Supplementary material 2

Consolidated implementation strategy matrix: specification and classification of the 79 distinct implementation strategies

Manuscript: Planned and emergent implementation strategies during national scale-up of hepatitis C point-of-care testing in Australia: a retrospective case study

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Description

This file presents the strategy-level matrix underlying the analyses reported in the manuscript. The analytic unit is the distinct consolidated implementation strategy (n = 79), derived from coded strategy instances identified in program documents, meeting records and stakeholder interviews, coded using the Expert Recommendations for Implementing Change (ERIC) taxonomy, and consolidated when instances mapped to the same ERIC strategy, served equivalent implementation functions, involved similar actions and targets, and did not differ meaningfully in origin, level or trajectory. The consolidated inventory and its classification were reviewed with program management and coordination staff during a validation meeting on 13 April 2026.

The matrix is presented in two parts. **Table S2a** specifies each strategy (actor, action, target) using the elements consistently supported by the data. **Table S2b** reports the classification of each strategy by trajectory, initiating and delivery level, program phase of first introduction and continued activity, evidence provenance, number of supporting instances, planning implication and classification confidence ("Confidence"). Both tables are grouped by implementation domain in the order used in the manuscript; the corresponding ERIC cluster is indicated in the group heading.

Column definitions

- **ID.** Strategy identifier used in the manuscript (e.g., Table 1) and in the analytic record. Identifiers were assigned during consolidation and retained to preserve traceability; they are therefore non-consecutive.
- **ERIC strategy.** Closest ERIC strategy label (Powell et al., 2015). Where no exact match existed, the closest functional label was selected and documented.
- **Actor(s), Action, Target(s).** Who enacted the strategy, the concise verb-led strategy statement, and who or what the strategy was directed at (Proctor et al., 2013). Dose/intensity and intended mechanism were not specified because they were inconsistently documented.
- **Trajectory category.** *Planned*: prospectively planned and implemented substantially as planned. *Planned then adapted*: prospectively planned and subsequently adapted after introduction. *Emergent*: introduced in response to implementation experience, with no prospective evidence identified. **Subsequent trajectory** reports the underlying code (implemented substantially as planned; adapted after introduction; not applicable because introduced emergently). No strategy was coded as discontinued or unclear.
- **Initiating level.** Level responsible for initiating or authorising the strategy, inferred from the specified actor: national program; service; multiple levels. No strategy was coded as jurisdictional/regional or unclear.
- **Delivery level.** Level at which the strategy was enacted: *Central* (primarily by the central program), *Service* (primarily by participating services), or *Joint* (shared between the central program and services).
- **Phase first introduced / Phases of continued activity.** National program phases: *Pre-impl.* = pre-implementation and planning (2021); *Early impl.* = early implementation (2022); *Scale-up* = national scale-up (2023–2025); *Ongoing* = ongoing delivery (2026 to 13 April 2026). First introduction is distinguished from continued activity; "None documented" indicates that no continued activity beyond the phase of introduction was documented in the available data.

- **Evidence provenance.** Source of the evidence supporting the strategy: contemporaneous documentary evidence (program documents or meeting records); retrospective interview evidence; both; or program-team validation with a primary-source link pending. Provenance describes where the evidence came from and is separate from the origin classification.
- **Instances (n).** Number of coded strategy instances linked to the consolidated strategy. Counts reflect documentation frequency and should not be interpreted as indicators of strategy importance or effectiveness.
- **Planning implication.** Interpretive, strategy-level synthesis category used to derive the planning considerations in Table 2 of the manuscript: *Pre-specify* (the core function, governance arrangement, infrastructure, agreement, training system or monitoring requirement can be defined and resourced before rollout); *Pre-authorize local configuration* (the need is foreseeable, but the precise actor, workflow, setting or delivery form depends on local context); *Build capacity to detect and respond* (the action depends on performance data, implementation problems or opportunities identified during delivery). These are analytic classifications from this case, not estimates of strategy effectiveness.
- **Classification confidence.** *High*: contemporaneous documentary evidence available (alone or with interview evidence). *Moderate*: classification based on retrospective interview evidence, or on documentary evidence with residual uncertainty about timing or level. *Needs validation*: program-team validation only; primary-source link pending.

Note: Strategies S82, S83, S84, S85 were clarified or split from previously consolidated strategies during the program-team validation meeting (13 April 2026). Their supporting record is a program-team validation entry.

Table S2a. Specification of the 79 consolidated implementation strategies: actor, action and target, grouped by implementation domain.

