

## **WEB APPENDIX**

### **E-survey questions Discussed in the Article**

15. People living with HIV should be offered ART: (please indicate all that apply)

- When the CD4 count is at or below 100 cells/mm<sup>3</sup>
- When the CD4 count is between 100 and 200 cells/mm<sup>3</sup>
- When the CD4 count is between 200 and 350 cells/mm<sup>3</sup>
- When the CD4 count is above 350 cells/mm<sup>3</sup> but below 500 cells
- When they are seriously ill, regardless of CD4 count or WHO guidelines
- When they have co-infections (TB, Hepatitis B or C) regardless of CD4 count
- When they feel ready to start ART
- As soon as they are diagnosed with HIV
- When the doctor advises/makes a recommendation
- When they can be guaranteed access to an uninterrupted supply of first-line ART
- Don't know
- Other (please specify)

16. Which people or populations living with HIV should be offered earlier ART regardless of their CD4 count: (select more than one if necessary)

- Pregnant women
- People with an HIV-2 infection
- Active injecting drug users
- Sex workers
- Men who have sex with men
- Transgender people
- People in a HIV serodiscordant relationship
- People over 50 years of age
- Other (please name)

17. If you are taking d4T, are you willing to continue on it?

- Yes, indefinitely
- Yes, but only for a short time
- Yes, as long as there is access to regular monitoring
- Yes, because of another reason (please specify in box below)
- No, because of current side effects
- No, because of future side effects
- No, because of another reason (please specify in box below)
- No one is on d4T in my setting
- Don't know
- Other (please specify)

20. Do you agree with the following statements on advantages of a once-daily regimen? (Response options: strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, strongly disagree)

- It simplifies treatment
- It reduces the number of pills

- It is easier
- Other (please specify)

26. If you were pregnant and living with HIV, which option would you prefer?

- Option A
- Option B
- Option B+
- None of the above
- Don't know

27. ARV treatment-related issues: If Option B+ is to be successfully implemented in your context, which are the most important issues to address? (Please choose all that apply and indicate the level of importance)

(Response options: very important, somewhat important, neither important nor unimportant, somewhat unimportant, very unimportant)

- Access to clinical monitoring
- Access to CD4 count
- Adherence to ARVs
- Availability of ARVs in antenatal clinics
- Availability of ARVs after giving birth
- Choice of whether to start lifelong ART
- Other (please specify)

28. Service capacity/quality-related issues: If Option B+ is to be successfully implemented in your context, which are the most important issues to address? (Please choose all that apply and indicate the level of importance)

(Response options: very important, somewhat important, neither important nor unimportant, somewhat unimportant, very unimportant)

- Quality of care
- Linkage between sexual and reproductive health and HIV services (including ART clinics)
- Retention in postnatal ART care for mother
- Retention in postnatal ART care for child
- Capacity of health facility-based services
- Capacity of community-led services
- Other (please specify)

29. Social/legal issues: If Option B+ is to be successfully implemented in your context, which are the most important issues to address? (Please choose all that apply and indicate the level of importance)

(Response options: very important, somewhat important, neither important nor unimportant, somewhat unimportant, very unimportant)

- Criminalisation of HIV exposure and transmission
- Equity issues (e.g. pregnant woman accesses ART but partner cannot)
- Forced or coerced sterilisation of women living with HIV
- Gender-based/intimate partner violence

- Stigma and discrimination from healthcare providers
- Stigma and discrimination from family members
- Stigma and discrimination in the community
- Stigma and pregnancy outside marriage
- Other (please specify)

30. If I was given the option to continue ART when there is no longer a risk of transmission to my child, I would need to consider the following:

(Response options: strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, strongly disagree)

- Whether I am planning or expecting to be pregnant again
- The level of my CD4 count
- My overall health (how well I feel, regardless of CD4 count)
- Whether I will have guaranteed access to uninterrupted, first-line ART
- Whether I will have guaranteed access to uninterrupted, second-line ART
- Whether it is easy or difficult for me to access ARVs
- The potential side effects of ARVs over time
- Other (please specify)

39. In your view, which groups of people living with HIV should have the option to start ART (regardless of their CD4 cell count) for reasons of prevention (i.e., start ART for treatment as prevention)? (Multiple answers possible)

- People living with HIV in HIV serodiscordant relationships
- People who inject drugs
- Sex workers
- Men who have sex with men
- Transgender people
- Women living with HIV of reproductive age
- Anybody who is living with HIV
- All of the above
- None of the above
- Other (please specify)

42. How important will it be in your country to ensure the actions below with regards to treatment as prevention?

(Response options: very important, somewhat important, neither important nor unimportant, somewhat unimportant, very unimportant)

- Treatment as Prevention programmes acknowledge that the primary benefit of treatment is for the individual and that the secondary benefit is for prevention.
- Treatment as Prevention programmes use a human rights approach (including no 'test and treat')
- Public education about TasP (including in schools) is needed
- Ensure that Treatment as Prevention approaches are always paired with and not used as a substitute for behavioural and community interventions
- Ensure that Treatment as Prevention approaches do not replace the need to research vaccines and cures

- Other (please specify)

63. If they receive adequate training and regular supervision and updating, should nurses be allowed to provide HIV care and treatment services to people living with HIV who are stable and do not require a doctor's consultation?

- Yes
- No
- Don't know
- Don't have a preference or opinion

64. If they receive adequate training and regular supervision and updating, should community health workers be allowed to provide HIV care and treatment services to people living with HIV who are stable and do not require a doctor's or nurse's consultation?

- Yes
- No
- Don't know
- Don't have a preference or opinion