

Supplementary Material 4: Summary of study characteristics

Author, Date, Reference	Study title	Country (level of income ¹)	Disease targeted ²	Delivery approach(es)	Key health care services delivered through the approach
1. (Abdel-All et al., 2018)	Evaluation of a training program of hypertension for accredited social health activists (ASHA) in rural India	India (LMIC)	HTN	Community-based (including task-sharing)	CHWs – support for self-management : - Education support groups (HTN and its management, promotion of healthy lifestyle) - Disease monitoring: clinical measurements (BP, weight)
2. (Amarchand et al., 2015)	Lessons for addressing noncommunicable diseases within a primary health-care system from the Ballabgarh project, India	India (LMIC)	Common NCDs (HTN, DM and CAD)	Community-based	CHWs: - NCD risk assessment & referral - Promotion of healthy lifestyle - Disease monitoring: medication adherence
3. (Ameh et al., 2017)	Quality of integrated chronic disease care in rural South Africa: user and provider perspectives	South Africa (UMIC)	Chronic diseases (HIV/ AIDS, TB, HTN, DM, COPD, asthma, epilepsy, mental health illnesses)	Community-based (including task-sharing)	CHWs – Assisted' self-management : - Health promotion and education - Disease monitoring: BP and blood sugar monitoring assistance - Home-delivery of medication
4. (Barsky et al., 2019)	Analysis of the Implementation, User Perspectives, and Feedback From a Mobile Health Intervention for Individuals Living With Hypertension (DREAM-GLOBAL): Mixed Methods Study	Tanzania (LIC) (Canada (HIC))	HTN	E-health (mHealth, telemonitoring)	Mobile health intervention: - Mobile phone app for trained CHW or nurses to link the mobile phone to the BP measurement device and allow transmission of the reading to the central server - SMS text messaging-based system: passive (promotion of healthy lifestyle) and active (based on BP results)
5. (Baumann et al., 2015)	A Demonstration of Peer Support for Ugandan Adults With Type 2 Diabetes	Uganda (LIC)	DM (type 2)	Community-based	Peer support intervention by nurse-led team: - Training of peers and champions, provision of materials (including a phone) - Regular phone or personal contacts: assistance in applying disease management or prevention

					in daily life, emotional and social support, linkage to clinical care, and ongoing support
6. (Brandt et al., 2019)	Addressing Depression Comorbid With Diabetes or Hypertension in Resource-Poor Settings: A Qualitative Study About User Perception of a Nurse-Supported Smartphone App in Peru	Peru (<i>UMIC</i>)	Depression in people living with DM and / or HTN	E-health (<i>web-based intervention</i>)	Nurse supported smartphone app to address depression comorbid with DM and/or HTN: - App using behavioural activation approach (text and videos), and interactive elements (notification, dialogue pop-ups) - Nurse dashboard to monitor participants participations
7. (DePue et al., 2013)	Implementation of a Culturally Tailored Diabetes Intervention With Community Health Workers in American Samoa	American Samoa (<i>LMIC</i>)	DM (type 2)	Community-based	Nurse-CHW team – support for self-management: - Use of algorithm to determine risk profile and visit schedule - Regular (individual and group) visits to patients – health promotion and education, safety monitoring and urgent referral
8. (Do Valle Nascimento et al., 2017)	A pilot study of a Community Health Agent-led type 2 diabetes self-management program using Motivational Interviewing-based approaches in a public primary care center in São Paulo, Brazil	Brazil (<i>UMIC</i>)	DM (type 2)	Community-based	Community health agents (CHA) – support for self-management: - Use of motivational interviewing approaches to support DM patients’ self-management as part of routine service delivery in their mandatory monthly home visits
9. (Fisher et al., 2012)	Peer Support For Self-Management Of Diabetes Improved Outcomes In International Settings	Cameroon (<i>LMIC</i>) South Africa (<i>UMIC</i>) Thailand (<i>UMIC</i>) Uganda (<i>LIC</i>)	DM (type not specified)	Community-based	Peer support for self-management programmes implemented in 4 countries: - “Peer supporters” or “peer champions” provide support to “partners” (face to face meetings of phone contacts): disease management, healthy lifestyle - Thailand: village health volunteers led meetings and supported the intervention implementation - Cooking sessions, shared meals