ID	ERIC strategy	Actor(s)	Action	Target(s)
Developing stakeholder partnerships and governance (ERIC cluster: Develop stakeholder interrelationships; n = 23)				
S19	Build a coalition	Central program team; Program leadership	Meet regularly with the Australian Government Department of Health to review progress and milestones	Commonwealth Department of Health; State-Territory Health Departments
S20	Build a coalition	Program leadership; Policy champions	Use national-level framing and strategies to build stakeholder support	Stakeholders
S84	Build a coalition	Central program team; Program leadership	Meet regularly with state and territory health departments to discuss progress and milestones	State-Territory Health Departments
S21	Capture and share local knowledge	Central program team	Provide routine reports to state-level health authorities	NSW Health; Administrators
S22	Capture and share local knowledge	Established sites	Enable established sites to share local implementation experience, challenges, successes, and client-identification approaches with newer sites	Newer sites
S23	Capture and share local knowledge	Central program team	Facilitate cross-site sharing of practical implementation experiences, challenges, and solutions so services can learn from one another and adapt successful approaches to their own context	Sites
S24	Capture and share local knowledge	Program leadership; Central program team	Disseminate program outcomes and lessons learned to promote replication and spread of the model in other settings	Other settings; Wider sector
S25	Develop academic partnerships	Program leadership	Develop partnerships with external academic groups to align efforts, reduce duplication, and strengthen the sustainability and scale-up of the program	External academic groups
S26	Develop academic partnerships	Central program team	Build on existing frameworks for point-of-care testing (sexually transmitted infections, COVID) to accelerate implementation	Implementation approach
S27	Develop academic partnerships	Program leadership	Develop partnerships with academic institutions for operator training and quality assurance	Academic institutions; Operator training; Quality assurance
S28	Identify and prepare champions	Program leadership; Central program team	Identify, support, and prepare local site champions across services and jurisdictions to advocate for point-of-care testing, build local ownership, and drive implementation within their settings	Local champions; Sites; Jurisdictions
S29	Identify and prepare champions	Peer workers; People with lived experience	Integrate lived experience and peer influence for community engagement	Sites; Community; clients
S30	Identify early adopters	Program leadership; Central program team	Identify early adopters by selecting sites which are already participating in previous studies or had experience with HCV RNA point-of-care testing	Early-adopter sites
S31	Identify early adopters	Program leadership; Central program team	Identify and prioritize willing, engaged early-adopting sites and partners through expressions of interest and readiness signals to support initial uptake and momentum	Early-adopter sites; Partners
S32	Obtain formal commitments	Program leadership	Obtain formal commitments from industry and government covering program funding, equipment, consumables, service agreement, and IT/connectivity	Industry and government partners
S33	Obtain formal commitments	Program leadership; Central program team	Obtain formal commitments from sites outlining nursing support, research components, case report forms, data linkage, operator training, maintenance and quality assurance	Sites

