

Supplementary File 1 – Reflexivity Statement

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

This study provides key information on the translation process in the local setting, this is an important part of knowledge translation and dissemination from the local setting to other contexts. Given the global nature of TB, and the innovative approaches to managing TB in Tibet, disseminating this information to a global audience is one goal of local research efforts. As such, the study provides a practical approach of conducting meaningful and reflective translation in a global setting. This work sheds light to global health studies that involve multiple translations and offers examples of how to better understand and respect local culture while maintaining the study rigour.

2. How were local researchers involved in study design?

Local researchers (JH, PP) were supportive of the study in order to better understand strengths, weakness, and improve the process of translation across languages in the research setting. Specifically, the local researchers helped orientate the research coordinators to understand the research setting, the clinical and public health procedures related with TB treatment and care, and the local culture.

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

Funding from the larger trial has been used to support the local research team in several ways, for example, we provided local research team (i.e., interviewees and coordinators who travelled to Tibet) with standard stipend based on local rates. We also provided transportation and other necessary help.

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

The staff who collected the data analysed in this study are all named as authors.

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?

Those interested were invited to a qualitative research workshop, which offered an introduction to qualitative research methods, with a focus on collaborative autoethnography. All involved in the study were briefed on collaborative autoethnography and actively involved in the data analysis and writing of the manuscript.

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

Research partners reviewed the manuscript and provided feedback at all stages of the study including interpreting study data from the perspective of the trial coordinator (ZZ) and local stakeholders (PP, JH).

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

The manuscript was written in an iterative and collaborative process by all authors. Through this process junior researchers (BPL, SG, JZH, LS, HH) were given opportunity to learn how to write an academic manuscript. Further, their views and feedback were actively sought and shaped the text. More experienced writers (VH, XW) supported the writing process to help refine the manuscript and ensure all voices were heard and one view was not prioritised over others.

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

The findings from this study are important to furthering research efforts led by local researchers who are not fluent in English. The lessons learned from this work help to identify process improvements that will help future local studies, given that most qualitative data have to be translated into either Chinese or English. Through this study we have identified ways to engage with the local research team for skill building and for a better understanding of the culture and linguistic phrases, and how to maintain rigour in translation work.

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

We have the local leadership contribution from Dr. Pande Pasang, the Director of the Shigatse CDC. Dr. Pasang is bilingual (Tibetan and Chinese) and offers the Tibetan cultural perspective, in addition to having two decades of working experience in public health. We also have Dr. Jun Hu, who has been working in Shigatse as the Vice Director of CDC for three years, and shared a strong motive to improve accessibility and quality of TB care.

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

Early career researchers (VH, BPL, SG, JZH, LS, HH) were included within the authorship team. They were involved throughout the research and writing process. We acknowledge that they are based in high-income countries.

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

Seven authors are male (XW, JH, PP, ZZ, JZH, LS, and HH) and three authors female (VH, BPL, SG). We acknowledge that we could have a better gender balance on the authorship team.

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

The larger project this study is a part has contributed to the training of LMIC researchers in several ways including both quantitative and qualitative research training and experience, as well as trial implementation training facilitated by the project team and trainings offered in Shigatse associated with the trial. For this study, our work has exposed the entire research team to the nuances of the translation process. This paper focuses on the experiences of the translation team however the process contributes to building up study rigour and also helps the process of mutual understanding and respect. The process of discussing these details and engaging in this work is an important step towards de-colonizing and democratizing health knowledge in LMICs.

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 with local participants as part of this study, therefore this question is not directly applicable. For the larger project, there were multiple safeguards and ethical approvals obtained and trainings conducted with researchers to ensure confidentiality and privacy in regards to participant participation and data.