

Items id	study_id	Study title	author	Items	Description	dimension covered	format	location	Title	abstract	introduction	method	results	discussion	other information
1	s1	Development of a checklist to assess the c	Albrecht, Lauren	Detailed description of interventions in publiche	na	na	list	Table 1	no	yes	no	yes	yes	no	no
2	s1	Development of a checklist to assess the c	Albrecht, Lauren	Detailed description of interventions in publiche	na	na	list	Table 1	no	yes	no	yes	yes	no	no
3	s1	Development of a checklist to assess the c	Albrecht, Lauren	Detailed description of interventions in publiche	na	na	list	Table 1	yes	yes	yes	yes	yes	no	no
4	s1	Development of a checklist to assess the c	Albrecht, Lauren	Detailed description of interventions in publiche	na	na	list	Table 1	no	yes	no	yes	no	no	no
5	s1	Development of a checklist to assess the c	Albrecht, Lauren	Detailed description of interventions in publiche	na	na	list	Table 1	no	yes	no	yes	yes	no	no
6	s1	Development of a checklist to assess the c	Albrecht, Lauren	Detailed description of interventions in publiche	na	na	list	Table 1	no	yes	no	yes	yes	no	no
7	s1	Development of a checklist to assess the c	Albrecht, Lauren	Detailed description of interventions in publiche	na	na	list	Table 1	no	yes	no	yes	yes	no	no
8	s1	Development of a checklist to assess the c	Albrecht, Lauren	Detailed description of interventions in publiche	na	na	list	Table 1	yes	yes	yes	no	yes	no	no
9	s1	Development of a checklist to assess the c	Albrecht, Lauren	Clarification of assumed change process and desi	na	na	list	Table 1	yes	yes	yes	no	yes	no	no
10	s1	Development of a checklist to assess the c	Albrecht, Lauren	Clarification of assumed change process and desi	na	na	list	Table 1	yes	yes	yes	no	yes	no	no
11	s1	Development of a checklist to assess the c	Albrecht, Lauren	Clarification of assumed change process and desi	na	na	list	Table 1	yes	yes	yes	yes	yes	yes	no
12	s1	Development of a checklist to assess the c	Albrecht, Lauren	Access to intervention manuals/protocols: na	na	na	list	Table 1	no	no	yes	yes	no	no	no
13	s1	Development of a checklist to assess the c	Albrecht, Lauren	Detailed description of active control conditions: na	na	na	list	Table 1	no	yes	no	yes	yes	no	no
14	s1	Development of a checklist to assess the c	Albrecht, Lauren	Detailed description of active control conditions: na	na	na	list	Table 1	no	yes	no	yes	yes	no	no
15	s1	Development of a checklist to assess the c	Albrecht, Lauren	Detailed description of active control conditions: na	na	na	list	Table 1	yes	yes	yes	yes	yes	yes	no
16	s1	Development of a checklist to assess the c	Albrecht, Lauren	Detailed description of active control conditions: na	na	na	list	Table 1	yes	yes	yes	yes	yes	yes	no
17	s1	Development of a checklist to assess the c	Albrecht, Lauren	Detailed description of active control conditions: na	na	na	list	Table 1	no	no	yes	yes	yes	yes	no
18	s1	Development of a checklist to assess the c	Albrecht, Lauren	Detailed description of active control conditions: na	na	na	list	Table 1	yes	yes	yes	yes	yes	yes	no
19	s1	Development of a checklist to assess the c	Albrecht, Lauren	Detailed description of active control conditions: na	na	na	list	Table 1	no	no	no	yes	yes	yes	no
20	s1	Development of a checklist to assess the c	Albrecht, Lauren	Detailed description of active control conditions: na	na	na	list	Table 1	yes	yes	yes	yes	yes	yes	no
21	s2	Evaluating the public health impact of hez Glasgow, Russell E		Reach:Exclusion Criteria % excluded or characteristics	na	na	list	Checklist website	no	no	no	yes	no	no	no
22	s2	Evaluating the public health impact of hez Glasgow, Russell E		Reach:Percent individuals who participate, based on t	na	na	list	Checklist website	no	no	no	yes	yes	no	no
23	s2	Evaluating the public health impact of hez Glasgow, Russell E		Reach:Characteristics of participants compared t	na	na	list	Checklist website	no	no	no	no	no	no	no
24	s2	Evaluating the public health impact of hez Glasgow, Russell E		Reach:Use of qualitative methods to understand na	na	na	list	Checklist website	no	yes	no	yes	no	no	no
25	s2	Evaluating the public health impact of hez Glasgow, Russell E		Effectiveness: Measure of primary outcome with e.g. HP 2020 goals, exercise 30 min/	na	na	list	Checklist website	no	yes	no	yes	yes	no	no
26	s2	Evaluating the public health impact of hez Glasgow, Russell E		Effectiveness: Measure of broader outcomes e.g., other outcomes, measure of Q	na	na	list	Checklist website	no	no	no	yes	yes	no	no
27	s2	Evaluating the public health impact of hez Glasgow, Russell E		Effectiveness: Measure of robustness across subg e.g. moderation analyses	na	na	list	Checklist website	no	no	no	yes	yes	no	no
28	s2	Evaluating the public health impact of hez Glasgow, Russell E		Effectiveness: Measure of short-term attrition (% %) and differential rates by patient	na	na	list	Checklist website	no	no	no	yes	yes	no	no
29	s2	Evaluating the public health impact of hez Glasgow, Russell E		Effectiveness: Use of qualitative methods/data tc na	na	na	list	Checklist website	no	no	no	yes	no	no	no
30	s2	Evaluating the public health impact of hez Glasgow, Russell E		Adoption – Setting LevelPercent Exclusions % or reasons	na	na	list	Checklist website	no	no	no	no	no	no	no
31	s2	Evaluating the public health impact of hez Glasgow, Russell E		Adoption – Setting LevelPercent of settings appr valid denominator	na	na	list	Checklist website	no	no	no	no	no	no	no
32	s2	Evaluating the public health impact of hez Glasgow, Russell E		Adoption – Setting LevelCharacteristics of setting na	na	na	list	Checklist website	no	no	no	yes	yes	no	no
33	s2	Evaluating the public health impact of hez Glasgow, Russell E		Adoption – Setting LevelUse of qualitative metho na	na	na	list	Checklist website	no	no	no	yes	no	no	no
34	s2	Evaluating the public health impact of hez Glasgow, Russell E		Adoption – Staff LevelStaff Exclusions % or reasons	na	na	list	Checklist website	no	no	no	yes	yes	no	no
35	s2	Evaluating the public health impact of hez Glasgow, Russell E		Adoption – Staff LevelPercent of staff invited that na	na	na	list	Checklist website	no	no	no	yes	yes	no	no
36	s2	Evaluating the public health impact of hez Glasgow, Russell E		Adoption – Staff LevelCharacteristics of staff part na	na	na	list	Checklist website	no	no	no	yes	yes	no	no
37	s2	Evaluating the public health impact of hez Glasgow, Russell E		Adoption – Staff LevelUse of qualitative methods na	na	na	list	Checklist website	no	no	no	no	no	no	no
38	s2	Evaluating the public health impact of hez Glasgow, Russell E		ImplementationPercent of perfect delivery or cal e.g., adherence or consistency)	na	na	list	Checklist website	no	no	no	yes	yes	no	no
39	s2	Evaluating the public health impact of hez Glasgow, Russell E		ImplementationAdaptations made to interventio na	na	na	list	Checklist website	no	no	no	yes	yes	yes	no
40	s2	Evaluating the public health impact of hez Glasgow, Russell E		ImplementationCost of intervention time or money	na	na	list	Checklist website	no	no	no	yes	yes	no	no
41	s2	Evaluating the public health impact of hez Glasgow, Russell E		ImplementationConsistency of implementation a not about differential outcomes, bu	na	na	list	Checklist website	no	no	no	yes	yes	no	no
42	s2	Evaluating the public health impact of hez Glasgow, Russell E		ImplementationUse of qualitative methods to un na	na	na	list	Checklist website	no	no	no	yes	no	no	no
43	s2	Evaluating the public health impact of hez Glasgow, Russell E		Maintenance – Individual LevelMeasure of prima with or w/o comparison to a public	na	na	list	Checklist website	no	yes	no	yes	no	no	no
44	s2	Evaluating the public health impact of hez Glasgow, Russell E		Maintenance – Individual LevelMeasure of broad e.g., measure of QoL or potential ne	na	na	list	Checklist website	no	no	no	yes	no	no	no
45	s2	Evaluating the public health impact of hez Glasgow, Russell E		Maintenance – Individual LevelRobustness data - na	na	na	list	Checklist website	no	no	no	yes	yes	no	no
46	s2	Evaluating the public health impact of hez Glasgow, Russell E		Maintenance – Individual LevelMeasure of long-t na	na	na	list	Checklist website	no	no	no	yes	yes	no	no
47	s2	Evaluating the public health impact of hez Glasgow, Russell E		Maintenance – Individual LevelUse of qualitative na	na	na	list	Checklist website	no	no	no	yes	no	no	no
48	s2	Evaluating the public health impact of hez Glasgow, Russell E		Maintenance- Setting LevelIf program is still ongc na	na	na	list	Checklist website	no	no	no	yes	yes	no	no
49	s2	Evaluating the public health impact of hez Glasgow, Russell E		Maintenance- Setting LevelIf and how program w which elements retained AFTER pro	na	na	list	Checklist website	no	no	no	yes	no	no	no
50	s2	Evaluating the public health impact of hez Glasgow, Russell E		Maintenance- Setting LevelSome measure/discus na	na	na	list	Checklist website	no	no	no	yes	no	yes	no
51	s2	Evaluating the public health impact of hez Glasgow, Russell E		Maintenance- Setting LevelUse of qualitative met na	na	na	list	Checklist website	no	no	no	yes	no	no	no
52	s3	A framework for scaling up health intervei	Barker, PM	Setup This phase establishes an entry poir preparing for scaling up	na	na	Narrative	Page 5	no	no	no	yes	no	no	no
53	s3	A framework for scaling up health intervei	Barker, PM	Develop the scalable unit This phase develops the "scalable u preparing for scaling up	na	na	Narrative	Page 5	no	no	no	yes	no	no	no
54	s3	A framework for scaling up health intervei	Barker, PM	Test of scale-up (i.e., testing the set of interventions)to be underlying theory of change an Assessment of scalability of th	na	na	Narrative	Page 6	no	no	no	yes	no	no	no
55	s3	A framework for scaling up health intervei	Barker, PM	Go to full scale This is a rapid deployment phase in Implementation of the stratej	na	na	Narrative	Page 6	no	no	no	no	no	no	no
56	s4	Protecting the power of interventions thr	Vicki S	Theory: Why was a particular intervention (or set Explicitly identify the theory• Link th	na	na	list	Table 1	no	yes	yes	yes	no	no	no
57	s4	Protecting the power of interventions thr	Vicki S	Intervention Recipient: Who received the interve Differentiate between the interventio	na	na	list	Table 1	yes	yes	no	yes	no	no	no
58	s4	Protecting the power of interventions thr	Vicki S	Interventionist: Who delivered the intervention t Identify the interventionist and any	na	na	list	Table 1	no	yes	no	yes	no	no	no
59	s4	Protecting the power of interventions thr	Vicki S	Intervention Content: What does the interventio Provide clear operational descriptio	na	na	list	Table 1	no	yes	no	yes	no	no	no
60	s4	Protecting the power of interventions thr	Vicki S	Intervention Delivery: How was the interventio Describe the delivery mode• Describe	na	na	list	Table 1	no	yes	no	yes	no	no	no
61	s5	Improving the reporting quality of nonran	Des Jarlais	Title and abstract : Information on how units wer na	na	na	list	Table 1	yes	yes	no	no	no	no	no
62	s5	Improving the reporting quality of nonran	Des Jarlais	Title and abstract : Structured abstract recommen na	na	na	list	Table 1	yes	yes	no	no	no	no	no
63	s5	Improving the reporting quality of nonran	Des Jarlais	Title and abstract : Information on target populat na	na	na	list	Table 1	yes	yes	no	no	no	no	no
64	s5	Improving the reporting quality of nonran	Des Jarlais	Background : Scientific background and explanati na	na	na	list	Table 1	no	no	yes	no	no	no	no
65	s5	Improving the reporting quality of nonran	Des Jarlais	Background : Theories used in designing behavio na	na	na	list	Table 1	no	no	yes	no	no	no	no
66	s5	Improving the reporting quality of nonran	Des Jarlais	Participants : Eligibility criteria for participants, in na	na	na	list	Table 1	no	no	no	yes	no	no	no
67	s5	Improving the reporting quality of nonran	Des Jarlais	Participants : Method of recruitment (e.g., referri na	na	na	list	Table 1	no	no	no	yes	no	no	no

68	s5	Improving the reporting quality of nonran Des Jarlais	Participants : Recruitment setting	na	na	list	Table 1	no	no	no	yes	no	no	no	
69	s5	Improving the reporting quality of nonran Des Jarlais	Participants : Settings and locations where the de	na	na	list	Table 1	no	no	no	yes	no	no	no	
70	s5	Improving the reporting quality of nonran Des Jarlais	Interventions : Details of the interventions intenc	na	na	list	Table 1	no	no	no	yes	no	no	no	
71	s5	Improving the reporting quality of nonran Des Jarlais	Interventions : Details of the interventions intenc	na	na	list	Table 1	no	no	no	yes	no	no	no	
72	s5	Improving the reporting quality of nonran Des Jarlais	Interventions : Details of the interventions intenc	na	na	list	Table 1	no	no	no	yes	no	no	no	
73	s5	Improving the reporting quality of nonran Des Jarlais	Interventions : Details of the interventions intenc	na	na	list	Table 1	no	no	no	yes	no	no	no	
74	s5	Improving the reporting quality of nonran Des Jarlais	Interventions : Details of the interventions intenc	na	na	list	Table 1	no	no	no	yes	no	no	no	
75	s5	Improving the reporting quality of nonran Des Jarlais	Interventions : Details of the interventions intenc	na	na	list	Table 1	no	no	no	yes	no	no	no	
76	s5	Improving the reporting quality of nonran Des Jarlais	Interventions : Details of the interventions intenc	na	na	list	Table 1	no	no	no	yes	no	no	no	