ID	ERIC strategy	Actor(s)	Action	Target(s)
S34	Promote network weaving	Central program team; Program leadership	Identify and build on existing high-quality working relationships and networks	Program partners; Sites
S35	Promote network weaving	Central program team	Use communication tools to maintain engagement and disseminate program updates	Program partners; Sites; Wider sector
S36	Use advisory boards and workgroups	Central program team; Program leadership	Establish a National Reference Committee of key stakeholders, government officials, and academics to oversee the national program	National Reference Committee; National program governance
S37	Use advisory boards and workgroups	Central program team; Program leadership	Establish an Implementation Committee of academics, clinicians, government officials, and site personnel to guide training materials and implementation	Implementation Committee; Training and implementation materials
S38	Use advisory boards and workgroups	Central program team; Program leadership	Establish an Aboriginal and Torres Strait Islander reference group	Aboriginal and Torres Strait Islander reference group
S39	Use advisory boards and workgroups	Central program team; Program leadership	Establish a Clinical Advisory Group to address clinical governance issues, including public-health notification and confirmatory testing	Clinical Advisory Group; Clinical governance issues
S40	Use advisory boards and workgroups	Central program team; Program leadership	Establish a Protocol Steering Committee to monitor safety, data quality, and program progress	Protocol Steering Committee; Safety and data quality oversight
Training operators and assessing competency (ERIC cluster: Train and educate stakeholders; n = 10)				
S59	Conduct educational outreach visits	Central program team	Conduct opportunistic and as-needed site visits and face-to-face training to strengthen engagement and improve practice	Sites; Operators
S60	Conduct ongoing training	Central program team; Training team	Provide ongoing training so operators can explain testing options, assess eligibility, administer tests, and complete quality-assurance and quality-control procedures	Operators
S61	Create a learning collaborative	Central program team	Establish a cross-site implementation forum and peer-learning structure for sharing experience, troubleshooting challenges, and supporting uptake and adaptation	Sites
S62	Develop educational materials	Central program team; Training team	Develop practical training resources and operator job aids (posters, videos, guides, websites, slides, QA-support materials) to support safe and effective delivery	Operators
S63	Distribute educational materials	Central program team; Training team	Provide sites/operators with online modules, websites, posters, guides, and step-by-step implementation resources	Sites; Operators
S64	Make training dynamic	Central program team; Training team	Use staged, blended, multimodal, and audience-tailored training with practical exercises and assessments to improve engagement and confidence	Operators
S65	Provide ongoing consultation	Central program team; Training team	Provide ongoing consultation to sites to improve implementation and data quality	Sites
S66	Shadow other experts	Central program team; Site leads	Establish peer support or buddy systems to build operator confidence	Operators
S67	Use train-the-trainer strategies	Sites	Strengthen training capacity through peer-led and cascade models for operations/research activities	Trainers; Operators
S68	Work with educational institutions	Program leadership; Central program team	Collaborate with multiple institutions to establish operator training, quality assurance and quality control programs	Institutions; Operator training; QA/QC programs
Changing infrastructure, including testing platforms (ERIC cluster: Change infrastructure; n = 9)				
S11	Change physical structure and equipment	Central program team; Training team; Sites	Adapt the physical environment, testing equipment configuration, and operational workflow to support testing in local environments	Physical environment; Equipment configuration; Workflow

ID	ERIC strategy	Actor(s)	Action	Target(s)
S12	Change physical structure and equipment	Program leadership	Secure GeneXpert machines and Xpert HCV Fingerstick cartridges for the program	Kirby Institute; Program hub
S13	Change physical structure and equipment	Central program team; Training team	Install and supply GeneXpert equipment, connectivity tools, testing cartridges, competency panels, transport cases, and other consumables at participating sites	Sites
S14	Change physical structure and equipment	Central program team	Optimise deployment of testing equipment and consumables across sites	Sites
S16	Change record systems	Local health district; Sites	Develop or modify electronic medical record systems across local health regions	Local record systems; Patient records
S17	Change record systems	Central program team; Australian States	Integrate results from the program into public health records	Public health records
S82	Change record systems	Central program team	Develop tools for collecting patient-level information	Local record systems; Patient records
S83	Change record systems	Central program team	Provide software that imports point-of-care testing results into clinical medical records	Local record systems; Patient records
S18	Change service sites	Sites; Outreach teams	Expand testing outreach and diversify testing locations	Testing locations; Clients
Supporting evaluation and iterative learning (ERIC cluster: Use evaluative and iterative strategies; n = 9)				
S69	Assess for readiness and identify barriers and facilitators	Central program team	Use expressions of interest (EOIs), site surveys, scoring criteria, jurisdictional discussions, and setup reviews to assess site suitability/readiness and identify implementation needs, barriers, and supports	Prospective sites
S70	Audit and provide feedback	Central program team; Training team	Monitor error rates at the site level and provide corrective support, such as adjusting operating training	Sites; Operators
S71	Audit and provide feedback	Central program team; Training team	Provide sites with local targets, comparative performance data and constructive feedback to motivate testing and improve performance	Sites
S72	Develop and implement tools for quality monitoring	Central program team; Training team	Create and deploy forms, databases, software, review tools, and other monitoring instruments to track testing quality and process outcomes	Sites; Operators
S73	Develop and organize quality monitoring systems	Central program team; Training team	Establish and coordinate QA/QC systems, including CP/EQA schedules, reporting pathways, oversight roles, software, and routine review processes	QA/QC systems; Sites
S74	Purposefully reexamine the implementation	Central program team; Training team; Clinical Advisory Group	Review real-world testing performance and use the findings to revise the test product or protocol	Test product; Protocol
S75	Purposefully reexamine the implementation	Central program team; Program leadership; Evaluation team	Use ongoing evaluation, multidisciplinary review, and real-world performance data to reassess implementation and make strategic adaptations	Implementation approach
S76	Purposefully reexamine the implementation	Central program team; Program leadership; Evaluation team	Use implementation-science data alongside clinic performance results to develop an investment case for government	Government investment case
S78	Stage implementation scale up	Central program team	Roll out implementation in planned phases or batches, including pilot deployment before broader expansion	Sites
Adapting and tailoring the testing model to context (ERIC cluster: Adapt and tailor to context; n = 9)				
S1	Promote adaptability	Central program team; Sites; Service providers	Expand access to treatment through telehealth and direct communication channels	Clients
S2	Promote adaptability	Sites	Adapt testing access and service-delivery models to local site context while preserving core program components	Community corrections; Homelessness services; Prisons

