

## **Appendix – Reflexivity Statement**

### **1. How does this study address local research and policy priorities?**

The data were collected to study the geographical distribution of the health crisis of war in the Tigray region of Ethiopia. Thus, the results and conclusions are directly relevant to local and international policy makers as they prioritize the funding of the rehabilitation and restoration of the destroyed health infrastructure and health work force in the region. The inclusion of local researcher in the team allows for accounting of the local perspective on the discussion of the results of the study.

### **2. How were local researchers involved in study design?**

The local authors (FA, RE, ZA) are long term global health collaborators of the first author (MG). As described in the contributions section, the joint first author FA was involved on the design of the study, collection of data, IRB application and in the drafting and editing of the manuscript. All the other local collaborators (RE, ZA) were also involved in the triangulation efforts of the data.

### **3. How has funding been used to support the local research team?**

While some funds from the grant to first author (MG) and co-author (JK) from the Medical University of South Carolina (MUSC) Center for Global Health and co-author (JC) discretionary funds are used to pay for publication fees, there was no direct support to the local research team. Up to this point in time, the prevailing war situation in the Tigray region of Ethiopia doesn't allow for transfer of any funds from the US to Tigray.

### **4. How are research staff who conducted data collection acknowledged?**

We have acknowledged the contributions of the staff of our key collaborators who participated in the collection and verification of the data including staff (FA, RE, ZA) of Mekelle University College of Health Sciences (MU-CHS), Tigray Region Health Bureau (TRHB), Tigray Health Research Institute (THRI), and the former Interim Government of Tigray.

### **5. Do all members of the research partnership have access to study data?**

All members of the partnership have access to data.

### **6. How was data used to develop analytical skills within the partnership?**

The first author (MG) had long term partnerships with Mekelle university and the Tigray Health Bureau. In fact, the Medical University of South Carolina had a formal memorandum of understating (PI: Gebregziabher) with Mekelle university that allowed for partnership between the two institutions on global health research efforts, including research capacity development. While the team members who participated in this particular research were involved in the discussions of the analytic methods and discussion of the findings, the prevailing war situation in the Tigray region of Ethiopia didn't allow for direct involvement of the staff of our partners at Ayder hospital of Mekelle university in the efforts to develop analytic skills as a result of this work. When peace prevails, we would like to return to our joint capacity development efforts that includes analytic skills development.

### **7. How have research partners collaborated in interpreting study data?**

The team members (FA, RE, ZA) were directly involved in the interpretation and discussions of the findings of the study.

**8. How were research partners supported to develop writing skills?**

The first author (MG) had long term partnerships with Mekelle university and the Tigray Health Bureau including a formal MOU to undertake research capacity development. The team members who participated in this particular research were senior physicians (FA, RE, ZA) who didn't need any training on writing skills. However, such endeavours had been opportunities to train junior researchers in research methods including writing skills. When peace prevails, we would like to return to our joint capacity development efforts that includes analytic skills development.

**9. How will research products be shared to address local needs?**

This consensus statement will be published as open access. We have developed a post-publication dissemination plan in consultation with the journal to distribute recommendations across a wide constituency. This will include engagement with research leaders in global health and other fields involved in international collaborations, with potential journal signatories based in both high-income countries and low- and middle-income countries; and with journalists, again both based in high-income countries and low- and middle-income countries. We will present our findings in conferences as well as local seminars.

**10. How is the leadership, contribution and ownership of this work by LMIC researchers recognised within the authorship?**

Author FA worked as part of the senior authorship team in developing this manuscript, and his contribution has been recognised as joint first author. We have two authors (RE, ZA) from LMIC who contributed to the research. The first author (MG) and co-author (AT) are also originally from LMIC though they currently work in the US. Thus, the authorship has a good balance of researchers based in LMIC and high-income countries.

**11. How have early career researchers across the partnership been included within the authorship team?**

We have included early career researchers (AT, HS) within the authorship team. They attended all the workshops, contributed to data management and evidence synthesis. We acknowledge that they are based in high-income countries.

**12. How has gender balance been addressed within the authorship?**

Five authors are male (MG, FA, RE, ZA, JK, JP, JC) and two authors are female (AT, HS)

**13. How has the project contributed to training of LMIC researchers?**

The authorship team is primarily composed of senior researchers except for two junior researchers who are not based in low- and middle-income countries. Thus, there was no need to do direct training of the LMIC researchers in the team.

**14. How has the project contributed to improvements in local infrastructure?**

This project has not directly contributed to improvements in local infrastructure.

**15. What safeguarding procedures were used to protect local study participants and researchers?**

There was no primary data collection on individual subjects as part of this project, therefore this question is not directly applicable. The data collection was on health facilities. We have specifically considered the issue of safeguarding within the manuscript.