

Supplementary material. Data analysis table

Author(s)	Nation(s)	Study Design /Method ology	Objective	IPC Intervention/ Model/Framework	Type of Collaborative Support	In-Country		Outside-Country Partner	Regiona l/Multi-Country Partners	Key Findings
						Local Partner	External Partner			
Abrampa h et al (2017)	Liberia	Case Report	To inform the development of a package of interventions to improve and monitor water, sanitation, and hygiene in Liberian health facilities	Train-the-trainer workshop. Training (face-to-face).	Technical support financial support.	Yes	Yes (WHO & UNICEF)	No	No	Engagement of local staff in the development promotes local ownership and sustainability. In-country collaboration among health facilities and multisector stakeholders provides national direction for quality service delivery.
Arrieta et al (2019)	Multi-country (Latin American) Mexico, Chile, Argentina, Colombia, Uruguay	Case Report	To improve adherence to standardised health procedures using evidence-based practices	Training via virtual learning platforms. Forming collaborative taskforce for continuous feedback and coaching. Adaptation of BTS collaborative model for the adoption of bundles of care.	-Financial -Human/technical -Technological support	Yes Local sponsorship from participating hospitals.	-	Yes ADF, IHI, and ICEHP	Yes	Adaptation of the traditional BTS model to virtual collaboratives is a good alternative to bring QI methods and evidence-based best practices at a lower cost to developing countries. Virtual collaboratives promote knowledge sharing between and across teams from different settings. The Adios Bacteriemias Collaborative served as a successful implementation tool for improving adherence to EBP for ICP.
Beane et al (2019)	Multi-country (South Asia) Sri Lanka	Case Report	To build capacity for research and Quality Improvement through the establishment of the Care Quality Improvement Network (CQIN) partnership.	-Development of Surveillance platform -Adoption of a learning health systems (LHS) approach to improving care -Training via virtual platform -Reciprocal fellowship -Mentorship via online platforms -CQIN Partnership model	-Ongoing technical support	Yes Centre for Perioperative Medicine, and.	-	Yes University College London.	Yes NICST	CQIN partnership with facilitator-led discussion creates opportunity to reflect on challenges, best practices, and priorities for improvement. CQIN promotes the development of joint project proposals on QI and creates avenues for ongoing support to the projects.

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Caniza et al (2007)	El Salvador	Case Report	To build self-sustaining infection control capacity in facilities in El-Salvador through the design and training ICPs.	Multimodal Training simultaneously rolled out at multiple international sites.	-Provision of educational assistance and advice -Provision of online support and onsite resources - International Outreach and fellowship training	Yes Health Research Center at the University of El Salvador.	-	Yes St. Jude Children's Research Hospital; and Bloom Hospital.	Yes	The online network of ICPs created through this partnership provides the grounds work for uniform data collection to monitor IPC improvements. The ICPs network can facilitate new information dissemination and sharing of ongoing initiatives or projects by members.
Chandy et al (2014)	India	Case Report	To bring together different disciplines and faculty in working towards addressing antibiotic use and hospital infections through a collaborative approach.	Train-the trainer framework. Facility based projects Inter-disciplinary collaboration.	Provision of funding.	Yes Indian Council for Medical Research private and government medical colleges and hospitals.	-	-	-	Planning for collaborative projects when there is a great disciplinary variation among participating centres create challenges.
Crouse et al (2016)	Guatemala	Case Report	To develop emergency triage assessment and treatment training programme at a Guatemala public hospital.	Train-the trainer Workshop (face-to-face) Cascade training at local level.	-Provision of quality Training materials -Institutional Leadership /infrastructure and technical support -Provision of mentorship	Yes Guatemala Ministry of Health	Yes the Pan American Health Organization.	Yes Baylor College of Medicine /Texas Children's Hospital	No	Collaboratively developed training resources relevant to local needs and led by local partners yields sustainable Paediatric Triage Processes in a resource constraint setting.

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Joshi et al (2018)	Ethiopia Namibia Zambia Regional	Case Report	To build and strengthen coalitions to catalyse action against AMR illustrated by three national case study examples and one regional initiative.	Facilitation of National and Regional Coalition building for AMR.	- Developing coalition building resources - Provision of technical support to the countries and some facilities -Provision of initial support for multidisciplinary stakeholder engagement	Yes	Yes U.S.AID Systems for Improved Access to Pharmaceuticals and Services (SIAPS) SPS.	Yes RPM Plus programmes	Yes	Coalition building can be effective at all levels and with different types of organisations leading the process. Building on existing mechanisms, structures, and groups when possible helps to integrate AMR as a value-add rather than competing priority.
Lavoie et al (2010)	Ecuador	Case Report	To strengthen Ecuador's capacity to promote healthier and safer hospitals by reducing occupational transmission of infectious diseases.	Administering IPC and Occupational Audit tools at Workplace Conducting needs assessment Provision of Training Implementation of hospital-based projects.	Capacity building support	Yes Ecuadorian Ministry of Public Health.	Yes The Pan American Health Organization (PAHO)	Yes Health Canada University of British Columbia (UBC) and Vancouver Coastal Health Authority	No	Integrating different levels of stakeholders in building capacity and institutionalising work-related IPC measures can lead to useful hospital-based initiatives which can serve as the basis for scaling up OHS projects nationwide.
McKinle et al (2013)	Kenya	Case Report	Not Clear	Professional Development Training Conference and Study tour. Partnership between professional bodies to promote professional development.	-Sharing of educational resources -Reciprocal fellowship/visit -Educational material support	Yes	-	Yes	No	International partnership with external body provides support to strengthen and expand existing collaboratives eg providing educational and training support to other health professionals in Kenya.
Roess et al (2018)	Egypt	Case Report	To provide health training for infectious diseases research and to foster multidisciplinary collaboration.	-Enhancing surveillance and research skills -Provision of Surveillance Platform -Mentorship and Expert advice Training workshops	Capacity building support	Yes	-	Yes	No	-Pre-workshop activities are critical components of participant engagement in infectious disease and One Health research -Combining workshops for multidisciplinary group of researchers promotes collaboration

