

Article title: Mapping the Multiple Health System Responsiveness Mechanisms in One Local Health System: A Scoping Review of the Western Cape Provincial Health System of South Africa

Journal name: International Journal of Health Policy and Management (IJHPM)

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Supplementary file 1. PRISMA Checklist and Diagrams.

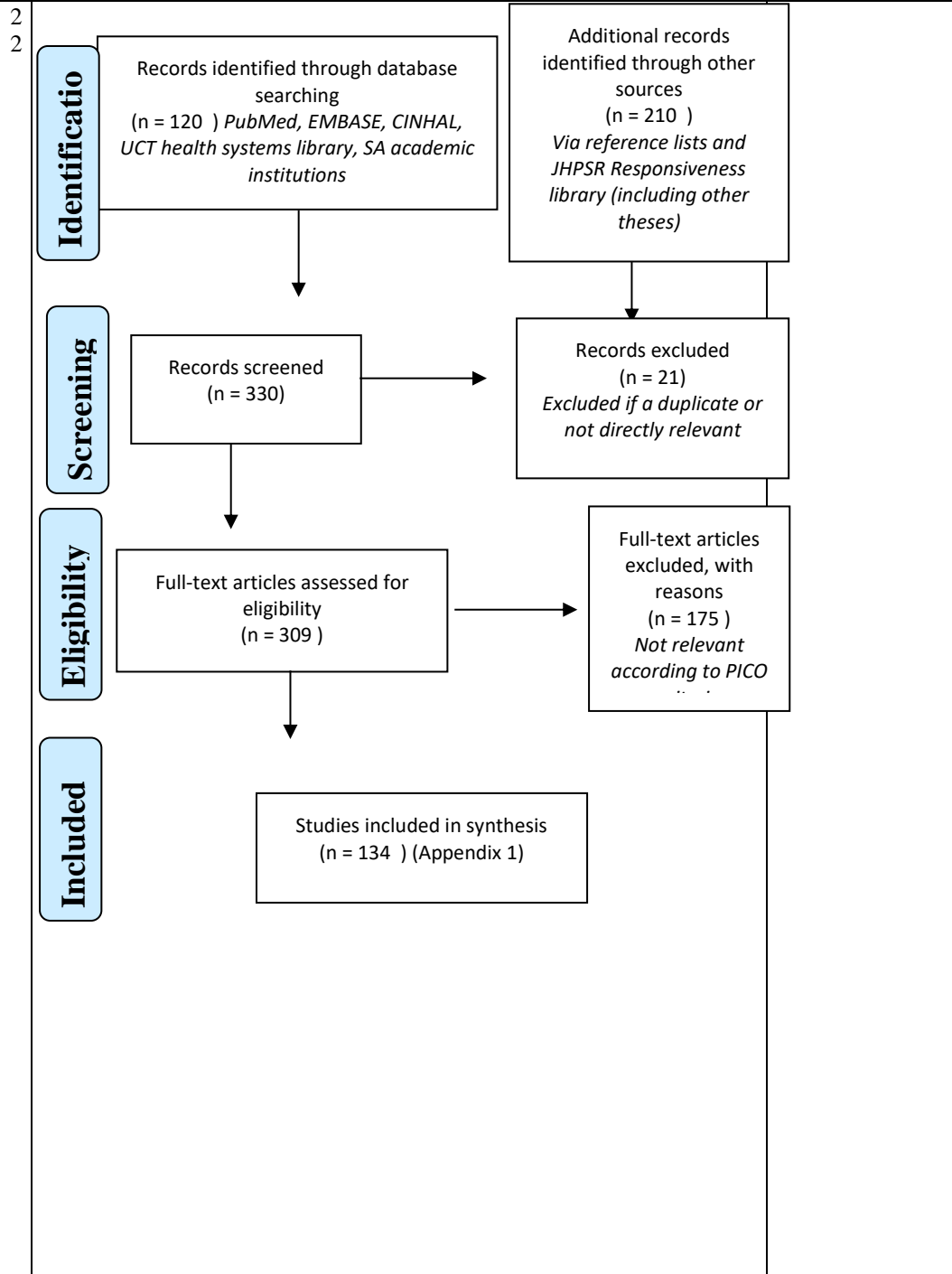
Adapted from: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med. 2009;6:1-6. doi.org/10.1371/journal.pmed.1000097

