

Supplemental Material 1. Reflexivity statement

As the researchers conducting this qualitative study on the PrEP ring, we recognize the importance of acknowledging our positionality in shaping the research process and findings. Below, we offer a detailed table of the demographic characteristics, credentials, and professional relationships of the team. This table was adapted from the consolidated criteria for reporting qualitative studies.¹ To increase transparency, we created two columns to discern between members actively involved in data collection and initial analysis and those who assisted with synthesis and manuscript review.

Supplemental Table 1. Personal characteristics and professional relationships of the research team

Item	Description	
	<i>Data collection and initial analysis</i>	<i>Synthesis and manuscript review</i>
<i>Personal characteristics at the time of data collection.</i>		
Interviewer/facilitator	DC conducted most interviews, and KM and CJH each conducted one. DC, CJH, and JD attended all interviews. KK participated in many interviews and co-facilitated in some instances.	Not applicable.
Credentials	DC and KK held PhDs, KM a DrPH, CJH an MPH, JD and KY a BA	AD, CO, SW, DQ, and ML held master's degrees; STR and OP held PhDs; CM had a PharmD; and MES held an MD.
Occupation	DC and KM were assistant professors, KK was a senior policy analyst at a US-based organization, CJH was a doctoral student, JD a master's student, and KY was a medical student.	Occupations included government/non-government technical advisor or pharmacist, global health researcher, program manager, and head of an infectious disease division at a US-based institution.
Gender	Five cis women and one cis man.	Cis women, cis men, and non-binary individuals.
Additional relevant demographic attributes relevant	The entire data collection team was US-based; however, three (one facilitator, one data collector, one analyst) are BIPOC (Black, Indigenous, and people of color) from low- and middle-income countries (LMICs).	All are based in high-income countries; approximately half are BIPOC.
Experience and training	Four have had five-twenty years research experience in HIV prevention, care, and treatment in LMICs and the US. Three have had formal training in qualitative or mixed methods research methods (KM has doctoral-level training, CJH and DC master's level).	Training in health economics, medicine, biology, education, and associated public health disciplines. Several had formal training in qualitative or mixed methods research. Majority have 5 or more years in HIV research in settings including LMICS.
<i>Relationship with participants</i>		

Relationship established	DC and KM had been previously employed by USAID and had currently or previously collaborated, managed, or had been managed by with some participants. CJH previously worked at a large NGO and had prior interactions with some of the organizations but had no formal, direct relationships with participants. KK did not have any formal relationships. JD did not have previous interactions with any of the participants.	Not applicable.
Participant knowledge of the interviewer	DC had previously been part of the USAID management of the PrEP ring research and development program. KK has conducted previous modeling and economic analyses of the PrEP ring.	Not applicable.
Interviewer characteristics	The interviewers' and data collection team's programmatic objectives were stated at the beginning of each session. Each member of the data collection team introduced themselves and provided a brief background. It is possible that some participants may have made assumptions based on our backgrounds. We constructed the interview and questions to reduce the impact of interviewer or respondent bias by providing evidence for the purpose of our questions, avoiding generalizations in questions, constructing questions that is sensitive to the respondent and their role.	Not applicable.

References

1. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International journal for quality in health care* 2007;19(6):349-57.