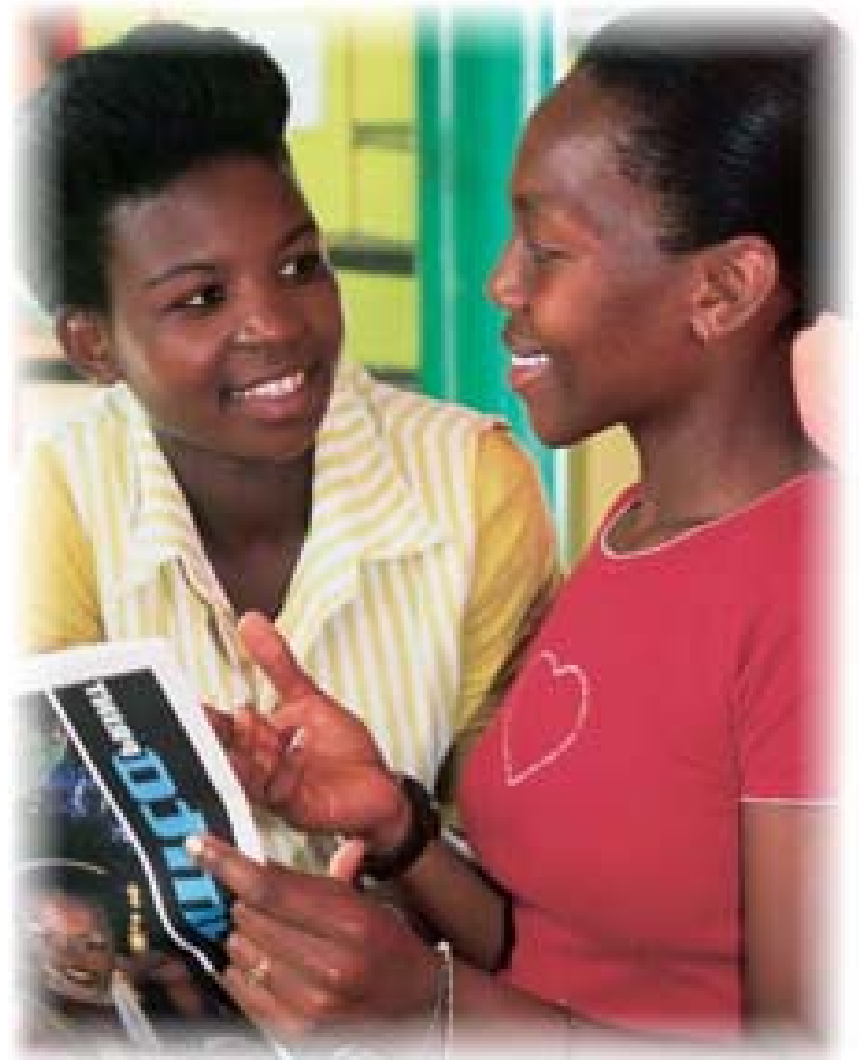


**Beginning with
a shared
understanding.**



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No longer children, not yet adults !

Adolescents

10 - 19 years

Youth

15-24 years

Young people

10-24 years

Source: A picture of health? A review and annotated bibliography of the health of young people in developing countries (WHO, UNICEF, 1995).

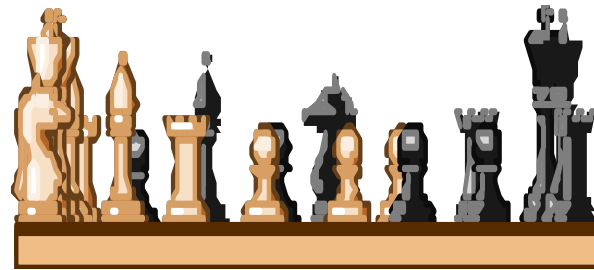


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Adolescents: A diverse group.

- different stages of development...
- different circumstances...
- different needs...
- different problems...



