

Reflexivity Statement

How does this study address local research and policy priorities?

This study contributes to the existing body of evidence by highlighting the perspectives and priorities of people living with multimorbidity in low- and middle-income countries (LMICs), where research is limited. Based on these findings, we propose modifications to the current healthcare approach, emphasizing the importance of integrated people-centered care that prioritizes individual needs and preferences.

How were local researchers involved in study design?

Our research team has broad global LMIC representation as well as experience of working in LMICs. The Core Outcome Set for Multimorbidity Studies (COSMOS) working group supporting the study draws on a network of 38 research teams mainly located in LMICs that were actively involved in different stages of COS development, including the study design process. Having authors from LMICs ensures local perspectives and expertise are incorporated into the research process.

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

The funding has been used to provide training and capacity building opportunities for the local research team, specifically in Bangladesh, India, and Pakistan.

How are research staff who conducted data collection acknowledged?

All research staff who conducted the data collection in each country are named under the collective COSMOS authorship term. Members are listed in Supplementary File 1.

Do all members of the research partnership have access to study data?

Yes, all authors (PT, DL, VPA, RA, JvO, AA, CD, JB) signed the data sharing agreement for this particular partnership.

How was data used to develop analytical skills within the partnership?

We jointly learned about the phenomenology approach in qualitative research, particularly interpretative phenomenological analysis.

How have research partners collaborated in interpreting study data?

For this study, three co-authors (AA, DL, RA) are from partnering countries and have been engaged in the coding and analysis process. Three rounds of coding with interim discussions were conducted to reach consensus.

How were research partners supported to develop writing skills?

Research partners were actively supported in developing their writing skills through a collaborative process. We engaged in regular discussions and brainstorming sessions as a team to exchange ideas before drafting the manuscript. The content of the manuscript was thoroughly revised through six rounds by all research partners.

How will research products be shared to address local needs?

This paper will be published as an open access publication, and in addition, we have plans to create a video summarizing the key findings of the study for broader dissemination to the general audience.

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

Out of the eight authors of this paper, five are from LMICs (PT, AA, DL, VPA, RA), including the primary author (PT). Additionally, we included a collective authorship term that encompasses all contributing members from partnering LMICs, reflecting the collaborative nature of the research.

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

Four out of eight authors (PT, AA, DL, RA) are early career researchers. PT has been engaged in the whole process for this study, and AA and DL have been engaged in the data analysis and manuscript revision. RA has been involved in the data handling phase at the project level, as well as in the manuscript revision phase of this study.

How has gender balance been addressed within the authorship?

Five authors are female (PT, DL, VPA, RA, JvO) and three authors male (AA, CD, JB)

How has the project contributed to training of LMIC researchers?

The project has significantly contributed to the training of researchers not only from LMICs, but also high income countries, by providing us all with hands-on experience in conducting qualitative research and data analysis. Through active involvement in the study, all researchers gained valuable skills in conducting interviews, transcribing data, and analyzing qualitative data using appropriate methodologies. Additionally, we were exposed to the process of manuscript preparation and publication, which enhanced our understanding of research dissemination and academic writing. Overall, the project has played a crucial role in building the research capacity of both high and LMIC researchers and empowering us all to undertake future research endeavors independently.

How has the project contributed to improvements in local infrastructure?

The project has contributed to improvements in local infrastructure by providing resources and support for conducting research activities, specifically in Bangladesh, India, and Pakistan.

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

To protect local study participants and researchers, several safeguarding procedures were implemented. Ethical approval was obtained from relevant research ethics committees to ensure that the study adhered to ethical principles and guidelines. Pseudonymization was used to de-identify participant data, ensuring their anonymity and confidentiality. Additionally, the research team took measures to minimize potential risks to participants, such as limiting the collection of sensitive information and ensuring that data was stored securely. These safeguarding procedures were put in place to prioritize the safety and well-being of both study participants and researchers involved in the project.