77	s5	Improving the reporting quality of nonran Des Jarlais	Interventions : Details of the interventions intenc	na	na	list	Table 1	no	no	no	yes	no	no	no	
78	s5	Improving the reporting quality of nonran Des Jarlais	Objectives : Specific objectives and hypotheses	na	na	list	Table 1	no	no	no	yes	no	no	no	
79	s5	Improving the reporting quality of nonran Des Jarlais	Outcomes : Clearly defined primary and secondar	na	na	list	Table 1	no	no	no	yes	no	no	no	
80	s5	Improving the reporting quality of nonran Des Jarlais	Outcomes : Methods used to collect data and an	na	na	list	Table 1	no	no	no	yes	no	no	no	
81	s5	Improving the reporting quality of nonran Des Jarlais	Outcomes : Information on validated instrument: na	na	na	list	Table 1	no	no	no	yes	no	no	no	
82	s5	Improving the reporting quality of nonran Des Jarlais	Sample size : How sample size was determined ar	na	na	list	Table 1	no	no	no	yes	no	no	no	
83	s5	Improving the reporting quality of nonran Des Jarlais	Assignment method : Unit of assignment (the uni	na	na	list	Table 1	no	no	no	yes	no	no	no	
84	s5	Improving the reporting quality of nonran Des Jarlais	Assignment method : Method used to assign unit	na	na	list	Table 1	no	no	no	yes	no	no	no	
85	s5	Improving the reporting quality of nonran Des Jarlais	Assignment method : Inclusion of aspects employ	na	na	list	Table 1	no	no	no	yes	no	no	no	
86	s5	Improving the reporting quality of nonran Des Jarlais	Blinding (masking) : Whether or not participants,	na	na	list	Table 1	no	no	no	yes	no	no	no	
87	s5	Improving the reporting quality of nonran Des Jarlais	Unit of analysis : Description of the smallest unit	na	na	list	Table 1	no	no	no	yes	no	no	no	
88	s5	Improving the reporting quality of nonran Des Jarlais	Unit of analysis : If the unit of analysis differs fr	na	na	list	Table 1	no	no	no	yes	no	no	no	
89	s5	Improving the reporting quality of nonran Des Jarlais	Statistical methods : Statistical methods used to	na	na	list	Table 1	no	no	no	yes	no	no	no	
90	s5	Improving the reporting quality of nonran Des Jarlais	Statistical methods : Statistical methods used for	na	na	list	Table 1	no	no	no	yes	no	no	no	
91	s5	Improving the reporting quality of nonran Des Jarlais	Statistical methods : Methods for imputing missi	na	na	list	Table 1	no	no	no	yes	no	no	no	
92	s5	Improving the reporting quality of nonran Des Jarlais	Statistical methods : Statistical software or progr	na	na	list	Table 1	no	no	no	yes	yes	no	no	
93	s5	Improving the reporting quality of nonran Des Jarlais	Participant flow : Flow of participants through ea	na	na	list	Table 1	no	no	no	no	yes	no	no	
94	s5	Improving the reporting quality of nonran Des Jarlais	Participant flow : Enrollment: the numbers of par	na	na	list	Table 1	no	no	no	no	yes	no	no	
95	s5	Improving the reporting quality of nonran Des Jarlais	Participant flow : Assignment: the numbers of pa	na	na	list	Table 1	no	no	no	no	yes	no	no	
96	s5	Improving the reporting quality of nonran Des Jarlais	Participant flow : Allocation and intervention exp	na	na	list	Table 1	no	no	no	no	yes	no	no	
97	s5	Improving the reporting quality of nonran Des Jarlais	Participant flow : Follow-up: the number of partic	na	na	list	Table 1	no	no	no	no	yes	no	no	
98	s5	Improving the reporting quality of nonran Des Jarlais	Participant flow : Analysis: the number of partici	na	na	list	Table 1	no	no	no	no	yes	no	no	
99	s5	Improving the reporting quality of nonran Des Jarlais	Participant flow : Description of protocol deviat	na	na	list	Table 1	no	no	no	no	yes	no	no	
100	s5	Improving the reporting quality of nonran Des Jarlais	Recruitment : Dates defining the periods of recru	na	na	list	Table 1	no	no	no	no	yes	no	no	
101	s5	Improving the reporting quality of nonran Des Jarlais	Baseline data : Baseline demographic and clinical	na	na	list	Table 1	no	no	no	no	yes	no	no	
102	s5	Improving the reporting quality of nonran Des Jarlais	Baseline data : Baseline characteristics for each s	na	na	list	Table 1	no	no	no	no	yes	no	no	
103	s5	Improving the reporting quality of nonran Des Jarlais	Baseline data : Baseline comparisons of those los	na	na	list	Table 1	no	no	no	no	yes	no	no	
104	s5	Improving the reporting quality of nonran Des Jarlais	Baseline data : Comparison between study popul	na	na	list	Table 1	no	no	no	no	yes	no	no	
105	s5	Improving the reporting quality of nonran Des Jarlais	Baseline equivalence : Data on study group equiv	na	na	list	Table 1	no	no	no	no	yes	no	no	
106	s5	Improving the reporting quality of nonran Des Jarlais	Numbers analyzed : Number of participants (denc	na	na	list	Table 1	no	no	no	no	yes	no	no	
107	s5	Improving the reporting quality of nonran Des Jarlais	Numbers analyzed : Indication of whether the an	na	na	list	Table 1	no	no	no	no	yes	no	no	
108	s5	Improving the reporting quality of nonran Des Jarlais	Outcomes and estimation : For each primary and	na	na	list	Table 1	no	no	no	no	yes	no	no	
109	s5	Improving the reporting quality of nonran Des Jarlais	Outcomes and estimation : Inclusion of null and r	na	na	list	Table 1	no	no	no	no	yes	no	no	
110	s5	Improving the reporting quality of nonran Des Jarlais	Outcomes and estimation : Inclusion of results fr	na	na	list	Table 1	no	no	no	no	yes	no	no	
111	s5	Improving the reporting quality of nonran Des Jarlais	Ancillary analyses : Summary of other analyses pe	na	na	list	Table 1	no	no	no	no	yes	no	no	
112	s5	Improving the reporting quality of nonran Des Jarlais	Adverse events : Summary of all important adver	na	na	list	Table 1	no	no	no	no	no	yes	no	
113	s5	Improving the reporting quality of nonran Des Jarlais	Discussion Interpretation : Interpretation of the r	na	na	list	Table 1	no	no	no	no	no	yes	no	
114	s5	Improving the reporting quality of nonran Des Jarlais	Discussion Interpretation : Discussion of results t	na	na	list	Table 1	no	no	no	no	no	yes	no	
115	s5	Improving the reporting quality of nonran Des Jarlais	Discussion Interpretation : Discussion of the succ	na	na	list	Table 1	no	no	no	no	no	yes	no	
116	s5	Improving the reporting quality of nonran Des Jarlais	Discussion Interpretation : Discussion of research	na	na	list	Table 1	no	no	no	no	no	yes	no	
117	s5	Improving the reporting quality of nonran Des Jarlais	Generalizability : Generalizability (external valid	na	na	list	Table 1	no	no	no	no	no	yes	no	
118	s5	Improving the reporting quality of nonran Des Jarlais	Overall evidence : General interpretation of the r	na	na	list	Table 1	no	no	no	no	no	yes	no	
140	s7	Reviewing evidence on complex social int Egan, M	Motivation	Does the study describe why the m:	na	list	Table 2	no	yes	yes	no	no	yes	no	
141	s7	Reviewing evidence on complex social int Egan, M	Theory of change	Was the intervention design influen	na	list	Table 2	no	yes	yes	yes	no	yes	no	
142	s7	Reviewing evidence on complex social int Egan, M	Implementation context	Does the study provide any useful c	na	list	Table 2	yes	yes	yes	yes	yes	yes	no	
143	s7	Reviewing evidence on complex social int Egan, M	Experience	Does the study establish whether t	na	list	Table 2	no	yes	yes	yes	yes	yes	no	
144	s7	Reviewing evidence on complex social int Egan, M	Planning consultations	Is there a report of consultation/col	na	list	Table 2	no	no	no	no	yes	no	yes	no
145	s7	Reviewing evidence on complex social int Egan, M	Delivery collaborations	Is there a report of consultation/col	na	list	Table 2	no	no	no	no	yes	no	yes	no
146	s7	Reviewing evidence on complex social int Egan, M	Manager support	Were on-site managers/supervisors	na	list	Table 2	no	no	no	no	yes	no	yes	no
147	s7	Reviewing evidence on complex social int Egan, M	Employee support	Were employees supportive of the	na	list	Table 2	no	no	no	no	yes	no	yes	no
148	s7	Reviewing evidence on complex social int Egan, M	Resources	Does the study give information abx	na	list	Table 2	no	no	no	no	yes	no	yes	no
149	s7	Reviewing evidence on complex social int Egan, M	Differential effects and population characteristics	Does the study provide information	na	list	Table 2	no	yes	no	no	no	yes	no	no
150	s8	Reporting guidelines for implementation : Hales, Simon	Title and abstract : Identify as implementation or	na	na	list	Table 2	yes	yes	no	no	no	no	no	no
151	s8	Reporting guidelines for implementation : Hales, Simon	Background : "Explain the scientific background r	na	na	list	Table 2	no	no	no	yes	no	no	no	no
152	s8	Reporting guidelines for implementation : Hales, Simon	Background : Describe the policy or programme c	na	na	list	Table 2	no	no	no	yes	no	no	no	no
153	s8	Reporting guidelines for implementation : Hales, Simon	Background : What is it about implementation in	na	na	list	Table 2	no	no	no	yes	no	no	no	no
154	s8	Reporting guidelines for implementation : Hales, Simon	Problem : "Briefly describe the nature and severi	na	na	list	Table 2	no	no	no	yes	no	no	no	no
155	s8	Reporting guidelines for implementation : Hales, Simon	Problem : Specify who (champions/supporters) w	na	na	list	Table 2	no	no	no	yes	no	no	no	no
156	s8	Reporting guidelines for implementation : Hales, Simon	Implementation strategy : Describe mechanisms	na	na	list	Table 2	no	no	no	yes	no	no	no	no
157	s8	Reporting guidelines for implementation : Hales, Simon	Intervention : What evidence-based intervention	na	na	list	Table 2	no	no	no	yes	no	no	no	no

158	S8	Reporting guidelines for implementation : Hales, Simon	Intended outcomes : Describe the specific aim of na	na	list	Table 2	no	no	yes	no	no	no	no
159	S8	Reporting guidelines for implementation : Hales, Simon	Study design : Identify the study design (for exam na	na	list	Table 2	no	no	no	yes	no	no	no
160	S8	Reporting guidelines for implementation : Hales, Simon	Setting : Exact details of study locations, baseline na	na	list	Table 2	no	no	no	yes	no	no	no
161	S8	Reporting guidelines for implementation : Hales, Simon	Implementation : "Give a description of the imple na	na	list	Table 2	no	no	no	yes	no	no	no
162	S8	Reporting guidelines for implementation : Hales, Simon	Implementation : Describe the intervention, (if re na	na	list	Table 2	no	no	no	yes	no	no	no
163	S8	Reporting guidelines for implementation : Hales, Simon	Implementation : Explain methods used to assure na	na	list	Table 2	no	no	no	yes	no	no	no
164	S8	Reporting guidelines for implementation : Hales, Simon	Participants : "For qualitative studies: what was t na	na	list	Table 2	no	no	no	yes	no	no	no
165	S8	Reporting guidelines for implementation : Hales, Simon	Participants : Indicate how size of target populati na	na	list	Table 2	no	no	no	yes	no	no	no
166	S8	Reporting guidelines for implementation : Hales, Simon	Participants : Cohort study – Give the eligibility cr na	na	list	Table 2	no	no	no	yes	no	no	no
167	S8	Reporting guidelines for implementation : Hales, Simon	Participants : Case-control study – Give the eligib na	na	list	Table 2	no	no	no	yes	no	no	no
168	S8	Reporting guidelines for implementation : Hales, Simon	Participants : Cross-sectional study – Give the elij na	na	list	Table 2	no	no	no	yes	no	no	no
169	S8	Reporting guidelines for implementation : Hales, Simon	Participants : For matched studies, give matching na	na	list	Table 2	no	no	no	yes	no	no	no
170	S8	Reporting guidelines for implementation : Hales, Simon	Participants : For randomized studies, how was re na	na	list	Table 2	no	no	no	yes	no	no	no
171	S8	Reporting guidelines for implementation : Hales, Simon	Variables : Clearly define all outcomes, exposures na	na	list	Table 2	no	no	no	yes	no	no	no
172	S8	Reporting guidelines for implementation : Hales, Simon	Data sources/measurement : "For each variable c na	na	list	Table 2	no	no	no	yes	no	no	no
173	S8	Reporting guidelines for implementation : Hales, Simon	Data sources/measurement : Methods for proces na	na	list	Table 2	no	no	no	yes	no	no	no
174	S8	Reporting guidelines for implementation : Hales, Simon	Data sources/measurement : Explain how variabl na	na	list	Table 2	no	no	no	yes	no	no	no
175	S8	Reporting guidelines for implementation : Hales, Simon	Analyses : "Which analyses were pre-specified, ar na	na	list	Table 2	no	no	no	yes	no	no	no
176	S8	Reporting guidelines for implementation : Hales, Simon	Analyses : For qualitative analyses: process by wh na	na	list	Table 2	no	no	no	yes	no	no	no
177	S8	Reporting guidelines for implementation : Hales, Simon	Analyses : For quantitative analyses: describe sta na	na	list	Table 2	no	no	no	yes	no	no	no
178	S8	Reporting guidelines for implementation : Hales, Simon	Analyses : Where both qualitative and quantitati na	na	list	Table 2	no	no	no	yes	no	no	no
179	S8	Reporting guidelines for implementation : Hales, Simon	Analyses : Describe any methods used to examin na	na	list	Table 2	no	no	no	yes	no	no	no
180	S8	Reporting guidelines for implementation : Hales, Simon	Analyses : Explain how missing data were address na	na	list	Table 2	no	no	no	yes	no	no	no
181	S8	Reporting guidelines for implementation : Hales, Simon	Analyses : Cohort study: explain how loss to follo na	na	list	Table 2	no	no	no	yes	no	no	no
182	S8	Reporting guidelines for implementation : Hales, Simon	Analyses : Case-control study: describe matching na	na	list	Table 2	no	no	no	yes	no	no	no
183	S8	Reporting guidelines for implementation : Hales, Simon	Ethical considerations : "Including consent procer na	na	list	Table 2	no	no	no	yes	no	no	no