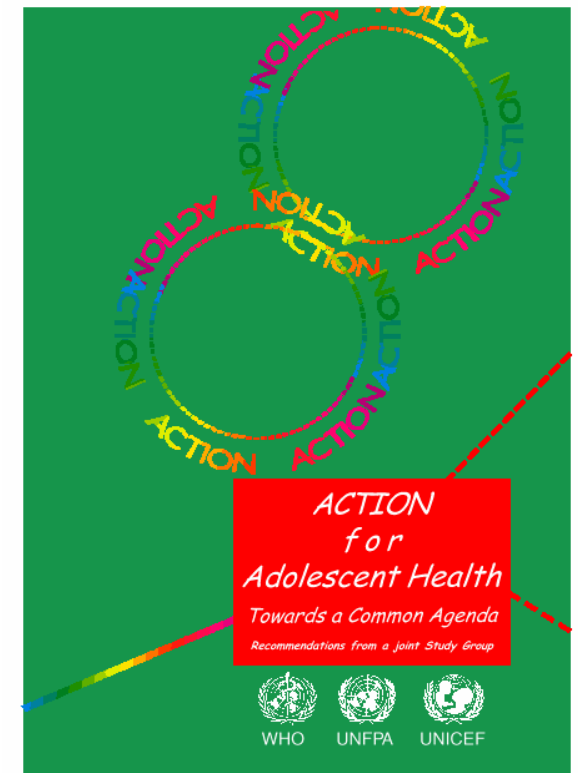


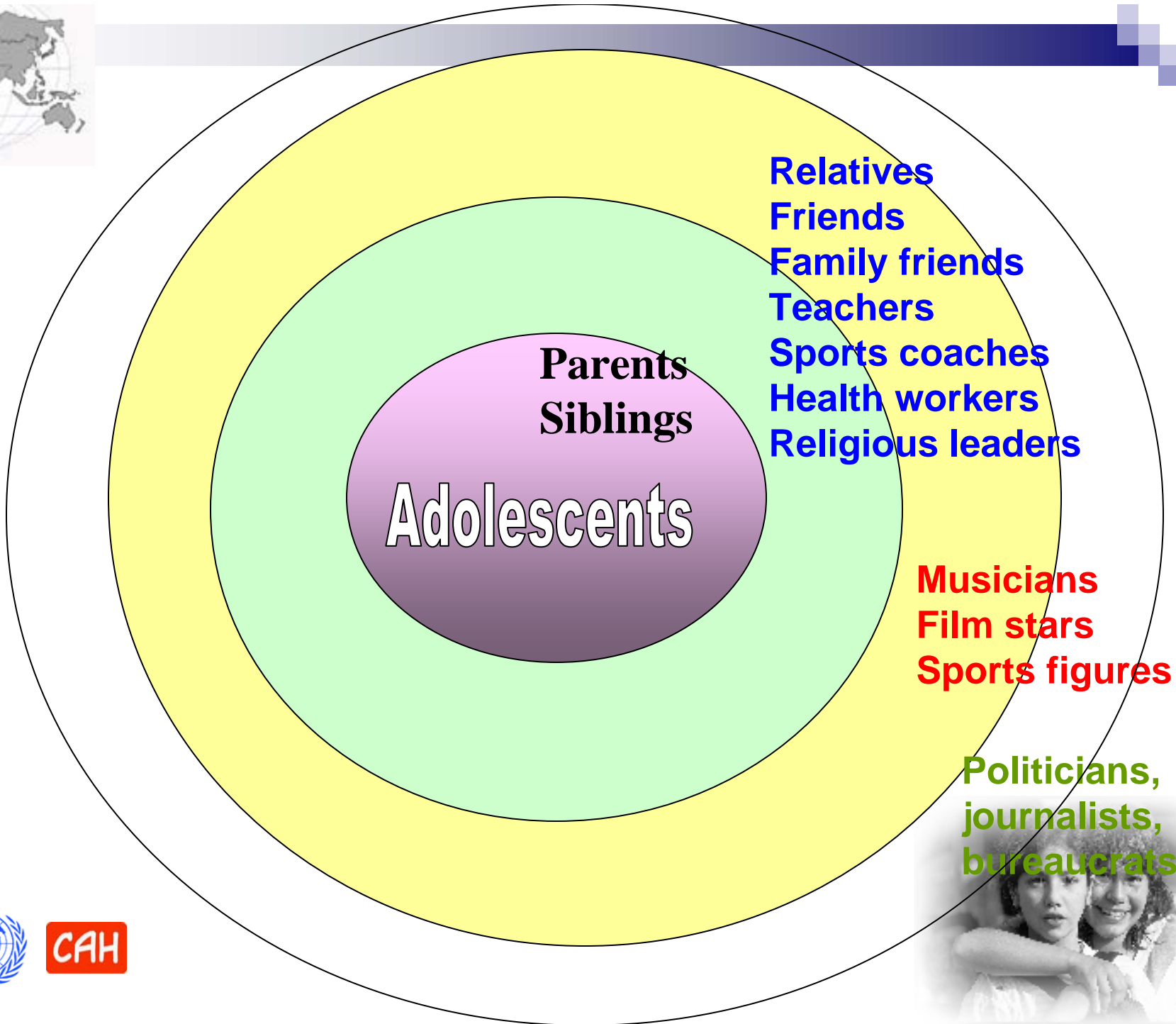
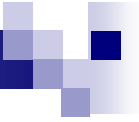
What adolescents need & why?

