**Table S1. Summary of statistically supported results from key papers demonstrating factors associated with compliance.**

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| --- | --- | --- | --- | --- |
| **Location, year** | **Sample size** | **Factor demonstrated to be associated with compliance** | **P value** | **OR, CI** |
| *Univariate analysis* |
| Haiti, 2008 [[71](#_ENREF_71)] | 367 | Perceived risk of contracting LF  | ≤ 0.05 |  |
| India, 2009 [[42](#_ENREF_42)] | 599 | Perceived benefit of MDA to individualPerceived usefulness of MDACertain ward of residence | <0.0010.0010.03 |  |
| India, 2011 [[37](#_ENREF_37)] | 1185 | Who the drug administrator was | 0.002 |  |
| India, 2006 [[30](#_ENREF_30)] | 320 HH | Female gender | <0.01 |  |
| Kenya, 2012 [[58](#_ENREF_58)] | 965 | Knowledge of LFSource of information Content of informationFrequency of receiving information about MDA | >0.05<0.001<0.001<0.001 |  |
| Kenya, 2012 [[54](#_ENREF_54)] | 965 | ReligionOwnership of landKnowledge of signs of lymphedema and hydrocelePerception of risk of LF infection | <0.001<0.001<0.001<0.001 |  |
| Philippines, 2008 [[33](#_ENREF_33)] | 437 | Knowledge of LF Perceived benefit of antifilarial drugs | 0.080.06 |  |
| Sri Lanka, 2007 [[18](#_ENREF_18)] | 4358 | Awareness of MDA | <0.0001 |  |
| Vanuatu, 2005 [[15](#_ENREF_15)] | 1632 | Hearing about MDA in advanceKnowing antifilarial drugs prevent LF | <0.001<0.001 |  |
| *Multivariate analysis* |
| Haiti, 2004 [[28](#_ENREF_28)] | 304 | Male genderKnowing that mosquitoes transmit LFHaving learned about MDA from posters or banners |  | 3.3 (1.5-7.4)2.6 (1.2-5.4)2.9 (1.2-7.5) |
| Haiti, 2008 [[71](#_ENREF_71)] | 367 | *Factors associated with noncompliance*Female genderWould it be good if people followed my example of noncompliance? (Answer: no)Do you think the program uses good drugs? (Answer: no/don’t know)Heard about LF program? (Answer: no)Can you swallow pill? (Answer: no)Did not know that pill contained Albendazole | 0.028<0.0010.0350.0280.0020.001 | 2.74 (1.12-6.70)5.74 (2.33-14.14)3.77 (1.10-12.96)3.17 (1.14-8.87)8.56 (2.26-32.46)5.08 (2.01-12.84) |
| India, 2010 [[38](#_ENREF_38)] | 1282 | Drug distribution from health staff rather than volunteers |  | 5.6 (3.4-9.1) |
| India, 2010 [[24](#_ENREF_24)] | 547 | Knew MDA was for LFKnew everyone at risk for LFKnew about MDA in advanceKnew that mosquitoes transmit LFInteraction of knowing about MDA in advance & that mosquitoes transmit LF |  | 2.6 (1.4-5.1)1.6 (0.98-2.7)1.9 (1.1-3.2)0.8 (0.3-2.1)5.4 (2.8-10.4) |
| India, 2010 [[25](#_ENREF_25)] | 1269 | Age > 35 years & ≤ 45 yearsNo schoolGrades 1-5Knew that MDA was for LFKnew about lymphedema managementKnew about MDA in advanceKnew everyone at risk for LFInteraction between knew about MDA in advance and knew everyone at risk for LF |  | 2.0 (1.2-3.2)3.5 (1.2-10.0)3.2 (1.4-7.3)3.3 (1.7-6.6)3.3 (1.6-6.9)4.8 (3.8-8.1)2.2 (1.0-4.8)16.1 (8.8-29.3) |
| Sri Lanka, 2007 [[26](#_ENREF_26)] | 2319 | Rural population rather than urbanMales more compliant than femalesBelieving MDA was beneficial versus not |  | 0.72 (0.55-0.97)0.57 (0.43-0.76)0.26 (0.15-0.47) |
| Sri Lanka, 2001 [[61](#_ENREF_61)] | 1935 | Passed grade 8Passed General Certificate of Education (Ordinary Level) |  | 1.9 (1.2-2.8)1.6 (1.1-2.4) |