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Online Appendix 2

TABLE 2-A2: A description of the publication, intervention characteristics and findings.

Publication details			Intervention characteristics				Findings
Author, Year	**Country and world ranking**	**Publication type and objectives**	**Intervention site**	**Intervention population**	**Intervention components**	**Intervention duration & Reasons**	**Key findings**
1. Bastein, 1994	Bolivia Low-Middle income	Case study To present collaboration of doctors and nurses with ethnomedical practitioners to improve the health of rural populations	Health facility (CHC)	Aymara and Quechua ethnomedical practitioners (n=N/A) Biomedical practitioners (n=N/A)	*a) Workshops:* The traditional practitioners demonstrated the treatment rituals and biomedical personnel participated in curing rituals *b)Joint therapy sessions and development of joint strategies to improve health of clients:* Biomedical and ethnomedical practitioners work together to persuade indigenous peoples to overcome their fear of and resistance to vaccination.	NA	• Author recommended that guidelines on collaboration should revolve around recognition and respect of traditional healers, rewards for biomedical and ethnomedical personnel who collaborate, and issuance of health cards so both sets of practitioners can view patients' medical histories.

2. Bouchard, 2009[a]	Ecuador Low-Middle income	Case study To present the Jambihuasi (Institute for the Study of Quichua Culture and Health) initiatives as one model of an approach to reversing the current neglect of **mental health care services** among Amerindian communities in the countries of South America.	Health facility (CHC)	Biomedical practitioners (n=10) Quichua Traditional healers (n=2) Media graduates (n=2)	*a) Co-treatment of patients:* Patients had a choice at the centre to and ask to see either the yachactaita (Quichua traditional healer) or the Western trained doctor *b) Community health education and promotion: The practitioners joinly created programmes to teach the public about* .	2 years. The project terminated due to political friction and interference.	• The success of the Jambihausi model presented here has been undermined by lack of support from the Government.
3. Durie, 2009	New Zealand High income	Case study To report on the interface between psychiatry and traditional healing in New Zealand	Health facility (hospital)	Maori traditional mental health providers (n=N/A) Biomedical health providers (n=N/A)	a) Maori healers were recruited in large number and were retained in the primary health sector to oversee cultural-based interventions in the clinics *b) Education programmes:* Scholarships and bursaries were provided to Maori healers in order to empower healers with skills. *c)Financial support:* Bursaries are also provided to Maori university students who are working or hope to	Ongoing	• Integration was created but reported to be challenging.

					work in mental health services.		
4. Gureje et al., 2020 ***Linked study:*** **Gureje et al., 2017**	Nigeria; Ghana Low-Middle income	Randomised trial To assess the effectiveness and cost-effectiveness of a collaborative shared care (CSC) model for **psychosis** delivered by traditional and faith healers (TFH) and primary health care providers (PHCW)	Research site	Traditional healers (n=N/A) Biomedical practitioners (n=N/A)	*a) Training of TFH and PHCW:* on the structure and components of the collaborative shared care; their expectations, roles, barriers and facilitators for effective collaboration. THPs; understanding of the concept of psychosis and dentification of potentially harmful treatment practices and possible ways to avoid their use. b) TFH and PHCW provided care using the collaborative care model for persons with psychotic disorders who were admitted to the facilities of the TFH.	1 year-Study ended	• 51 clusters were randomly allocated (26 intervention) • Trial participants in the CSC arm achieved a significantly better primary outcomes at 6 months than controls • CSC produced better improvements in functioning and suggestive evidence for less experience of self-stigma • CSC participants also had significantly less disability, better course of illness and better adjustment to work. • CSC was also more cost-effective for total costs but marginally less so for health service costs only • In both arms, there was a similar but significant drop in the experience of harmful treatment practices.
5. Joe et al., 2016 ***Linked study*:** **Joe el al., 2016**	United states of America High income	Case study This case study explores how one health care facility has developed a model that emphasizes the cultural aspects of its patient-centred care	Health facility (hospital)	Diagnosticians (n=3). Two of the diagnosticians, specialize in a number of other traditional Navajo healing. Biomedical practitioners (n=N/A)	*a) Co-treatment of patients* *b) Education:* The team conducted one or more formal in-service training sessions per month at the hospital for professional staff. *c)Work rounds* Practitioners took turns	Ongoing	• The limitation of the ICD-10 posed to cause challenges to Navajo healers, as they could not record certain diagnoses on such tools in order to get reimbursed for the services provided.

					participating in morning grand rounds with the physicians in order to learn about allopathic diagnoses and treatments. *d)Collaborative training*: At time, the Navajo healers and physicians offered training to the traditional leaders on chronic diseases. ***Duration and reason for terminations:*** Current		
6. Kaboru et al., 2008	Zambia Low-Middle income	Pre-post evaluation quantitative study The authors assessed changes in attitudes to and practices of collaboration among 19 biomedical and 28 traditional health care providers following a 12-month **HIV related** dialogue-building intervention in Ndola, Zambia	Research site	Biomedical practitioners (n=19) Traditional practitioners (n=28)	*a)Peer group discussions amongst traditional practitioners:* Interprofessional discussion where, complexities of HIV/AIDS care, STIs, were debated. *b) Training:* Four training or information exchange sessions (TIES) between practitioners: c) Peer-influenced networking which happened throughout the intervention period.	1 year. Study ended	• The median number of patients referred to BHPs specifically for HIV testing increased from 2 to 4.5 patients during the previous 3 months.
7. Kushner & Yu 2015	China	Case study To understand the	Health facility (CHC)	TCM (n=N/A) Biomedical practitioners (n=N/A)	The intervention included co-location of THPs and BHPs in a CHC ato enable	Ongoing	• Patients were allowed to choose the type of provider (WM or TCM) as they see fit.

	Low-Middle income	integration of traditional Chinese medicine and Western medicine in a Chinese community health center		.	dialogues and cross referrals.		• Given governmental policies and the cost differentials between WM and TCM, the future for the integration of the two medical traditions within the CHS system appears to be favorable; however, issues of mutual respect and workforce issues may challenge successful integration
8. Scurfield, 1995	United states of America High income	Case study To document the admission of two American Indian war-veteran cohort groups to a specialized inpatient **PTSD** unit	Health facility (CHC)	Traditional Native healers (n= N/A) Biomedical health practitioners (n=N/A)	a) Hiring of Native healers as consultants on a cultural program	NA	• Greater utilization of the cultural program by the veterans. • The program led to issues among staff around the extent of involvement in American natives activities and attributions associated with the extent of staff participation in culture-specific additions to the program
9. Shore et al., 2009	United states of America High income	Case study To document formal and informal collaboration with Traditional healers was initiated by psychiatrists for an American Lake veteran's affairs **PTSD treatment** program.	Health facility (hospital)	Traditional Native healers (n=N/A) Biomedical health practitioners (n=N/A).	a) Establishing relationship with traditional healers through discussions and meetings. b) Psychiatrist and traditional healers consulted each other on various patient cases. c) In formal collaborations, Traditional healers were reimbursed for their medicine and practice.	NA	• The authors shared the several guidelines for initiating collaboration with American Indian traditional healers in New Zealand including: Develop background knowledge of the traditional beliefs and practices in the local community; actively seek an opportunity for collaborating, develop trusting relationship with the community members

10. Zhou & Nunes 2012	China Low-Middle income	Case study To discuss knowledge-sharing barriers in the context of Chinese healthcare organizations.	Health facility (hospital)	Traditional Chinese Practitioners (n=N/A) Biomedical practitioners (n=N/A)	The intervention included co-location of THPs and BHPs in one hospital unit to enable dialogues and cross referrals.	Ongoing	• The research findings reveal four main categories of barriers, namely philosophical divergence, interprofessional tensions, lack of interprofessional common ground, and insufficient interprofessional education and training. • The conclusion advocates the establishment of top-down policies for mutual understanding and the creation of an interprofessional common ground between the two types of healthcare professionals