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Propose a short take-home title. The title should explicitly state that the review included different types of evidence	1
ABSTRACT			
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.	1
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	2
Objectives	4	Formulate questions and/or objectives (qualitative, quantitative or both) being addressed by your review.	3
METHODS			
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
Justification	6	Justify the use of a review of qualitative and quantitative evidence.	4
Eligibility criteria	7	Specify the inclusion and exclusion criteria and the rationale for supporting these criteria.	Supplementary files
Information sources	8	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	9	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated. Describe the process for removing duplicates	Supplementary files
Study selection	10	Describe the process for selecting studies (e.g. Screening based on titles and abstracts, and eligibility based on full-text, number of reviewers, software used)	Supplementary files

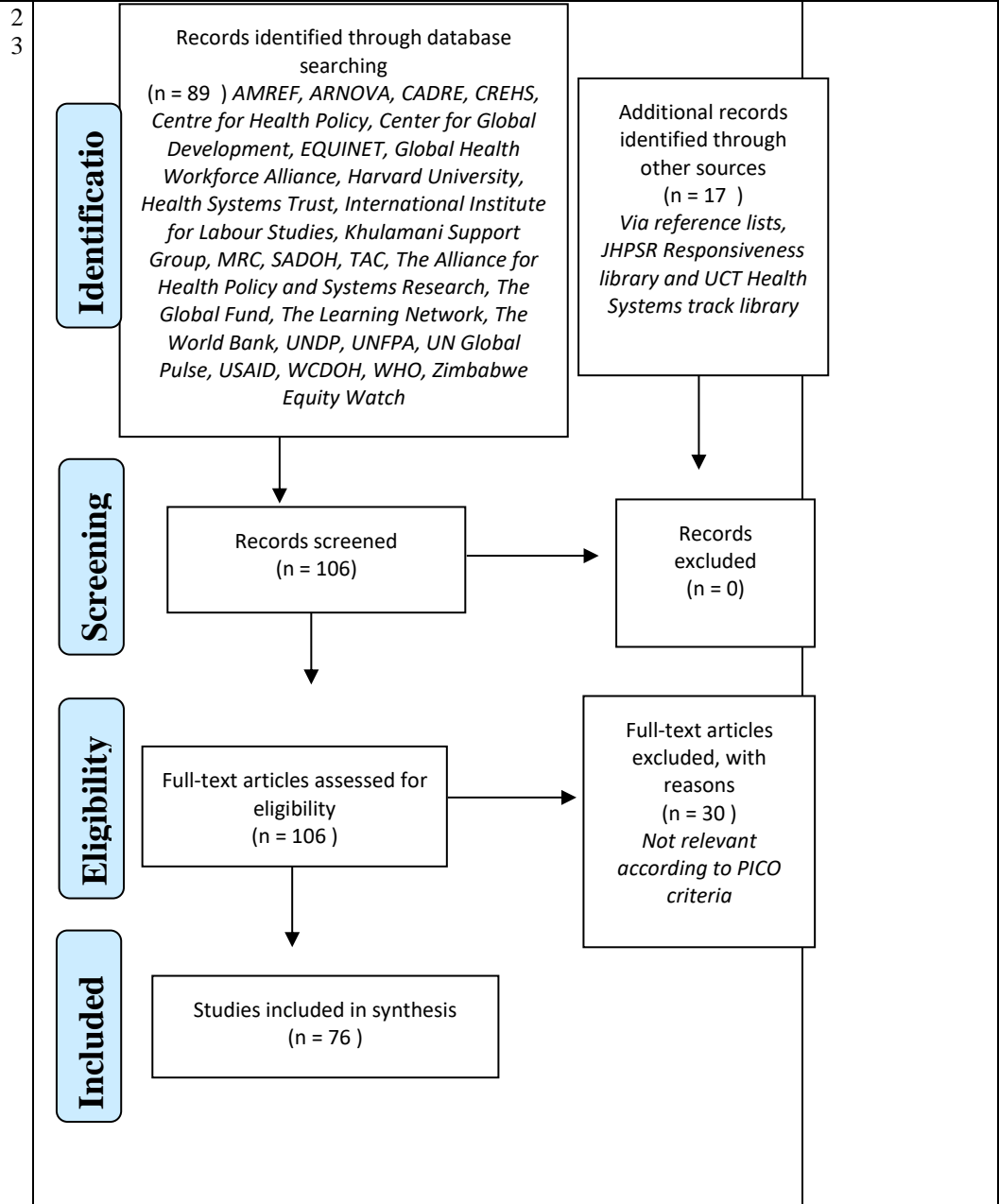
Data collection process	11	Describe the method of data extraction from included studies (e.g. number of reviewers involved, piloted forms, etc.). List the data extracted	Supplementary files
Appraisal	12	Describe the process for appraising included studies (e.g., number of reviewers involved), and specifically for assessing the methodological quality or risk of bias of included qualitative, quantitative and mixed methods studies Specify how results of this appraisal are used in the synthesis	Supplementary files
Synthesis	13	Describe the synthesis design used Describe and justify the synthesis method (s) used	Supplementary files