- **Information & skills**
(they are still developing)
- **Safe & supportive environment**
(they live in an adult world)
- **Health & counselling services**
(they need a safety net)



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Parents
Siblings
Adolescents

Relatives
Friends
Family friends
Teachers
Sports coaches
Health workers
Religious leaders

Musicians
Film stars
Sports figures

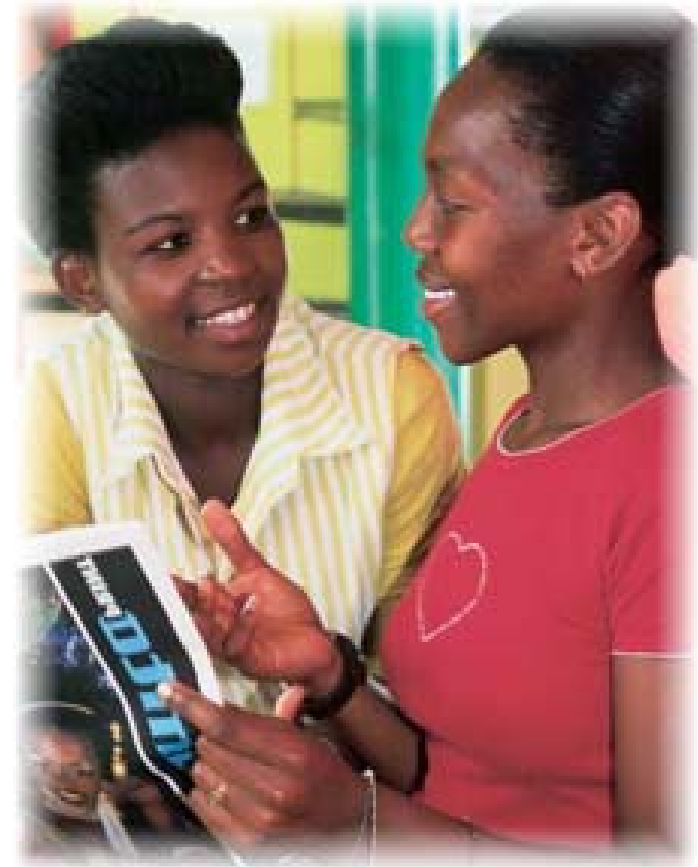
Politicians,
journalists,
bureaucrats



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**The Effectiveness of
Interventions to Achieve
the Global Goals on
HIV/AIDS among Young
People in Developing
Countries**





Overview of the Presentation

- **Setting the scene**
- Reviewing the evidence: what we have done & how
- The findings: Steady, Ready, GO!
- Challenges and conclusions





Setting the scene

- 50% of HIV transmission is in young people (10-24 years); 5-6,000 become infected every day.
- We know that many things need to be done.
- Many things will influence decisions about what to do. **Evidence of effectiveness needs to be one of them!**



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Choices should be evidence-informed, but ...

