Supplementary material

Supplementary box 1. Search Strategy

Theme 1: The Policy
MeSH terms included: "Financial Support", "Social Security", "Disability Insurance".
Keywords included: "Financial Protection", "Social Protection", "Safety Net*", "Social Insurance", "Unemployment Insurance", "Injury Insurance", "Unemployment Benefit*", "Disability Grant*", "Cash Benefit*", "Benefit*", "*Conditional Cash Transfer", "UCT", "Sick* Pay*", "Paid Sick Leave", "Wage Compensation", "Disability Pension*", "Incapacity Benefit*", "Continuous Cash Benefit*", "Guaranteed Minimum Income", "Basic Income", "Microfinance", "Microinsurance", "Microcredit".

Theme 2: The Individual
MeSH terms included: "Chronic Disease", "Disease".
Keywords included: "Disab*", "Sick*", "Ill*".

Theme 3: The Policy Context
MeSH terms included: "Work", "Employment", "Public Policy".
Keywords included: "Labour", "Labor", "Employ*", "Wage*", "Law*", "Legal", "Legislation", "Policies", "Worker*", "Worker Rights", "Occupation*", "Private Sector", "Public Sector", "Informal", "Health Shock*.

Theme 4: The Setting
MeSH terms included: "Developing Countries".
Keywords included: "LMIC*", "LIC*', "MIC*, "Low Income Countr*", "Middle Income Countr*", Low and Middle Income Countr*", "Developing Countr*", "Third World", [Individual LMIC Countries].

Supplementary Table 1 – see separete file

Supplementary table 2. Study Characteristics	
Study Types	Narrative literature reviews ($n = 14$), policy reviews ($n = 7$), systematic reviews ($n = 2$), cohort studies ($n = 1$), observational studies ($n = 1$), descriptive studies ($n = 1$), randomised controlled trials ($n = 3$); cross-sectional studies ($n = 5$), case reports ($n = 2$), qualitative interviews ($n = 20$), quantitative methods (non-specific) ($n = 6$), qualitative methods (non-specific) (n= 3) household surveys ($n = 16$), mixed-method studies ($n = 11$), opinion pieces ($n = 6$) and grey literature ($n = 36$).
Representation by Income Group	As a mean average, upper-MIC countries were each represented in 3.1 sources, followed by lower-MICs (2.8), and LICs (2).
Target Populations	72 studies focused specifically on the broader concept of long-term 'disability', ($n = 72$). 20 studies focused on specific illnesses, including HIV/AIDS ($n = 8$), tuberculosis ($n = 1$) psychiatric conditions ($n = 5$), musculoskeletal conditions ($n = 1$) and occupational health ($n = 5$). 12 studies focused on general short term sick leave ($n = 12$). A further 30 focused on both long and short term periods of illness ($n = 30$).
Programme Type	82 studies focused on non-contributory schemes ($n = 82$, 61%). 21 studies focused on contributory schemes ($n = 21$, 16%). 24 studies discussed both contributory and non-contributory schemes ($n = 24$, 18%). 7 discussed workers rights, without reference to a specific scheme ($n = 7$, 5%).

Supplementary Material Table 3. Exclusion Errors: Contributing Factors

	Reason	Country
Social Exclusion	Self-stigmatisation or fear of being stigmatised by the community	China (139), Colombia (81), Malawi (80), Mongolia (160)
	Potential candidates being unaware of their entitlements	Ghana (141), India (118), South Africa (133), Thailand (66), Uganda (82), Malawi (142)
	Families choosing to 'hide' disabled individuals from the community	Timor-Leste (131)
Travel to Assessment Centres	Travel costs	South Africa (100), Vietnam (64)
	Issues surrounding mobility and physical accessibility	South Africa (100), Vietnam (64), Brazil (143)
	Danger travelling to assessments alone	South Africa (93, 100, 122)
Assessment Procedure	Poorly executed assessment criteria/targeting	Albania (21), India (124), Palestine (143), Romania (133), Zambia (94), China (103), Palestine (116), Brazil (146), Nepal (147)
	Poorly organised/unprofessional assessment panels	South Africa (100, 102)
	A shortage of health assessors and administration staff	Mozambique (148), Nepal (149), Romania (145), South Africa (133)
	Limitations in provider's understanding of the assessment criteria	Brazil (49), Colombia (69), Mozambique (148), Namibia (150-153), South Africa (27)
	Lower regard for less visible illnesses	South Africa (122, 154), Vietnam (20)
	Assessor prejudice or bias towards marginalised groups	Bulgaria (21), India (118), Lesotho (118), Palestine (143), Romania (155), South Africa (27, 122)
	Language barriers between assessors and applicants	South Africa (100, 122)
Application Requirements	Complexity of application process	South Africa (118, 22), Uzbekistan (21)
	Difficulties obtaining correct documents	Bulgaria (21), India (124), Romania (21), South Africa (86, 92, 118), Timor-Leste (131), Uzbekistan (21)
	Time constraints	Kyrgyzstan (21)
	Cost of applying	South Africa (86, 100, 156)