RESULTS			
Study selection	1 4	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.	Supplementary files
Study characteristics	1 5	For each study, present characteristics for which data were extracted (e.g., tables of characteristics included studies) and provide citations Specify common information across all included studies	Supplementary files
Results of synthesis	1 6	Present results of synthesis	5
DISCUSSION			
Summary of evidence	1 7	Summarize an overall summary of results (take-home messages) from the qualitative and/or quantitative synthesis State the main results for each main theme or category, and/or key process/outcome variable Consider their relevance and importance for knowledge users (e.g., health care providers, managers, and decision/policy makers) Take into account the methodological quality across studies (when applicable) Describe insight gained from the integration of qualitative and quantitative evidence	16
Contribution	1 8	Describe the contribution of the review (compared to what is already known) with respect to: review methods, scientific knowledge, practice, program planning and evaluation, policy making or else.	14
Limitations	1 9	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).	18
Conclusions	2 0	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	19
REFERENCES			
References	2 1	List all of the references cited in the text	19
APPENDICES			

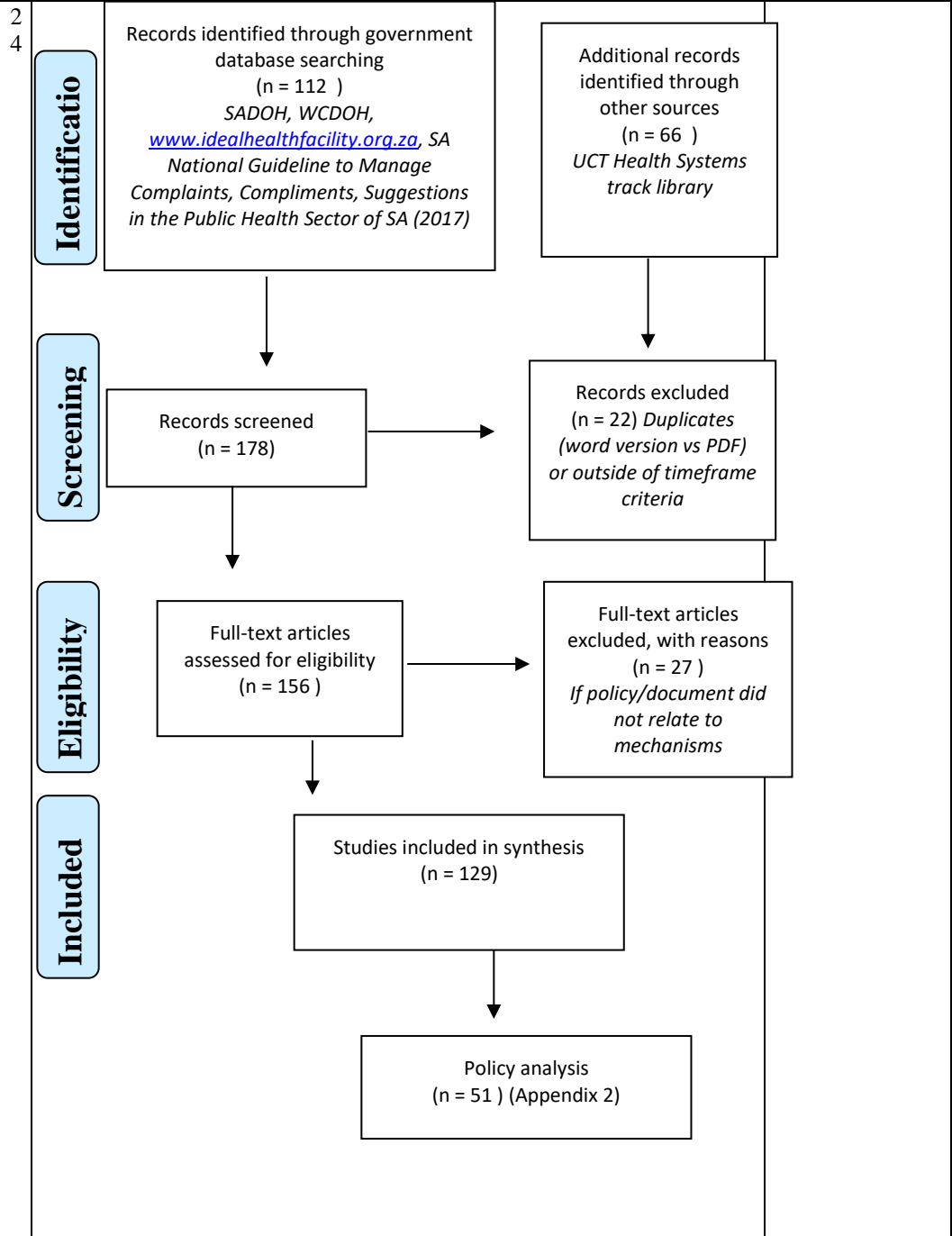
Flow diagram:
Secondary
literature: Peer-
reviewed
articles



