pregnancy suspected, obtain a pregnancy test (However, pregnancy is not a contraindication for PrEP) • Adherence counselling • Discuss combination prevention • Laboratory evaluation: Creatinine to calculate Creatinine Clearance, Hepatitis B Surface Antigen (HBsAg) screen, pregnancy test, STI screening <p>→ If no contraindication to TDF and the client is eligible and ready, prescribe fixed dose TDF 300mg/3TC 300mg one tablet once daily for 30 days.</p> <p>→ Provide follow up date after 28 days</p>
<p>Visit 2 (month 1) <i>Counsellor/clinician visit</i></p>	<ul style="list-style-type: none"> • HIV testing and counselling • Assess tolerability, side effects and effective use • Actively manage side-effects • Adherence and risk reduction counselling • Review of laboratory results • Offer Hepatitis B Virus vaccination if available and HBsAg negative • Provide two-month TDF/3TC prescription and follow-up date

<p>Visits months 3, 9, 15, 18</p> <p><i>Counsellor-led visits</i></p>	<ul style="list-style-type: none"> • HIV testing and counselling • Assess tolerability, side effects and effective use • HIV risk review and assessment for PrEP continuation • Discuss combination prevention • Support adherence counselling • Three-month TDF/3TC refill
<p>Visits months 6, 12, 18</p> <p><i>Clinician-led visits</i></p>	<ul style="list-style-type: none"> • HIV testing and counselling • Assess tolerability, side effects and effective use • Measure and record body weight • HIV risk review and assessment for PrEP continuation • Discuss combination prevention • Support adherence counselling • STI screen including urine dipstick and rapid syphilis test if clinically indicated. • Measure serum creatinine and calculate creatinine clearance • 3 month TDF/3TC refill

PrEP=HIV pre-exposure prophylaxis; STI=sexually transmitted infection; TDF=Tenofovir disoproxil; 3TC=Lamivudine

Table S10. Final version of interview guides used for qualitative in-depth interviews

TOOL – IN DEPTH CLIENT INTERVIEWS – PREP UPTAKE (NEW CLIENT)

Client experiences with uptake and use of HIV pre-exposure prophylaxis in Eswatini

As we went over in the consent, all of the information you provide will be kept confidential. Just as a reminder our interview will probably last around 45-60 minutes. Do you have any questions before we begin? May I start the recording? *[Start recording]*

Good [afternoon/morning] thank you for participating today! I have asked you to meet with me in the hopes of learning more about your experience with pre-exposure prophylaxis (PrEP) and themes related to how to improve your experience learning about, accessing and taking PrEP. Some of the questions I will ask you may not want to answer and that is fine. Remember that your answers are confidential and participation is completely voluntary. Also please keep in mind that there are no right or wrong answers, I am interested in anything you can share with me.

Questions for participants who initiated PrEP:

Question
<p>1. I'd like to ask you a few questions about PrEP in general.</p> <p style="padding-left: 40px;">a. What did you think when you heard about this pill?</p> <p style="padding-left: 40px;">b. Were there any things that you wondered about when you first heard about this pill?</p> <p style="padding-left: 40px;">c. If you could have had more information, what would you have liked to know?</p> <p style="padding-left: 40px;">d. What made you think that PrEP might make sense for you?</p>
<p>2. Now please walk me through your story from when you heard about PrEP until now. If you don't mind, I'll interrupt sometimes to get more details.</p> <p style="padding-left: 40px;">a. Probe on what made you think that PrEP would be effective?</p> <p style="padding-left: 40px;">b. Probe on what makes you feel good about starting on PrEP?</p> <p style="padding-left: 40px;">c. Probe on what makes you think you will be able to take the pill every day?</p>
<p>3. Please tell me about any hesitations, concerns or worries you have regarding starting PrEP?</p>
<p>4. When you need to collect your pills for PrEP, what will be the steps you need to take?</p> <p style="padding-left: 20px;">a. Are there some things that you can imagine will make it hard to collect the pills?</p> <p style="padding-left: 20px;">b. Are there some things that will make it easy to collect the pills?</p> <p style="padding-left: 20px;">c. What do you think the health facility or others who design health promotion programs could do to make it easier for you to collect your PrEP pills?</p> <p style="padding-left: 20px;">d. Can you tell me about how you feel asking for PrEP here?</p>