- Complicated: We need evidence from multiple interventions in multiple settings
- Evidence-base often patchy.
- Not clear what is meant by "evidence": (RCT, "quasi-experimental", before/after, cross-sectional, qualitative, anecdote)
- **Consequently, there is very little consistency or transparency about how to decide if there is/is not sufficient evidence to support wide-spread implementation of interventions**



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Opportunities and urgency

- Global goals that provide vision and focus:
 - decreasing prevalence
 - increasing access to core interventions
 - decreasing vulnerability
- Growing politicization of interventions for prevention among young people e.g. abstinence (& ignorance !) until marriage
- Growing recognition about the main settings through which we can reach young people (schools, health services, communities, media, outreach to vulnerable groups, the political environment)



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Overview of the Presentation

- Setting the scene
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Objectives of this initiative

- To inform the choices of policy makers & programmers about interventions to achieve the global goals on HIV & young people
- To provide a comprehensive review of the evidence for effectiveness of interventions to prevent HIV among young people in developing countries
- To clarify our understanding about "evidence", and develop a standard methodology for reviewing different types of interventions in different settings:
 - Schools
 - Health services
 - Mass media
 - Geographically-defined communities
 - *Young people most at risk*





A partnership effort



London School of Hygiene
and Tropical Medicine



Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
ILO • UNESCO • WHO • WORLD BANK



And others!



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Caveats

- This is not the final answer. It is a contribution to help develop how we think about evidence, and to be clear about what we know & what we don't know at this point in time
- Very variable evidence-base for different settings
- Reporting bias
- Did not deal with:
 - structural interventions to decrease vulnerability (there is little evidence except from anecdote)
 - interventions in the political environment (e.g. policies)
 - all settings (e.g. prisons, workplaces)
 - all groups at high risk of HIV
 - Provision of care, support & treatment



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Methodology

1. Select the main settings where interventions are provided for young people
2. Categorise interventions in these settings into *types*, based on the choices policy makers and programmers need to make
3. Assess the strength of evidence of effectiveness that would be needed to recommend each type of intervention for widespread implementation (the "*evidence threshold needed*")
4. For each setting, assess the strength of the empirical evidence available for each type of intervention in terms of specific outcomes, grading the evidence using standard criteria
5. Decide if the evidence threshold needed to recommend widespread implementation for each type of intervention has been met?
 - **Yes fully:** **GO!**
 - **Partially:** **Ready**
 - **No, but encouraging:** **Steady**
 - **Evidence of lack of effectiveness or harm:** **Do not go**



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Overview of the Presentation

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Schools-based Interventions

Types of Interventions & Strength of Evidence Needed to Recommend Widespread Implementation

| Type | Curriculum-based | With characteristics | Adult-led +/- Peers, or Only Peers | Strength of Evidence Needed for defined threshold |
|------|------------------|----------------------|------------------------------------|---|
| 1 | √ | √ | Adult +/- Peers | Quasi-experimental or RCT |
| 2 | √ | √ | Only Peers | |
| 3 | √ | x | Adult +/- Peers | |
| 4 | √ | x | Only Peers | |
| 5 | x | x | Adult +/- Peers | |
| 6 | x | x | Only Peers | |





Schools-based Interventions Results Effects on reported sexual behaviours

| Type of intervention | No. studies | | | | Rec ⁿ |
|--|-------------|-------------|-----------------------|-------------|------------------|
| | N | ≥1 positive | No significant effect | ≥1 negative | |
| 1. Curriculum-based, with specified characteristics, Adult-led +/- Peers | 13 | 11 | 2 | 0 | Go! |
| 2-6. Other types | 9 | 4.5* | 4 | 0.5* | Steady |

* 1 study with both significant positive & negative effects on different behaviours



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Mass Media Interventions

Types of Interventions & Strength of Evidence Needed to Recommend Widespread Implementation

| Intervention Type | Strength of Evidence Needed for defined threshold | Comment |
|--------------------------------|---|--|
| 1. Radio-only | Before-After +/ or | Increasingly strong evidence needed as complexity & cost increases |
| 2. Radio + other media (No TV) | Intervention vs Comparison | |
| 3. Radio + TV + other media | (Quasi-experimental) | |





