

Supplementary file 2: Baseline questionnaires for healthcare professionals and facilities**Study Questionnaire for Healthcare Professionals**Research Assistant: _____ Code: Region: _____ Code: Health Facility Name: _____ Code:

Date of Interview: ____/____/____

Adverse drug reaction (ADR) is an unwanted or harmful reaction experienced following the administration of a drug or combination of drugs under normal doses/conditions of use & is suspected to be related to the drug. An ADR might require the drug to be discontinued or the dose reduced.

SECTION A: DEMOGRAPHICS

1. Gender:
 - [1] Male
 - [2] Female
2. Age (*in completed years*): _____
3. Do you own a working smartphone?
 - [1] Yes
 - [2] No

3a) If **YES** to **Q3**, are you willing to join a WhatsApp group? [1] Yes [2] No

3b) If **YES** to **Q3a**, can you share your WhatsApp number? _____
4. Do you own a simple working mobile phone (*not a smartphone*)?
 - [1] Yes
 - [2] No
5. Highest Education Level:
 - [1] Certificate
 - [2] Diploma
 - [3] Bachelors
 - [4] Masters
 - [5] Other, (*specify*) _____
6. Professional experience (*Years*):
7. If less than 1 year in **Q5**, state number of *completed months* _____
8. Do you use any of the following? (**Tick all that apply**)
 - [1] WhatsApp
 - [2] Facebook
 - [3] Twitter
 - [4] Other, (*specify*) _____
9. Professional Cadre:
 - [1] Physician
 - [2] Medical Officer
 - [3] Pharmacist
 - [4] Nurse/Midwife
 - [5] Clinical Officer
 - [6] Pharmacy Technician
 - [7] Lay Counsellor
 - [8] Expert Client
 - [9] Other, (*specify*) _____
10. Health Facility Type:
 - [1] Public
 - [2] Private Not-for-Profit
 - [3] Private for-Profit
11. Health Facility Status:
 - [1] Regional Referral Hospital
 - [2] Hospital
 - [3] Health Centre IV
 - [4] Health Centre III
 - [5] Health Centre II
 - [6] Private Clinic
 - [7] Other, (*specify*) _____

SECTION B: DOLUTEGRAVIR-LINKED AND ISONIAZID-LINKED ADRS

Please, complete the questionnaire by indicating the appropriate responses.

1. What is the approximate number of HIV-positive patients you see per day? _____

Dolutegravir-linked adverse drug reactions

2. Dolutegravir-based antiretroviral therapy was recently rolled out in the treatment of HIV-positive patients, have you **ever encountered** any dolutegravir-linked adverse drug reactions (ADRs) amongst the HIV-positive patients in your care?

[1] Yes [2] No [9] I don't know

3. In the past 4-weeks, have you **suspected** any dolutegravir-linked ADRs?

[1] Yes [2] No (**Skip to 5**) [9] I don't know (**Skip to 5**)

4. If **YES** to **Q3**, how many cases of dolutegravir-linked ADRs have you **suspected** in the **past 4-weeks**? _____

5. In the past 4-weeks, have you **received** any **patient-complaints** of dolutegravir-linked ADRs?

[1] Yes [2] No (**Skip to 7**) [9] I don't know (**Skip to 7**)

6. If **YES** to **Q5**, how many **patient-complaints** of dolutegravir-linked ADRs have you **received** in the **past 4-weeks**? _____

7. Briefly describe the most recent **dolutegravir-linked** ADR you have encountered giving details on **patient age, sex, approximate ADR-date, details of the adverse drug reaction, severity (mild, moderate, severe), seriousness (led to or prolonged hospitalization, caused incapacitation, led to any other medically significant condition or death), clinical outcome & action taken:**

Patient age [] years; **sex** [M or F]; **approximate ADR-date** [mm/yyyy: __ / ____]

ADR description (include severity, seriousness, clinical outcome and action taken) _____

Isoniazid preventive therapy-linked adverse drug reactions

8. HIV-positive patients are at a higher risk of dying when they develop active tuberculosis (TB). During the past one year, Ministry of Health scaled up the roll-out of isoniazid preventive therapy (IPT) among HIV-positive patients to significantly reduce these patients' risk of developing active TB. IPT, however, has been associated with ADRs. Have you **ever encountered** any IPT-linked ADRs amongst the HIV-positive patients in your care?