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Talaat, et al (2006)	Egypt	Case Report	To initiate an IC programme with the objectives of improving quality of care and reducing transmission of hospital-acquired infections.	-Formation of IC working group of partners with expertise, interest and commitment -Baseline assessment of IC practices using standardised set of data collection tools -Survey to Staff to evaluate IPC -Observational tools to assess adherence -Development of a national IPC plan and implementation based on eight strategic activities	Technical Support	Yes -MOHP -Egyptian Society of IC -Egyptian Medical Syndicate -Several Egyptian universitie s -Select NGOs	Yes WHO	Yes The US Naval Medical Researc h Unit (NAMRU -3).	No	Forming working group in national IC collaboratives provides opportunity for information exchange and support lead agency in materials and resource development. An IC working group facilitate the design and implementation of IC collaborative initiatives including research.
Unahalek haka et al (2007)	Thailand	Mixed Method	To mobilise collaboration among institutions, test efficacy of applying the collaborative method to reduce VAP incidence in 18 Thailand hospitals.	Local hospitals collaborating to reduce VAP incidence.	Local funding and sponsorship from local institutions and participating hospitals.	Yes Ministry of Public Health, local institution s and participati ng hospitals.		No	No	-Formation of multidisciplinary should involve representation from relevant departmental experts who are committed -Collaborative problem solving should prioritise critical areas considered problematic with generalisable, effective and evidence-based interventions.
Yassi et al (2011)	Ecuador, South Africa, Caribbean	Case Report	Not clear	Multimodal Training Guidelines and Workplace Audit Tools. Animated skill building tools. Use of health information system. Concurrent partnership between Ecuador and Canada in occupational and environmental health. New partnership between Canada and South African (north-south) occupational and infection	Provision of Technical Support IPC research collaboration	Yes	Yes PAHO, WHO	Yes Researc h Team based in Canada	Yes	Interdisciplinary international collaboration contributes to the production of practical tools, framework, information system and products for IPC.

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				control teams facilitated by WHO. Partnership facilitated by PAHO and WHO bringing all the partnerships together to form an integrated international collaboration (Triangular) to promote good healthcare.						
Yassi et al (2016)	South Africa and Canada	Qualitative Study	To describe the collaboration, analyse the determinants of success and share lessons learned from a Canadian-South-African Partnership of partnerships for protecting health workers from ID transmission	-Training (face-to-face) -Use of guidelines, policies and procedures -Health information system -North south-south model of partnership -Communities of practice model characterised by multidirectional learning and mentorship		Yes		Yes	Yes	A national (south-south) network reinforced by the international (north-south) partnership was pivotal in mitigating challenges and improving working conditions for health workers. Partnerships become increasingly sustainable within the 'communities of practice' model characterised by multi-directional learning.
Yee et al (2005)	Nepal	Mixed method	To describe the process and outputs of an international collaborative oral health promotion project designed to develop a national infection control policy and training programme for oral health care workers in Nepal between	Extensive review of national and international infection control documents. Development of instruments to assess knowledge, attitude and behaviour and infection control practices. Development of policies and procedures. Revision and development of new training.	Financial assistance. Technical/expert advice.	Yes OSAP	Yes US (CDC), InterAct Sweden, Tearfund UK	Yes	-	Effectiveness of IPC programmes in dental settings heavily depends on commitment and cooperation of dental bodies, continuous improvement and monitoring, regular review of policies and procedures, regular training programme in IC.

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IC: infection control; IPC: infection prevention and control; WHO: World Health Organisation; UNICEF: United Nations Children's Fund; BTS: Breakthrough Series Collaborative; ADF: Avedis Donabedian Foundation ; IHI: Institute for Healthcare Improvement; ICEHP: Institute for Clinical Effectiveness and Health Policy; NICST: Network for Improving Critical care Systems and Training; QI: quality improvement; CQUIN: Care Quality Improvement Network; RPM: Rational Pharmaceutical Management; ICP: infection control professional; EBP: Evidence based practice; AMR: antimicrobial resistance; CDC: Centers for Disease Control and Prevention; PAHO: Pan American Health Organization; OSAP: Organisation for Safety and Asepsis Procedures.