

Additional file 3

‘Overview of included studies and reported outcomes.’

Study	Country	Participants	Study design	RDT performance	RDT interpretation	RDT execution	Adherence to test results by CHWs	Morbidity / mortality	Acceptability by community	Uptake by community	Stock outs	CHW incentives	Cost – (effectiveness)
Blanas [34] 2013	Senegal	All care-seeking patients	Pre- and post-training assessments of CHWs. Post-training assessment two months after training.						x		x		
Chanda [20] 2011(1) _a	Zambia	All care-seeking patients	One-year evaluation on the costs and effects of RDT-based CCMm <i>versus</i> health centre-based care.				x						x
Chanda [35] 2011(2) _a	Zambia	All care-seeking patients	Prospective 1.5-year evaluation of CHWs competence in RDT-based CCMm				x		x		x		
Chinkhumba [27] 2010	Malawi	Patients ≥5 years with (history of) fever	Cross-sectional study on RDT use by CHWs	x			x						
Counihan [28] 2012	Zambia	All care-seeking patients	Prospective 1-year evaluation on RDT use by CHWs		x	x					x		
Elmardi [24] 2009	Sudan	All care-seeking patients	Pre- and post-intervention assessment (duration 9 months) on RDT-based CCMm.				x	x	x	x	x	x	
Hamer [16] 2012 _b &	Zambia	Patients 6 months-5 years with fever or	Cluster randomized controlled trial. Intervention CHWs performed RDT-based CCMm and				x			x		x	

Yeboah-Antwi [15] 2010 _b		respiratory symptoms.	pneumonia treatment with amoxicillin. Control CHWs treated malaria presumptively and referred pneumonia patients.																	
Harvey [30] 2008	Zambia	Febrile patients.	Study on competence of CHWs in RDT performance directly after 3 hours' training.		x		x													
Hawkes [18] 2009	DRC	Patients 0-14 years with fever	One-week evaluation on RDT-based CCMm.		x		x													x
Ishengoma [25] 2011 _c	Tanzania	Patients with (history of) fever	Longitudinal study (5 years) on RDT-based CCMm for patients ≥5 years and presumptive treatment for patients <5 years	x				x												
Lemma [37] 2010	Ethiopia	Care-seeking patients ≥1 year	Two-year study. Year 1 all intervention CHWs presumptively treated malaria. Control areas had no CCMm. Year 2 half of intervention CHWs performed RDT-based CCMm.																	x
Lemma [19] 2011	Ethiopia	Patients with (history of) fever	Evaluation of three CCMm approaches. 1) Diagnosis of species-specific malaria + treatment; 2) Diagnosis of only <i>P. falciparum</i> + treatment; 3) Presumptive diagnosis + treatment	x																x
Mubi [21] 2011	Tanzania	Patients ≥3 months with (history of) fever	Randomized crossover trial. One group of CHWs performed RDT-based CCMm, other group treated malaria presumptively. Groups alternated every week.	x	x			x	x	x										
Mukanga [31] 2010	Uganda	Caregivers of children <5 years.	Survey among community members prior to implementation of RDT-based CCMm.										x							x
Mukanga [29] 2011 _d	Uganda	Patients <5 years with (history of) fever	Study on competence of CHWs to use RDTs. Assessment 3 days-2 weeks after training. 13 consultations observed.		x		x	x												
Mukanga [33] 2012 _d	Uganda	Caregivers of patients <5 years	Cross-sectional study on caregivers' opinion on intervention CHWs performing RDT-based CCMm and treating pneumonia with amoxicillin.										x							x

2011		months and pregnant women in 2 nd and 3 rd trimester.	three months in an area with recently introduced RDT-based CCMm.											
Total				7	5	5	12	4	8	6	5	2	4	

^{a-d} Articles with the same letter are based on the same study.