184	S8	Reporting guidelines for implementation : Hales, Simon	Ethical considerations : How was the balance bet na	na	list	Table 2	no	no	no	yes	no	no	no
185	S8	Reporting guidelines for implementation : Hales, Simon	Descriptive data : "Report numbers of individuals na	na	list	Table 2	no	no	no	no	yes	no	no
186	S8	Reporting guidelines for implementation : Hales, Simon	Descriptive data : Cross tabulate the number of p na	na	list	Table 2	no	no	no	no	yes	no	no
187	S8	Reporting guidelines for implementation : Hales, Simon	Outcomes : "Explain the actual course of the inte na	na	list	Table 2	no	no	no	no	yes	no	no
188	S8	Reporting guidelines for implementation : Hales, Simon	Outcomes : Document the degree of success in ir na	na	list	Table 2	no	no	no	no	yes	no	no
189	S8	Reporting guidelines for implementation : Hales, Simon	Outcomes : Document the degree of success in ir na	na	list	Table 2	no	no	no	no	yes	no	no
190	S8	Reporting guidelines for implementation : Hales, Simon	Outcomes : Document the degree of success in ir na	na	list	Table 2	no	no	no	no	yes	no	no
191	S8	Reporting guidelines for implementation : Hales, Simon	Outcome data : Report numbers of outcome even na	na	list	Table 2	no	no	no	no	yes	no	no
192	S8	Reporting guidelines for implementation : Hales, Simon	Main results : "Main findings (e.g. interpretations na	na	list	Table 2	no	no	no	no	yes	no	no
193	S8	Reporting guidelines for implementation : Hales, Simon	Main results : Provide unadjusted estimates of in na	na	list	Table 2	no	no	no	no	yes	no	no
194	S8	Reporting guidelines for implementation : Hales, Simon	Main results : Consider translating estimates of re na	na	list	Table 2	no	no	no	no	yes	no	no
195	S8	Reporting guidelines for implementation : Hales, Simon	Main results : Synthesis of quantitative and quali na	na	list	Table 2	no	no	no	no	yes	no	no
196	S8	Reporting guidelines for implementation : Hales, Simon	Other analyses : Report other analyses done – e.g. na	na	list	Table 2	no	no	no	no	yes	no	no
197	S8	Reporting guidelines for implementation : Hales, Simon	Key results : Summarize key results with referenc na	na	list	Table 2	no	no	no	no	no	yes	no
198	S8	Reporting guidelines for implementation : Hales, Simon	Limitations : "Discuss limitations of the study, tak na	na	list	Table 2	no	no	no	no	no	yes	no
199	S8	Reporting guidelines for implementation : Hales, Simon	Limitations : Discuss both direction and magnitud na	na	list	Table 2	no	no	no	no	no	yes	no
200	S8	Reporting guidelines for implementation : Hales, Simon	Interpretation : "Interpret the results considering na	na	list	Table 2	no	no	no	no	no	yes	no
201	S8	Reporting guidelines for implementation : Hales, Simon	Interpretation : Compare and contrast study resu na	na	list	Table 2	no	no	no	no	no	yes	no
202	S8	Reporting guidelines for implementation : Hales, Simon	Interpretation : Suggest steps that might be mod na	na	list	Table 2	no	no	no	no	no	yes	no
203	S8	Reporting guidelines for implementation : Hales, Simon	Interpretation : Review issues of opportunity cost na	na	list	Table 2	no	no	no	no	no	yes	no
204	S8	Reporting guidelines for implementation : Hales, Simon	Contextual factors : Success factors, barriers and na	na	list	Table 2	no	no	no	no	no	yes	no
205	S8	Reporting guidelines for implementation : Hales, Simon	Generalizability : "Discuss the generalizability (ex na	na	list	Table 2	no	no	no	no	no	yes	no
206	S8	Reporting guidelines for implementation : Hales, Simon	Generalizability : Explore factors that could affect na	na	list	Table 2	no	no	no	no	no	yes	no
207	S8	Reporting guidelines for implementation : Hales, Simon	Generalizability : Applicability to other settings; P na	na	list	Table 2	no	no	no	no	no	yes	no
208	S8	Reporting guidelines for implementation : Hales, Simon	Conclusion : "Consider overall practical usefulness na	na	list	Table 2	no	no	no	no	no	yes	no
209	S8	Reporting guidelines for implementation : Hales, Simon	Conclusion : Suggest implications for the implem na	na	list	Table 2	no	no	no	no	no	yes	no
210	S8	Reporting guidelines for implementation : Hales, Simon	Conclusion : Suggest implications for further stud na	na	list	Table 2	no	no	no	no	no	yes	no
211	S8	Reporting guidelines for implementation : Hales, Simon	Other information : "Indicate if the study is regist na	na	list	Table 2	no	no	no	no	no	no	yes
212	S8	Reporting guidelines for implementation : Hales, Simon	Other information : Give the source of funding ar na	na	list	Table 2	no	no	no	no	no	no	yes
213	S8	Reporting guidelines for implementation : Hales, Simon	Other information : State the role of individuals ir na	na	list	Table 2	no	no	no	no	no	no	yes
214	S9	Reporting standards for studies of tailorec Harrington, Nancy G	Title, abstract, keywords : Include some variation na	na	list	Table 1	yes	yes	no	no	no	no	yes
215	S9	Reporting standards for studies of tailorec Harrington, Nancy G	Variables/constructs : Specify variables/construct na	na	list	Table 1	no	no	no	yes	no	no	no
216	S9	Reporting standards for studies of tailorec Harrington, Nancy G	Theoretical foundation : Describe how theory gui na	na	list	Table 1	no	no	no	yes	no	no	no
217	S9	Reporting standards for studies of tailorec Harrington, Nancy G	Tailored messages : Describe the type of the tailo na	na	list	Table 1	no	no	no	yes	no	no	no
218	S9	Reporting standards for studies of tailorec Harrington, Nancy G	Tailoring system : Describe the tailoring system a na	na	list	Table 1	no	no	no	yes	no	no	no
219	S9	Reporting standards for studies of tailorec Harrington, Nancy G	Intervention channel, format, dosage and context na	na	list	Table 1	no	no	no	yes	no	no	no
220	S9	Reporting standards for studies of tailorec Harrington, Nancy G	Intervention implementation and assessment : Describ na	na	list	Table 1	no	no	no	yes	no	no	no
221	S10	Better reporting of interventions: templat Hoffmann, Tammy C	Brief name: Provide the name or a phrase that de Precision in the name, or brief description, of an	na	list	Table 1	no	no	no	yes	no	no	no
222	S10	Better reporting of interventions: templat Hoffmann, Tammy C	Why: Describe any rationale, theory, or goal of th Inclusion of the rationale, theory, or goals that	na	list	Table 1	no	no	no	yes	no	no	no
223	S10	Better reporting of interventions: templat Hoffmann, Tammy C	What (materials): Describe any physical or inform A full description of an intervention st	na	list	Table 1	no	no	no	yes	no	no	no
224	S10	Better reporting of interventions: templat Hoffmann, Tammy C	What (procedures): Describe each of the procedu Describe what processes, activities, or procedures	na	list	Table 1	no	no	no	yes	no	no	no
225	S10	Better reporting of interventions: templat Hoffmann, Tammy C	Who provided: For each category of intervention The term "intervention provider" refers to who	na	list	Table 1	no	no	no	yes	no	no	no
226	S10	Better reporting of interventions: templat Hoffmann, Tammy C	How: Describe the modes of delivery (such as fac Specify whether the intervention was provided	na	list	Table 1	no	no	no	yes	no	no	no

227	S10	Better reporting of interventions: templat Hoffmann, Tammy C Where: Describe the type(s) of location(s) where In some studies the intervention can be delivered	list	Table 1	no	no	no	yes	no	no	no
228	S10	Better reporting of interventions: templat Hoffmann, Tammy C When and how much: Describe the number of tir The type of information needed about the "when	list	Table 1	no	no	no	yes	no	no	no
229	S10	Better reporting of interventions: templat Hoffmann, Tammy C Tailoring: If the intervention was planned to be personalized, interventions, not all participants	list	Table 1	no	no	no	yes	no	no	no
230	S10	Better reporting of interventions: templat Hoffmann, Tammy C Modifications: If the intervention was modified d This item refers to modifications that occurred at	list	Table 1	no	no	no	yes	no	no	no
231	S10	Better reporting of interventions: templat Hoffmann, Tammy C How well (planned): If intervention adherence or Fidelity refers to the degree to which na	list	Table 1	no	no	no	yes	no	no	no
232	S10	Better reporting of interventions: templat Hoffmann, Tammy C How well (actual): If intervention adherence or fi For various reasons, an intervention was not delivered in parts of	list	Table 1	no	no	no	yes	no	no	no
233	S11	Reporting on innovative public health inte Huston, Patricia Has the author clearly identified the issue that pr na	list	Table 1	no	no	yes	no	no	no	no
234	S11	Reporting on innovative public health inte Huston, Patricia Is this issue pertinent to public health? na	list	Table 1	no	no	yes	no	no	no	no
235	S11	Reporting on innovative public health inte Huston, Patricia Has the appropriate literature been na	list	Table 1	no	no	yes	no	no	no	no
236	S11	Reporting on innovative public health inte Huston, Patricia Are the objectives of the intervention cle na	list	Table 1	no	no	yes	no	no	no	no
237	S11	Reporting on innovative public health inte Huston, Patricia Target Population : Is the target population clear na	list	Table 1	no	no	no	yes	no	no	no
238	S11	Reporting on innovative public health inte Huston, Patricia Target Population : Is the method used to reach t na	list	Table 1	no	no	no	yes	no	no	no
239	S11	Reporting on innovative public health inte Huston, Patricia setting : Is the context of the study clear? na	list	Table 1	no	no	no	yes	no	no	no
240	S11	Reporting on innovative public health inte Huston, Patricia Public Health Intervention : Is the intervention cl na	list	Table 1	no	no	no	yes	no	no	no
241	S11	Reporting on innovative public health inte Huston, Patricia Public Health Intervention : Is the preliminary evc na	list	Table 1	no	no	no	yes	no	no	no
242	S11	Reporting on innovative public health inte Huston, Patricia Public Health Intervention : Were meaningful out na	list	Table 1	no	no	no	yes	no	no	no
243	S11	Reporting on innovative public health inte Huston, Patricia Is a descriptive profile of participants given? na	list	Table 1	no	no	no	no	yes	no	no
244	S11	Reporting on innovative public health inte Huston, Patricia Is the level of participation noted na	list	Table 1	no	no	no	no	yes	no	no
245	S11	Reporting on innovative public health inte Huston, Patricia Are the successes and challenges of delivering th na	list	Table 1	no	no	no	no	yes	no	no
246	S11	Reporting on innovative public health inte Huston, Patricia Are the outcomes appropriately described na	list	Table 1	no	no	no	no	yes	no	no
247	S11	Reporting on innovative public health inte Huston, Patricia Are the major findings highlighted na	list	Table 1	no	no	no	no	yes	no	no
248	S11	Reporting on innovative public health inte Huston, Patricia Are findings discussed with reference to existing na	list	Table 1	no	no	no	no	no	yes	no
249	S11	Reporting on innovative public health inte Huston, Patricia Have strengths and weaknesses been considered na	list	Table 1	no	no	no	no	no	yes	no
250	S11	Reporting on innovative public health inte Huston, Patricia Are the lessons learned from the intervention dis na	list	Table 1	no	no	no	no	no	yes	no
251	S11	Reporting on innovative public health inte Huston, Patricia Are the implications for future initiatives explore na	list	Table 1	no	no	no	no	no	yes	no
252	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Overview : Rationale and objectives : na	list	Table 5	no	yes	yes	no	no	no	no
253	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Overview : Rationale and objectives : na	list	Table 5	no	yes	yes	no	no	no	no
254	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Overview : Rationale and objectives : na	list	Table 5	no	yes	yes	no	no	no	no
255	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Overview : Start and end date : "Plan na	list	Table 5	no	yes	no	yes	no	no	no
256	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Overview : Start and end date : b. De na	list	Table 5	no	yes	no	yes	no	no	no
257	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Overview : Setting and Context : "W/ na	list	Table 5	no	yes	no	yes	no	no	no
258	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Overview : Setting and Context : b. O na	list	Table 5	no	yes	no	yes	no	no	no
259	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Overview : Stakeholders : "a. Program na	list	Table 5	no	yes	no	yes	no	no	no
260	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Overview : Stakeholders : b. Impleme na	list	Table 5	no	yes	no	yes	no	no	no
261	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Overview : Stakeholders : c. Partners na	list	Table 5	no	yes	no	yes	no	no	no
262	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Overview : Stakeholders : d. How the na	list	Table 5	no	yes	no	yes	no	no	no
263	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Overview : Funding source(s) : Name na	list	Table 5	no	yes	no	no	no	no	yes
264	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Overview : Theory of change and/or na	list	Table 5	no	yes	no	yes	no	no	no
265	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Overview : Human rights perspective na	list	Table 5	no	yes	no	yes	no	no	no
266	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Overview : Human rights perspective na	list	Table 5	no	no	no	yes	no	no	no