Flow diagram:
Secondary literature:
Institutional reports

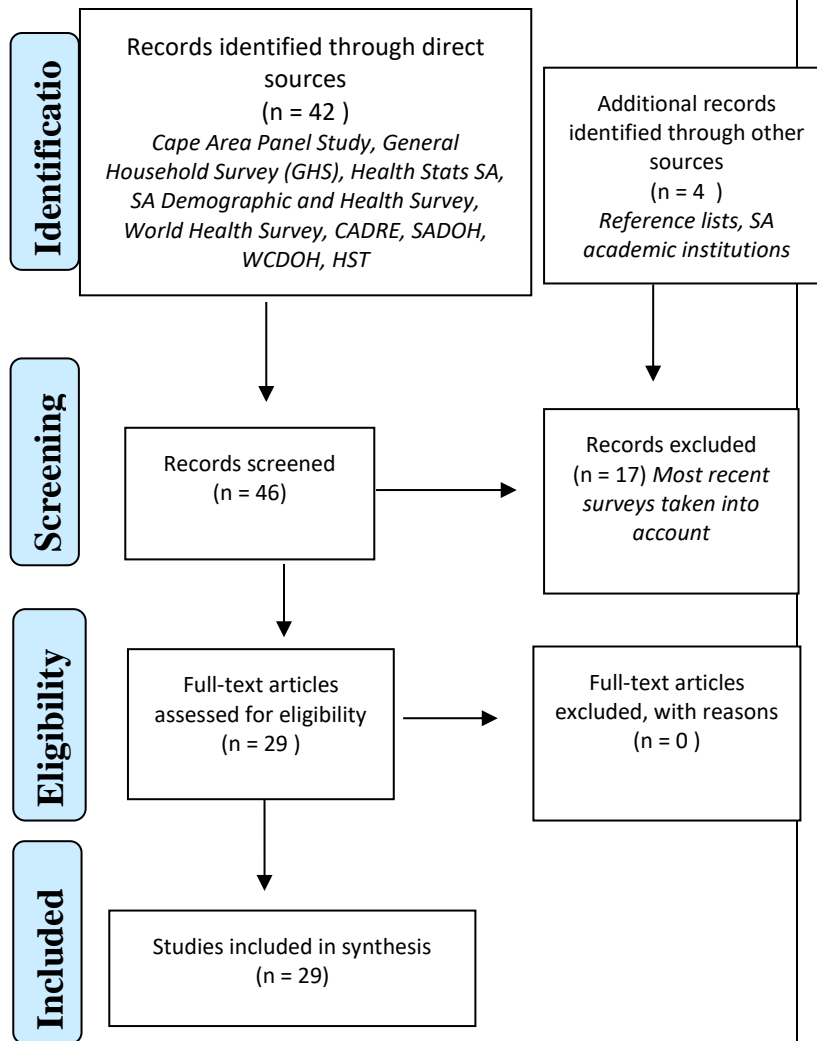


Flow diagram:
SA/WC policy
documents



Flow diagram:
Survey data

2
6



Flow diagram: Media reports	2 7	<p>Identification</p> <p>Records identified through direct sources (n = 21) <i>News24, Times Live, EWN, Media24, Cape Times, Sabinet, Newsbank, SA National Archives</i></p> <p>Additional records identified through other sources (n = 5) <i>JHPSR Responsiveness library and UCT Health Systems track library</i></p> <p>Screening</p> <p>Records screened (n = 26)</p> <p>Records excluded (n = 8) <i>Not immediately relevant apart from headline</i></p> <p>Eligibility</p> <p>Full-text articles assessed for eligibility (n = 18)</p> <p>Full-text articles excluded, with reasons (n = 10) <i>Article themes similar to one another or did not meet PICO criteria</i></p> <p>Included</p> <p>Studies included in synthesis (n = 8)</p>										
Table of inclusion criteria	2 8	<p>Table 1: PICO framework for inclusion criteria</p> <table border="1"> <tr> <td>P</td> <td>Stakeholders in LMIC health systems, notably in South Africa</td> </tr> <tr> <td>I</td> <td>Any mechanism that facilitates citizen feedback in the health system. Due to the variety of mechanisms that do exist, they will also be searched for individually, including patient / client satisfaction surveys, health surveys, suggestion boxes, health committees, satisfaction interviews, media reports, protests, scorecards</td> </tr> <tr> <td>C</td> <td>Any