5. In your opinion, what are the reasons that someone would not take PrEP?
6. Please tell me whether you think PrEP is more useful for men or for women or is there no difference?
7. Please tell me about some things that would make it hard for people like you and people you know to get PrEP? a. How could things be changed to make it easier for you and others in Swaziland to get and routinely take PrEP?
8. Do you know anyone else who is currently taking PrEP? a. How was their experience starting on PrEP different or similar to yours? b. How did you and this person come to start talking about PrEP?
9. Now you are going to start taking PrEP, can you tell me about who else will benefit in your family or your friends as a result of this? a. Probe on why they think they will/will not benefit? b. Probe on thoughts regarding children benefiting. c. Probe on thoughts regarding other family members benefiting. d. Probe on community and society benefit.
10. Some people are taking PrEP because a family member, friend or colleague advised them to. Did anyone advise you to take PrEP? a. Did anyone tell you not to take PrEP? b. If yes, can you tell me about who they are? c. Please tell me about any family members, friend or colleagues that would try to stop you from taking PrEP?
11. Do you think PrEP is a topic that men and women in Swaziland feel comfortable discussing with friends and/or partners? Why or why not? a. Probe on discussing health b. Probe on discussing HIV c. Probe on discussing sex
12. Now, I would like to discuss something a bit more intimate. Please remember that all information you share is confidential and will only be shared with the research team for purposes of improving access to PrEP. Ok? (pause). I would like to talk about your intimate life in relation to PrEP (pause). How do you think PrEP may affect your sexual life? a. Has it affected or might it affect, whether or how you discuss HIV status with partners? b. How might it effect whether you use condoms? c. How might it effect on the number of sexual partners you may have?
13. Lots of people are HIV positive in Swaziland. Can you tell me about how you have remained HIV negative? a. Probe on sexual creativity

<p>b. Probe on any other forms of protection</p> <p>c. Probe on conversations with partners</p>
<p>14. Thinking about your sexual partner/s, how do you think they will feel about you taking PrEP?</p> <p>a. How would you feel if you found that your partner/s were taking PrEP?</p>
<p>15. Please tell me about how you feel about PrEP in comparison with other HIV prevention methods?</p>
<p>16. Now let's think about the future. How do you envision plans in the coming months in relation to PrEP, if at all? What is your view of how you will take PrEP in the coming months?</p> <p>a. What are some life events or other factors that would influence whether you would continue to take PrEP in the future?</p> <p>b. What are some circumstances that you could imagine would make it very hard for you to stay on PrEP?</p> <p>c. What could people do to help you overcome this challenge?</p>
<p>17. Thinking about the future, please tell me what you think remaining HIV negative means for your future aspirations?</p> <p>a. Probe on future education plans.</p> <p>b. Probe on future work plans.</p> <p>c. Probe on plans in relation to having a family/ adding to family.</p>
<p>18. Please tell me about whether you feel at high or low risk for HIV.</p> <p>a. Probe on why</p>
<p>19. Please tell me about how important it is for you to remain HIV negative.</p>
<p>20. Can you tell me about other health concerns you have generally?</p>
<p>21. Is there a time earlier in life when, looking back now, you wish you would have had access to PrEP? Please tell me about it.</p>
<p>22. I'd like to ask you about some of the PrEP promotion materials which are being used.</p> <p>a. When you came to the facility, did you watch a video on PrEP? If yes, can you tell me how you felt about the video?</p> <p>b. Please tell me what you think about the counselling flip chart. Can you tell me how this has influenced how you feel about PrEP?</p> <p>c. What do you think about the risk assessment form?</p> <p>d. Please tell me about what you like and why</p> <p>e. Please tell me about what you don't like and why</p> <p>f. Please tell me about what you would change</p>
<p>23. To conclude, what would be your recommendation to improve your experience with PrEP?</p>
<p>24. What do you think is the biggest challenge to preventing new HIV infections in Swaziland?</p>

25. And finally, is there anything that I didn't ask you that I should have asked you?
--

26. Is there anything else that you would like to add?
--

We have come to the conclusion of the topics I had prepared to discuss today.

THANK YOU FOR YOUR TIME!

QUALITATIVE TOOL – IN DEPTH CLIENT INTERVIEWS – PREP DECLINE

Client motivations to decline PrEP offer

As we went over in the consent, all of the information you provide will be kept confidential. Just as a reminder our interview will probably last around 45-60 minutes. Do you have any questions before we begin? May I start the recording? *[Start recording]*

Good [afternoon/morning] thank you for participating today! I have asked you to meet with me in the hopes of learning more about your experience with HIV prevention services offered in this facility and more specific about pre-exposure prophylaxis (PrEP). Some of the questions I will ask, you may not want to answer and that is fine. Remember that your answers are confidential and participation is completely voluntary. Also please keep in mind that there are no right or wrong answers, I am interested in anything you can share with me.