ID	ERIC strategy	Actor(s)	Action	Target(s)
S3	Promote adaptability	Sites; Service providers	Integrate testing into existing services and holistic care pathways to improve engagement and access	Existing services; Care pathways; Clients
S4	Promote adaptability	Protocol Steering Committee	Adapt the point-of-care testing algorithm to improve cost-effectiveness	Testing algorithm
S5	Promote adaptability	Central program team; Sites	Adapt the use of HIV and hepatitis B point-of-care testing among HCV antibody-positive participants	HCV antibody detectable participants
S6	Promote adaptability	Central program team	Support sites to adapt workflows and address operational needs	Sites
S7	Tailor strategies	Central program team; Sites	Tailor the deployment of testing approaches, settings, and resource allocation to local prevalence, yield, and operational constraints	Testing deployment across settings; Reception prisons
S8	Use data warehousing techniques	Central program team; Software providers	Develop interoperable digital systems that store, transfer, and share testing and treatment data across sites, databases, and health-system actors	Digital systems; Sites; Databases; Health system actors
S9	Use data warehousing techniques	Central program team; Data and evaluation team	Link survey data to other administrative datasets in order to evaluate the impacts of the program's scale-up	Survey data; Administrative datasets
Engaging clients and communities (ERIC cluster: Engage consumers; n = 6)				
S41	Increase demand	Sites; Outreach teams	Link testing services to targeted, culturally tailored promotion and outreach to increase community awareness, engagement, and testing uptake	Community; Clients
S42	Intervene with patients or consumers to enhance uptake and adherence	Clinic staff	Tailor clinic intake for point-of-care testing to address health literacy	Clinic intake process; Clients with low health literacy
S43	Intervene with patients or consumers to enhance uptake and adherence	Sites	Leverage work development orders to reduce fines as a pathway to engagement	Clients eligible for work development orders
S44	Intervene with patients or consumers to enhance uptake and adherence	Central program team; Sites; Service providers	Provide financial or material incentives to increase uptake of testing, treatment, and related program activities	Clients
S45	Involve patients - consumers and family members	Community; Peer workers	Engage community and peers in community-led, peer-based implementation activities	Community; Clients
S46	Use mass media	Program leadership; Central program team	Use publications, social media, newsletters, press releases, and public-facing campaigns to promote the program, build recognition, reduce stigma, and support spread	Public; Community; Stakeholders
Providing technical assistance and troubleshooting (ERIC cluster: Provide interactive assistance; n = 5)				
S47	Centralize technical assistance	Central program team; Training team	Develop and maintain a website to host quality, training and support resources	Sites; Operators
S48	Centralize technical assistance	Central QA team; Training team	Centralize technical assistance through the Flinders team, including a telephone help desk for GeneXpert, competency-panel, laptop, testing, and IT issues	Sites; Operators
S49	Facilitation	Central program team; Training team; Sites	Build supportive on-site relationships that encourage sites to seek help and engage in ongoing implementation problem-solving	Sites
S50	Facilitation	Central program team; Training team	Strengthen localised relationships between support staff and operators	Operators

ID	ERIC strategy	Actor(s)	Action	Target(s)
S51	Provide local technical assistance	Central program team; Training team	Provide responsive and multi-channel technical support and expert oversight for connectivity, software installation, and equipment/data tracking	Sites; Operators
Supporting testing operators (ERIC cluster: Support clinicians; n = 5)				
S54	Develop resource sharing agreements	Program leadership; Central program team	Establish Clinical Trial Research Agreements covering the sharing of testing equipment between partner organizations and sites	Partner organizations; Sites
S55	Facilitate relay of clinical data to providers	Central program team	Provide near real-time program data to sites to support ongoing evaluation and service-level decision-making	Sites
S56	Revise professional roles	Sites	Facilitate task sharing through peer-led and community-led models	Service providers; Peer workers
S57	Revise professional roles	Central program team	Delegate consumables management to local sites for sustainability	Sites
S58	Revise professional roles	Sites	Expand and diversify the testing workforce to improve reach and efficiency	Service providers; Peer workers
Using funding and financial arrangements (ERIC cluster: Use financial strategies; n = 3)				
S79	Access new funding	Central program team; Program leadership	Secure additional government, institutional, and industry funding to support continuation, expansion, and stability of the program	Government; Institutional; Industry funders
S85	Access new funding	Central program team; Program leadership	Secure initial government, institutional, and industry funding to support program initiation	Government; Institutional; Industry funders
S81	Fund and contract for the clinical innovation	Program leadership; Central program team	Establish and finalize agreements with partner organizations, suppliers, and service providers required to operationalize and sustain the program	Partner organizations; Suppliers; Service providers