or no comparator between health system responsiveness mechanisms will be eligible for inclusion</td> </tr> <tr> <td>O</td> <td>These include feedback being recorded or tracked as well as responded to or resolved</td> </tr> <tr> <td>Extra criteria</td> <td> <ul style="list-style-type: none"> English materials Published from 2000 – 2019 (unless reference or trace-searching resulted in earlier relevant materials) </td> </tr> </table>	P	Stakeholders in LMIC health systems, notably in South Africa	I	Any mechanism that facilitates citizen feedback in the health system. Due to the variety of mechanisms that do exist, they will also be searched for individually, including patient / client satisfaction surveys, health surveys, suggestion boxes, health committees, satisfaction interviews, media reports, protests, scorecards	C	Any or no comparator between health system responsiveness mechanisms will be eligible for inclusion	O	These include feedback being recorded or tracked as well as responded to or resolved	Extra criteria	<ul style="list-style-type: none"> English materials Published from 2000 – 2019 (unless reference or trace-searching resulted in earlier relevant materials)
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PICO framework source: Schardt C, Adams MB, Owens T, Keitz S, Fontelo, P. Utilization of the PICO framework to improve searching PubMed for clinical questions. *BMC Med Inform Decis Mak.* 2007;7:1-6. doi: 10.1186/1472-6947-7-16