267	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Components and Implementation : P na	list	Table 5	no	no	no	yes	no	no	no
268	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Components and Implementation : P na	list	Table 5	no	no	no	yes	no	no	no
269	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Components and Implementation : C na	list	Table 5	no	no	no	yes	no	no	no
270	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Components and Implementation : C na	list	Table 5	no	no	no	yes	no	no	no
271	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Components and Implementation : C na	list	Table 5	no	no	no	yes	no	no	no
272	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Components and Implementation : C na	list	Table 5	no	no	no	yes	no	no	no
273	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Components and Implementation : C na	list	Table 5	no	no	no	yes	no	no	no
274	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Components and Implementation : C na	list	Table 5	no	no	no	yes	no	no	no
275	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Components and Implementation : C na	list	Table 5	no	no	no	yes	no	no	no
276	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Programme Components and Implementation : C na	list	Table 5	no	no	no	yes	no	no	no
277	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Monitoring of Implementation : Monitoring mecl na	list	Table 5	no	no	no	yes	no	no	no
278	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Monitoring of Implementation : Coverage/Reach na	list	Table 5	no	no	no	yes	no	no	no
279	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Monitoring of Implementation : Coverage/Reach na	list	Table 5	no	no	no	yes	no	no	no
280	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Monitoring of Implementation : Coverage/Reach na	list	Table 5	no	no	no	yes	no	no	no
281	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Monitoring of Implementation : Adaptations : "W na	list	Table 5	no	no	no	yes	no	no	no
282	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Monitoring of Implementation : Adaptations : b. I na	list	Table 5	no	no	no	yes	no	no	no
283	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Monitoring of Implementation : Acceptability : "F na	list	Table 5	no	no	no	yes	no	no	no
284	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Monitoring of Implementation : Feasibility : "Ass na	list	Table 5	no	no	no	yes	no	no	no
285	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Monitoring of Implementation : Factors affecting na	list	Table 5	no	no	no	yes	no	no	no
286	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Evaluation and Results : Evaluation : "a. Type of na	list	Table 5	no	no	no	yes	no	no	no
287	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Evaluation and Results : Evaluation : b. Evaluator na	list	Table 5	no	no	no	yes	no	no	no
288	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Evaluation and Results : Results : "Description of na	list	Table 5	no	no	no	no	yes	no	no
289	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Evaluation and Results : Results : b. Whether the na	list	Table 5	no	no	no	no	yes	no	no
290	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Evaluation and Results : Results : c. Whether the na	list	Table 5	no	no	no	no	yes	no	no
291	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Evaluation and Results : Costs : "Summary of the na	list	Table 5	no	no	no	no	yes	no	no
292	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Evaluation and Results : Costs : b. If and how a co na	list	Table 5	no	no	no	no	yes	no	no
293	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Synthesis : Lessons learnt : "Appraised weakness na	list	Table 5	no	no	no	no	no	yes	no
294	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Synthesis : Sustainability : "Reflections on the sus na	list	Table 5	no	no	no	no	no	yes	no
295	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E Synthesis : Scalability : "Description of the scale- na	list	Table 5	no	no	no	no	no	yes	no

296	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Synthesis : Possibilities for implementation in oth na	na	list	Table 5	no	no	no	no	no	yes	no
297	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Synthesis : Additional information (optional) : "Re na	na	list	Table 5	no	no	no	no	no	yes	no
298	S12	Programme Reporting Standards (PRS) for Kågesten, Anna E	Synthesis : Additional information (optional) : Am na	na	list	Table 5	no	no	no	no	no	yes	no
299	S13	Reporting of context and implementation Luoto Jill	Intervention characteristics: Intervention/Program	na	list	Table 1	no	no	no	yes	no	no	no
300	S13	Reporting of context and implementation Luoto Jill	Intervention characteristics: A description of why na	na	list	Table 1	no	no	no	yes	no	no	no
301	S13	Reporting of context and implementation Luoto Jill	Intervention characteristics: Rationale for the aim na	na	list	Table 1	no	no	no	yes	no	no	no
302	S13	Reporting of context and implementation Luoto Jill	Intervention Characteristics: Detailed description na	na	list	Table 1	no	no	no	yes	no	no	no
303	S13	Reporting of context and implementation Luoto Jill	Intervention Characteristics: Detailed description na	na	list	Table 1	no	no	no	yes	no	no	no
304	S13	Reporting of context and implementation Luoto Jill	Intervention Characteristics: Detailed description na	na	list	Table 1	no	no	no	yes	no	no	no
305	S13	Reporting of context and implementation Luoto Jill	Intervention Characteristics: Detailed description na	na	list	Table 1	no	no	no	yes	no	no	no
306	S13	Reporting of context and implementation Luoto Jill	Intervention Characteristics: Detailed description na	na	list	Table 1	no	no	no	yes	no	no	no
307	S13	Reporting of context and implementation Luoto Jill	Intervention Characteristics: Detailed description na	na	list	Table 1	no	no	no	yes	no	no	no
308	S13	Reporting of context and implementation Luoto Jill	Intervention Characteristics: Detailed description na	na	list	Table 1	no	no	no	yes	no	no	no
309	S13	Reporting of context and implementation Luoto Jill	Intervention Characteristics: Detailed description na	na	list	Table 1	no	no	no	yes	no	no	no
310	S13	Reporting of context and implementation Luoto Jill	Intervention Characteristics: Costs of the interver na	na	list	Table 1	no	no	no	yes	no	no	no
311	S13	Reporting of context and implementation Luoto Jill	Outer Setting: External policies and incentives na	na	list	Table 1	no	no	no	yes	no	no	no
312	S13	Reporting of context and implementation Luoto Jill	Population needs	na	list	Table 1	no	no	no	yes	no	no	no
313	S13	Reporting of context and implementation Luoto Jill	Process of implementation: Description of facilitat na	na	list	Table 1	no	no	no	yes	no	no	no
314	S13	Reporting of context and implementation Luoto Jill	Description of materials: Description of all materi na	na	list	Table 1	no	no	no	yes	no	no	no
315	S13	Reporting of context and implementation Luoto Jill	Process of Implementation: Description of an ass na	na	list	Table 1	no	no	no	yes	no	no	no
348	S15	A Framework for Enhancing the Value of F Neta Gila	Goal	Improvements in population health, i na	list	fig 1	no	no	no	Yes	no	no	no
349	S15	A Framework for Enhancing the Value of F Neta Gila	Planning : Clinical, health system, or public health	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	no	no	no	no
350	S15	A Framework for Enhancing the Value of F Neta Gila	Planning : Clinical, health system, or public health	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	no	no	no	no
351	S15	A Framework for Enhancing the Value of F Neta Gila	Planning : Clinical, health system, or public health	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	no	no	no	no
352	S15	A Framework for Enhancing the Value of F Neta Gila	Planning : Setting characteristics : Setting character	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	no	no	no	no
353	S15	A Framework for Enhancing the Value of F Neta Gila	Planning : Setting characteristics : organizational	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	no	no	no	no
354	S15	A Framework for Enhancing the Value of F Neta Gila	Planning : Setting characteristics : climate and cu	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	no	no	no	no
355	S15	A Framework for Enhancing the Value of F Neta Gila	Planning : Setting characteristics : capacity and re	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	no	no	no	no
356	S15	A Framework for Enhancing the Value of F Neta Gila	Planning : Implementation strategy : Evaluability	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	no	no	no	no
357	S15	A Framework for Enhancing the Value of F Neta Gila	Planning : Implementation strategy : Scalability	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	no	no	no	no
358	S15	A Framework for Enhancing the Value of F Neta Gila	Planning : Partnership	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	no	no	no	no
359	S15	A Framework for Enhancing the Value of F Neta Gila	Planning : DB&I study design	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	no	no	no	no
360	S15	A Framework for Enhancing the Value of F Neta Gila	Delivery : Reach	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	no	no	no	no
361	S15	A Framework for Enhancing the Value of F Neta Gila	Delivery : Adoption	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	no	no	no	no
362	S15	A Framework for Enhancing the Value of F Neta Gila	Delivery : Evolution of intervention and implement	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	no	no	no	no
363	S15	A Framework for Enhancing the Value of F Neta Gila	Delivery : Implementation : Fidelity,	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	no	no	no	no
364	S15	A Framework for Enhancing the Value of F Neta Gila	Delivery : Implementation : dose,	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	no	no	no	no
365	S15	A Framework for Enhancing the Value of F Neta Gila	Delivery : Implementation : and adaptation	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	no	no	no	no
366	S15	A Framework for Enhancing the Value of F Neta Gila	Delivery : Implementation costs and resources exp	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	no	no	no	no
367	S15	A Framework for Enhancing the Value of F Neta Gila	Evaluation/ResultsReporting : Effectiveness	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	Yes	no	no	no
368	S15	A Framework for Enhancing the Value of F Neta Gila	Evaluation/ResultsReporting : Primary outcome	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	Yes	no	no	no
369	S15	A Framework for Enhancing the Value of F Neta Gila	Evaluation/ResultsReporting : Broader consequen	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	Yes	no	no	no
370	S15	A Framework for Enhancing the Value of F Neta Gila	Evaluation/ResultsReporting : External validity of find	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	Yes	no	no	no
371	S15	A Framework for Enhancing the Value of F Neta Gila	Evaluation/ResultsReporting : Robustness	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	Yes	no	no	no
372	S15	A Framework for Enhancing the Value of F Neta Gila	Evaluation/ResultsReporting : Pragmatic criteria	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	Yes	no	no	no
373	S15	A Framework for Enhancing the Value of F Neta Gila	Long-Term Outcomes : Sustainability	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	Yes	no	no	no
374	S15	A Framework for Enhancing the Value of F Neta Gila	Long-Term Outcomes : Evolvability	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	Yes	no	no	no
375	S15	A Framework for Enhancing the Value of F Neta Gila	Long-Term Outcomes : Transportability	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	Yes	no	no	no
376	S15	A Framework for Enhancing the Value of F Neta Gila	Long-Term Outcomes : Replication and uptake: Con	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	Yes	no	no	no
377	S15	A Framework for Enhancing the Value of F Neta Gila	Long-Term Outcomes : Economic evaluation affect	Cross-Cutting Issues:Multilevel contextab (including history, policy climate, and incentives)	no	no	no	no	Yes	Yes	no	no	no
378	S16	Development of a framework for reportin O'Donnell Siobhan	why: Why was the health service delivery model f	Goals of the model Goals related to patient outcome(s);	list	table 2	no	no	no	no	yes	no	no
379	S16	Development of a framework for reportin O'Donnell Siobhan	Who: Who was involved?	Provider(s) Health care professional na	list	table 2	no	no	no	no	yes	no	no
380	S16	Development of a framework for reportin O'Donnell Siobhan	what: What were the roles of the individuals invol	Role of provider(s)Role of user(s)	list	table 2	no	no	no	no	yes	no	no
381	S16	Development of a framework for reportin O'Donnell Siobhan	When: When were the health services/interventi	Duration of disease since onset of sy na	list	table 2	no	no	no	no	yes	no	no
382	S16	Development of a framework for reportin O'Donnell Siobhan	where: Where were the health services/interven	SettingCountryLevel of care: comm na	list	table 2	no	no	no	no	yes	no	no
383	S16	Development of a framework for reportin O'Donnell Siobhan	How: How did patients access the service(s)/inter	Referral process	list	table 2	no	no	no	no	yes	no	no
