

Supplemental Material 2

Author Reflexivity Statement

Domain	Questions	Response
Study conceptualisation	How does this study address local research and policy priorities?	With less than 20% of people with hypertension achieving their target BP goals, uncontrolled hypertension remains a major unaddressed obstacle in India to achieve the Sustainable Development Goals. We hypothesised that a community-based education and peer support led by local women's self-help group members is feasible and will be an effective strategy to improve community hypertension control. Involving women's SHG members for reducing hypertension in the community by building their capacity as peer educators could be a potentially low-cost, flexible means to supplement formal health care support and will ensure community participation for health promotion.
	How were local researchers involved in study design?	Principal Investigator (First author) and 6 other investigators (Total 7 out of 9 investigators) are local researchers. First author (RPS) conceived the idea and all authors contributed to the design of the study.
Research management	How has funding been used to support the local research team(s)?	The study has been supported with funding from the Bernard Lown Scholars in Cardiovascular Health program at the Harvard T H Chan School of Public Health, Boston, USA & contributions from Amrita Institute of Medical Sciences, India. The local researchers were supported through contributions from the Amrita Institute of Medical Sciences, India.
Data acquisition and analysis	How are research staff who conducted data collection acknowledged?	Six investigators who were involved in the data collection were included as authors (RPS, RBA, SM, JCM, MN, BKV). Other staff who were involved in assisting in data collection were acknowledged.
	How have members of the research partnership been provided with access to study data?	Original data was available only with the local investigators (RPS, RBA, SM, JCM, MN, BKV, RV). Investigators from high income countries (GD, DS) did not had access to original data. This decision was a collaborative one and based on the directions from the Institutional Review Board and Ethics Committee of Amrita Institute of Medical Sciences, Kochi, India to prevent unnecessary transfer of data abroad the country.

	How were data used to develop analytical skills within the partnership?	Investigators from high income countries (GD, DS) guided in analysing the data and interpreting it. DS was the mentor of the PI for the Bernard Lown Scholarship program through which the study was supported. DS guided in performing the data analysis systematically.
Data interpretation	How have research partners collaborated in interpreting study data?	Interpretation of the data was collective effort of all authors. Discussions were held with the principal investigator and investigators from high income countries (GD, DS) through five virtual meetings specifically for interpreting the study findings. All authors contributed in interpreting the findings through emails.
Drafting and revising for intellectual content	How were research partners supported to develop writing skills?	RPS, RBA drafted the manuscript, all others revised it critically for important intellectual content.
	How will research products be shared to address local needs?	Preliminary results of the intervention were disseminated in a workshop where all local stakeholders and policy makers attended. Preliminary results were also disseminated through local media. Formal report of the study will be submitted to state and national government.
Authorship	How is the leadership, contribution and ownership of this work by LMIC researchers recognised within the authorship?	RPS, RBA, SM, JCM, MN, BKV, RV (Total 7 out of 9 authors) are from LMIC.
	How have early career researchers across the partnership been included within the authorship team?	Two (RBA,SM) out of 9 researchers are early career researchers.
	How has gender balance been addressed within the authorship?	Five (RBA, SM, BKV, RV, DS) out of 9 authors are female.
Training	How has the project contributed to training of LMIC researchers?	The PI (RPS) had been mentored by the investigators from high income countries (GD, DS) throughout the conduct of the study.

Infrastructure	How has the project contributed to improvements in local infrastructure?	The project has built the capacity of 43 women self-help group members and equipped them with equipment for blood pressure monitoring, anthropometry and flipcharts for community education. After the study, the project has donated that equipment to them for continuing the services.
Governance	What safeguarding procedures were used to protect local study participants and researchers?	Data collection, data storage, data analysis, data sharing and dissemination followed the principles laid down by the 'National ethics guidelines for biomedical and health research involving human participants' by Indian Council of Medical Research. ¹ Institutional Review Board of Amrita Institute of Medical Sciences, India had examined and monitored the processes that were put in place to safeguard participants' privacy and confidentiality. Agreement on authorship had been laid down at the beginning of the study itself.

¹Indian Council of Medical Research. National ethics guidelines for biomedical and health research involving human participants. Available from:

https://ethics.ncdirindia.org/asset/pdf/ICMR_National_Ethical_Guidelines.pdf. Date

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