[1] Yes [2] No [9] I don't know

9. In the past 4-weeks, have you **suspected** any isoniazid preventive therapy-linked ADRs?

[1] Yes [2] No (**Skip to 11**) [9] I don't know (**Skip to 11**)

10. If **YES** to **Q9**, how many isoniazid preventive therapy-linked ADRs have you **suspected** in the **past 4-weeks**? _____
11. In the past 4-weeks, have you **received** any **patient-complaints** of isoniazid preventive therapy-linked ADRs?
 [1] Yes [2] No (**Skip to 13**) [9] I don't know (**Skip to 13**)
12. If **YES** to **Q11**, how many **patient-complaints** of isoniazid preventive therapy-linked ADRs have you **received** in the **past 4-weeks**? _____
13. Briefly describe the most recent **isoniazid-linked** ADR you have encountered giving details on **patient age, sex, approximate ADR-date, details of the adverse drug reaction, severity** (*mild, moderate, severe*), **seriousness** (*led to or prolonged hospitalization, caused incapacitation, led to any other medically significant condition or death*), **clinical outcome & action taken**:
Patient age [] years; **sex** [M or F]; **approximate ADR-date** [*mm/yyyy: __ / ____*]
ADR description (*include severity, seriousness, clinical outcome and action taken*) _____

14. In the past 6-months, have you **reported** any suspected ADRs experienced by the HIV-positive patients under your care?
 [1] Yes [2] No (**Skip to Q23**) [9] I don't know (**Skip to Q23**)
15. If **YES** to **Q14**, how many **ADR reports** did you make? [] [] []
16. If **YES** to **Q14**, which **drug classes** were suspected? (**Tick all that apply**)
 [1] Antiretroviral therapy
 [2] Isoniazid preventive therapy
 [3] Antituberculosis therapy
 [4] Other, (*specify*) _____
17. If **YES** to **Q14**, which of the following **drugs** were implicated? (**Tick all that apply and mention number of reported ADRs in past 4-weeks for options [1] & [2]**)
 [1] Dolutegravir: Number of ADRs **reported** in the past 4-weeks _____
 [2] Isoniazid: Number of ADRs **reported** in the past 4-weeks _____
 [3] Other, (*specify*) _____

18. If **YES** to **Q14**, to whom did you report the most recent ADR? (**Tick all that apply**)

- [1] District Health Officer
- [2] Health Management Information System
- [3] Immediate Supervisor
- [4] National Drug Authority - National Pharmacovigilance Center
- [5] Other, (*specify*) _____

19. If **YES** to **Q14**, how did you report the most recent suspected ADR? (**Tick all that apply**)

- [1] Verbally
- [2] Written paper report
- [3] Written online/website report
- [4] Other, (*specify*) _____

20. If **YES** to **Q14**, did you get feedback on the ADR(s) you reported?

- [1] Yes
- [2] No
- [9] Not sure

21. If **YES** to **Q20**, what form of feedback?

22. In special situations, the National Drug Authority may need additional information about reported ADRs. Would you be willing to answer further questions after sending a report?

- [1] Yes
- [2] No
- [9] I don't know

Herbal Medicine Use

23. In the past 6-months, have you suspected that some of your patients use herbal medicines together with ARVs? [1] Yes [2] No

24. If **YES** to **Q23**, have you inquired from the patients whether they use herbal medicines together with ARVs? [1] Yes [2] No

25. In the past six months, have any of your patients reported to you that they use herbal medicines together with ARVs? [1] Yes [2] No

26. Have any of your patients presented with ADRs likely to be linked to the use of herbal medicines? [1] Yes [2] No

We appreciate the time you've taken to respond to this survey. Thank you!

Health Facility DataResearch Assistant: _____ Code: Region: _____ Code: Health Facility Name: _____ Code:

Date of Enrolment of Health Facility: ____/____/____

Average daily number of ART patient visits at the Health Facility: [][][]

Total number of patients on dolutegravir-containing antiretroviral therapy [][][][]

Total Number of patients on Isoniazid Preventive Therapy [][][][]

Number of healthcare professionals at the Health Facility:

- Medical Doctors [][]
- Pharmacists [][]
- Clinical Officers [][]
- Nurses/Midwives [][]
- Pharmacy Technicians [][]
- Village Health Teams [][]
- Lay Counsellors [][]
- Expert Clients [][]
- Other (*specify*) [][]

Does the Health Facility provide health workers with internet access?

1. No 2. Yes 9. Unknown

If YES, describe the form of internet access provided (*wireless, wired, data etc.*):

Is mobile telephone network connectivity available at the Health Facility?

1. No 2. Yes 9. Unknown

If YES, describe the reliability of mobile telephone network connectivity:
