

## Additional file 2

### Description of additional studies with complementary data for Armstrong Schellenberg 2004 study

<b>Study</b>	<b>Adam 2005</b>
Design	Cost Effectiveness Analysis
Participants	4 rural districts; 2 intervention districts having received IMCI for 2 years before the study was conducted and 2 control districts with routine case management
Interventions	Integrated Management of Childhood Illness
Outcomes	i) Total economic costs of start up and implementation of IMCI in a district; ii) Incremental costs of introducing and running IMCI
Country	Tanzania
Notes	IMCI; complementary to Armstrong Schellenberg 2004
Allocation concealment	Not applicable
Study quality	Not applicable
<b>Study</b>	<b>Bryce2005</b>
Design	Non-randomised Controlled Trial
Participants	4 rural districts; 2 intervention districts having received IMCI for 2 years before the study was conducted and 2 control districts with routine case management
Interventions	Integrated Management of Childhood Illness
Outcomes	i) Costs at national, district, facility and household levels; ii) Quality of care using a newly developed composite measure for 'correct management of childhood illness' defined as the proportion of children managed correctly for all presenting conditions and without inappropriate prescribing of antibiotics or anti-diarrhoeals
Country	Tanzania
Notes	IMCI; complementary to Armstrong Schellenberg 2004
Allocation concealment	Not applicable
Study quality	Not applicable