

Annex 1. Example of the semi-structured interview guide

Viral Hepatitis: Semi-structured interview

M / F

Provider / community member / both

Age

Region

1. Qualitative interview introduction

Length: 45-60 minutes

Primary goal: To see things the way you see them... more like a conversation with a focus on your experience, your opinions and what you think or feel about the topics covered

2. Verbal consent

Would you like to participate in this interview?

Verbal Consent was obtained from the study participant

Verbal Consent was NOT obtained from the study participant

3. Background Information

Overview:

Invite interviewee to briefly tell me about him/herself: General information about background... mostly about experiences and perspectives on issues surrounding HCV, HBV and co-infection with HIV.

If the interviewee openly identifies as having been tested for viral hepatitis or has viral hepatitis, probe with the next questions.

Been through testing - serostatus not disclosed

Been through testing - serostatus positive

Been through testing - serostatus negative

4. Hepatitis testing experience

Can you tell me about your HBV / HCV testing experience?

- Where tested
- Was your experience with testing positive or negative?
 - Why?
- If you have not been tested, than why not?
 - What conditions/support would need to be in place to make you more inclined to test?

Where should HBV/HCV testing be available?

- Linked to other services?
 - Which ones: Vaccination? Treatment? Other?

In your opinion, who should be prioritized for HBV and HCV screening? Any particular groups?

What do you see as the benefit of knowing you have HBV? HCV?

- *Change in behavior: Alcohol use? Sharing syringes? Other?*
- *Assess if people know that HCV/HBV diagnosis may impact HIV treatment regimen*
- Better information at country level re: how many people have viral hepatitis (VH) (improve surveillance)

5. HBV Vaccination

Availability of HBV vaccine

- **Have you been vaccinated?**
 - Why were you vaccinated?
 - Can you tell me about your experience? Positive or negative? Why?
 - Where were you vaccinated
 - Do you think people should get vaccinated?
 - If so, who in particular?
- **If you have not been vaccinated, than why not?**
 - What conditions/support would need to be in place to make you more inclined to be vaccinated?
- **Barriers to vaccination?**
 - Stigma? Health care workers attitude?
 - What could improve setting for vaccination?

Setting

Where should vaccination take place?

- Linked to other services? Which ones: Testing? Treatment? Other?

Who should be prioritized for HBV vaccination?

What are your opinions/feelings about the HBV vaccine regimen?

- Length of time: the different regimens – standard vs. accelerated
- Ability to adhere to regimen

Opinion on use of incentives?

- What type?
 - Probe for money and voucher

In your opinion, who should be prioritized for HBV vaccination? Any particular groups?

6. Prevention – for PWID

What kinds of viral hepatitis prevention programs for PWID exist in your country?

Would you recommend other prevention programs?

- If yes, which ones?

What is your experience with prevention programs?

- Recipient? Provider?
- Which ones?
- Opinion?

Are you aware of the 9 prevention interventions that have been recommended by the UN (WHO/UNODC/UNAIDS) for HIV prevention?

1. Needle and syringe programmes (safe use and safe injecting) noting higher intensity coverage and paraphernalia needed and type of syringes
2. Opioid substitution therapy
3. HIV testing and counselling
4. HIV care and antiretroviral therapy for IDU
5. Prevention and treatment of STI
6. Condom programme
7. Outreach; information, education and communication for IDUs and their sexual partners
8. Hepatitis diagnosis, treatment and vaccination
9. Tuberculosis prevention, diagnosis and treatment

WHO is looking at additional prevention interventions in addition to the above 9. Examples include (see below)

1. Types of syringes
2. Psychosocial interventions provided by health services or peer driven to reduce injecting risk behaviour for HBV and HCV transmission.
3. HBV vaccination for PWID

Probe if they have heard of these interventions?

Their opinion / view?

Probe

1. There is insufficient evidence to recommend providing LDSS rather than HDSS in needle distribution programs at this stage.
 - *How do you react to this?*
 - *Is this acceptable?*
 - *What should be the message?*
2. There is no evidence that psychosocial interventions reduce HCV/HBV transmission.
 - *How do you react to this?*
 - *Is this acceptable?*
 - *What should be the message?*
3. HBV vaccination recommendations

- a. Short course schedule to maximize adherence combined with higher dose of vaccine for each injection to maximize immune response
- b. Immediate on site availability of HBV vaccine at programs providing HBV vaccine or working closely with PWID populations.
- c. Where appropriate and available, modest monetary incentives can be used to increase completion and received second short rates
 - *How do you react to this?*
 - *Is this acceptable?*
 - *What should be the message?*

7. Treatment of Viral Hepatitis

Explore thoughts about viral hepatitis treatment Explain that these guidelines will not address treatment of VH alone. Can mention TDF based ART will treat HBV.

For each topic, differentiate between HBV and HCV treatment.

- If you have viral hepatitis, have you been treated?
 - Why/ why not?
 - What was your experience with it?
 - Side effects, adherence, other problems?
- Is treatment widely available in your country?
 - Where?
 - Quality of services?
 - Accessibility, cost?
 - Acceptability of service delivery?

Do you think WHO should develop HCV treatment guidelines...?

8. Co-infection with HIV and HBV/HCV – for all co-infected, not only PWID

Explain that this guidance in development will focus on the treatment of HIV in patients co-infected with HBV/HCV.

For ART treatment initiation and regimen, it is important to assess co-infection. -- *Focus on questions that relate to this* ---

Are you co-infected with HIV and HBV/HCV?

- Are you on ART?
- If yes: has having viral hepatitis affected your ART regimen
 - If yes, how/why?
- Any additional side effects to ART regimen because of (or thought to be because of) co-infection?

Explore

- Knowledge of issues
- Knowledge of Treatment issues: has this affected your regimen?

WHO is currently reviewing the evidence regarding whether all people with VH should initiate HIV treatment irrespective of CD4 count.

- HBV?
- HCV?
- Opinion on this?
- *Is this realistic in your setting?*
 - Availability, access?
- What about in the context of low and middle-income countries?
 - Effect on the clinical and eligibility criteria?