384	S16	Development of a framework for reportin O'Donnell Siobhan	How: How were the services/interventions imple	Method(s) in which the intervention na	list	table 2	no	no	no	no	yes	no	no
385	S16	Development of a framework for reportin O'Donnell Siobhan	How: How long was the intervention?	Duration of the intervention	list	table 2	no	no	no	no	yes	no	no
386	S16	Development of a framework for reportin O'Donnell Siobhan	How: How did individuals involved communicate?	Mode(s) of communication (Among p na	list	table 2	no	no	no	no	yes	no	no
387	S16	Development of a framework for reportin O'Donnell Siobhan	How: How was the health service delivery model	Resources needed to support or sus na	list	table 2	no	no	no	no	yes	no	no
388	S17	SQUIRE Guidelines for reporting improver Ogrinc G	Indicate that the manuscript concerns an initiati	na	list	table 1	yes	no	no	no	no	no	no
389	S17	SQUIRE Guidelines for reporting improver Ogrinc G	Provide adequate information to aid in searching	na	list	table 1	no	yes	no	no	no	no	no
390	S17	SQUIRE Guidelines for reporting improver Ogrinc G	Summarise all key information from various sections	of the text using the abstract format	list	table 1	no	yes	no	no	no	no	no
391	S17	SQUIRE Guidelines for reporting improver Ogrinc G	Problem description: Nature and significance of t	na	list	table 1	no	no	yes	no	no	no	no
392	S17	SQUIRE Guidelines for reporting improver Ogrinc G	Available knowledge: Summary of what is current	na	list	table 1	no	no	yes	no	no	no	no
393	S17	SQUIRE Guidelines for reporting improver Ogrinc G	Rationale: Informal or formal frameworks, model	na	list	table 1	no	no	yes	no	no	no	no
394	S17	SQUIRE Guidelines for reporting improver Ogrinc G	Specific aims: Purpose of the project and of this r	na	list	table 1	no	no	yes	no	no	no	no
395	S17	SQUIRE Guidelines for reporting improver Ogrinc G	Context: Contextual elements considered import	na	list	table 1	no	no	no	no	yes	no	no
396	S17	SQUIRE Guidelines for reporting improver Ogrinc G	Intervention(s): Description of the intervention(s);	na	list	table 1	no	no	no	no	yes	no	no

397	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Intervention(s): Specifics of the team involved in	na	na	list	table 1	no	no	no	yes	no	no	no
398	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Study of the intervention(s): Approach chosen for	na	na	list	table 1	no	no	no	yes	no	no	no
399	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Study of the intervention(s): Approach used to es	na	na	list	table 1	no	no	no	yes	no	no	no
400	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Measures: Measures chosen for studying process	na	na	list	table 1	no	no	no	yes	no	no	no
401	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Measures: Description of the approach to the onj	na	na	list	table 1	no	no	no	yes	no	no	no
402	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Measures: Methods employed for assessing comj	na	na	list	table 1	no	no	no	yes	no	no	no
403	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Analysis: Qualitative and quantitative methods u	na	na	list	table 1	no	no	no	yes	no	no	no
404	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Analysis: Methods for understanding variation w	na	na	list	table 1	no	no	no	yes	no	no	no
405	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Ethical considerations: Ethical aspects of implm	na	na	list	table 1	no	no	no	yes	no	no	no
406	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Initial steps of the intervention(s) and their evolu	na	na	list	table 1	no	no	no	no	yes	no	no
407	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Details of the process measures and outcomes	na	na	list	table 1	no	no	no	no	yes	no	no
408	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Contextual elements that interacted with the intr	na	na	list	table 1	no	no	no	no	yes	no	no
409	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Observed associations between outcomes, interv	na	na	list	table 1	no	no	no	no	yes	no	no
410	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Unintended consequences such as unexpected b	na	na	list	table 1	no	no	no	no	yes	no	no
411	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Details about missing data.	na	na	list	table 1	no	no	no	no	yes	no	no
412	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Summary: Key findings, including relevance to th	na	na	list	table 1	no	no	no	no	no	yes	no
413	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Summary: Particular strengths of the project.	na	na	list	table 1	no	no	no	no	no	yes	no
414	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Interpretation: Nature of the association betwe	na	na	list	table 1	no	no	no	no	no	yes	no
415	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Interpretation: Comparison of results with findi	na	na	list	table 1	no	no	no	no	no	yes	no
416	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Interpretation: Impact of the project on people	na	na	list	table 1	no	no	no	no	no	yes	no
417	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Interpretation: Reasons for any differences betw	na	na	list	table 1	no	no	no	no	no	yes	no
418	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Interpretation: Costs and strategic trade-offs, incl	na	na	list	table 1	no	no	no	no	no	yes	no
419	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Limitations: Limits to the generalisability of the w	na	na	list	table 1	no	no	no	no	no	yes	no
420	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Limitations: Factors that might have limited inter	na	na	list	table 1	no	no	no	no	no	yes	no
421	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Limitations: Efforts made to minimise and adjust	na	na	list	table 1	no	no	no	no	no	yes	no
422	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Conclusions: Usefulness of the work.	na	na	list	table 1	no	no	no	no	no	yes	no
423	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Conclusions: Sustainability.	na	na	list	table 1	no	no	no	no	no	yes	no
424	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Conclusions: Potential for spread to other contex	na	na	list	table 1	no	no	no	no	no	yes	no
425	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Conclusions: Implications for practice and for futr	na	na	list	table 1	no	no	no	no	no	yes	no
426	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Conclusions: Suggested next steps.	na	na	list	table 1	no	no	no	no	no	yes	no
427	S17	SQUIRE Guidelines for reporting improver	Ogrinc G	Funding: Sources of funding that supported this v	na	na	list	table 1	no	no	no	no	no	no	yes
452	S20	Economic evaluations of public health im	Reeves, p	Background and objectives : Provide an explicit statement of the economic evidence of the index policy or programme targeted by the intervention	na	na	list	Table 6	no	no	no	yes	no	no	no
453	S20	Economic evaluations of public health im	Reeves, p	Background and objectives : Consider the policy ; na	na	na	list	Table 6	no	no	no	yes	no	no	no
454	S20	Economic evaluations of public health im	Reeves, p	Target population and subgroups : Include study participant characteristics relevant for informing equity considerations, e.g., the health status and 'gap' by sex, age and socio-economic status	na	na	list	Table 6	no	no	no	yes	no	no	no
455	S20	Economic evaluations of public health im	Reeves, p	Study perspective : Where possible adopt a social	na	na	list	Table 6	no	no	no	yes	no	no	no
456	S20	Economic evaluations of public health im	Reeves, p	Choice of health outcomes and measurement of effectiveness : Depending on the knowledge of cost-effectiveness of the index policy/programme, consider measuring intermediate outcomes relevant to implementation and use economic modelling to extrapolate to the final	na	na	list	Table 6	no	no	no	yes	no	no	no
457	S20	Economic evaluations of public health im	Reeves, p	Estimating resource use and costs : Consider identifying, measuring and valuing resource use associated with both development and implementation interventions	na	na	list	Table 6	no	no	no	yes	no	no	no
458	S20	Economic evaluations of public health im	Reeves, p	Characterising uncertainty and heterogeneity : Consider variation in parameters relevant to implementation, e.g., realists and uptake	na	na	list	Table 6	no	no	no	yes	no	no	no
459	S20	Economic evaluations of public health im	Reeves, p	Distributional impacts : If applicable (refer item n	na	na	list	Table 6	no	no	no	yes	no	no	no
460	S21	Is reporting on interventions a weak link i	Riley, Barbara L	Integration of relevant theories	Descriptions of theories, including a	na	list	table 2 to 7	no	no	no	yes	no	no	no
461	S21	Is reporting on interventions a weak link i	Riley, Barbara L	Combinations and sequencing/staging of interve	Descriptions of the deliberate combination of	na	list	table 2 to 7	no	no	no	yes	no	no	no
462	S21	Is reporting on interventions a weak link i	Riley, Barbara L	Coordinating and integrating intervention efforts	Descriptions of complementary interventions	na	list	table 2 to 7	no	no	no	yes	no	no	no
463	S21	Is reporting on interventions a weak link i	Riley, Barbara L	Adequate implementation:Quantitative descripti	time period	na	list	table 2 to 7	no	no	no	yes	no	no	no
464	S21	Is reporting on interventions a weak link i	Riley, Barbara L	Adequate implementation:Quantitative descripti	depth of engagement such as passiv	na	list	table 2 to 7	no	no	no	yes	no	no	no
465	S21	Is reporting on interventions a weak link i	Riley, Barbara L	Adequate implementation:Quantitative descripti	depth of engagement such as passiv	na	list	table 2 to 7	no	no	no	yes	no	no	no
466	S21	Is reporting on interventions a weak link i	Riley, Barbara L	Adequate implementation:Quantitative descripti	total educational time, total minute	na	list	table 2 to 7	no	no	no	yes	no	no	no
467	S21	Is reporting on interventions a weak link i	Riley, Barbara L	Adequate implementation:Quantitative descripti	direct funding or in-kind contributi	na	list	table 2 to 7	no	no	no	yes	no	no	no
468	S21	Is reporting on interventions a weak link i	Riley, Barbara L	Adequate implementation:Quantitative descripti	e.g., total number of participants, p	na	list	table 2 to 7	no	no	no	yes	no	no	no
469	S21	Is reporting on interventions a weak link i	Riley, Barbara L	Appropriate implementation: Qualitative descripti	implementing all essential compon	na	list	table 2 to 7	no	no	no	no	yes	no	no
470	S21	Is reporting on interventions a weak link i	Riley, Barbara L	Appropriate implementation: Qualitative descripti	na	na	list	table 2 to 7	no	no	no	no	yes	no	no
471	S21	Is reporting on interventions a weak link i	Riley, Barbara L	Appropriate implementation: Qualitative descripti	na	na	list	table 2 to 7	no	no	no	no	yes	no	no
472	S21	Is reporting on interventions a weak link i	Riley, Barbara L	Enabling structures and conditions	Descriptions of the creation of structures	na	list	table 2 to 7	no	no	no	yes	no	no	no
473	S21	Is reporting on interventions a weak link i	Riley, Barbara L	Adaptation to the contextual environment	Descriptions regarding the adjusting	na	list	table 2 to 7	no	no	no	no	yes	no	no
474	S21	Is reporting on interventions a weak link i	Riley, Barbara L	Responsive to evaluation feedback	Descriptions regarding the collection	na	list	table 2 to 7	no	no	no	no	yes	no	no
475	S21	Is reporting on interventions a weak link i	Riley, Barbara L	Sustainability	Discussion regarding the continuation or extension of	na	list	table 2 to 7	no	no	no	no	yes	yes	no
476	S22	Reporting guidelines for implementation i	Yousafzai, Aisha K	Previous evidence about the intervention	(1) Briefly describe the nature and s	na	list	Table 1	no	no	no	yes	no	no	no
477	S22	Reporting guidelines for implementation i	Yousafzai, Aisha K	Effectiveness of the present intervention (if know	If the effectiveness of the specific ir	na	list	Table 1	no	no	no	yes	no	no	no
478	S22	Reporting guidelines for implementation i	Yousafzai, Aisha K	Rationale for the implementation research	Explain why the implementation re: na	na	list	Table 1	no	no	no	yes	no	no	no
479	S22	Reporting guidelines for implementation i	Yousafzai, Aisha K	Aims and objectives of the implementation resea	List the aims and objectives of the i	na	list	Table 1	no	no	no	yes	no	no	no
480	S22	Reporting guidelines for implementation i	Yousafzai, Aisha K	Context of implementation for the intervention	Briefly describe the setting for the i	na	list	Table 1	no	no	no	yes	no	no	no
481	S22	Reporting guidelines for implementation i	Yousafzai, Aisha K	Implementation strategy for the intervention	Describe the implementation strate	na	list	Table 1	no	no	no	no	yes	no	no
482	S22	Reporting guidelines for implementation i	Yousafzai, Aisha K	Implementation recipients for the intervention	Include a summary about the recipi	na	list	Table 1	no	no	no	no	yes	no	no
483	S22	Reporting guidelines for implementation i	Yousafzai, Aisha K	Intended intervention content	Describe the intervention in the intr	na	list	Table 1	no	no	no	no	yes	no	no
484	S22	Reporting guidelines for implementation i	Yousafzai, Aisha K	Changes to intervention content	Provide information about, and exp	na	list	Table 1	no	no	no	no	yes	no	no
