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Supplementary appendix 2

This Equitable Partnership Declaration (EPD) was submitted by the authors, and we reproduce it as supplied. It has not been peer reviewed. *The Lancet*'s editorial processes have not been applied to the EPD.

Supplement to: Reeve BWP, Ndlangalavu G, Mishra H, et al. Point-of-care C-reactive protein and Xpert MTB/RIF Ultra for tuberculosis screening and diagnosis in unselected antiretroviral therapy initiators: a prospective, cross-sectional, diagnostic accuracy study. *Lancet Glob Health* 2024; published online April 4. https://doi.org/10.1016/S2214-109X(24)00052-4.

Equitable Partnership Declaration questions

Researcher considerations

1. Please detail the involvement that researchers who are based in the region(s) of study had during a) study design; b) clinical study processes, such as processing blood samples, prescribing medication, or patient recruitment; c) data interpretation; and d) manuscript preparation, commenting on all aspects. If they were not involved in any of these aspects, please explain why.

   This question is intended for international partnerships; if all your authors are based in the area of study, this question is not applicable.

   This should include a thorough description of their leadership role(s) in the study. Are local researchers named in the author list or the acknowledgements, or are they not mentioned at all (and, if not, why)? Please also describe the involvement of early career researchers based in the location of the study. Some of this information might be repeated from the Contributors section in the manuscript. Note: we adhere to ICMJE authorship criteria when deciding who should be named on a paper.

a) Study design: All co-authors in the study region were prominently involved in all the below aspects, as this is reflected in their prominent authorship positions (including junior and senior positions). The two first authors are trainees.
b) Clinical study processes:
c) Data interpretation:
d) Manuscript preparation:

2. Were the data used in your study collected by authors named on the paper, or have they been extracted from a source such as a national survey? ie, is this a secondary analysis of data that were not collected by the authors of this paper. If the authors of this paper were not involved in data collection, how were data interpreted with sufficient contextual knowledge?

   The Lancet Global Health *believe contextual understanding is crucial for informed data analysis and interpretation.*

Collected by the authors.

3. How was funding used to remunerate and enhance the skills of researchers and institutions based in the area(s) of study? And how was funding used to improve research infrastructure in the area of study?

   Potentially effective investments into long-term skills and opportunities within institutions could include training or mentorship in analytical techniques and manuscript writing, opportunities to lead all or specific aspects of the study, financial remuneration rather than requiring volunteers, and other professional development and educational opportunities.

   Improvements to research infrastructure could be funding of extended trial designs (such as platform trials) and use of master protocols to enable these designs, establishment of long-term contracts for research staff, building research facilities, and local control of funding allocation.

Skills: Funding was used to develop the skills of trainees in trial management and diagnostic accuracy evaluations and writing up of results. For some this contributed to their degrees.
Research infrastructure: Funding was used to build and maintain on site recruitment and testing facilities at the recruitment location. This will be used for future research.

4. How did you safeguard the researchers who implemented the study?

   Please describe how you guaranteed safe working conditions for study staff, including provision of appropriate personal protective equipment, protection from violence, and prevention of overworking.

The implementing institution (Stellenbosch University) has several work and safety policies that are mandatory to researchers to adhere to, require regular accreditation, and require staff to pass competency tests.

Benefits to the communities and regions of study

5. How does the study address the research and policy priorities of its location?

   How were the local priorities determined and then used to inform the research question? Who decided which priorities to take forward? Which elements of the study address those priorities?

It addresses a topic (tuberculosis) identified by the South African government as a national priority, which includes the need for new diagnostic strategies.

6. How will research products be shared in the community of study?

   For instance, will you be providing written or oral layperson summaries for non-academic information sharing? Will study data be made available to institutions in the region(s) of study? The Lancet Global Health *encourages authors to translate the summary (abstract) into relevant languages after paper editing; do you intend to translate your summary?*

Study data will be made available. Results are presented at local scientific meetings, meetings with policy makers, and those with lay audiences via community advisory boards.

7. How were individuals, communities, and environments protected from harm?

a) *How did you ensure that sensitive patient data was handled safely and respectfully? Was there any potential for stigma or discrimination against participants arising from any of the procedures or outcomes of the study?*

We are required to comply with the South African POPI act as an institution, which ensures data security. Yes, our study would have diagnosed some people with TB, which unfortunately can have stigma associated with it.

b) *Might any of the tests be experienced as invasive or culturally insensitive?*

Generally no. Blood collection is minimally invasive but people may refuse consent.

c) *How did you determine that work was sensitive to traditions, restrictions, and considerations of all cultural and religious groups in the study population?*

We rely on community advisory board feedback and we employ several field workers from the same communities.

d) *Were biowaste and radioactive waste disposed of in accordance with local laws?*

Yes

e) *Were any structures built that would have impacted members of the community or the environment (such as handwashing facilities in a public space)? If so, how did you ensure that you had appropriate community buy-in?*

No

f) *How might the study have impacted existing health-care resources (such as staff workloads, use of equipment that is typically employed elsewhere, or reallocation of public funds)?*

It would have resulted in more people with TB identified, which would required treatment from clinic resources.

8. Finally, please provide the title (eg, Dr/Prof, Mr/Mrs/Ms/Mx), name, and email address of an author who can be contacted about this statement. This can be the corresponding author.

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