10. (Flood et al., 2017)	A quality improvement project using statistical process control methods for type 2 diabetes control in a resource-limited setting	Guatemala (LMIC)	DM (type 2)	Community-based	Home-based DM education programme targeting patients and family members delivered by a nurse educator
11. (Haddad et al., 2014)	A Feasibility Study of Mobile Phone Text Messaging to Support Education and Management of Type 2 Diabetes in Iraq	Iraq (LMIC)	DM (type 2)	E-health (mHealth)	Mobile health intervention: - SMS text messages sent weekly using a website to support DM self-management. Education-related themes: diet, treatment, complication awareness, blood glucose monitoring, enhancement of clinic attendance
12. (Huang et al., 2014)	Use of family member-based supervision in the management of patients with hypertension in rural china	China (UMIC)	HTN	Community-based	Family-based supervision programme: - A family member was selected as the observer to supervise patient's treatment, and remind patients to seek timely health care and to get their BP monitored on a regular basis
13. (Jafar et al., 2016)	Control of blood pressure and risk attenuation: a public health intervention in rural Bangladesh, Pakistan, and Sri Lanka: feasibility trial results	Bangladesh (LMIC) Pakistan (LMIC) Sri Lanka (LMIC)	HTN	Community-based	Home health education by government CHWs and documentation using checklist
14. (Jafari et al., 2016)	Exploring educational needs and design aspects of internet-enabled patient education for persons with diabetes: a qualitative interview study	Iran (UMIC)	DM (type 2)	E-health (web-based intervention)	The study explores educational needs and design features of personalised Internet-enabled education for patients with DM to enhance self-care management
15. (Kulnawan et al., 2011)	Development of diabetes telephone-linked care system for self-management support and acceptability test among type 2 diabetic patients.	Thailand (LMIC or UMIC)	DM (type 2)	E-health (mHealth)	Mobile (or home) telephone health intervention: - Telephone-linked care system using interactive voice response for DM self-management education and support
16. (Lee J Y et al., 2015)	Diabetes telemonitoring reduces the risk of hypoglycaemia during Ramadan: a pilot randomized controlled study	Malaysia (UMIC)	DM (type 2)	E-health (telemonitoring)	DM telemonitoring programme: - Education on DM management

					<ul style="list-style-type: none"> - Self-monitoring (via web-enabled glucometer) and goal setting (feedback provided when blood glucose below or above thresholds)
17. (Lee Yew Kong et al., 2018)	Usability and utility evaluation of the web-based “Should I Start Insulin?” patient decision aid for patients with type 2 diabetes among older people	Malaysia (<i>UMIC</i>)	DM (type 2)	E-health (<i>web-based intervention</i>)	<p>Web-based patient decision aid for insulin initiation:</p> <ul style="list-style-type: none"> - website with interactive features to support decision-making process
18. (Maar et al., 2016)	Unpacking the Black Box: A Formative Research Approach to the Development of Theory-Driven, Evidence-Based, and Culturally Safe Text Messages in Mobile Health Interventions	Tanzania (<i>LIC</i>) (Canada (<i>HIC</i>))	HTN	E-health (<i>mHealth, telemonitoring</i>)	<p>Mobile health intervention:</p> <ul style="list-style-type: none"> - Mobile phone app for trained CHW or nurses to link the mobile phone to the BP measurement device and allow transmission of the reading to the central server - SMS text messaging-based system: passive (promotion of healthy lifestyle) and active (based on BP results)
19. (Ndou et al., 2013)	A rapid assessment of a community health worker pilot programme to improve the management of hypertension and diabetes in Emfuleni sub-district of Gauteng Province, South Africa	South Africa (<i>UMIC</i>)	DM (type not specified) and / or HTN	Community-based (<i>including task-sharing</i>) Adaptation of medicine provision	<p>CHW-led programme for DM and/or HTN management – Monthly home visits:</p> <ul style="list-style-type: none"> - Social support, health promotion and counselling, encouragement for appropriate visits to clinic - Home delivery of medication - Assessment of basic clinical indicators
20. (Peacock et al., 2020)	A culturally informed lower-extremity complication prevention program for people living with diabetes in south India	India (<i>LMIC</i>)	DM (type not specified)	Community-based	<p>Lower-extremity complication prevention programme using “Culturally informed community nursing practice” process. CHWs</p> <ul style="list-style-type: none"> - Community education session (group session) - Foot assessment - Self-care education
21. (Pichayapinyo et al., 2019)	Feasibility study of automated interactive voice response telephone calls with community health nurse follow-up to improve glycaemic control in patients with type 2 diabetes	Thailand (<i>UMIC</i>)	DM (type 2)	E-health (<i>mHealth</i>)	<p>Telephone health intervention to support self-management:</p> <ul style="list-style-type: none"> - automated interactive voice response calls to patients (weekly)