Questions for participants who did not initiate PrEP

Question
1. I'd like to ask you a few questions about PrEP in general. a. What did you think when you heard about PrEP? b. Were there any things that you wondered about when you first heard about PrEP? c. If you could have had more information, what would you have liked to know? d. What made you think that PrEP doesn't make sense for you? e. What are your concerns regarding PrEP?
2. Let us imagine that there is a woman. She does not know her husband's HIV status. She thinks he may have other sexual partners. a. Would it make sense for her to take PrEP? b. What would be some of the benefits for a person like her taking PrEP? c. What would be some of the drawbacks?
3. Let us imagine that there is a man. He knows his wife is HIV positive. He is negative. a. Would it make sense for him to take PrEP? b. What would be some of the benefits for a person like him taking PrEP? c. What would be some of the drawbacks of him taking PrEP?
4. Do you think PrEP is a topic that men and women in Swaziland feel comfortable discussing with friends and/or partners? Why or why not? a. Probe on discussing health. b. Probe on discussing HIV c. Probe on discussing sex.
5. Please tell me whether you think PrEP is more useful for men or for women or is there no difference?

<p>6. Some people are taking PrEP because a family member, friend or colleague advised them to. Did anyone advise you to take PrEP?</p> <ol style="list-style-type: none"> Did anyone advise you not to take PrEP? If yes, can you tell me about who they are? Please tell me about any family members, friend or colleagues that would try to stop you from taking PrEP? Why did they advise you not to take PrEP?
<p>7. In your opinion, what are the reasons that someone would not take PrEP?</p>
<p>8. Do you know anyone who is currently taking PrEP?</p> <ol style="list-style-type: none"> Have you ever discussed PrEP with another person? How did the conversation go?
<p>9. Lots of people are HIV positive in Swaziland. Can you tell me about how you have remained HIV negative?</p> <ol style="list-style-type: none"> Probe on sexual creativity. Probe on using any other forms of protection. Probe on conversations with partners.
<p>10. Please tell me about how at risk of acquiring HIV you feel.</p> <ol style="list-style-type: none"> Probe on whether a risk assessment form was completed Probe on what the client thinks about the risk assessment form
<p>11. Now that you have declined PrEP, how will you remain HIV negative?</p>
<p>12. Is there a time earlier in life when, looking back now, you wish you would have had access to PrEP? Please tell me about it.</p>
<p>13. Can you imagine a time in the coming months or years when you might be willing to come back to learn more about PrEP or to request PrEP medicines?</p>
<p>14. I'd like to ask you about some of the PrEP promotion materials which are being used.</p> <ol style="list-style-type: none"> When you came to the facility, did you watch a video on PrEP? If yes, can you tell me how you felt about the video? Please tell me what you think about the counselling flip chart. Can you tell me how this has influenced how you feel about PrEP? Please tell me about any of the materials that have made you think that PrEP is not right for you Please tell me about what you like and why Please tell me about what you don't like and why Please tell me about what you would change
<p>15. To conclude, what would be your recommendation to improve your experience with PrEP?</p>
<p>16. And finally, is there anything that I didn't ask you that I should have asked you?</p>
<p>17. Is there anything else that you would like to add?</p>

We have come to the conclusion of the topics I had prepared to discuss today.

THANK YOU FOR YOUR TIME!

QUALITATIVE TOOL – IN DEPTH CLIENT INTERVIEWS – PREP CONTINUED USE

Client experiences with use of HIV pre-exposure prophylaxis in Eswatini

As we went over in the consent, all of the information you provide will be kept confidential. Just as a reminder our interview will probably last around 45-60 minutes. Do you have any questions before we begin? May I start the recording? *[Start recording]*

Good [afternoon/morning] thank you for participating today! I have asked you to meet with me in the hopes of learning more about your experience with pre-exposure prophylaxis (PrEP) and themes related to how to improve your experience learning about, accessing and taking PrEP. Some of the questions I will ask you may not want to answer and that is fine. Remember that your answers are confidential and participation is completely voluntary. Also please keep in mind that there are no right or wrong answers, I am interested in anything you can share with me.

Question
1. I'd like to ask you a few questions about PrEP in general. a. What did you think when you heard about this pill? b. Were there any things that you wondered about when you first heard about this pill? c. If you could have had more information, what would you have liked to know? d. What made you think that PrEP might make sense for you?
2. Now please walk me through your story from when you heard about PrEP until now. If you don't mind, I'll interrupt sometimes to get more details. a. What made you feel good about starting on PrEP? b. What made you feel concerned or worried about starting PrEP? c. What has helped you take the pill every day?

