**Appendix A:** Eligibility Checklist

Publication Title:

Author(s) and year of publication:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO.** | **STUDY CHARACTERISTICS** | **YES** | **NO** | **MAYBE** |
|  | *Type of studies:* pre-experimental, quasi-experimental, and true-experimental and observational study designs (cross-sectional, case report or case series, case-control, and cohort studies.) |  |  |  |
|  | *Publication status*: Full text peer-reviewed |  |  |  |
|  | *Study population:*Adults 18 years and above who are HIV positive. |  |  |  |
|  | *Exposure:* Studies focused on neighborhood characteristics as an exposure with at least one of the following definitions or resembling definitions of neighborhood characteristics AND   1. **Neighborhood environment** referring to the socio-demographic makeup of the neighborhood and its residents, including relationships, groups, and social processes that exist among people living in the neighborhood52**.** 2. **Neighborhood deprivation** referring to the relatively low physical (ex. abandoned home, graffiti, etc.), social (ex. loitering, unemployment, etc.) and economical position (ex. education, income etc.) of a neighborhood24. 3. **Neighborhood disorder** referring to observed or perceived physical (ex. trash, vandalism etc.) and social (ex. over policing, homelessness etc.) features of neighborhoods that may signal the breakdown of order and social control that can undermine the quality of life30. 4. **Neighborhood disadvantage** referring to a community or neighborhood where the percentage of households below the poverty-line are greater than a critical prevalence22. 5. **Neighborhood socioeconomic status (SES)** referring to theoverall marker of neighborhood conditions that may define residents' access to health care independent of their individual characteristics20. |  |  |  |
|  | *Outcome:*Studies with at least one of the following HIV treatment indicators or resembling indicators:   1. **Antiretroviral Therapy (ART) initiation –** referring to the start of an HIV treatment plan, measured by enrollment into ART53. 2. **ART adherence** referring to an individual’s ability to follow an ART treatment plan, take medications at prescribed times and frequencies, and follow relevant restrictions54. ART adherence is measured using some of the following indicators55.    * 1. Self-reported doses of ART missed over a recent period of time (via interviews or medical records) 55.      2. Number of days ART was dispensed over the last 6-12 months (pharmacy records) 55.      3. Patient attendance at appointments and number of days until re-appearance of a missed appointment (medical records or logs) 55.      4. Pill counts at each patient’s medical visit compared to their pill consumption (medical or pharmacy records) 55.      5. ART concentrations in hair and dried blood spots56. 3. **HIV viral suppression** referring to the reduction of HIV viral load to very low levels57. The WHO in 2017 reiterated that viral load is recommended as the preferred monitoring approach to confirm treatment failure 58. Indicators of viral suppression are described as:    * 1. WHO defines viral suppression from the results of a systematic review for Low and Middle Income Countries as having <1000 RNA copies in a ml of blood 59.         1. Some high-income countries define HIV viral suppression or undetectable viral load as <200 RNA copies in a ml of blood60 |  |  |  |

DECISION:

\_\_\_ INCLUDE: If Yes, on 1-5

\_\_\_ EXCLUDE: If there’s not a yes on **ALL** items 1-5.

**Appendix B:** Data Extraction Form

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|  | Study Characteristics | | | | | | Exposure | | HIV Treatment Outcomes | | | |
| No. | Author | Year | Title | Study Objective | Study setting | Study Population | Neighborhood characteristics description, comparators, and duration | Neighborhood measures used | ART initiation | ART adherence | HIV viral suppression | Other important findings in-line with objectives |
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