					<ul style="list-style-type: none"> - automated follow-up email notifications to their nurses (weekly report) - Follow-up of patients as needed (by nurses)
22. (Rahmawati and Bajorek, 2015)	A Community Health Worker–Based Program for Elderly People With Hypertension in Indonesia: A Qualitative Study, 2013	Indonesia (LMIC)	HTN	Community-based (including task-sharing)	CHW-based programme – the Integrated Health Service Post for the Elderly (includes disease monitoring: BP check)
23. (Ramachandran et al., 2018)	mDiabetes initiative using text messages to improve lifestyle and health-seeking behaviour in India	India (LMIC)	DM (type not specified)	E-health (mHealth)	Mobile health programme: <ul style="list-style-type: none"> - Tailored SMS text messages sent on alternate days (promotion of healthy lifestyle, basics of DM and medication adherence)
24. (Rho et al., 2017)	Comparison of the Acceptance of Telemonitoring for Glucose Management Between South Korea and China	China (UMIC) (South Korea (HIC) – not included in this review)	DM (type 2)	E-health (Telemonitoring, mHealth)	Telemonitoring for glucose control: <ul style="list-style-type: none"> - Self-monitoring of blood glucose (using a glucometer connected to a web-based system) - Recommendations through online messages sent by nurses - Text messages or phone calls as needed
25. (Saleh et al., 2018)	mHealth use for non-communicable diseases care in primary health: patients' perspective from rural settings and refugee camps	Lebanon (UMIC)	DM (type not specified) and / or HTN	E-health (mHealth)	Mobile health intervention: <ul style="list-style-type: none"> - Educational SMS text messages sent weekly to patient or relatives (promotion of healthy lifestyle, medication adherence, symptoms of DM / HTN) and appointment reminders
26. (Shen et al., 2017)	Can a community-based peer-led diabetes self-management programme be effective: 12-week evaluation	China (UMIC)	DM (type 2)	Community-based	CHWs support and peer-led self-management programme: <ul style="list-style-type: none"> - Community health professional-led education group classes - Peer leaders-led self-efficacy enhancing group activities - Supervision: bi-weekly follow-up peer leader meetings

27. (Van Olmen et al., 2017)	Process evaluation of a mobile health intervention for people with diabetes in low-income countries – the implementation of the TEXT4DSM study	DRC (<i>LIC</i>) Cambodia (<i>LIC</i>) Philippines (<i>LMIC</i>)	DM (type 2 or 1)	E-health (<i>mHealth</i>)	Mobile health intervention to support self-management: - In addition to diabetes self-management education, SMS text messages were sent to participants several times a week (healthy behaviours and disease management)
28. (Lazo-Porras et al., 2020)	Foot thermometry with mHealth-based supplementation to prevent diabetic foot ulcers: A randomized controlled trial	Peru (<i>UMIC</i>)	DM (type 2)	E-health (<i>mHealth, telemonitoring</i>)	Foot thermometry and mobile health intervention to prevent diabetic foot ulcers: - Education session on foot care - Daily use of thermometry device by patients - In case of alarm sign: follow-up by a nurse - SMS text and voice messages sent weekly (reminder and foot-care promotion messages) to patient or caregiver via automated software
<p>¹ Country level of income: LIC: low-income country; LMIC= lower middle-income country; UMIC= upper middle-income country; HIC= high income country</p> <p>² Disease targeted (through the intervention): CAD= coronary artery disease; COPD= chronic obstructive pulmonary disease; DM= diabetes mellitus; HIV/AIDS= human immunodeficiency virus/acquired immunodeficiency syndrome; HTN= hypertension; NCD= non-communicable diseases; TB= tuberculosis</p> <p>Other abbreviations: BP= blood pressure; CHW= community health workers</p>					