ERIC, Expert Recommendations for Implementing Change; HCV, hepatitis C virus; QA/QC, quality assurance/quality control; CP/EQA, competency panel/external quality assurance; EOI, expression of interest; IT, information technology; HIV, human immunodeficiency virus.

Table S2b. Classification of the 79 consolidated implementation strategies by trajectory, level, timing, evidence provenance and planning implication, grouped by implementation domain.

ID	ERIC strategy	Trajectory category	Subsequent trajectory	Initiating level	Delivery level	Phase first introduced	Phases of continued activity	Evidence provenance	Instances	Planning implication	Confidence
Developing stakeholder partnerships and governance (n = 23)											
S19	Build a coalition	Planned	Implemented substantially as planned	National program	Central	Pre-impl.	Early impl.; Scale-up; Ongoing	Documentary	1	Pre-specify	High
S20	Build a coalition	Emergent	Not applicable (emergent introduction)	National program	Central	Pre-impl.	None documented	Interview	1	Pre-specify	Moderate
S84	Build a coalition	Emergent	Not applicable (emergent introduction)	National program	Central	Early impl.	Scale-up; Ongoing	Program-team validation (primary-source link pending)	1	Pre-specify	Needs validation
S21	Capture and share local knowledge	Planned	Implemented substantially as planned	National program	Central	Early impl.	Scale-up; Ongoing	Documentary	1	Pre-specify	High
S22	Capture and share local knowledge	Planned	Implemented substantially as planned	Service	Joint	Scale-up	Ongoing	Documentary	1	Build capacity to detect and respond	High
S23	Capture and share local knowledge	Emergent	Not applicable (emergent introduction)	National program	Joint	Scale-up	Ongoing	Interview	3	Build capacity to detect and respond	Moderate
S24	Capture and share local knowledge	Emergent	Not applicable (emergent introduction)	National program	Central	Scale-up	Ongoing	Interview	1	Build capacity to detect and respond	Moderate
S25	Develop academic partnerships	Planned then adapted	Adapted after introduction	National program	Central	Pre-impl.	Early impl.; Scale-up; Ongoing	Documentary and interview	3	Pre-specify	High
S26	Develop academic partnerships	Emergent	Not applicable (emergent introduction)	National program	Central	Pre-impl.	None documented	Interview	1	Pre-specify	Moderate
S27	Develop academic partnerships	Emergent	Not applicable (emergent introduction)	National program	Central	Pre-impl.	None documented	Interview	1	Pre-specify	Moderate
S28	Identify and prepare champions	Emergent	Not applicable (emergent introduction)	National program	Joint	Early impl.	Scale-up; Ongoing	Interview	4	Pre-authorize local configuration	Moderate
S29	Identify and prepare champions	Emergent	Not applicable (emergent introduction)	Service	Joint	Pre-impl.	Early impl.; Scale-up; Ongoing	Interview	1	Pre-authorize local configuration	Moderate
S30	Identify early adopters	Planned	Implemented substantially as planned	National program	Joint	Pre-impl.	Early impl.	Documentary	1	Pre-specify	High