<p>3. Now that you have been on PrEP for a while, what has been your experience?</p> <ol style="list-style-type: none"> a. What have been some of the good experiences? b. What have been some of the challenges? c. Any medical challenges? d. Any adverse effects or side effects from the pill? e. Please tell me about how you dealt with the side effects? f. Any challenges in terms of taking the pill every day? g. Any tips or tricks that have made it easy for you to remember to take the pill every day? h. Any challenges in terms of getting a refill? i. Any tips or tricks that have made it easy for you to come back to get refills from the health facility? j. What do you think the health facility or others who design health promotion programs could do to make it easier for you and people like you to start and stay on PrEP? k. Can you tell me about how you feel asking for PrEP here? l. Have you had any health tests since you started PrEP? m. How do you feel about these regular health check-ups?
<p>4. Can you think of reasons why people would not want to take PrEP?</p>
<p>5. Now, I would like to discuss something a bit more intimate. Please remember that all information you share is confidential and will only be shared with the research team for purposes of improving access to PrEP. Ok? (pause). I would like to talk about your intimate life in relation to PrEP (pause). Have you discussed PrEP with your partner?</p> <ol style="list-style-type: none"> a. Probe on how the conversation went b. Probe on whether they were supportive / not supportive
<p>6. How (if at all) has PrEP affected your sexual life?</p> <ol style="list-style-type: none"> d. Has it affected whether or how you discuss HIV status with partners? e. Has it had any effect on whether you use condoms or other prevention methods? f. Has it had any effect on the number of sexual partners you may have?
<p>7. Is PrEP a topic that men and women in Swaziland feel comfortable discussing with friends and/or partners? Why or why not?</p> <ol style="list-style-type: none"> a. Probe on discussing health b. Probe on discussing HIV c. Probe on discussing sex
<p>8. Do you know anyone else who is currently taking PrEP?</p> <ol style="list-style-type: none"> a. Probe on how did they and the person come to start talking about PrEP b. Probe on how their experience starting on PrEP similar or different to the person c. Probe on any challenges they faced and what they do to overcome these challenges
<p>9. Please tell me about how you feel about PrEP in comparison with other HIV prevention methods?</p> <ol style="list-style-type: none"> a. Probe on other HIV prevention methods being used - if any - in addition to PrEP.

<p>10. Some people are taking PrEP because a family member, friend or colleague advised them to. Did anyone advise you to take PrEP?</p> <ol style="list-style-type: none"> Did anyone tell you not to take PrEP? Probe on who they are Probe on any family members, friends or colleagues that would try to stop them from taking PrEP
<p>11. Now you have been taking PrEP, can you tell me about who else will benefit or has benefited as a result of this? Why do you think they will/will not benefit?</p> <ol style="list-style-type: none"> Probe regarding children benefiting. Probe regarding other family members benefiting. Probe regarding community and society benefit.
<p>12. Now let's think about the future. How do you envision plans in the coming months in relation to PrEP, if at all? Some people who start PrEP view it as a drug that they will take forever, others view it differently. What is your view of how you will take PrEP in the coming months?</p> <ol style="list-style-type: none"> What are some life events or other factors that would influence whether you would continue to take PrEP in the future? What are some circumstances that you could imagine would make it very hard for you to stay on PrEP? What could be done to help you overcome this challenge?
<p>13. Thinking about the future, please tell me what you think remaining HIV negative means for your future aspirations?</p> <ol style="list-style-type: none"> Probe regarding future education plans. Probe regarding future work plans. Probe regarding plans in relation to having a family/ adding to family.
<p>14. Please tell me about what you think your HIV risk was before you started taking PrEP.</p> <ol style="list-style-type: none"> Probe on what they think their risk is now that they have PrEP
<p>15. Is there a time earlier in life when, looking back now, you wish you would have had access to PrEP? Please tell me about it.</p>
<p>16. Lots of people are HIV positive in Swaziland. Can you tell me about how you remained HIV negative before PrEP?</p> <ol style="list-style-type: none"> Probe on sexual creativity Probe on any other forms of protection Probe on conversations with partners
<p>17. Please tell me about any other HIV prevention methods you are using.</p>
<p>18. I'd like to ask you about some of the PrEP promotion materials which are being used.</p> <ol style="list-style-type: none"> Please tell me what you think about the video or counselling flip chart. Have they influenced how you feel about PrEP? Please tell me about any of the materials that have helped you adhere. Please tell me about what you like and why Please tell me about what you don't like and why

e. Please tell me about what you would change f. Please tell me what you think about the risk assessment form
19. To conclude, what would be your recommendation to improve your experience with PrEP? What would you recommend to improve others' experience and access to PrEP?
20. And finally, is there anything that I didn't ask you that I should have asked you?
21. Is there anything else that you would like to add?