Mass Media Interventions

Effects on reported sexual behaviours

| Type of intervention | No. studies | | | | Rec ⁿ |
|--------------------------------|-------------|-------------|-----------------------|-------------|------------------|
| | N* | ≥1 positive | No significant effect | ≥1 negative | |
| 1. Radio-only | 1 | 0 | 1 | 0 | Steady |
| 2. Radio + other media (No TV) | 5 | 3 | 2 | 0 | Go! |
| 3. Radio + TV + other media | 7 | 6 | 1 | 0 | Go! |

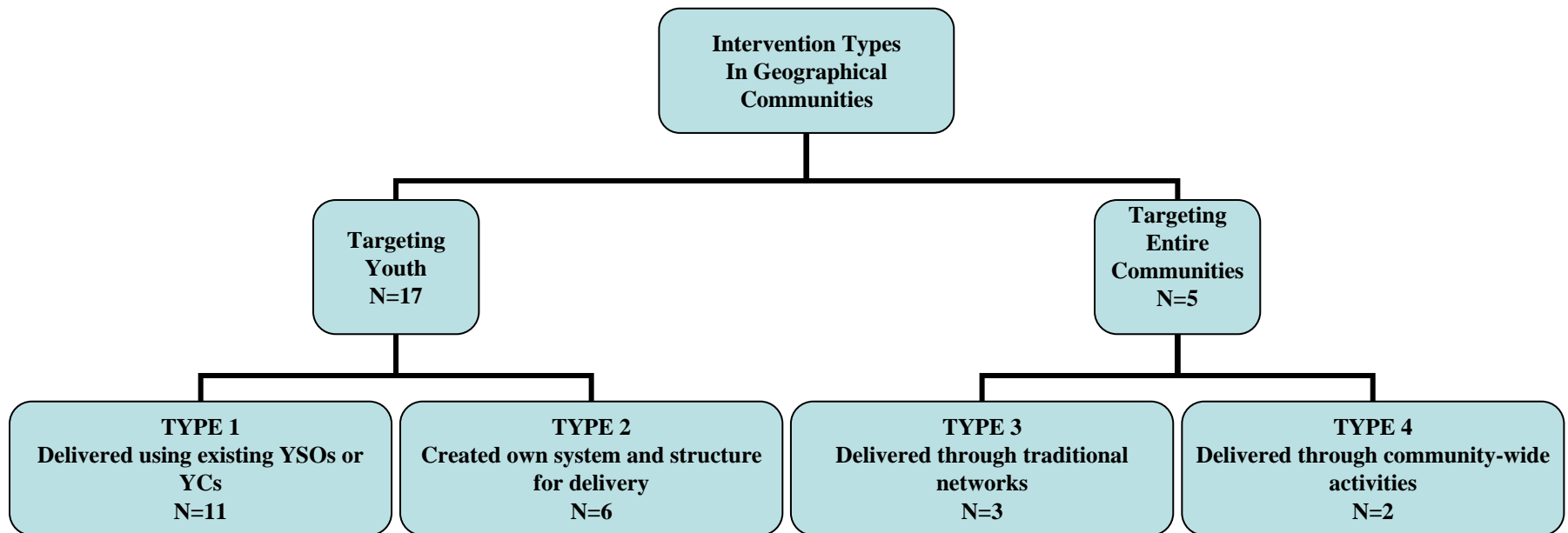
* 2 studies in the review did not measure any behaviours





Geographically defined Communities

Types of Interventions



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Interventions for geographically defined communities

| Type of intervention | Number of studies | | | | Rec ⁿ |
|---|-------------------|----------|-----------------------|----------|------------------|
| | N | Positive | No significant effect | Negative | |
| 1 Targeting young people using existing youth service organizations and youth centres | 16 | 7 | 8 | 1 | Ready |
| 2 Targeting young people through new systems and structures specially created | 7 | 2 | 5 | | Steady |
| 3 Community-wide interventions delivered through family networks | 4 | 2 | 2 | | Steady |
| 4 Community-wide interventions delivered through community activities | 2 | 1 | 1 | | Steady |





Types of Health Service Interventions

| Interventions in the health facility | Interventions outside the health facility | | |
|---|--|---|--|
| | Interventions in the community, e.g. peer educators, community sensitization | Interventions with other sectors, e.g. schools, media | Interventions in the community <u>and</u> with other sectors |
| Training of service providers and clinic staff only | Type 1 (n=1) | Type 3 (n=1) | Type 5 (n=2) |
| Training of service providers and clinic staff <u>plus</u> interventions in the facility to make it more <i>adolescent friendly</i> | Type 2 (n=4) | Type 4 (n=0) | Type 6 (n=8) |



