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Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Cluver LD, Orkin FM, Campeau L, et al. Improving lives by accelerating progress towards the UN Sustainable Development Goals for adolescents living with HIV: a prospective cohort study. *Lancet Child Adolesc Health* 2019; **3:** 245–54.

Table S1. Governments and agencies identifying possible development accelerators

Hypothesised accelerator	Identified through consultation
Free schooling	USAID-PEPFAR
	Government of Kenya
	Government of Tanzania
	Government of Sierra Leone
	UNFPA
Cash transfers	UNDP
	UNICEF
	UN Inter-Agency Task Team for Social Protection
	Government of South Africa
	Government of Kenya
	Government of Lesotho
Safe schools	UKAID/DFID
	African Union Development Agency
	Government of Uganda
	Government of Tanzania
	Government of South Africa
HIV support group	UNAIDS
	Global Fund to End TB, AIDS and Malaria
	Pediatric Adolescent Treatment for Africa
	International AIDS Alliance
	UN Women
	Government of Zambia
	Government of South Africa
Free school meals	World Food Program
	Government of South Sudan
	Government of Lesotho
Parenting support	Global Partnership to End Violence against Children
	USAID-PEPFAR
	Catholic Relief Services
	Government of South Africa
	International Rescue Committee

Table S2. Association between self-reported past week adherence to ART and undetectable viral load using multivariable logistic regression (n=521)

Variables	aOR[1] (95% CI[2], p-value)
Consistent past week adherence	1·65 (1·11-2·44; 0·013)
Covariates	
Age (>=15)	0·97 (0·90-1·05; 0·43)
Gender	0·9 (0·62-1·31; 0·59)
Rural location	0·7 (0·46-1·05; 0·088)
Informal housing	1·03 (0·62-1·70; 0·91)
Poverty	1·33 (0·83-2·11; 0·24)
Maternal orphanhood	0·85 (0·58-1·25; 0·40)
Paternal orphanhood	0·99 (0·67-1·48; 0·97)
Horizontally infected	0·8 (0·46-1·42; 0·45)
Poor health	0·68 (0·27-1·72; 0·42)

[1] Adjusted odds ratios, [2] Confidence intervals