We have come to the conclusion of the topics I had prepared to discuss today. **THANK YOU FOR YOUR TIME!**

QUALITATIVE TOOL – IN DEPTH CLIENT INTERVIEWS – DISCONTINUED PREP

Client experiences with uptake and use of HIV pre-exposure prophylaxis in Eswatini

As we went over in the consent, all of the information you provide will be kept confidential. Just as a reminder our interview will probably last around 45-60 minutes. Do you have any questions before we begin? May I start the recording? *[Start recording]*

Good [afternoon/morning] thank you for participating today! I have asked you to meet with me in the hopes of learning more about your experience with pre-exposure prophylaxis (PrEP) and themes related to how to improve your experience learning about, accessing and taking PrEP. Some of the questions I will ask you may not want to answer and that is fine. Remember that your answers are confidential and participation is completely voluntary. Also please keep in mind that there are no right or wrong answers, I am interested in anything you can share with me.

Questions for participants who discontinue PrEP:

Question
1. I'd like to ask you a few questions about PrEP in general. a. What did you think when you heard about PrEP? b. Were there any things that you wondered about when you first heard about PrEP? c. If you could have had more information, what would you have liked to know? d. What made you think that PrEP might make sense for you?
2. Can you share your story of PrEP with me? From when you first heard about it until now? a. Probe on which month/year b. Probe on different characters that influenced PrEP use c. Probe on any circumstances that may have changed over the past weeks/months d. Probe on why stopped PrEP. e. Probe on whether there was there anybody who they talked to about PrEP and their decision to discontinue
3. Please tell me about any concerns or worries you have regarding PrEP.

<p>4. Please tell me about the story of getting the PrEP tablets. Where were you when this happened? Ok, you were in (this hallway, at that dispensary etc.), and who gave you the PrEP pills? Ok, the (nurse, pharmacist, doctor) gave you the pills. Now please walk me through those moments. You were waiting here and then what happened?</p> <ol style="list-style-type: none"> Were there some things that have made it hard to collect the tablets? Were there some things that have made it easy to collect the tablets? What could have made it easier for you to collect your PrEP tablets? Can you tell me about how you feel asking for PrEP here? Have you had any health check-ups since you started on PrEP? When was your last check-up and what was checked? How do you view these check-ups?
<p>5. Please tell me about the time you left the facility to the first few days you were at home with the PrEP pills.</p> <ol style="list-style-type: none"> Where did you keep your PrEP? Did anyone help you take your PrEP? When did you start taking them, if at all? How did it feel after the first few days of taking PrEP? Please tell me about your experience taking PrEP. Did you manage to integrate taking your PrEP into your daily routine? Can you tell me about how the pills made you feel? How do you feel about your health since taking PrEP?
<p>Do you think you will take PrEP again and why?</p>
<p>6. Please tell me about what influenced your ability to take PrEP?</p> <ol style="list-style-type: none"> Can you tell me about anything that could have been done to make this better for you?
<p>7. Can you tell me about other HIV prevention methods you use?</p> <ol style="list-style-type: none"> Probe on if they are preferred Probe on how often they are used
<p>8. Thanks for telling me about your personal experience. Now, I'd like to get your insights about your own experience and the experience of Swazis more generally. Please tell me about things that might make it hard for people to get PrEP? How could things be changed to make it easier for you and others in Swaziland to get and routinely take PrEP?</p>
<p>9. Please tell me about anyone else you know that is taking PrEP.</p> <ol style="list-style-type: none"> What was their experience getting PrEP? How did you come to talk about PrEP? Are they happy with PrEP?
<p>10. Some people are taking PrEP because a family member, friend or colleague advised them to. Did anyone advise you to take PrEP?</p> <ol style="list-style-type: none"> Did anyone tell you not to take PrEP or to discontinue PrEP? If yes, can you tell me about who they are? What do they think about PrEP? Please tell me about any family members, friend or colleagues that would try to stop you from taking PrEP?