Structural Problems	Programme underfunding	Bangladesh (118), China (104), Ghana (141), India (118), Mozambique (148), Nepal (149); South Africa (101), Zimbabwe (157); Nepal (147); Paraguay (158)
	A lack of political will in providing adequate support	China (160), South Africa (101), Zimbabwe (157)
	Insufficient analysis of lost opportunity costs due to illness	South Africa (161), Vietnam (106)
	Insufficient administrative capacity	South Africa (101, 118), Zimbabwe (163), Nepal (147)
	Difficulties reaching nomadic or migrant populations	China (62, 72, 164, 165), Palestine (144), Philippines (166), Romania (155), Thailand (53), Vietnam (167)
	Delays in delivering financial support	Ghana (141), Nepal (149), Palestine (144), Romania (156), South Africa (100, 133), Zimbabwe (163)
	Corruption	India (118), Mozambique (148), Pakistan (126
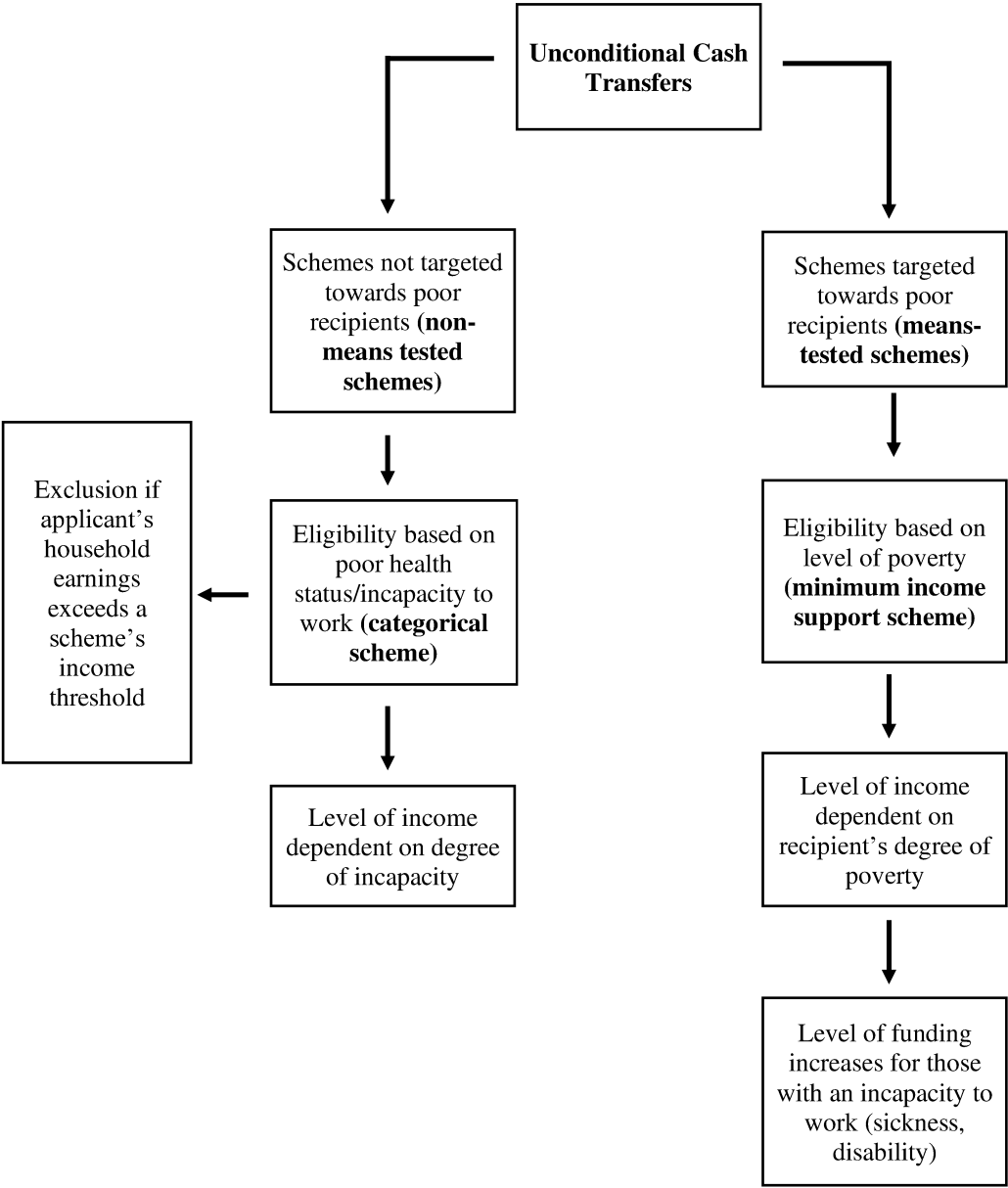
Supplementary figure 1. Mechanisms behind UCT targeting, adapted from the ILO flowchart of social cash transfers (29)