**Table S2: Summaries of the results from the assessment of the methodological quality of the included studies – section (a) displays results for the 4 non-randomized studies while section (b) displays results for the 2 randomized controlled trials**

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| 1. **Non-RCTs – Newcastle-Ottawa Scale (NOS) for cohort studies** | | | | | | | | | | |
| **Study** | **Selection 1** | **Selection 2** | | **Selection 3** | **Selection 4** | **Comparability 1** | **Outcome 1** | **Outcome 2** | **Outcome 3** | **Total Score** |
| Clarke et al, South Africa (2016)38 | d (0 star) | Not applicable? (0 star) | | a (1 star) | a–not sure (1 star) | Not applicable? (0 star) | a–not sure (1 star) | a (1 star) | b– not sure (1 star) | 5 |
| Jones et al, Uganda (2017)41 | d (0 star) | Not applicable? (0 star) | | a/b (1 star) | a (1 star) | Not applicable? (0 star) | a–not sure (1 star) | a (1 star) | b– not sure (1 star) | 5 |
| Jones et al, Uganda (2018)42 | c/d (0 star) | Not applicable? (0 star) | | b (1 star) | a (1 star) | Not applicable? (0 star) | b (1 star) | a (1 star) | d (0 star) | 4 |
| Ige et al, Nigeria (2010)43 | d (0 star) | Not applicable? (0 star) | | d–not sure (0 star) | a–not sure (1 star) | Not applicable? (0 star) | b–not sure (1 star) | a (1 star) | b (1 star) | 4 |
| 1. **RCTs – narrative description of potential risks of bias** | | | | | | | | | | |
| **Study** | | | **Potential risks of bias** | | | | | | | |
| de Grass et al,South Africa (2014)39 | | | * No description of method(s) used to generate the random allocation sequence; a potential risk for bias from the randomization bias * Information is not provided on the expertise of the independent assistant researcher who implemented the program; the volume of the centre providing the intervention and the expertise of the care providers can greatly affect estimates of treatment effect26. * External validity of the results is limited by insufficiency of information regarding the details of interventions * Not clear who was blinded after assignment to interventions; if was not the participants who were not blinded, participants would respond differently when they were being assessed on their HRQoL as well result in non-compliance to the interventions and dropouts 62. * The reported missing of some baseline participant data (clinical parameters of the participants i.e. updated radiological and laboratory reports) could be another potential risk for bias * Small sample size coupled with lack of intention-to-treat analysis might have negatively affected external validity of results * Reporting bias would also be likely (why was intragroup analysis done in pulmonary function parameters only and not in the other outcomes of interest?) | | | | | | | |
| Shaw et al, South Africa (2011)40 | | | * Sample size derivation procedure not reported; if the sample size is too small to achieve statistical significance, external validity of the results would be limited. * There is insufficient Information on the randomization process including allocation sequence generation; this could be a potential source for selection bias (biased allocation to interventions) * Use of envelopes in concealment of allocation sequence; envelopes are more susceptible to manipulation than other approaches29 and there is no description of any steps taken to conceal the sequence until interventions * It’s not clear who was blinded in this single-blinded study after intervention assignment and it’s also not known who did the analysis; if the same person delivered the interventions and assessed outcomes, bias in measurement of the outcome would occur. | | | | | | | |