ID	ERIC strategy	Trajectory category	Subsequent trajectory	Initiating level	Delivery level	Phase first introduced	Phases of continued activity	Evidence provenance	Instances	Planning implication	Confidence
S31	Identify early adopters	Emergent	Not applicable (emergent introduction)	National program	Joint	Pre-impl.	Early impl.	Interview	4	Pre-specify	Moderate
S32	Obtain formal commitments	Planned	Implemented substantially as planned	National program	Central	Pre-impl.	Early impl.; Scale-up; Ongoing	Documentary	8	Pre-specify	High
S33	Obtain formal commitments	Planned	Implemented substantially as planned	National program	Joint	Pre-impl.	Early impl.; Scale-up; Ongoing	Documentary	1	Pre-specify	High
S34	Promote network weaving	Emergent	Not applicable (emergent introduction)	National program	Central	Pre-impl.	None documented	Interview	5	Pre-authorize local configuration	Moderate
S35	Promote network weaving	Emergent	Not applicable (emergent introduction)	National program	Joint	Early impl.	Scale-up; Ongoing	Interview	4	Pre-specify	Moderate
S36	Use advisory boards and workgroups	Planned	Implemented substantially as planned	National program	Central	Pre-impl.	Early impl.	Documentary and interview	6	Pre-specify	High
S37	Use advisory boards and workgroups	Planned	Implemented substantially as planned	National program	Central	Pre-impl.	Early impl.	Documentary	3	Pre-specify	High
S38	Use advisory boards and workgroups	Planned	Implemented substantially as planned	National program	Central	Pre-impl.	Early impl.; Scale-up; Ongoing	Documentary	1	Pre-specify	High
S39	Use advisory boards and workgroups	Planned	Implemented substantially as planned	National program	Central	Pre-impl.	Early impl.; Scale-up; Ongoing	Documentary	4	Pre-specify	High
S40	Use advisory boards and workgroups	Planned	Implemented substantially as planned	National program	Central	Pre-impl.	Early impl.; Scale-up; Ongoing	Documentary	2	Pre-specify	High
Training operators and assessing competency (n = 10)											
S59	Conduct educational outreach visits	Emergent	Not applicable (emergent introduction)	National program	Joint	Early impl.	Scale-up	Interview	6	Pre-authorize local configuration	Moderate
S60	Conduct ongoing training	Planned then adapted	Adapted after introduction	National program	Joint	Early impl.	Scale-up; Ongoing	Documentary and interview	19	Pre-specify	High
S61	Create a learning collaborative	Emergent	Not applicable (emergent introduction)	National program	Joint	Scale-up	Ongoing	Interview	16	Build capacity to detect and respond	Moderate
S62	Develop educational materials	Planned then adapted	Adapted after introduction	National program	Central	Pre-impl.	Early impl.; Scale-up; Ongoing	Documentary and interview	16	Pre-specify	High
S63	Distribute educational materials	Planned then adapted	Adapted after introduction	National program	Joint	Early impl.	Scale-up; Ongoing	Documentary	11	Pre-specify	High

ID	ERIC strategy	Trajectory category	Subsequent trajectory	Initiating level	Delivery level	Phase first introduced	Phases of continued activity	Evidence provenance	Instances	Planning implication	Confidence
S64	Make training dynamic	Planned then adapted	Adapted after introduction	National program	Joint	Early impl.	Scale-up; Ongoing	Documentary and interview	12	Pre-authorize local configuration	High
S65	Provide ongoing consultation	Emergent	Adapted after introduction	National program	Joint	Early impl.	Scale-up; Ongoing	Interview	3	Build capacity to detect and respond	Moderate
S66	Shadow other experts	Emergent	Not applicable (emergent introduction)	Multiple levels	Service	Early impl.	Scale-up; Ongoing	Interview	1	Pre-authorize local configuration	Moderate
S67	Use train-the-trainer strategies	Emergent	Not applicable (emergent introduction)	Service	Joint	Scale-up	Ongoing	Interview	1	Pre-authorize local configuration	Moderate
S68	Work with educational institutions	Planned	Implemented substantially as planned	National program	Joint	Early impl.	Scale-up; Ongoing	Documentary	2	Pre-specify	High
Changing infrastructure, including testing platforms (n = 9)											
S11	Change physical structure and equipment	Emergent	Adapted after introduction	Multiple levels	Service	Early impl.	Scale-up; Ongoing	Interview	8	Pre-authorize local configuration	Moderate
S12	Change physical structure and equipment	Planned	Implemented substantially as planned	National program	Central	Pre-impl.	Early impl.; Scale-up; Ongoing	Documentary	1	Pre-specify	High
S13	Change physical structure and equipment	Planned	Implemented substantially as planned	National program	Joint	Early impl.	Scale-up; Ongoing	Documentary	1	Pre-specify	High
S14	Change physical structure and equipment	Emergent	Adapted after introduction	National program	Central	Scale-up	Ongoing	Interview	5	Build capacity to detect and respond	Moderate
S16	Change record systems	Planned then adapted	Adapted after introduction	Multiple levels	Joint	Early impl.	Scale-up; Ongoing	Documentary	3	Pre-authorize local configuration	High
S17	Change record systems	Planned	Implemented substantially as planned	Multiple levels	Joint	Early impl.	Scale-up; Ongoing	Documentary	2	Pre-specify	High
S82	Change record systems	Emergent	Not applicable (emergent introduction)	National program	Joint	Early impl.	Scale-up; Ongoing	Program-team validation (primary-source link pending)	1	Pre-authorize local configuration	Needs validation
S83	Change record systems	Planned	Implemented substantially as planned	National program	Joint	Pre-impl.	None documented	Program-team validation (primary-source link pending)	1	Pre-specify	Needs validation
S18	Change service sites	Emergent	Not applicable (emergent introduction)	Service	Central	Scale-up	Ongoing	Interview	5	Pre-authorize local configuration	Moderate
Supporting evaluation and iterative learning (n = 9)											
S69	Assess for readiness and identify barriers and facilitators	Planned then adapted	Adapted after introduction	National program	Joint	Pre-impl.	Early impl.; Scale-up; Ongoing	Documentary and interview	9	Pre-specify	High

