**Supplemental File 3. Suggested Concept Headings and Databases & Inclusion Criteria for Stage Two.**

**Suggested Concept Headings for Search Stage Two**

1. Scale-up
2. Context (contextualize, adapt, tailor, redesign etc.)
3. Health (may also be used as a concept to further refine depending on the database)

MeSh headings, controlled vocabulary and keywords will be identified for each database as appropriate for stage two.

**Suggested Databases**

* Pubmed
* Cinahl
* Global Indicus Medicus
* SCOPUS
* Web of Science
* EMBASE
* Psycinfo
* Grey Lit
* Social Care Online (SCIE)
* Open Grey

For identified articles:

* Google scholar will be used for forward citation searching
* The corresponding author from the articles selected will be contacted to identify other articles on their scale-up example that could be relevant to answering the research question.

**Suggested Inclusion and Exclusion Criteria for Stage 2**

In order to be incorporated in this phase of the synthesis the evidence will need to meet the following three inclusion criteria;

1. **Be a case example of scale up of a healthcare intervention(s)**

**Scale up** is defined as a purposeful expansion of a health intervention to a wider population1 2. This could involve expanding geographically or to a wider population within the same setting. Both scale up at national and sub-national levels will be included once the intervention was being purposefully expanded to a new wider population group. If an article or study is not based on a real-world case example but puts forward guidance, framework or aspirational steps these will be excluded.

**A health intervention** is defined as “an act performed for, with or on behalf of a person or population to assess, improve, maintain, promote or modify health, functioning or health conditions”3. For this study, it will be limited it to interventions where the direct target was the individual. An example of this would be provision of nutritional supplements, vaccines or medication (e.g. vitamin A, polio vaccine etc.) and/or educational or behaviour change interventions directly delivered to the individual (e.g. breastfeeding education, safe sex promotion etc.). If the primary intervention is capacity building of HRH which may have future impacts on health this was considered indirect and not included. As scale-up often occurs as a package of interventions, case examples of this will be included if a specific direct health intervention was identified as a primary part of this package. Where case studies were general service delivery for example provision of mental health services at scale but did not specify a specific health intervention these will be excluded.

1. **Adaptations were made for health intervention(s) to fit local settings**

**Adaptations** will be defined as “deliberate and/or unintended changes to the intervention content, context or training and delivery”. For inclusion in this study these adaptations will need to have occurred during scale-up to adapt for local contexts. If the adaptations occurred during the RCT or pilot stage and the same intervention was rolled out nationally (or sub-nationally) without further adaptations to the content, context or delivery these will be excluded.

1. **Discusses in detail action(s) for modifying health intervention(s) at scale**

**Actions** used to make adaptations will need to be explained in detail. In detail meaning to give sufficient information to be relevant to answering the research question(s) using criteria of relevance and rigour below. If the article discussed the adaptation without discussing what process was used it was excluded.

**Time limit:** No time limit will be placed on evidence as it was noted that scale-up occurs over a long time period with an estimated 15 years to reach national scale 4.

**Language:** Searches will be carried out in English. Languages will be limited to those spoken by the review team; English, Spanish, Portuguese and French.

**Relevance and Rigour**

As realist philosophy does not exclude evidence based on type of study, the criteria of relevance and rigour will be used for further appraisal as per RAMESES guidance5. For exploring examples of scale-up and adaptation in practice it was felt that evidence may come from a variety of sources including grey literature. Therefore, the relevance of the piece of evidence to the research question and whether the evidence or document was rigorous enough to hold value to theory building, testing or refinement will be decided. Any exclusions and reasoning from these criteria of relevance and rigour will be recorded for transparency in the research logbook.

**References**

1. Mangham LJ, Hanson K. Scaling up in international health: what are the key issues? *Health Policy Plan* 2010;**25**:85-96. doi: 10.1093/heapol/czp066

2. Simmons R, Fajans P, Ghiron L. Scaling up health service delivery: from pilot innovations to policies and programmes. Geneva: ExpandNet, World Health Organisation, 2007:1-208.

3. World Health Organisation. International Classification of Health Interventions. <http://www.who.int/classifications/ichi/en/>. 2016. (accessed 19th December 2017).

4. Cooley L, Ved R. Scaling Up––From Vision to Large‐Scale Change: A Management Framework for Practitioners. Washington DC.: Management Systems International 2012:1-54.

5. Wong G, Greenhalgh T, Westhorp G, et al. Realist Synthesis. RAMESES Training Materials. <http://www.ramesesproject.org/>. 2013. (accessed 1st March 2017).