Supplementary File 4: Additional Tables with findings

Table Knowledge, behaviour and use of resources results of observational studies

ID	Ref	Knowledge results			
			Number of participants	Proportion of participants	Total number of participants
76	Wabe 2011 (16)	Lack of knowledge and updated information	28	44%	64

ID	Ref	Behaviour results			
			Number of participants	Proportion of participants	Total number of participants
21	Samiak 2000 (22)	Have book with them	93	88%	106

ID	Ref	Resources results			
			Number of participants	Proportion of participants	Total number of participants
74	Usanga 2007 (18)	Pharmacies with internet access	28	61%	46
		Pharmacies with networked computers	33	72%	46
		Electronic database access	3	7%	46
113	Gelayee 2017 (17)	Internet service to the pharmacy	7	15%	48
31	Rusatira 2016 (20)	Respondents having access to wireless Internet (WiFi) in their hospitals	49	51%	97
		Only access online resources by subscriber identification module (SIM)-card powered devices (mobile phones, modems, and tablets)	28	29%	97
49	Park 2016 (27)	Most hospitals had access to the Internet but actual daily use at work was largely limited by technical installation issues, connection, password access, costs, lack of time, and lack of devices. This was illustrated best by a comment from a medical officer at a hospital, *"Unfortunately there was no Internet access. . . and my patient was in critical condition."* Overall, clinics [3 of 12] and health posts [1 of 11] were lagging hospitals in terms of access. On an individual level, the majority of health workers at hospitals, clinics, and health posts had Internet access through a personal mobile device or at their residence. Most health care workers desired a smart phone with user-friendly features including fast Internet connectivity, large memory capacity, specific applications [texting, Google, Facebook], and appropriate screen size.			

Table Knowledge, clinical and use-related results of interventional studies

ID	Ref	Knowledge results
63	Shao 2015 (29)	The majority of the study participants (9 smartphone/ 11 tablet) perceived that their rational judgment was not compromised by using the ALMANACH during consultations. *"…the treatment provided by the tablet is short and clear, but there is also an opportunity to add other things […], it helps you to think more about the treatment". (IDI, female, tablet, low uptake)*
121	Catalani 2014 (35)	Clinicians reported that they had little special education or training around tuberculosis care and were unsure about the steps for determining isoniazid preventive therapy eligibility. More than just alerts or reminders about steps missed in the past, clinicians requested proactive information about what actions to take moving forward.
2	Abouda 2015 (31)	All 73 general practitioners were trained on using the integrated syndromic respiratory disease guideline ….All general practitioners have expressed an improvement in their knowledge after training; however, 23 general practitioners think that the application of this integrated syndromic guidelines can be difficult in real situations because translation of complaints in Arabic to symptoms in French language can be confusing.
ID	**Ref**	**Clinical results**
87	Adams 2012 (33)	Average Patient Health Questionnaire-9 Item Scores among 17 completers significantly decreased from 19.76 (3.01) at baseline to 8.12 (1.83) at week 12 (p<0.001). All participants reported 100% adherence to antidepressants prescribed at each time-point; however, a two-week shortage of medications meant that during one 4-week interval only two weeks' worth of medication was taken by participants.
125	Segal 2015 (32)	Among 167 patients queried, no change in patient centredness was observed. Before and after the intervention, 100% of patients reported that their provider had resolved the issue they had come for, and that they believed their provider cared about them.
ID	**Ref**	**Use of resources results**
63	Rambaud-Althaus 2017 (28)	The majority of the respondents (9 smartphone/11 tablet) said that smartphones and tablets simplified their work*"… for example […] if the patient is coughing, for each cough we gave antibiotics but through the phone you know this is pneumonia or this is normal chest cough so there is no need of using antibiotics. But another thing is that, it simplifies work because you are instructed to give medicine according to the weight of the child, so you don't need to do the calculation of a dose". (IDI, male, smartphone, very low uptake)*
2	Catalani 2014 (35)	The number of drugs prescribed per patient who received drug prescription decreased by 18.8% in the impact survey (3.2 vs. 2.6, P < 0.001). The average cost of drug prescription per patient who was prescribed any drug was reduced by 19.3% in the impact survey from 8.2 to 6.75 Tunisian dinars (P < 0.001).
47	Abouda 2015 (31)	For the doctors, the tablet appeared to enhance workflow and was viewed as a time-saver. It also increased their confidence in communicating with patients.
125	Bessat 2019 (36)	Overall, the app yielded consults were, on average, 1.5 min shorter than consults without the app (−1.53; 95% CI −2.07 to −0.99; p<0.0001).