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Can we increase young people's use of services?

| Interventions in the health facility | Interventions outside the health facility | | |
|---|--|---|--|
| | Interventions in the community, e.g. peer educators, community sensitization | Interventions with other sectors, e.g. schools, media | Interventions in the community <u>and</u> with other sectors |
| Training of service providers and clinic staff only | Type 1 Steady/Don't go | Type 3 Steady/Don't go | Type 5 Steady/Don't go |
| Training of service providers and clinic staff <u>plus</u> interventions in the facility to make it more <i>adolescent friendly</i> | Type 2 GO! | Type 4 Steady/Don't go | Type 6 Ready |



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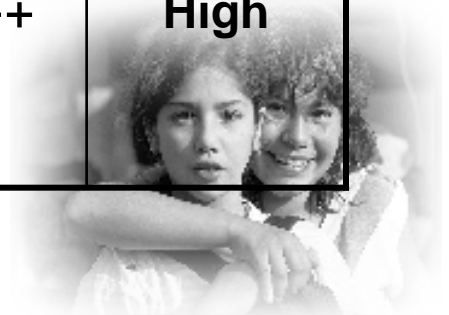


Young people most at risk of HIV

| Intervention Type | CRITERIA | | | | | | Threshold of evidence |
|--|-------------|--|-----------------------------|--|--------------------------|---------------------------------|-----------------------|
| | Feasibility | Lack of Potential for adverse outcomes | Acceptable for target group | Acceptable for community and policy makers | Potential size of effect | Other health or social benefits | |
| 1. Outreach only Information only | ++ | +++ | ++ | ++ | + | + | Medium |
| 2. Outreach only Information and Services | + | ++ | ++ | - | ++ | ++ | High |
| 3. Facility only Information and services | ++ | ++ | +++ | + | ++ | ++ | Medium |
| 4. Facility and Outreach Information and services | + | + | +++ | - | +++ | +++ | High |



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Young people most at risk of HIV: Interpreting the results

- Very few studies available that focused on young injecting drug users, young sex workers, young men who have sex with men in developing countries
- Young people represent a large proportion of the general population of IDUs, SWs and MSM, & there are more studies where the data are not disaggregated by age
- Therefore have strengthened the weak evidence base from studies explicitly targeting young people with the stronger evidence base for the general populations of groups most at risk
- Recommendation: **READY**



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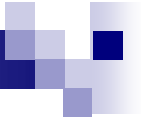


Interventions that are *GO!*

| | |
|---|---|
| Schools | <ul style="list-style-type: none">■ Curriculum-based, skills-based sexual health education, led by adults +/- peers, with specific characteristics* |
| Health Services <u>ONLY FOR THE ACCESS GOAL</u> | <ul style="list-style-type: none">■ Training of service providers and clinic staff, facility improvements, and actions in the community |
| Mass media | <ul style="list-style-type: none">■ Sustained, multi-channel campaigns with specific characteristics* |

* Provided they follow best practice, both in terms of content and process





Interventions that are Ready

| | |
|---|---|
| Geographically defined communities | Interventions that explicitly target young people, and that are delivered through existing systems and structures |
| Young people most at risk | Interventions that provide information and services, through facilities and outreach |





Overview of the Presentation

- Setting the scene
- Reviewing the evidence: what we have done and how
- The findings: Steady, Ready, GO!
- Challenges & conclusions



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Challenges

Nature of the evidence:

- Still lack evaluations of interventions among young people in developing countries, and many of poor quality
- We need more data on costs!
- Few rigorous studies looked at actions to create a favourable environment for intervention delivery (e.g. the political environment)
- Few studies about structural interventions
- Often clearer about the "what?" than the "how?"

Interpreting the evidence:

- How to interpret the findings from studies that included multiple interventions (which is what we have been promoting!)?
- Just because it hasn't been evaluated doesn't mean that it doesn't work!



