Supplementary File 2 – PICOS table of eligibility criteria

PICOS[1] criterium	Pre-specified eligibility criteria
Population (P)	We included trials conducted among potential users (rather than providers) of sexual health services aged ≥10 years.
Intervention (I)	In terms of *mobile technology*, interventions had to be mainly delivered by mobile devices, including any type of mobile phone, tablet computer or other handheld mobile devices (apart from heavier items, such as laptops) that facilitated communication via different media channels, such as Short Message Services (SMS), instant messaging services, social media or applications (apps) with 'content sent to users', i.e. interventions had to include a 'push' component, as defined in the introduction. We excluded studies that focused on voice calls alone (e.g. phone counselling sessions instead of face-to-face sessions that could also have been done via landlines), as well as emails, or websites alone, and did not necessarily require mobile devices and/or did not contain a 'push' component. In terms of *content*, interventions had to target behaviours relating to the primary prevention (e.g. condom use or STI testing prior to sex with new partner) and/or secondary prevention (e.g. STI testing, treatment, and partner notification) of STIs. Thereby, studies had to focus on the *sexual* transmission of STIs and HIV rather than other modes of transmission, such as mother-to-child transmission, and transmission through injecting drug use or blood transfusions, because preventive interventions often differ for these modes. Similarly, interventions also differ for some other infections, such as human papilloma virus, for which a vaccine has already been approved and which can be assessed during routine cervical cancer screening. In order to limit the scope of this review, we also excluded studies with interventions that are relevant for HIV prevention only and not at the same time also for 'curable' STIs. Hence, we excluded studies that focussed on pre-exposure prophylaxis (PrEP), male voluntary circumcision, linkage to care for people living with HIV and anti-retroviral treatment (ART) adherence. We also excluded studies that focussed on family planning (e.g. contraception) only.
Comparator (C)	In terms of comparison groups, we included trials with an inactive control group, i.e. no intervention, standard of care (at the time of study conduct), waiting list control or placebo intervention. By 'placebo intervention' we mean placebos to determine the effect of the sexual health component of the intervention, such as text messages with sexual health content versus text messages with content that is not directly related to sexual health (e.g. promotion of physical exercise).

Outcomes (O)	*Primary outcomes* for our review were predefined as 'long term (at ≥ 12 months) STI/ HIV diagnoses (objectively confirmed e.g. by the laboratory or clinic records)' and 'adverse effects, including experience of violence (self-reported, physical, sexual, emotional'. *Key secondary outcomes,* predefined in the protocol, included objectively confirmed short/medium term (<12 months) STI/HIV diagnoses, self-reported STI/HIV diagnoses, condom use, compliance with treatment instructions for curable STIs (e.g. taking medication and abstaining from sexual intercourse until the infection has cleared), STI (self-)testing, and partner notification. [note: these predefined primary and key secondary review outcomes are considered most important for our review, and will be given prominence in the reporting of results, i.e. will be included in the summary of findings table.] *Other secondary outcomes* included other safer sex practices, cognitive outcomes (e.g. knowledge or self-efficacy), partner communication, including about sex or safer sex, and costs.
Setting (S)	In all settings worldwide, including in low-, middle-, and high-income countries

Note: More details on and reasons for the choice of predefined eligibility details can be found in our protocol.[2]

References

1. Higgins JPT, Thomas J, Chandler J, et al. Cochrane Handbook for Systematic Reviews of Interventions. 2nd ed. Chichester (UK): John Wiley & Sons 2019.
2. Berendes S, Palmer M, Gubijev A, et al. Sexual health interventions delivered by mobile technology: protocol of a systematic review of randomised controlled trials. York, UK: PROSPERO, 2020.