

## Appendix 1: PRISMA Checklist

Section/topic	#	Checklist item	Reported on page #
<b>TITLE</b>			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	1
<b>ABSTRACT</b>			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	2
<b>INTRODUCTION</b>			
Rationale	3	Describe the rationale for the review in the context of what is already known.	3
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	3
<b>METHODS</b>			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	4
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	4
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	4
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	5
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	5
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	5
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	5
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	6
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	5
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of	NA

		consistency (e.g., I <sup>2</sup> ) for each meta-analysis.	
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	NA
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	NA
<b>RESULTS</b>			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	6
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	8
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	7
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	11
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	NA
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	NA
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	NA
<b>DISCUSSION</b>			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	13
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	14
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	15
<b>FUNDING</b>			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	16

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

## Appendix 2: Risk of bias

Study	Selection bias				Detection bias		Attrition bias		Reporting bias	
	Sequence generation		Allocation concealment		Blinding of outcome assessment		Incomplete outcome data		Selective outcome reporting	
	Judgement	Evidence	Judgement	Evidence	Judgement	Evidence	Judgement	Evidence	Judgement	Evidence
Agboola (2016)	Low risk	Computer generated	Low risk	Numbered opaque envelopes	High risk	Research assistants not blinded	Low risk	High rates of attrition. 25% lost to follow up: power calculation allowed for 20% drop out, loss to follow up similar across groups and no difference in those who dropped out compared with those who completed	Low risk	All outcomes specified in trial registration reported.
Arora (2014)	Low risk	Computer generated	Unclear	Method not reported	Unclear	Method not reported	Low risk	High rates of attrition. 28% lost to follow up: study design accounted for this, statistical power was maintained & loss to follow up did not differ across treatment groups.	High risk	Not all secondary outcomes specified in trial registration are reported
Capozza (2015)	Low risk	Computer generated	Low risk	Central allocation (web). Allocation concealed until randomisation.	Unclear	Method not reported	Low risk	High rates of attrition. 40% lost to follow up: post-hoc analyses showed unlikely to affect outcome measures. No different in loss to follow up across study arms.	High risk	Not all outcomes specified in trial registration are reported
Goodarzi (2012)	Low risk	Computer generated	Unclear	Method not reported	Unclear	Method not reported	High risk	Moderate rates of attrition. 19% lost to follow up: uneven between groups and reasons for drop out	Low risk	Nothing to suggest: All outcomes specified in trial

								differed between groups.		registration reported but retrospective registration
Kim (2010)	Low risk	Computer generated	Unclear	Method not reported	Unclear	Method not reported	Low risk	Low rates of attrition. 8% lost to follow up: power calculation allowed for 10% drop out and reasons for drop out similar between groups.	Low risk	All outcomes specified in trial registration reported.
Lim (2016)	Unclear	Block randomisation, process not further described	Unclear	Method not reported	Unclear	Method not reported	Low risk	Low rates of attrition. 15% lost to follow up: balanced between groups and reasons for drop out similar between groups.	High risk	Not all outcomes specified in trial registration are reported
Shetty (2011)	Low risk	Computer generated	Unclear	Method not reported	Unclear	Method not reported	High risk	High rates of attrition. 36% lost to follow up: uneven between groups.	Unclear	No published protocol or trial registration