485	S22	Reporting guidelines for implementation i	Yousafzai, Aisha K	Intended intensity/total exposure to the interven	Provide information for the intervei	na	list	Table 1	no	no	no	no	yes	no	no
486	S22	Reporting guidelines for implementation i	Yousafzai, Aisha K	Personnel involved in supporting the implementa	Briefly describe information about t	na	list	Table 1	no	no	no	no	yes	no	no
487	S22	Reporting guidelines for implementation i	Yousafzai, Aisha K	Personnel delivering the intervention (e.g., moth	(1) Describe the delivery agent for t	na	list	Table 1	no	no	no	no	yes	no	no
488	S22	Reporting guidelines for implementation i	Yousafzai, Aisha K	Methods to assess fidelity regarding delivery of ir	Describe the methods and tools use	na	list	Table 1	no	no	no	no	yes	no	no
489	S22	Reporting guidelines for implementation i	Yousafzai, Aisha K	Methods to assess understanding and enactment	Describe the methods and tools use	na	list	Table 1	no	no	no	no	yes	no	no

490	S22	Reporting guidelines for implementation research	Yousafzai, Aisha K	Implementation research data collection team	Describe the data collection team with a list	Table 1	no	no	no	yes	no	no	no
491	S22	Reporting guidelines for implementation research	Yousafzai, Aisha K	Sampling and data management procedures	(1) Describe the sample size, sampling method and data management procedures	Table 1	no	no	no	yes	no	no	no
492	S22	Reporting guidelines for implementation research	Yousafzai, Aisha K	Plan of analysis for implementation data	Describe the plan of analysis. For quantitative studies, describe the statistical methods to be used	Table 1	no	no	no	yes	no	no	no
493	S22	Reporting guidelines for implementation research	Yousafzai, Aisha K	Results of the implementation evaluation	Present the results for all variables: numerical, categorical and binary	Table 1	no	no	no	no	yes	no	no
494	S22	Reporting guidelines for implementation research	Yousafzai, Aisha K	Interpretation of findings of the implementation evaluation	Provide interpretation of the findings in the context of the research objectives	Table 1	no	no	no	no	no	yes	no
495	S22	Reporting guidelines for implementation research	Yousafzai, Aisha K	Strengths and limitations of the implementation evaluation	Describe the strengths and limitations of the implementation evaluation	Table 1	no	no	no	no	no	yes	no
496	S22	Reporting guidelines for implementation research	Yousafzai, Aisha K	Scalability and sustainability of the intervention	Consider any implications of the findings for scalability and sustainability	Table 1	no	no	no	no	no	yes	no
497	S23	A reporting guide for implementation science	CCDR	Title	Compose a title that includes the population, intervention and comparison	Table 1	yes	no	no	no	no	no	no
498	S23	A reporting guide for implementation science	CCDR	Abstract	Provide a 200 to 250-word abstract	Table 1	no	yes	no	no	no	no	no
499	S23	A reporting guide for implementation science	CCDR	Issue identification	Identify the topic of the study and the population	Table 1	no	no	yes	no	no	no	no
500	S23	A reporting guide for implementation science	CCDR	What is known to date	Provide a summary of the literature	Table 1	no	no	yes	no	no	no	no
501	S23	A reporting guide for implementation science	CCDR	Rationale for study	Identify the rationale for the implementation	Table 1	no	no	yes	no	no	no	no
502	S23	A reporting guide for implementation science	CCDR	Objective	State the objective of the intervention	Table 1	no	no	yes	no	no	no	no
503	S23	A reporting guide for implementation science	CCDR	Intervention:Setting/ participants	Describe the setting and population	Table 1	no	no	no	yes	no	no	no
504	S23	A reporting guide for implementation science	CCDR	Intervention: Ethics review if indicated	For studies involving human participants, describe the ethics review process	Table 1	no	no	no	yes	no	no	no
505	S23	A reporting guide for implementation science	CCDR	Intervention: Intervention	Describe the intervention and how it is delivered	Table 1	no	no	no	yes	no	no	no
506	S23	A reporting guide for implementation science	CCDR	Intervention:Outcome measures	Describe how the intervention was evaluated	Table 1	no	no	no	yes	no	no	no
507	S23	A reporting guide for implementation science	CCDR	Outcomes: Setting/ participants	Present the findings in enough detail to allow for replication	Table 1	no	no	no	no	yes	no	no
508	S23	A reporting guide for implementation science	CCDR	Outcomes: Primary outcomes	Present the primary outcome measures	Table 1	no	no	no	no	yes	no	no
509	S23	A reporting guide for implementation science	CCDR	Outcomes: Secondary outcomes	Provide any secondary outcome measures	Table 1	no	no	no	no	yes	no	no
510	S23	A reporting guide for implementation science	CCDR	Outcomes: Intervention experience	Describe any insights that arose as a result of the intervention	Table 1	no	no	no	no	yes	no	no
511	S23	A reporting guide for implementation science	CCDR	Summary of key findings	Summarize and interpret the key findings	Table 1	no	no	no	no	no	yes	no
512	S23	A reporting guide for implementation science	CCDR	Comparisons	Compare the results of the intervention with the control	Table 1	no	no	no	no	no	yes	no
513	S23	A reporting guide for implementation science	CCDR	Strengths and limitations	Identify the strengths and limitations of the study	Table 1	no	no	no	no	no	yes	no
514	S23	A reporting guide for implementation science	CCDR	Implications and next steps	Consider implications, next steps or recommendations	Table 1	no	no	no	no	no	yes	no
515	S23	A reporting guide for implementation science	CCDR	Conclusion	Ensure the conclusion integrates the findings and implications	Table 1	no	no	no	no	no	yes	no
516	S23	A reporting guide for implementation science	CCDR	Illustrating key findings	When appropriate, include an illustration	Table 1	no	no	no	no	no	yes	no
517	S24	A guide to scaling up population health in	Milat, Andrew J	Assess effectiveness	Determine effectiveness, intervention	Table 1	no	no	no	yes	no	no	no
518	S24	A guide to scaling up population health in	Milat, Andrew J	Assess potential reach and adoption	Determine if the likely reach and adoption	Table 1	no	no	no	yes	no	no	no
519	S24	A guide to scaling up population health in	Milat, Andrew J	Assess alignment with the strategic context	Determine whether the intervention aligns with the strategic context	Table 1	no	no	no	yes	no	no	no
520	S24	A guide to scaling up population health in	Milat, Andrew J	Assess acceptability and feasibility	Judge whether the intervention could be implemented	Table 1	no	no	yes	yes	no	no	no
521	S24	A guide to scaling up population health in	Milat, Andrew J	Document a rationale for scale-up	Draw up a rationale for scaling up	Table 1	no	no	yes	yes	no	no	no
522	S24	A guide to scaling up population health in	Milat, Andrew J	Describe the intervention	Describe 'what' will be scaled up	Table 1	no	yes	yes	yes	no	no	no
523	S24	A guide to scaling up population health in	Milat, Andrew J	Complete a situational and stakeholder analysis	Map the social, political and organisational context	Table 1	no	no	no	yes	no	no	no
524	S24	A guide to scaling up population health in	Milat, Andrew J	Determine who could be involved in scale-up and how	Consider who might perform key functions	Table 1	no	no	no	yes	no	no	no
525	S24	A guide to scaling up population health in	Milat, Andrew J	Select an approach to scaling up	There are two main approaches to scaling up: 'top-down' and 'bottom-up'	Table 1	no	no	no	yes	no	no	no
526	S24	A guide to scaling up population health in	Milat, Andrew J	Consider options for evaluation and monitoring	Determine what variables are important to monitor	Table 1	no	no	no	yes	no	no	no
527	S24	A guide to scaling up population health in	Milat, Andrew J	Estimate resources required for scale-up	Estimate the human, technical and financial resources	Table 1	no	no	no	yes	no	no	no
528	S24	A guide to scaling up population health in	Milat, Andrew J	Write up the scaling up plan	The plan should present a clear and concise rationale for scale-up	Table 1	no	no	no	yes	no	no	no
529	S24	A guide to scaling up population health in	Milat, Andrew J	Consult with stakeholders	Assess the appropriateness and acceptability of the intervention	Table 1	no	no	no	yes	no	no	no
530	S24	A guide to scaling up population health in	Milat, Andrew J	Legitimise change	Gain the support of decision makers	Table 1	no	no	no	yes	no	no	no
531	S24	A guide to scaling up population health in	Milat, Andrew J	Build a constituency	Mobilise the broader 'community of interest'	Table 1	no	no	no	yes	no	no	no
532	S24	A guide to scaling up population health in	Milat, Andrew J	Realign and mobilise resources	Mobilise financial resources through the budget	Table 1	no	no	no	yes	no	no	no
533	S24	A guide to scaling up population health in	Milat, Andrew J	Modify and strengthen organisations	When scaling up interventions, modify and strengthen organisations	Table 1	no	no	no	yes	no	no	no
534	S24	A guide to scaling up population health in	Milat, Andrew J	Coordinate action and governance	Develop and implement concrete action plans	Table 1	no	no	no	yes	no	no	no
535	S24	A guide to scaling up population health in	Milat, Andrew J	Monitor performance and efficiency	Develop systems that have an ongoing monitoring and evaluation plan	Table 1	no	no	no	yes	no	no	no
536	S24	A guide to scaling up population health in	Milat, Andrew J	Ensure sustainability	Implement organisational and cultural changes	Table 1	no	no	no	no	no	yes	no
537	S25	Standards for Reporting Implementation Research	Pincock, Hilary	Identification as an implementation study, and description of the problem, challenge, or deficiency	In addition to specifying the study context, authors should describe the problem, challenge, or deficiency	Table 1 (explanation)	yes	no	no	no	no	no	no
538	S25	Standards for Reporting Implementation Research	Pincock, Hilary	Identification as an implementation study, and description of the problem, challenge, or deficiency	For clarity of indexing and identification, authors should use the following terms to describe their study: 'implementation study', 'evaluation', 'feasibility study', 'pilot study', 'preliminary study', 'proof of concept study', 'feasibility study', 'pilot study', 'preliminary study', 'proof of concept study'	Table 1 (explanation)	no	yes	no	no	no	no	no
539	S25	Standards for Reporting Implementation Research	Pincock, Hilary	Description of the problem, challenge, or deficiency	Identifying and characterising the problem, challenge, or deficiency	Table 1 (explanation)	no	no	yes	no	no	no	no
540	S25	Standards for Reporting Implementation Research	Pincock, Hilary	The scientific background and rationale for the intervention	Authors of implementation studies should explain the rationale for the choice of the intervention strategy and for the validity of the intervention being implemented	Table 1 (explanation)	no	no	no	no	no	no	no
541	S25	Standards for Reporting Implementation Research	Pincock, Hilary	The scientific background and rationale for the intervention	The scientific background and rationale for the intervention should be explained in the context of the problem, challenge, or deficiency	Table 1 (explanation)	no	no	no	no	no	no	no
542	S25	Standards for Reporting Implementation Research	Pincock, Hilary	The aims of the study, differentiating between primary and secondary outcomes	The aims and objectives should distinguish between primary and secondary outcomes	Table 1 (explanation)	no	no	yes	no	no	no	no
543	S25	Standards for Reporting Implementation Research	Pincock, Hilary	The design and key features of the evaluation	The study design should be identified and described	Table 1 (explanation)	no	no	no	yes	no	no	no
544	S25	Standards for Reporting Implementation Research	Pincock, Hilary	The context in which the intervention was implemented	Successful implementation of evidence into practice is a planned, facilitated process that involves the interplay between individuals, evidence and context to promote evidence-informed practice	Table 1 (explanation)	no	no	no	no	no	no	no
545	S25	Standards for Reporting Implementation Research	Pincock, Hilary	The characteristics of the targeted "site(s)" (local level)	Recruitment is considered at two levels: the population targeted by the intervention and the population targeted by the evaluation	Table 1 (explanation)	no	no	no	yes	no	no	no
546	S25	Standards for Reporting Implementation Research	Pincock, Hilary	The population targeted by the intervention and the population targeted by the evaluation	Recruitment is considered at two levels: the population targeted by the intervention and the population targeted by the evaluation	Table 1 (explanation)	no	no	no	yes	no	no	no
547	S25	Standards for Reporting Implementation Research	Pincock, Hilary	A description of the implementation strategy	Descriptions of implementation strategies and complex interventions are criticised if they are not clearly labelled, poorly described, rarely justified, not easy to understand and not sufficiently detailed to enable the intervention to be replicated	Table 1 (explanation)	no	no	no	no	no	no	no