ID	ERIC strategy	Trajectory category	Subsequent trajectory	Initiating level	Delivery level	Phase first introduced	Phases of continued activity	Evidence provenance	Instances	Planning implication	Confidence
S70	Audit and provide feedback	Planned then adapted	Adapted after introduction	National program	Joint	Early impl.	Scale-up; Ongoing	Documentary and interview	3	Build capacity to detect and respond	High
S71	Audit and provide feedback	Emergent	Not applicable (emergent introduction)	National program	Joint	Early impl.	Scale-up; Ongoing	Interview	7	Build capacity to detect and respond	Moderate
S72	Develop and implement tools for quality monitoring	Planned	Implemented substantially as planned	National program	Joint	Pre-impl.	Early impl.; Scale-up; Ongoing	Documentary	6	Pre-specify	High
S73	Develop and organize quality monitoring systems	Planned then adapted	Adapted after introduction	National program	Joint	Pre-impl.	Early impl.; Scale-up; Ongoing	Documentary and interview	16	Pre-specify	High
S74	Purposefully reexamine the implementation	Emergent	Not applicable (emergent introduction)	National program	Central	Scale-up	Ongoing	Documentary	1	Build capacity to detect and respond	Moderate
S75	Purposefully reexamine the implementation	Emergent	Adapted after introduction	National program	Central	Scale-up	Ongoing	Interview	5	Build capacity to detect and respond	Moderate
S76	Purposefully reexamine the implementation	Emergent	Not applicable (emergent introduction)	National program	Central	Scale-up	Ongoing	Documentary	1	Build capacity to detect and respond	Moderate
S78	Stage implementation scale up	Planned	Implemented substantially as planned	National program	Central	Early impl.	Scale-up	Documentary	2	Pre-specify	High
Adapting and tailoring the testing model to context (n = 9)											
S1	Promote adaptability	Emergent	Adapted after introduction	Multiple levels	Joint	Scale-up	Ongoing	Interview	1	Pre-authorize local configuration	Moderate
S2	Promote adaptability	Emergent	Adapted after introduction	Service	Service	Early impl.	Scale-up; Ongoing	Interview	8	Pre-authorize local configuration	Moderate
S3	Promote adaptability	Emergent	Not applicable (emergent introduction)	Service	Service	Early impl.	Scale-up; Ongoing	Interview	8	Pre-authorize local configuration	Moderate
S4	Promote adaptability	Emergent	Adapted after introduction	National program	Central	Scale-up	Ongoing	Interview	3	Build capacity to detect and respond	Moderate
S5	Promote adaptability	Planned	Implemented substantially as planned	Multiple levels	Joint	Scale-up	Ongoing	Documentary	1	Pre-specify	High
S6	Promote adaptability	Emergent	Adapted after introduction	National program	Joint	Early impl.	Scale-up; Ongoing	Interview	3	Pre-authorize local configuration	Moderate
S7	Tailor strategies	Planned then adapted	Adapted after introduction	Multiple levels	Joint	Early impl.	Scale-up; Ongoing	Documentary and interview	6	Pre-authorize local configuration	High
S8	Use data warehousing techniques	Planned then adapted	Adapted after introduction	National program	Joint	Pre-impl.	Early impl.; Scale-up; Ongoing	Documentary and interview	9	Pre-specify	High

