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| 1: CURRENT PRACTICE | 1.1: Agree upon post-intervention qualitative reassessment plan | 1. Does this provide an adequate account of:  
   a. how well the intervention has been implemented?  
   b. how well it met its aim (improved diagnosis & management)?  
   c. acceptability of the intervention?  
   d. its unintended consequences?  
2. Is this deliverable? |
| | 1.2: Formulate a plan for delivery of theme 1 activities at each centre | 1. How much should the social scientist and coordinator participate in the journey observations?  
2. What times of day and week need to be captured, and how could work schedules be tailored to this?  
3. Who will form the analysing/interviewing team at each centre:  
   a. social scientist;  
   b. clinician;  
   c. microbiologist?  
4. Are there expected challenges at each hospital, and how could they be overcome?  
5. Which hospitals have paper vs. electronic clinical notes/results, and how will this impact on obtaining journey data? |
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<td>2.1: Decide the overall structure of the intervention</td>
<td>1. Do the domains make sense?</td>
<td>2. Will the domains capture all relevant anticipated components of the intervention?</td>
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<td>3. Will they allow room for unanticipated components?</td>
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<td>4. Are there domains not present, which need to be?</td>
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<td>2.2: Highlight local contextual considerations for the intervention</td>
<td>1. What local issues need to be considered when developing the intervention?</td>
<td>2. What local challenges to implementation can be expected?</td>
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<td>3. What can be done now, without biasing the baseline observation phase, to prepare for these?</td>
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| **3: PATHOGEN DETECTION & DISCOVERY** | 3.1: Agree on pathogen detection panels | 1. Do the pathogen panels for each country accurately reflect the pathogens likely to be encountered in each centre?  
2. Are the samples and tests correct for each pathogen – in terms of yield, accuracy and practicality?  
3. How much CSF and serum will be needed for each test – will 3mL adults/1mL children CSF be enough?  
4. We haven’t yet planned to take serum (only 2.5mL Paxgene and 2.5mL EDTA blood samples). Should we plan to, and if so, how much? |
| | 3.2: Formulate a quality assurance system | 1. How many samples should be shared between centres; how many should be positive vs. negative?  
**[Could spiked samples be sent into each country instead?]**  
2. How will we do this for pathogens peculiar to each country, e.g. Orientia; JEV; Zika?  
3. What threshold will we use for concordance/discordance of tests?  
4. What will be done if discordance is found for a test? |
| | 3.3: Define application of novel discovery/diagnosis techniques **[FOR DISCUSSION AT A FOLLOW-UP MEETING]** | 1. Which next-generation sequencing (NGS) technology can we use?  
2. What strategy will we employ for NGS testing:  
   a. Negatives only?  
   b. Random selection of positives?  
   c. Others?  
3. How will TRIM be delivered at each centre? |
| | 3.4: Confirm plan for judging whether participants achieve a syndromic & microbiological diagnosis **[FOR DISCUSSION AT A FOLLOW-UP MEETING]** | 1. Is the enclosed plan for assessment of this outcome achievable?  
2. Is the algorithm logical and meaningful on paper?  
3. Does the plan to validate the algorithm make sense? |
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<td>4: POLICY, ECONOMICS, IMPLEMENTATION</td>
<td>4.1: Establish next steps for policymaker involvement</td>
<td>1. Which policymakers are we yet to contact; how and when should we do so?</td>
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<td>2. Do we need to amend our approach with policymaker involvement?</td>
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<td>4.2: Finalise health economics plan</td>
<td>1. Is the current plan workable and meaningful?</td>
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<td>2. What data or mechanisms can be leveraged to facilitate costing of the intervention?</td>
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<td>4.3: Confirm definitions/selection criteria</td>
<td>1. Are these easy to understand and apply?</td>
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<td>2. Are the accuracy characteristics from validation work acceptable?</td>
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| 5: TRAINING, CAPACITY BUILDING | 5.1: Draft plans for delivering CLINICAL training *within the intervention* | 1. Who could deliver clinical training at each centre?  
2. What format could this training take (eg online, face to face; classroom vs simulation)?  
3. What resources might be needed (financial, materials)? |
|                               | 5.2: Clinical training plan for the wider programme | 1. How should we continue to roll out the NeuroID course? (What can we learn so far, just before the Vellore course, and can we plan a de-brief?)  
2. Do the online modules via The Global Health Network need to be updated or packaged in another way for the study’s clinical training vs the programme? |
|                               | 5.3: Plan research training: PhDs, short-term fellowships, exchanges | 1. Can we agree a strategy for this?  
2. What interest and ideas are there so far in each Centre? |
|                               | 5.4: Draft plans for delivering LAB training *within the intervention* | 1. Who could deliver lab training at each centre?  
2. What format could this training take (eg classroom vs bench)?  
3. What resources might be needed (financial, materials)? |
|                               | 5.5: Plan lab capacity assessment                  | 1. Is the Ideal Lab document reflective of what should be provided in a lab in each country?  
2. Does the lab capacity assessment tool measure whether labs are meeting the requirements of an ideal lab in enough detail to make a valid assessment?  
3. Is the assessment tool easy and quick to use?  
4. Who could be the local lab-specialist to assist Jess & Chris in assessing labs in each centre? |
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| 6.OPERATIONS | 6.1 Identifying obstacles to patient recruitment at each centre          | 1. Is any further approval required for patient recruitment? E.g. further ethics approval, involvement of senior members of site staff etc.  
 2. What is the process at your centre for sourcing equipment for the study, such as laptops, tablets and lockable filing cabinets? |
|            | 6.2 Pre-recruitment for study staff: Identify timelines for the initial recruitment process | 1. Which positions need to be recruited at your centre?  
 2. Who needs to be involved in the drafting/approval of job descriptions and advertisements?  
 3. What are the HR timelines/deadlines for job descriptions and advertisements?  
 4. Are there any gaps in support at your centre for the preparation of contracts/MoUs for new members of staff? |
|            | 6.3 Recruitment: Identify processes and reporting structures               | 1. Who will need to be on the interview panel for each position?  
 2. Who will be the supervisor/line manager that each member of staff reports to? |
|            | 6.4 Training: Establish training and support plan for study staff        | 1. What should be the training requirements for each new member of staff during their induction period?  
 2. What support network should be available from senior members of staff?  
 3. Which training needs can be identified to ensure continuous professional development for study staff? |
|            | 6.5 Confirm study start date & create plan for initiation phase (3 weeks: 1 week intensive training; first 2 weeks of data collection) | 1. Is the proposed study start date at your centre achievable?  
 2. Which potential obstacles could prevent the study starting on time?  
 3. What actions need to be prioritized in the first 3 weeks? |