548	S25	Standards for Reporting Implementation Research	Pincock, Hilary	A description of the intervention	Descriptions of implementation strategies and complex interventions are criticised if they are not clearly labelled, poorly described, rarely justified, not easy to understand and not sufficiently detailed to enable the intervention to be replicated	Table 1 (explanation)	no	no	no	no	no	no	no
549	S25	Standards for Reporting Implementation Research	Pincock, Hilary	Any subgroups recruited for additional research	Typically in implementation studies, subgroups are recruited for additional research	Table 1 (explanation)	no	no	no	yes	no	no	no
550	S25	Standards for Reporting Implementation Research	Pincock, Hilary	Defined pre-specified primary and other outcomes	Figure 2 illustrates the outcomes relevant to implementation science and the standards that apply to them	Table 1 (explanation)	no	no	no	no	no	no	no
551	S25	Standards for Reporting Implementation Research	Pincock, Hilary	Defined pre-specified primary and other outcomes	Figure 2 illustrates the outcomes relevant to implementation science and the standards that apply to them	Table 1 (explanation)	no	no	no	no	no	no	no
552	S25	Standards for Reporting Implementation Research	Pincock, Hilary	Process evaluation objectives and outcomes related to process evaluation (or formative evaluation)	A process evaluation (or formative evaluation) is a critical component of implementation science	Table 1 (explanation)	no	no	no	yes	no	no	no
553	S25	Standards for Reporting Implementation Research	Pincock, Hilary	Methods for resource use, costs, economic outcomes and evaluation of the implementation strategy	Economic evaluation can inform future implementation strategies	Table 1 (explanation)	no	no	no	yes	no	no	no
554	S25	Standards for Reporting Implementation Research	Pincock, Hilary	Methods for resource use, costs, economic outcomes and evaluation of the implementation strategy	Economic evaluation can inform future implementation strategies	Table 1 (explanation)	no	no	no	yes	no	no	no
555	S25	Standards for Reporting Implementation Research	Pincock, Hilary	Rationale for sample sizes (including sample size)	It is important to recruit sufficient participants	Table 1 (explanation)	no	no	no	yes	no	no	no
556	S25	Standards for Reporting Implementation Research	Pincock, Hilary	Methods of analysis (with reasons for that choice)	Design-specific advice on reporting	Table 1 (explanation)	no	no	no	yes	no	no	no
557	S25	Standards for Reporting Implementation Research	Pincock, Hilary	Any a priori subgroup analyses (such as between subgroups)	Subgroups should be specified a priori	Table 1 (explanation)	no	no	no	yes	no	no	no
558	S25	Standards for Reporting Implementation Research	Pincock, Hilary	Proportion recruited and characteristics of the population	As in cluster RCTs, the populations need to be considered at two levels: the population targeted by the intervention and the population targeted by the evaluation	Table 1 (explanation)	no	no	no	no	yes	no	no





628	S32	The MAPS toolkit: mHealth assessment ar WHO	Groundwork: Contextual environment	Conducting a thorough assessment	Assessment of scalability of th	LIST	p3, figure3, p11	no	no	yes	yes	no	no
629	S32	The MAPS toolkit: mHealth assessment ar WHO	Groundwork: Scientific basis	Evidence that your project team ha	Development of scaling strate	LIST	p3, figure3, p12	no	no	yes	yes	no	no
630	S32	The MAPS toolkit: mHealth assessment ar WHO	Partnerships: Strategic engagement: Identifier that have the diversity of expertise	preparing for scaling up	LIST	p3, figure3, p25	no	no	no	yes	no	no	no
631	S32	The MAPS toolkit: mHealth assessment ar WHO	Partnerships: Strategic engagement: Fostering bu	Assessing each potential partner's r	preparing for scaling up	LIST	p3, figure3, p25	no	no	no	yes	no	no
632	S32	The MAPS toolkit: mHealth assessment ar WHO	Partnerships: Partnership sustainability:cultivating na	preparing for scaling up	LIST	p3, figure3, p26	no	no	no	yes	no	no	no
633	S32	The MAPS toolkit: mHealth assessment ar WHO	Partnerships: Partnership sustainability:establishn na	preparing for scaling up	LIST	p3, figure3, p26	no	no	no	yes	no	yes	no
634	S32	The MAPS toolkit: mHealth assessment ar WHO	Financial health: Financial management: Program	The project team should differentia	Implementation of the strate	LIST	p3, figure3, p37	no	no	no	no	no	no
635	S32	The MAPS toolkit: mHealth assessment ar WHO	Financial health: Financial management: End-use	the cost incurred by the user, which	Implementation of the strate	LIST	p3, figure3, p37	no	yes	no	yes	yes	no
636	S32	The MAPS toolkit: mHealth assessment ar WHO	Financial health: Financial management: Health s na	Implementation of the strate	LIST	p3, figure3, p37	no	yes	no	yes	yes	no	no
637	S32	The MAPS toolkit: mHealth assessment ar WHO	Financial health: Financial management: Forecast	the economic costs of scaling up	Implementation of the strate	LIST	p3, figure3, p37	no	no	no	yes	yes	no
638	S32	The MAPS toolkit: mHealth assessment ar WHO	Financial health: Financial model:Value chain ana	exploring and documenting the inte	Implementation of the strate	LIST	p3, figure3, p38	no	no	yes	no	no	no
639	S32	The MAPS toolkit: mHealth assessment ar WHO	Financial health: Financial model:Business plan na	Implementation of the strate	LIST	p3, figure3, p38	no	no	no	yes	no	no	no
640	S32	The MAPS toolkit: mHealth assessment ar WHO	Financial health: Financial model:Sustainability of	required to seek out and secure diff	Implementation of the strate	LIST	p3, figure3, p38	no	no	no	no	no	yes
641	S32	The MAPS toolkit: mHealth assessment ar WHO	Technology and architecture: Data: Data access a na	Implementation of the strate	LIST	p48	no	no	no	yes	no	no	no
642	S32	The MAPS toolkit: mHealth assessment ar WHO	Technology and architecture: Data: Data security na	Implementation of the strate	LIST	p48	no	no	no	yes	no	no	no
643	S32	The MAPS toolkit: mHealth assessment ar WHO	Technology and architecture: Data: Data transm na	Implementation of the strate	LIST	p48	no	no	no	yes	no	no	no
644	S32	The MAPS toolkit: mHealth assessment ar WHO	Technology and architecture: Interoperability: Sy na	Implementation of the strate	LIST	p48	no	no	no	yes	no	no	no
645	S32	The MAPS toolkit: mHealth assessment ar WHO	Technology and architecture: Interoperability: De na	Implementation of the strate	LIST	p48	no	no	no	yes	no	no	no
646	S32	The MAPS toolkit: mHealth assessment ar WHO	Technology and architecture: Adaptability: Adapt na	Implementation of the strate	LIST	p50	no	no	yes	yes	no	no	no
647	S32	The MAPS toolkit: mHealth assessment ar WHO	Technology and architecture: Adaptability: Adapt na	Implementation of the strate	LIST	p50	no	no	yes	yes	no	no	no
648	S32	The MAPS toolkit: mHealth assessment ar WHO	Technology and architecture: Adaptability: Transl	describes the capacity of an mHealt	Implementation of the strate	LIST	p50	no	no	yes	yes	no	no
649	S32	The MAPS toolkit: mHealth assessment ar WHO	Operations: Personnel: Workforce development na	Implementation of the strate	LIST	p62	no	no	no	yes	no	no	no
650	S32	The MAPS toolkit: mHealth assessment ar WHO	Operations: Personnel:Leadership na	Implementation of the strate	LIST	p62	no	no	no	yes	no	no	no
651	S32	The MAPS toolkit: mHealth assessment ar WHO	Operations: Training & support: User training na	Implementation of the strate	LIST	p62	no	no	no	yes	no	no	no
652	S32	The MAPS toolkit: mHealth assessment ar WHO	Operations: Training & support: Supervision na	Implementation of the strate	LIST	p62	no	no	no	yes	no	no	no
653	S32	The MAPS toolkit: mHealth assessment ar WHO	Operations: Training & support: User and technic na	Implementation of the strate	LIST	p62	no	no	no	yes	no	no	no
654	S32	The MAPS toolkit: mHealth assessment ar WHO	Operations: Outreach & sensitization: Stakeholde na	Implementation of the strate	LIST	p62	no	no	no	yes	no	no	no
655	S32	The MAPS toolkit: mHealth assessment ar WHO	Operations: Outreach & sensitization: Communit na	Implementation of the strate	LIST	p62	no	no	no	yes	no	no	no
656	S32	The MAPS toolkit: mHealth assessment ar WHO	Operations: Contingency planning: Technical con na	Implementation of the strate	LIST	p62	no	no	no	yes	no	no	no
657	S32	The MAPS toolkit: mHealth assessment ar WHO	Operations: Contingency planning: Retention of a na	Implementation of the strate	LIST	p62	no	no	no	yes	no	no	no
658	S32	The MAPS toolkit: mHealth assessment ar WHO	Monitoring and evaluation: Process monitoring: I	PM: Routine and ongoing monitorin	Evaluation and monitoring	LIST	p76	no	no	no	yes	yes	no
659	S32	The MAPS toolkit: mHealth assessment ar WHO	Monitoring and evaluation: Process monitoring: I	na	Evaluation and monitoring	LIST	p76	no	no	no	yes	yes	no
660	S32	The MAPS toolkit: mHealth assessment ar WHO	Monitoring and evaluation: Evaluation research: na	Evaluation and monitoring	LIST	p76	no	no	no	yes	no	no	no
661	S32	The MAPS toolkit: mHealth assessment ar WHO	Monitoring and evaluation: Evaluation research: na	Evaluation and monitoring	LIST	p76	no	no	no	yes	no	no	no
662	S32	The MAPS toolkit: mHealth assessment ar WHO	Monitoring and evaluation: Evaluation research: na	Evaluation and monitoring	LIST	p76	no	no	no	yes	no	yes	no
663	S33	Ten dimensions of scaling up reproductive US Agency for Inter	A question of change: How do we know when we h	Is there enough capacity to scale up	Development of scaling strate list	box page 1	no	no	yes	yes	no	no	no
664	S33	Ten dimensions of scaling up reproductive US Agency for Inter	A question of capacity: What management, techn	ological and policy Competency cap	Development of scaling strate list	box page 1	no	no	no	yes	no	no	no
665	S33	Ten dimensions of scaling up reproductive US Agency for Inter	A question of strategy: What strategies most effe	How does scaling up occur? Replica	Development of scaling strate list	box page 1	no	no	no	no	no	no	no
666	S33	Ten dimensions of scaling up reproductive US Agency for Inter	A question of impact: How should the desired im	The impact of a scaled-up program: Development of scaling strate list	Development of scaling strate list	box page 1	no	no	no	yes	no	no	no
667	S33	Ten dimensions of scaling up reproductive US Agency for Inter	A question of sustainability: How do we maintain	What does sustainability mean in re	Development of scaling strate list	box page 1	no	no	no	no	no	no	no
668	S33	Ten dimensions of scaling up reproductive US Agency for Inter	A question of access: What kind of coverage is en	Breadth; Depth	Development of scaling strate list	box page 1	no	no	no	yes	no	no	no
669	S33	Ten dimensions of scaling up reproductive US Agency for Inter	A question of supply and demand: What is being	Recognizing demand and supply coi	Development of scaling strate list	box page 1	no	yes	yes	yes	no	no	no
670	S33	Ten dimensions of scaling up reproductive US Agency for Inter	A question of cost: How much will it cost to scale	Estimating start-up costs; Estimatin	Development of scaling strate list	box page 1	no	no	no	yes	no	no	no
671	S33	Ten dimensions of scaling up reproductive US Agency for Inter	A question of resources: What resources are neer	Financing scaling up: How much for	Development of scaling strate list	box page 1	no	no	no	yes	no	no	no
672	S33	Ten dimensions of scaling up reproductive US Agency for Inter	A question of timing: When is the right time to sc	Is the technology compatible with c	Development of scaling strate list	box page 1	no	no	yes	yes	no	no	no
673	S34	Scaling up health service delivery: from pi Simmons, Ruth	Innovation	health interventions and/or other p	Development of scaling strate list	Figure 1.1 (Scaling t	no	yes	yes	yes	yes	yes	no
674	S34	Scaling up health service delivery: from pi Simmons, Ruth	User organization	the institution(s) or organization(s)	Development of scaling strate list	Figure 1.1 (Scaling t	no	yes	yes	yes	yes	yes	no
675	S34	Scaling up health service delivery: from pi Simmons, Ruth	Environment	conditions and institutions which ar	Assessment of scalability of th	Figure 1.1 (Scaling t	no	no	no	yes	no	no	no
676	S34	Scaling up health service delivery: from pi Simmons, Ruth	Resource team	individuals and organizations that si	preparing for scaling up	list	Figure 1.1 (Scaling t	no	no	no	yes	no	no
677	S34	Scaling up health service delivery: from pi Simmons, Ruth	Scaling-up strategy	plans and actions necessary to fully	Development of scaling strate list	Figure 1.1 (Scaling t	no	yes	no	yes	no	no	no
678	S34	Scaling up health service delivery: from pi Simmons, Ruth	the type of scaling up : vertical scaling up	institutionalization through policy, i	Development of scaling strategy	(Practical guidance	no	yes	no	yes	no	no	no
679	S34	Scaling up health service delivery: from pi Simmons, Ruth	the type of scaling up : horizontal scaling up (exp	different geographic sites or can be	Development of scaling strategy	(Practical guidance	no	yes	no	yes	no	no	no
680	S34	Scaling up health service delivery: from pi Simmons, Ruth	the type of scaling up : diversification	Diversification, also called functio	Development of scaling strategy	(Practical guidance	no	yes	no	yes	no	no	no
681	S34	Scaling up health service delivery: from pi Simmons, Ruth	the type of scaling up : spontaneous scaling up	refers to diffusion of the innovation	Development of scaling strategy	(Practical guidance	no	no	yes	no	no	no	no