ID	ERIC strategy	Trajectory category	Subsequent trajectory	Initiating level	Delivery level	Phase first introduced	Phases of continued activity	Evidence provenance	Instances	Planning implication	Confidence
S9	Use data warehousing techniques	Planned	Implemented substantially as planned	National program	Central	Scale-up	None documented	Documentary	1	Pre-specify	High
Engaging clients and communities (n = 6)											
S41	Increase demand	Emergent	Not applicable (emergent introduction)	Service	Joint	Early impl.	Scale-up; Ongoing	Interview	3	Pre-authorize local configuration	Moderate
S42	Intervene with patients or consumers to enhance uptake and adherence	Emergent	Not applicable (emergent introduction)	Service	Service	Early impl.	Scale-up; Ongoing	Interview	1	Pre-authorize local configuration	Moderate
S43	Intervene with patients or consumers to enhance uptake and adherence	Emergent	Not applicable (emergent introduction)	Service	Service	Early impl.	Scale-up; Ongoing	Interview	1	Pre-authorize local configuration	Moderate
S44	Intervene with patients or consumers to enhance uptake and adherence	Emergent	Not applicable (emergent introduction)	Multiple levels	Joint	Early impl.	Scale-up; Ongoing	Interview	14	Pre-authorize local configuration	Moderate
S45	Involve patients - consumers and family members	Emergent	Not applicable (emergent introduction)	Service	Joint	Pre-impl.	Early impl.; Scale-up; Ongoing	Interview	1	Pre-authorize local configuration	Moderate
S46	Use mass media	Planned then adapted	Adapted after introduction	National program	Central	Early impl.	Scale-up; Ongoing	Interview	4	Pre-specify	Moderate
Providing technical assistance and troubleshooting (n = 5)											
S47	Centralize technical assistance	Planned	Implemented substantially as planned	National program	Central	Pre-impl.	Early impl.; Scale-up; Ongoing	Documentary	1	Pre-specify	High
S48	Centralize technical assistance	Planned	Implemented substantially as planned	National program	Joint	Early impl.	Scale-up; Ongoing	Documentary	4	Pre-specify	High
S49	Facilitation	Emergent	Not applicable (emergent introduction)	Multiple levels	Service	Early impl.	Scale-up; Ongoing	Interview	2	Pre-authorize local configuration	Moderate
S50	Facilitation	Emergent	Not applicable (emergent introduction)	National program	Service	Early impl.	Scale-up; Ongoing	Interview	1	Pre-authorize local configuration	Moderate
S51	Provide local technical assistance	Planned then adapted	Adapted after introduction	National program	Joint	Early impl.	Scale-up; Ongoing	Documentary and interview	13	Build capacity to detect and respond	High
Supporting testing operators (n = 5)											
S54	Develop resource sharing agreements	Planned	Implemented substantially as planned	National program	Central	Pre-impl.	Early impl.; Scale-up; Ongoing	Documentary	1	Pre-specify	High

ID	ERIC strategy	Trajectory category	Subsequent trajectory	Initiating level	Delivery level	Phase first introduced	Phases of continued activity	Evidence provenance	Instances	Planning implication	Confidence
S55	Facilitate relay of clinical data to providers	Emergent	Adapted after introduction	National program	Joint	Early impl.	Scale-up; Ongoing	Interview	2	Build capacity to detect and respond	Moderate
S56	Revise professional roles	Emergent	Not applicable (emergent introduction)	Service	Joint	Early impl.	Scale-up; Ongoing	Interview	1	Pre-authorize local configuration	Moderate
S57	Revise professional roles	Emergent	Not applicable (emergent introduction)	National program	Service	Scale-up	Ongoing	Interview	1	Pre-authorize local configuration	Moderate
S58	Revise professional roles	Emergent	Adapted after introduction	Service	Joint	Scale-up	Ongoing	Interview	3	Pre-authorize local configuration	Moderate
Using funding and financial arrangements (n = 3)											
S79	Access new funding	Planned then adapted	Adapted after introduction	National program	Central	Scale-up	Ongoing	Documentary	4	Build capacity to detect and respond	High
S85	Access new funding	Planned	Implemented substantially as planned	National program	Central	Pre-impl.	Early impl.	Program-team validation (primary-source link pending)	1	Pre-specify	Needs validation
S81	Fund and contract for the clinical innovation	Planned then adapted	Adapted after introduction	National program	Central	Pre-impl.	Early impl.; Scale-up; Ongoing	Documentary and interview	3	Pre-specify	High

Pre-impl., pre-implementation and planning (2021); Early impl., early implementation (2022); Scale-up, national scale-up (2023–2025); Ongoing, ongoing delivery (2026 to 13 April 2026). Delivery level: Central, primarily the central program; Service, primarily participating services; Joint, shared between the central program and services. Instances (n), number of coded strategy instances linked to the consolidated strategy (documentation frequency).