<p>11. Now PrEP has been in Swaziland for a while, do you think PrEP is a topic that men and women feel comfortable discussing with friends, family and/or partners? Why or why not?</p> <ul style="list-style-type: none"> a. Probe on discussing health b. Probe on discussing HIV c. Probe on discussing sex
<p>12. Now, I would like to discuss something a bit more intimate. Please remember that all information you share is confidential and will only be shared with the research team for purposes of improving access to PrEP. Ok? (pause). I would like to talk about your intimate life in relation to PrEP (pause). How do you think PrEP may or has affected your sexual life?</p> <ul style="list-style-type: none"> g. Has it affected or might it affect, whether or how you discuss HIV status with partners? h. Did it effect whether you use condoms? i. Did it effect the number of sexual partners you had/have?
<p>13. Thinking about your sexual partner/s, how do you think they feel about you discontinuing PrEP?</p> <ul style="list-style-type: none"> a. How would you feel if you found that your partner/s were taking PrEP? b. How would you feel if your partner was taking PrEP and then discontinued?
<p>14. Lots of people are HIV positive in Swaziland. Can you tell me about how you have remained HIV negative until now?</p> <ul style="list-style-type: none"> a. Probe on sexual creativity b. Probe on any other forms of protection c. Probe on conversations with partners
<p>15. Please tell me about how you feel about PrEP in comparison with other HIV prevention methods?</p>
<p>16. Please tell me about how important it is for you to remain HIV negative.</p>
<p>17. Now you have stopped taking PrEP, how will you remain negative?</p>
<p>18. Thinking about the future, please tell me what you think remaining HIV negative means for your future aspirations?</p> <ul style="list-style-type: none"> a. Probe on future education plans. b. Probe on future work plans. c. Probe on plans in relation to having a family/ adding to family.
<p>19. Is there a time earlier in life when, looking back now, you wish you would have had access to PrEP? Please tell me about it.</p>
<p>20. To conclude, what would be your recommendation to improve your experience with PrEP?</p>
<p>21. Can you tell me about other health concerns you have generally?</p> <ul style="list-style-type: none"> a. Probe on what they are b. Probe on how important they are
<p>22. And finally, is there anything that I didn't ask you that I should have asked you?</p>
<p>23. Is there anything else that you would like to add?</p>

We have come to the conclusion of the topics I had prepared to discuss today. **THANK YOU FOR YOUR TIME!**

QUALITATIVE TOOL – HEALTHCARE WORKER INTERVIEWS

Health care worker’s experiences with HIV pre-exposure prophylaxis in Eswatini

As we went over in the consent, all of the information you provide will be kept confidential. Just as a reminder our interview will probably last around 45 minutes. Do you have any questions before we begin? May I start the recording? *[Start recording]*

Good [afternoon/morning], thank you for participating today! I have asked you to meet with me in the hopes of learning more about your experience providing pre-exposure prophylaxis (PrEP). Remember that your answers are confidential and participation is completely voluntary. Also please keep in mind that there are no right or wrong answers, I am interested in anything you can share with me.

Questions for healthcare workers involved in PrEP provision
1. Can you tell me a little bit about yourself? a. How long have you worked in healthcare? b. What do you enjoy about your job? c. What is it that makes your job difficult?
2. As I mentioned earlier, the main focus of our discussion is PrEP. This facility has been implementing PrEP for a few months now. What has been your role in PrEP provision at this facility?
3. Do you feel your perceptions of PrEP have changed since you first started to offer PrEP? If yes, in which way?
4. How do you feel about PrEP?
5. How do you feel PrEP compares with other HIV prevention methods? a. Probe on ease of use b. Probe on effectiveness c. Probe on desirability d. Probe on availability
6. Now I want to talk about offering PrEP to patients. a. For whom does PrEP make sense? b. What is your personal opinion about who should be offered PrEP? c. What are some of the things that you have to think about as a provider in this facility when to offer PrEP? d. What are some of the things that you have to think about as a provider in this facility how to offer PrEP? e. What are some of the things that you have to think about as a provider in this facility to whom to offer PrEP?
7. Who should not be offered PrEP?
8. Has there been a time when you or colleagues hesitated or decided against offering PrEP?
9. This facility has started using the PrEP promotion packages. Do you feel the PPP has influenced the way you are providing PrEP to clients? If yes, in which way?
10. Can you tell me your experience in using the following PPP components? Please tell me what you like or not like about it and what is easy or difficult about it: - PrEP video

