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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 It has not been peer reviewed.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: von Gottberg A, Kleynhans J, de Gouveia L, et al. Long-term effect of pneumococcal conjugate vaccines on invasive pneumococcal disease incidence among people of all ages from national, active, laboratory-based surveillance in South Africa, 2005–19: a cohort observational study. *Lancet Glob Health* 2024; **12:** e1470–84.

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, except for one, are local to South Africa or were local at some time from inception of the work. One co-author is from the United States, initially from the Centers of Disease Control and Prevention (CDC) and now Emory University – and reflects the support and guidance we received from CDC in setting up our pneumococcal laboratory-based surveillance.
b) Clinical study processes: All co-authors, except for one, are local to South Africa or were local at some time from inception of the work. One co-author is from the United States, initially from the CDC and now Emory University – and reflects the support and guidance we received from CDC in maintaining our pneumococcal laboratory-based surveillance.
c) Data interpretation: All co-authors, except for one, are local to South Africa or were local at some time from inception of the work. One co-author is from the United States, initially from the CDC and now Emory University – and reflects the support and guidance we received from CDC in analysing our data from the pneumococcal laboratory-based surveillance.
d) Manuscript preparation: Our one international co-author commented on the manuscript, as did all other co-authors.

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.*

All data were collected by the authors named on the paper, as well as all members of the GERMS-SA group that are named in the supplementary materials.

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: The GERMS-SA surveillance platform was established in 2003 through collaboration with researchers from CDC and received additional external funding up until 2014. Since 2015 the GERMS-SA surveillance has used in-country funding through the National Institute for Communicable Diseases (NICD) from the National Department of Health for all invasive pneumococcal disease surveillance, including laboratory testing, and funding of staff for data collection, analysis and interpretation.
Research infrastructure: Centers for Disease Control and Prevention provided seed funding and then limited support until local funds have taken over support of this laboratory-based surveillance system. See above.

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.

We followed all relevant workplace safety procedures and protocols as stipulated by the National Health Laboratory Service and our local laws.

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?

Research questions were decided by local policy makers and subject matter experts.

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?*

South Africa is the community of study, we are South Africans and these data are used by our government to inform pneumococcal vaccination policies. We also go back to our hospital and clinic communities on days like Pneumonia Day (12 November each year) to answer questions about pneumonia and create awareness about respiratory infections and how to prevent them.

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 obtained ethical approval for our study, stipulating all the measures we put into place to handle data safely and respectfully.

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

Not applicable.

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

This is done continuously – to work sensitive to traditions, restrictions, and considerations of all cultural and religious groups in the study population

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

Yes, where applicable.

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?*

Not applicable.

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)?*

Not applicable.

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.

Name: Prof Anne von Gottberg
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