

EXEMPLAR TABLE

Name, Org	Key Intervention (s)	Subject Areas	Implementation Tools	Sub-Areas	Level	Partners	Evidence Base	Lit Review	Funding	Website	Notes
The Friendship Bench, Zimbabwe	Locally validated screening questionnaire is used at clinics to screen for people with common mental disorders. They are then referred to the "Friendship Bench", 6 sessions of individual problem-solving therapy delivered by trained, supervised LHWs plus an optional 6-session peer support program.	Mental Health Substance Abuse Neurological Disorders	Locally-validated screening questionnaire (Shona Symptom Questionnaire) Training for problem-solving therapy delivered by health care workers	Task-shifting of mental health to lay health workers (LHW)	Community-Level	A stand alone organization Primary Care Clinics (do referrals to Friendship Bench) City Health Department	Strong; randomized trial	RCT- https://jamanetwork.com/journals/jama/fullarticle/2594719	Innovation grants, health research grants, trusts	https://www.friendshipbenchzimbabwe.org	"The psychological approach of problem-solving therapy works through enabling a more positive orientation toward resolving problems and empowering people to have a sense of greater coping and control over their lives." "The intervention is based on problem-solving therapy, in which the patient identifies a problem (eg, unemployment) rather than a diagnosis, symptom or label." In the randomized control trial, attendance of the problem-solving therapy sessions was 93.4%
Mental Health Gap Action Programme (mhGAP) Intervention Guide for Mental, Neurological and Substance Use Disorders in Non-Specialized Health Settings	Evidence-based guidance and tools for assessment and integrated management of priority MNS disorders in low and middle-income countries (LMICs), using clinical decision-making protocols; intended for non-specialized health settings	Mental Health Substance Use	Online suite of guidance and tools, including training manuals, operations manuals, intervention guide, publications, and links to other resources.	Non-specialized setting for mental health care	Clinical level	The mhGAP is developed and implemented by governments and organizations across the world through WHO	Strong; developed from international evidence	https://www.who.int/mental-health/mhgap/en/	WHO; implementations of various program are funded separately from the main program by the implementers	https://www.who.int/mental-health/mhgap/en/	The set of tools are often clinical and non-specific; however, many countries and number of organizations have used them for curriculum development and implementation guidance. The strong evidence base for their recommendations and considerations is compelling.
Training program of hypertension for accredited social health activists (ASHA) in rural India; more generally, Accredited Social Health Activists in India	Training Accredited Social Health Activists to support management of hypertension in rural areas of India	Chronic Disease Health Care Access	Training program; specific evidence-based materials are embedded in trial article (under "Lit Review" in this table)	Task-shifting of health care; chronic disease management	Community-level	Part of Indian government's National Rural Health Mission (NRHM)	Strong; cluster randomised feasibility trial	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5932780/	Fee for service for certain primary health activities; coordinated through government	https://nhm.gov.in/nhm/index1.php?lang=1&level=1&sublinkid=150&lid=226	Many governments have employed CHW's, often with great success; the ASHA program has good evidence of success through rigorous evaluation, and high presence in rural areas.
MoPoTsyo Diabetes & Hypertension Management Programs	Peer educators work with older adults to manage chronic diseases such as hypertension and diabetes; "Drug" Funds, linkage to laboratories, and chronic data management are also aspects that may be interesting to consider	Chronic Disease Health Care Access Mobile Technology	Mobile App Training Program Database linked to app Data Collection Tools (cuffs, insulin sticks, etc.)	Task-shifting of health care; chronic disease management	Community-level	Based out of a non-profit, but peer educators are sourced from the relevant communities	Strong; multiple highly evaluated trials	http://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC5612455&blobtype=pdf	Funded by a non-profit; also created a Drug Fund by purchasing medications in bulk and distributing them under contract to private, accessible pharmacies to serve participants.	https://www.mopotsyo.org/	Annette Fitzpatrick, a UW researcher who has worked with MoPoTsyo, has thoughts about bringing research funding to similar work in Washington on this front.