<ul style="list-style-type: none"> - HIV self- risk assessment card - PrEP counselling card - PrEP client information booklet - PrEP T-shirt
11. PrEP is offered at your clinic and other clinics. Do you see the clinic-centred approach as the best way of delivering PrEP? a. Probe on who is and who is not reached by clinics
12. How has offering PrEP services affected your day-to-day workload in the facility, if at all?
13. What do you think the long term effect of PrEP will mean for your workload?
14. Please tell me about how you feel about your job. Do you think having PrEP will change this?
15. Is there anything you feel you need (that you currently do not have) that could support you to adequately implement PrEP at your facility?
16. Can you walk me through / describe a time when you had a particularly interesting or difficult client that you were advising or initiating regarding PrEP? a. Probe on sexual partners b. Probe on home / social situation c. Probe on how they advised them
17. How have clients responded when you recommend that they use PrEP? a. Have clients that you have interacted with had a positive experience with it? b. What benefits and challenges did they highlight?
18. How do you think we can improve retention of clients on PrEP?
19. What do you do when a client misses an appointment/s?
20. How do you think we can help clients adhere?
21. Is PrEP a topic that men and women in Swaziland feel comfortable discussing with friends and/or partners? Why or why not? a. Probe on discussing health b. Probe on discussing sex c. Probe on discussing HIV
22. Some people are taking PrEP because a family member, friend or colleague advised them to. Do you know if any of your clients were advised to take PrEP? Did anyone tell them not to take PrEP? a. If yes, can you tell me about who they are? b. Please tell me about any family members, friend or colleagues that would try to stop your clients from taking PrEP?
23. Do you feel that offering PrEP has changed your perceptions or awareness about your own HIV risk?
24. Can you tell me about your own personal HIV prevention strategy and if you would/are taking PrEP and why?
25. What do you think is the biggest challenge to preventing new HIV infections in Swaziland?
26. Do you have any suggestion on how to improve PrEP uptake in your facility?
27. Is there anything I didn't ask you that I should have asked you in relation to PrEP?
28. Is there anything else you would like to tell me?

We have come to the conclusion of the topics I had prepared to discuss today. Are there any further comments you would like to add? **THANK YOU FOR YOUR TIME!**

QUALITATIVE TOOL – PREP STAKEHOLDERS INTERVIEWS

PrEP stakeholders in Eswatini

As we went over in the consent, all of the information you provide will be kept confidential. Just as a reminder our interview will probably last around 45-60 minutes. Do you have any questions before we begin? May I start the recording? *[Start recording]*

Good [afternoon/morning] thank you for participating today! I have asked you to meet with me in the hopes of learning more about your experience with health education, information and communication material related to pre-exposure prophylaxis (PrEP), and to learn your thoughts about PrEP in general. As an intervention for the PrEP demonstration project in Hhohho region, we are trying to have some initial information gathering on the design for the most feasible, acceptable and sustainable PrEP Promotion Package. Some of the questions I will ask you may not want to answer and that is fine. Remember that your answers are confidential and participation is completely voluntary. Also please keep in mind that there are no right or wrong answers, I am interested in anything you can share with me.

Questions for PrEP stakeholders:

Question
1. To begin, I was hoping you could tell me a bit more about yourself? a. Can you tell me a bit more about your position and responsibilities? b. How do you fit within the PrEP “world”?
2. Can you tell me where you first heard about PrEP? a. What were your very first thoughts upon hearing about this prevention regimen?
3. Sadly, HIV has been around a long time. And in recent decades, a lot of interventions and programs to address HIV have been introduced in Swaziland. How do you feel about PrEP as an additional HIV prevention strategy? a. What are some things about PrEP that make you feel hopeful? b. What are some things about PrEP that make you feel skeptical?
4. Now I would like to show you some of the information, education and communication material that are available at select facilities in relation to PrEP. a. Have you seen this before? b. Please tell me some words that come to your mind when you see this flyer/poster. There are no right or wrong words. c. Is there anything you like about this? Please tell me more about that. d. Is there anything you don’t like about this. Please tell me more about that. e. If you could change the message/ content, is there anything you would like to change? What would you add? What would you remove? Please explain.
5. From your experience, which methods have you seen working in other health related interventions in the past? When I say “working,” I mean that the interventions compelled patients to seek the care that the message intended. a. What do you think it was about those interventions that made them work well? b. How could we adapt the effective ingredients of that intervention for PrEP? Please provide as much detail as possible.

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| <p>6. Thanks for this lively conversation. I want to now talk about some bigger picture issues in relation to PrEP. By bigger picture, I mean some of the larger forces that can affect the day-to-day routines of getting a treatment regimen like PrEP introduced as part and parcel of care provided in facilities. Please tell me about some of the “bigger forces” that have affected the introduction and uptake of PrEP.</p> <ul style="list-style-type: none"> a. Probe on novelty or newness of PrEP b. Probe on PrEP and issues of morality/ social mores/ social pressure c. Probe on PrEP and risk compensation d. Probe on economic situation in country e. Probe on political situation in country <ul style="list-style-type: none"> i. What do you feel is needed in order to get PrEP adopted in Swaziland as a National policy? |
| <p>7. We are nearing the end. Now, I'd like to think about the future in relation to PrEP. What do you envision as the future of PrEP?</p> <ul style="list-style-type: none"> a. If we assume for a moment that PrEP would continue what are some of your hopes, plans, concerns in relation to PrEP? |
| <p>8. We are trying to make the most effective, informative PrEP messaging possible and to make it easier for people to access PrEP. Can you think of anything else that we should consider (whether a big issue in relation to PrEP as a topic or a specific suggestion in relation to the IEC materials) in order to make PrEP accessible, affordable and available to people in Swaziland?</p> |
| <p>9. Is there anything I haven't asked you that I should have asked you?</p> |

