Table S1. Critical concentrations (CCs) for phenotypic drug susceptibility testing (DST) of 16 anti-tuberculosis drugs

Drug Name	Abbreviation	Critical Concentration (CC, mg/L)
Isoniazid	INH	0.2
Rifampicin	RFP	1
Ethambutol	EMB	5
Streptomycin	Sm	1
Rifapentine	Rft	0.5
Rifabutin	Rfb	0.5
Levofloxacin	Lfx	1
Moxifloxacin	Mfx	0.5
Kanamycin	Km	2.5
Amikacin	AMK	1
Capreomycin	Cm	2.5
Prothionamide	Pto	2.5
Para-aminosalicylic acid	PAS	2
Clofazimine	Cfz	1
Clarithromycin	Clr	8
Isoniazid-p-aminosalicylate	Pa	See footnote

CCs were based on WHO recommendations for the broth microdilution method. Isolates with MIC > CC were classified as resistant; MIC ≤ CC as susceptible. For isoniazid–p-aminosalicylate (Pa), no international breakpoint exists; susceptibility was determined per manufacturer's criteria. All assays included *Mtb* H37Rv (ATCC 27294) as quality control, with results consistently within acceptable limits.

Table S2. Definitions of Drug Resistance Types in Tuberculosis

Drug Resistance Type	Definition
INH-Mono	A form of tuberculosis (TB) in which the *Mycobacterium tuberculosis* strain is resistant to isoniazid (INH) but susceptible to all other first-line anti-TB drugs.
Poly-DR	TB that is resistant to more than one anti-TB drug but not to both isoniazid (INH) and rifampicin (RIF), the two core first-line drugs.
MDR/RR-TB	TB that is resistant to at least isoniazid (INH) and rifampicin (RIF), regardless of resistance to other drugs.
Pre-XDR-TB	A type of MDR-TB that is also resistant to any one of the fluoroquinolones (FQs) or a second-line injectable drug, but does not meet the criteria for XDR-TB.

Classification of *Mtb* isolates at T1 and T2 according to the 2021 WHO definitions: isoniazid-monoresistant (INH-Mono), poly-drug resistant (Poly-DR), multidrug-resistant or rifampicin-resistant tuberculosis (MDR/RR-TB), and pre-extensively drug-resistant tuberculosis (Pre-XDR-TB).