Online supplemental file 3

Reflexivity statement

Domain	Guiding questions	Author's response
Study conceptualisation	1. How does this study address local research and policy priorities?	In 2020, a technology-enabled community-based model of care for cardiovascular diseases was adopted by the Malang District Health Authority to be scaled up to all 390 villages in the district, a targeted population (those aged 40 years and older) of 2.5 million residents. Volunteer community health workers (Kaders) play a central role in delivering the model of care, including the screening and follow-up of patients at high risk of cardiovascular disease. This study provides important information about Kaders' preferred job characteristics. Findings may be used by local authorities to ensure the community health workforce is appropriately supported and motivated to deliver the scaled-up program.
	2. How were local researchers involved in study design?	This study was designed in collaboration with researchers from the University of Brawijaya, Malang District, Indonesia. Local researchers informed development of the DCE attributes and levels, conducted the pilot testing, implemented data collection and provided review of the manuscript as co-authors.
Research management	1. How has funding been used to support the local research team(s)?	Funding for this research supported costs associated with local research team time, the implementation of the study pilot and data collection for the full DCE.
Data acquisition and analysis	1. How are research staff who conducted data collection acknowledged?	The data collection team leader is a co-author on the paper and the data collection team is recognised in the acknowledgements section.
	2. How have members of the research partnership been provided with access to study data?	All members of the partnership have access to study data.
	3. How were data used to develop analytical skills within the partnership?	Conducting a discrete choice experiment was a new experience for many members of the research team. Thus, development of the survey, data collection and analysis were learning opportunities for several co-authors.
Data interpretation	1. How have research partners collaborated in interpreting study data?	All researchers – both local and non-local – critically reviewed and evaluated the manuscript, including interpretation of study data.

Supplemental material

BMJ Publishing Group Limited (BMJ) disclaims all liability and responsibility arising from any reliance placed on this supplemental material which has been supplied by the author(s)

BMJ Global Health

Drafting and revising for intellectual content	1. How were research partners supported to develop writing skills?	All research partners were encouraged to provide feedback and review of the manuscript.
	2. How will research products be shared to address local needs?	This study and associated pieces of research will be included in a policy brief written in the local language (Bahasa Indonesia) for local research partners, including local government bodies.
Authorship	1. How is the leadership, contribution and ownership of this work by LMIC researchers recognised within the authorship?	The data collection team leader is a co-author on this paper, as are other members of the research team associated with the University of Brawjiaya and who provided insight into the development and conduct of the project. The data is co-owned by the relevant LMIC institution, and the researchers involved are able to use it for further analysis, teaching or other non-commercial purposes.
	2. How have early career researchers across the partnership been included within the authorship team?	Early career researchers have played crucial roles in the design of the discrete choice experiment, leading the pilot study and data collection, and conducting analysis of the results. More than half of the author group is early- or mid-career, including the first author.
	3. How has gender balance been addressed within the authorship?	Seven authors are male (TG, SS, GT, DO, DP, BA, SJ) and 3 are female (NHP, AM, AP).
Training	1. How has the project contributed to training of LMIC researchers?	Certain early career members of the research team (and co-authors) from Indonesia played a critical role in the design of this study, development and delivery of the discrete choice experiment. This was a new methodology to them and thus has provided a valuable learning opportunity and new skills.
Infrastructure	1. How has the project contributed to improvements in local infrastructure?	The project has not directly contributed to improvements in local infrastructure.
Governance	1. What safeguarding procedures were used to protect local study participants and researchers?	All potential participants were provided with detailed information about the study at the time they were invited to participate as part of the informed consent process. This included information about the significance of the research, methods of data collection, confidentiality, risks and benefits and contact details of the research team. This information emphasised that their decision whether or not to participate in this research would have no detrimental impact on the training and support received from local government authorities. All data collected from participants remained completely anonymous. Local researchers involved in data collection followed health

		and safety guidelines (including those related to COVID-19) established by the local government, and were guided by a study-specific safety protocol.