We have come to the conclusion of the topics I had prepared to discuss today. Are there any further comments you would like to add? **THANK YOU FOR YOUR TIME!**

Text S1. Qualitative data collection and design of the PrEP Promotion Package

In the qualitative component of the study, we conducted one-on-one semi-structured in-depth interviews) with 212 respondents including clients who initiated PrEP on the day of the interview (n=49), continued their PrEP regimen for at least three months (n=27), took up PrEP but later discontinued (n=22), and declined PrEP despite being counseled and identified as being at risk of acquiring HIV (n=29). We also interviewed 55 healthcare workers (nurses, nursing assistants, expert clients, HIV testing counselors, and mentor mothers), and 30 policymakers and implementation stakeholders (Ministry of Health officials, non-governmental organization members, members of foreign government agencies, and community activists). Respondents were selected using purposive sampling that aimed to identify respondents who would provide rich data and, for clients, who reflect the characteristics (by sex, ten-year age groups, and type of PrEP client, with types constituting those who took up PrEP on the day of the interview, declined PrEP, discontinued PrEP, and have been on PrEP for at least three months) of the patient population at the study healthcare facilities. Clients within these groups were selected on a first-come, first-served basis. The interviews were conducted by six Emaswati research assistants who were fluent in both Siswati and English and had at least completed high school. KB and SAM conducted interviews (in English) with policymakers and implementation stakeholders. The research assistants were trained for five days by KB and SAM to collect qualitative data using interview guides, which were piloted and improved continuously during the study period. The final versions of the interview guides are shown in **Table S10**. Interviews were conducted in a location and language of the respondent's choosing. Daily debriefing sessions between the interviewers and KB and SAM were conducted throughout the study period to discuss findings and refine lines of inquiry(35). Interviews were recorded, transcribed, translated into English, and quality-controlled.

In September 2017 – during the control phase of the study – we conducted the first round of interviews with 50 PrEP clients, 26 healthcare workers, and 30 policymakers and implementation stakeholders, asking for their feedback in relation to the PrEP poster, pamphlet, palm card, morning education talk, and risk assessment form and for suggestions for alternative materials. Themes from the feedback on these prototype materials focused largely on their design, content, and method of delivery. The results from these first-round interviews were presented to the Eswatini Ministry of Health, along with recommendations in relation to the content and language used in the paper materials, the use of a video to explain PrEP within clinics, providing all healthcare workers with a t-shirt that ‘advertised’ PrEP, and a detailed PrEP information support flip-chart for all healthcare workers. The Ministry of Health then revised existing, and developed additional, PPP materials within three months of this feedback meeting. The resulting PPP components formed the final PPP that was implemented in the intervention phase of the stepped-wedge randomized trial. In July 2018 – when all facilities had implemented the PPP for at least two months – we again conducted in-depth interviews with 82 clients and 29 healthcare workers. During this second round of interviews, we specifically asked for feedback in relation to all control and new features of the PPP. Respondents were shown examples of the existing and new PPP components, either in their working or pictorial form. When the in-depth interviews were nearing completion, respondents were asked to rank all PPP components from one to eight, with one being the favorite PPP component and eight the least. Participants could decline to rank materials if for any reason they felt unable to state a preference. Sixty-eight of the 111 intervention phase interviews included the ranking exercise.

The brainstorming on possible PPP components, prototypes of which were shown to interviewees in the first-round interviews, as well as the study team's recommendation to the Ministry of Health for additional PPP components was guided by Social Cognitive Theory. This theory posits that there are three domains that influence behavior change: i) personal factors (one's sense of self-efficacy); ii) behavioral factors (one's ability and experience in enacting behavior); iii) and environmental factors (the existence of goods, supplies, and factors that create an enabling environment for change)(36). The PPP's flipchart and client booklet aimed to improve clients' and healthcare workers' knowledge and sense of self-efficacy. The video and T-shirts aimed to provide an enabling environment for change for patients. The self-risk assessment forms aimed to affect all three domains of behavior change by informing patients of their risk, raising patients' self-efficacy by being able to undergo a risk assessment conveniently and at their own pace, and serving as a reminder for change by being displayed in the waiting room.