682	S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: dissemination and advocacy: pe na	Development of scaling strategy	(Practical guidance	no	no	no	yes	no	no	no	no
683	S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: dissemination and advocacy:imj na	Development of scaling strategy	(Practical guidance	no	no	no	yes	no	yes	no	no
684	S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: the organizational process: scop na	Development of scaling strategy	(Practical guidance	no	no	no	yes	no	no	no	no
685	S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: the organizational process: pac na	Development of scaling strategy	(Practical guidance	no	no	no	yes	no	no	no	no
686	S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: the organizational process: num na	Development of scaling strategy	(Practical guidance	no	no	no	yes	no	no	no	no
687	S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: the organizational process: cent na	Development of scaling strategy	(Practical guidance	no	no	no	yes	no	no	no	no
688	S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: the organizational process: adaj na	Development of scaling strategy	(Practical guidance	no	no	no	yes	no	no	no	no
689	S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: the organizational process: part na	Development of scaling strategy	(Practical guidance	no	no	no	yes	no	no	no	no
690	S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: costs and resource mobilization na	preparing for scaling up	(Practical guidance	no	no	no	yes	no	no	no	no
691	S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: costs and resource mobilization na	preparing for scaling up	(Practical guidance	no	no	no	yes	no	no	no	no
692	S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: costs and resource mobilization na	preparing for scaling up	(Practical guidance	no	no	no	yes	no	no	no	no
693	S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: monitoring and evaluation: indi	examples: extent to which essential	evaluation of the monitoring (e.g. training, mar	(Practical guidance	no	no	no	yes	yes	no	no
694	S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: monitoring and evaluation: indi	Examples: number of sites implement	evaluation of the monitoring (e.g. training, mar	(Practical guidance	no	no	no	yes	yes	no	no
695	S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: monitoring and evaluation: indi	Examples: number of people with ac	evaluation of the monitoring (e.g. training, mar	(Practical guidance	no	no	no	yes	yes	no	no
696	S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: monitoring and evaluation: serv na	Evaluation and monitoring	(Practical guidance	no	no	no	yes	no	no	no	no

697	S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: monitoring and evaluation: spec na	Evaluation and monitoring	(Practical guidance no	no	no	yes	no	no	no
698	S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: monitoring and evaluation: loca na	Evaluation and monitoring	(Practical guidance no	no	no	yes	no	no	no
699	S34	Scaling up health service delivery: from pi Simmons, Ruth	Strategic choice: monitoring and evaluation: envi na	Evaluation and monitoring	(Practical guidance no	no	no	yes	no	no	no
700	S35	An approach to rapid scale up Using HIV// WHO	Establish the country's leadership and coordinating a	preparing for scaling up LIST	Box 6	no	no	no	yes	no	no
701	S35	An approach to rapid scale up Using HIV// WHO	Identify the [AIDS care] expert group na	preparing for scaling up LIST	Box 6	no	no	no	yes	no	no
702	S35	An approach to rapid scale up Using HIV// WHO	Understand the full scale intended na	Development of scaling strate LIST	Box 6	no	no	no	yes	no	no
703	S35	An approach to rapid scale up Using HIV// WHO	Organize the fi rst phase in the multiplicative app na	Implementation of the stratej LIST	Box 6	no	no	no	no	no	no
704	S35	An approach to rapid scale up Using HIV// WHO	Organize the fi rst phase in the multiplicative app na	Implementation of the stratej LIST	Box 6	no	no	no	yes	no	no
705	S35	An approach to rapid scale up Using HIV// WHO	Organize the fi rst phase in the multiplicative app na	Implementation of the stratej LIST	Box 6	no	no	no	yes	no	no
706	S35	An approach to rapid scale up Using HIV// WHO	Organize the fi rst phase in the multiplicative app na	Implementation of the stratej LIST	Box 6	no	no	no	no	no	no
707	S35	An approach to rapid scale up Using HIV// WHO	Organize the fi rst phase in the multiplicative app na	Implementation of the stratej LIST	Box 6	no	no	no	yes	no	no
708	S35	An approach to rapid scale up Using HIV// WHO	Organize the fi rst phase in the multiplicative app na	Implementation of the stratej LIST	Box 6	no	no	no	yes	no	no
709	S35	An approach to rapid scale up Using HIV// WHO	Organize the second phase in the multiplicative a na	Implementation of the stratej LIST	Box 6	no	no	no	yes	no	no
710	S35	An approach to rapid scale up Using HIV// WHO	Organize the second phase in the multiplicative a na	Implementation of the stratej LIST	Box 6	no	no	no	yes	no	no
711	S35	An approach to rapid scale up Using HIV// WHO	Organize the second phase in the multiplicative a na	Implementation of the stratej LIST	Box 6	no	no	no	yes	no	no
712	S35	An approach to rapid scale up Using HIV// WHO	Organize the second phase in the multiplicative a na	Implementation of the stratej LIST	Box 6	no	no	no	no	no	no
713	S35	An approach to rapid scale up Using HIV// WHO	Organize the second phase in the multiplicative a na	Implementation of the stratej LIST	Box 6	no	no	no	yes	no	no
714	S35	An approach to rapid scale up Using HIV// WHO	Organize additional phases of scale-up na	Implementation of the stratej LIST	Box 6	no	no	no	yes	no	no
715	S35	An approach to rapid scale up Using HIV// WHO	List and understand the different factors involvec na	Evaluation and monitoring LIST	Box 6	no	no	no	yes	no	no
716	S35	An approach to rapid scale up Using HIV// WHO	Be aware of the factors that constrain scale-up na	Evaluation and monitoring LIST	Box 6	no	no	no	yes	no	no
717	S36	Scaling Up Global Health Interventions: A Yamey, Gavin	Attributes of the Tool or Service Being Scaled Up	Simplicity; Scientifically robust tech	Development of scaling strate LIST	Page 2	no	no	no	no	no
718	S36	Scaling Up Global Health Interventions: A Yamey, Gavin	Attributes of the Implementers:	Strong leadership and governance;	Development of scaling strate LIST	Page 2	no	no	no	yes	no
719	S36	Scaling Up Global Health Interventions: A Yamey, Gavin	The Chosen Delivery Strategy:	Applying diffusion and social netw	Development of scaling strate LIST	Page 2	no	no	no	yes	no
720	S36	Scaling Up Global Health Interventions: A Yamey, Gavin	Attributes of the "Adopting" Community	An engaged, "activated" communi	Development of scaling strate LIST	Page 2	no	no	no	no	no
721	S36	Scaling Up Global Health Interventions: A Yamey, Gavin	Socio-Political Context	Political will and national policies;	Development of scaling strate LIST	Page 2	no	no	no	yes	no
722	S36	Scaling Up Global Health Interventions: A Yamey, Gavin	Research Context	Incorporating research into imple	Development of scaling strate LIST	Page 2	no	no	no	yes	no
723	S37	Scaling Up—From Vision to Large-Scale Cf Larry, Cooley	Develop a Scaling Up Plan : Create a Vision: the P	What Is Being Scaled Up?	Development of scaling strate LIST	page1	no	no	no	yes	no
724	S37	Scaling Up—From Vision to Large-Scale Cf Larry, Cooley	Develop a Scaling Up Plan : Create a Vision: the P	How Will Scaling Up Be Accomplish	Development of scaling strate LIST	page1	no	no	no	yes	no
725	S37	Scaling Up—From Vision to Large-Scale Cf Larry, Cooley	Develop a Scaling Up Plan : Create a Vision: Orga	Who Performs the Key Functions?	Development of scaling strate LIST	page1	no	no	no	yes	no
726	S37	Scaling Up—From Vision to Large-Scale Cf Larry, Cooley	Develop a Scaling Up Plan : Create a Vision: Dime	Where and For Whom Does Scaling	Development of scaling strate LIST	page1	no	no	no	yes	no
727	S37	Scaling Up—From Vision to Large-Scale Cf Larry, Cooley	Develop a Scaling Up Plan : Assess Scalability: det	na	Development of scaling strate LIST	page1	no	no	no	yes	no
728	S37	Scaling Up—From Vision to Large-Scale Cf Larry, Cooley	Develop a Scaling Up Plan : Assess Scalability: Ana	na	Development of scaling strate LIST	page1	no	no	no	yes	no
729	S37	Scaling Up—From Vision to Large-Scale Cf Larry, Cooley	Develop a Scaling Up Plan : Fill Information Gaps	Documentation of the model, Analy	Development of scaling strate LIST	page1	no	no	yes	yes	no
730	S37	Scaling Up—From Vision to Large-Scale Cf Larry, Cooley	Develop a Scaling Up Plan : Prepare a Scaling Up	na	Development of scaling strate LIST	page1	no	no	no	yes	no
731	S37	Scaling Up—From Vision to Large-Scale Cf Larry, Cooley	Establish the Pre-Conditions for Scaling Up: Legit	na	preparing for scaling up LIST	page1	no	no	yes	yes	no
732	S37	Scaling Up—From Vision to Large-Scale Cf Larry, Cooley	Establish the Pre-Conditions for Scaling Up: Build	na	preparing for scaling up LIST	page1	no	no	yes	yes	no
733	S37	Scaling Up—From Vision to Large-Scale Cf Larry, Cooley	Establish the Pre-Conditions for Scaling Up: Realiz	na	preparing for scaling up LIST	page1	no	no	yes	yes	no
734	S37	Scaling Up—From Vision to Large-Scale Cf Larry, Cooley	Implement the Scaling Up Process: Modify Orgar	na	Implementation of the stratej LIST	page1	no	no	no	yes	no
735	S37	Scaling Up—From Vision to Large-Scale Cf Larry, Cooley	Implement the Scaling Up Process: Coordinate Ac	na	Implementation of the stratej LIST	page1	no	no	no	yes	no
736	S37	Scaling Up—From Vision to Large-Scale Cf Larry, Cooley	Implement the Scaling Up Process : Adapt Stratej	na	Implementation of the stratej LIST	page1	no	no	no	yes	no
737	S38	A model for scale up of family health inno Elizabeth H, Bradley; Assess: Understand user group receptivity and er	na	Assessment of scalability of th list	Figure 3: Schematic no	no	no	no	yes	no	no
738	S38	A model for scale up of family health inno Elizabeth H, Bradley; Innovate: Design and package innovation to fit w	na	Development of scaling strate list	Figure 3: Schematic no	no	no	no	yes	no	no
739	S38	A model for scale up of family health inno Elizabeth H, Bradley; Develop: Build support and address resistance in	na	preparing for scaling up list	Figure 3: Schematic no	no	no	no	yes	no	no
740	S38	A model for scale up of family health inno Elizabeth H, Bradley; Engage: introduce, translate, and integrate the in	na	Implementation of the stratej list	Figure 3: Schematic no	no	no	no	yes	no	no
741	S38	A model for scale up of family health inno Elizabeth H, Bradley; Devolve: User group release and spread the inno	na	Implementation of the stratej list	Figure 3: Schematic no	no	no	no	yes	no	no
742	S39	Scale up of services for mental health in Ic Julian, Eaton	Situation analysis: Gather information about need	ing a) with local stakeholders including patients, providers, and community members	Development of scaling strate LIST	figure3	no	no	no	yes	no
743	S39	Scale up of services for mental health in Ic Julian, Eaton	Situation analysis: Identify available resources:• I	Identify available human resources and identify the available health services	Development of scaling strate LIST	figure3	no	no	no	yes	no
744	S39	Scale up of services for mental health in Ic Julian, Eaton	Planning: Define priority conditions for service pro	Development of scaling strate LIST	Development of scaling strate LIST	figure3	no	no	no	yes	no
745	S39	Scale up of services for mental health in Ic Julian, Eaton	Planning: Design a method of service delivery the	Develop a strong planning and implementation approach with representation from all stakeholders and external experts as appropriate	Development of scaling strate LIST	figure3	no	no	no	yes	no
746	S39	Scale up of services for mental health in Ic Julian, Eaton	Planning: Identify the barriers to scaling up and d	Identify a mental health focal person preparing for scaling up	Development of scaling strate LIST	figure3	no	no	no	yes	no
747	S39	Scale up of services for mental health in Ic Julian, Eaton	Implementation: Build coalition of stakeholders t	Strengthen management structures to protect and distribute benefits	Implementation of the stratej LIST	figure3	no	no	no	yes	no
748	S39	Scale up of services for mental health in Ic Julian, Eaton	Implementation: Implement scaling up strategy a	Raise community awareness about mental health and identify the role of promotion, prevention, human rights, stigma, how to access services, include patients in this process	Implementation of the stratej LIST	figure3	no	no	no	yes	no
749	S39	Scale up of services for mental health in Ic Julian, Eaton	Evaluation: Monitor/evaluate the intervention M	Integrate mental health into existing health information systems	Development of scaling strate LIST	figure3	no	no	no	yes	no
750	S39	Scale up of services for mental health in Ic Julian, Eaton	Evaluation: Disseminate findings in relevant forum	Develop partnership with academic institutions for formal evaluation and research	Development of scaling strate LIST	figure3	no	no	no	yes	no