

## Appendix S1 – Reflexivity Statement

### 1. How does this study address local research and policy priorities?

The project is a data-driven, provider-led health system intervention aimed at identifying young people living in Kenya who are most at risk for loss to HIV care, sub-optimal adherence, and viral failure. Our stepped care approach, combined with a clinical prediction tool, is a timely and flexible intervention in the context of differentiated care and numerous ongoing care initiatives. We have engaged with interested parties, including caregivers, adolescents, healthcare workers, researchers, and in-country health officials, to understand their perspectives on the intervention and consider their views on its design. By improving engagement in care and optimizing the provision of limited resources, this intervention may improve health among adolescents and youth in Kenya and provide support for testing stepped care approaches, which can ultimately inform policy on HIV care for adolescents living with HIV in Kenya and other resource-limited settings.

### 2. How were local researchers involved in study design?

GJS, PK, and KA obtained study funding and served as study principal investigators. [GJS and PK are from the United States, and KA is from Kenya]. KBS led protocol development and study oversight for the qualitative work within the parent study with assistance from KW, SS, JD, JB, and JN. [KBS, SS, JB and JN are from the United States of America, and JB is from Kenya]. JB recruited and enrolled participants. KBS, SS, JN, HL, SL and SS developed the codebook, coded, and analyzed the study findings. FCM, KBS, and SS drafted and revised thematic memos to identify the main themes [FCM, KBS and SS are all based in the United States of America; FCM is from Cameroon and recently moved to the US from South Africa]. FCM wrote the initial manuscript with support from SS and KBS. All authors critically read and revised the final manuscript. Some authors have diverse cultural heritages originating from low- and middle-income countries but currently reside in high-income countries. Four (KA, JB, JK, II) authors are based in LMICs.

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

A subcontract was established between the University of Washington and Impact Research and Development Organization to fund study team personnel, implementation, and training expenses.

### 4. How are the research staff who conducted data collection acknowledged?

All research staff involved in the data collection are part of the authorship team.

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

All members of the partnership have access to study data.

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

The data analysis was achieved through collaboration between authors from the US and those from Kenya, with opportunities to develop research skills among the team members from the Kenya site who were not previously experienced in research. The overall study team has provided a manuscript writing platform and training that includes resources on literature search, analysis, and presentation of data. Team members interested in qualitative research have been provided opportunities to gain skills in this type of analysis.

**7. How have research partners collaborated in interpreting study data?**

Research partners were offered invitations to join data interpretation from the beginning stages of analysis to the point of giving feedback on early drafts of the manuscript. Issues during data analysis were reported to all co-authors during weekly team calls to allow for discussion and feedback. All authors approved the final interpretation of the results in the manuscript.

**8. How were research partners supported to develop writing skills?**

Different manuscripts from the project were shared among project investigators from the US and those from Kenya. Opportunities to be a primary author on qualitative projects have been offered to all investigators. Investigators from Kenya are being mentored by experienced partners from the US on several manuscripts. This manuscript was led by one of the investigators based in the US, who is from Cameroon and recently moved to the US from South Africa, thus holding dual identities from both LMIC and HIC perspectives.

**9. How will research products be shared to address local needs?**

This study's findings and others from the project will be published as open-access, peer-reviewed papers. Subsequently, we will present the results of our investigations at different conferences to distribute recommendations across a broad constituency. We will also engage stakeholders with the Kenyan Ministry of Health to share our findings, which can ultimately inform policy on HIV care for adolescents living with HIV in Kenya.

**10. How is the leadership, contribution, and ownership of this work by LMIC researchers recognized within the authorship?**

FCM worked with the senior authorship team (KBS and SS) in developing this manuscript. KA and JK are both from LMIC backgrounds and have contributed as authors to this manuscript. However, we acknowledge that most authorship teams are based in high-income countries.

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

We have included early career researchers (FCM, HL, II, and NC) within the authorship team. They contributed most of the data collection, analysis, and manuscript development.

**12. How has gender balance been addressed within the authorship?**

Two authors are male (FCM and JK), and 12 are female (KB-S, JN, HL, KA, EH, KW, JB, II, NC, GJ-S, PK, and SKS).

**13. How has the project contributed to the training of LMIC researchers?**

The authors based in LMIC countries include junior and senior researchers. Researchers based in Kenya have been given opportunities to learn more about conducting qualitative research and have taken up those opportunities as they have had the time and inclination. Research funding leveraged as part of this project supports the employment of junior and senior researchers based in Kenya.

**14. How has the project contributed to improvements in local infrastructure?**

This project has not directly contributed to improvements in local infrastructure for clinical care but includes researchers who may be involved in future qualitative work. The study intervention is aimed at improving the capacity of local infrastructure to optimize care for adolescents living with HIV in Kenya.

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

Data were de-identified before release to the data analysis team. All participants provided written assent with parental permission or informed consent before participating. The participants were also informed of the potential that some questions might be sensitive and/or feel intrusive.