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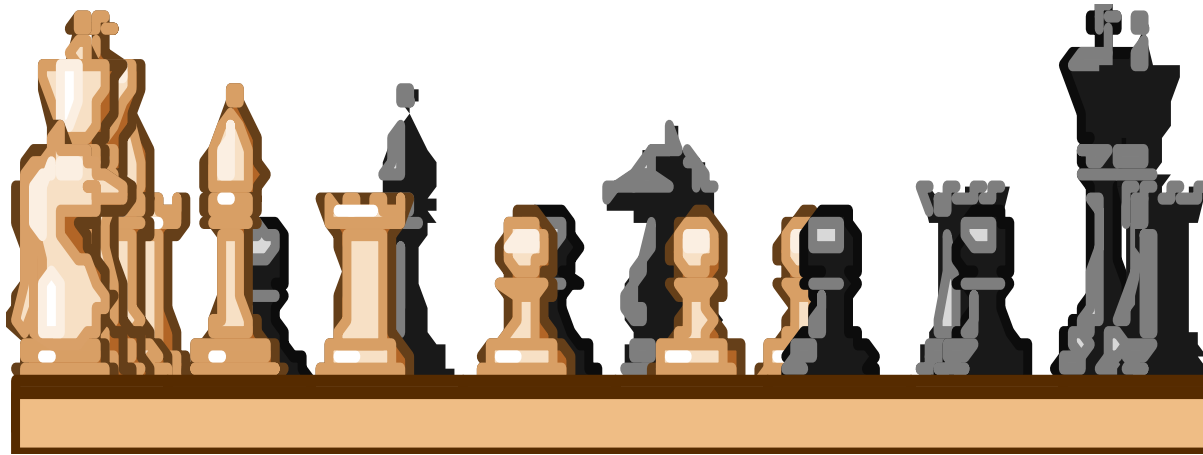
Implications for Action

- Needs wide dissemination: provides guidance for decision makers about some interventions that should widely implemented, **GO!** with careful monitoring, and **Ready** with careful impact evaluation
- Provides a research agenda: moving Steady to Ready (or Do not go), and Ready to GO!



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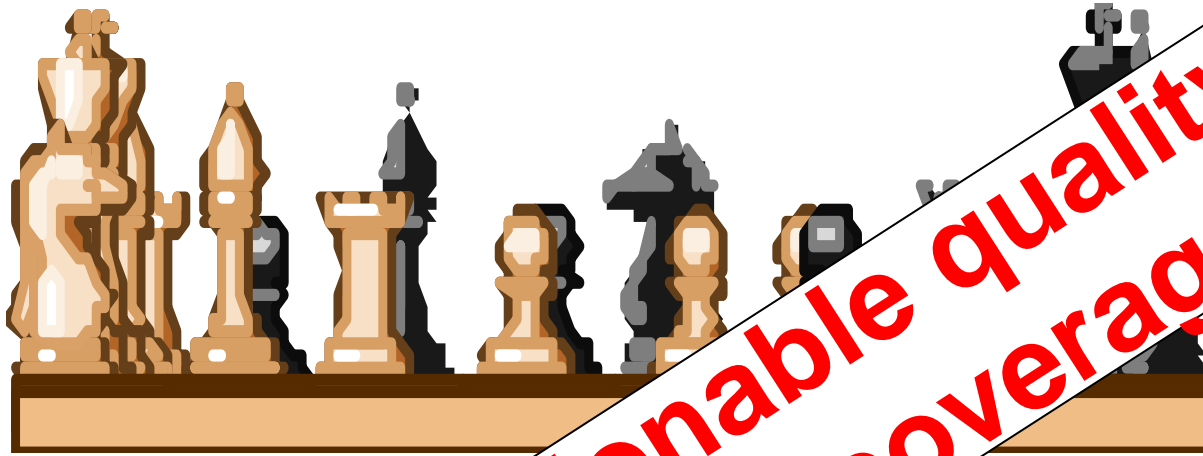
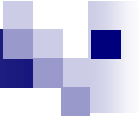
- Many different players
- Working in many different settings
- Doing many different things

- In the name of HIV prevention in young people.



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**Questionable quality
& patchy coverage.**

different players
going many different things
*- in the name of HIV
prevention in young people.*

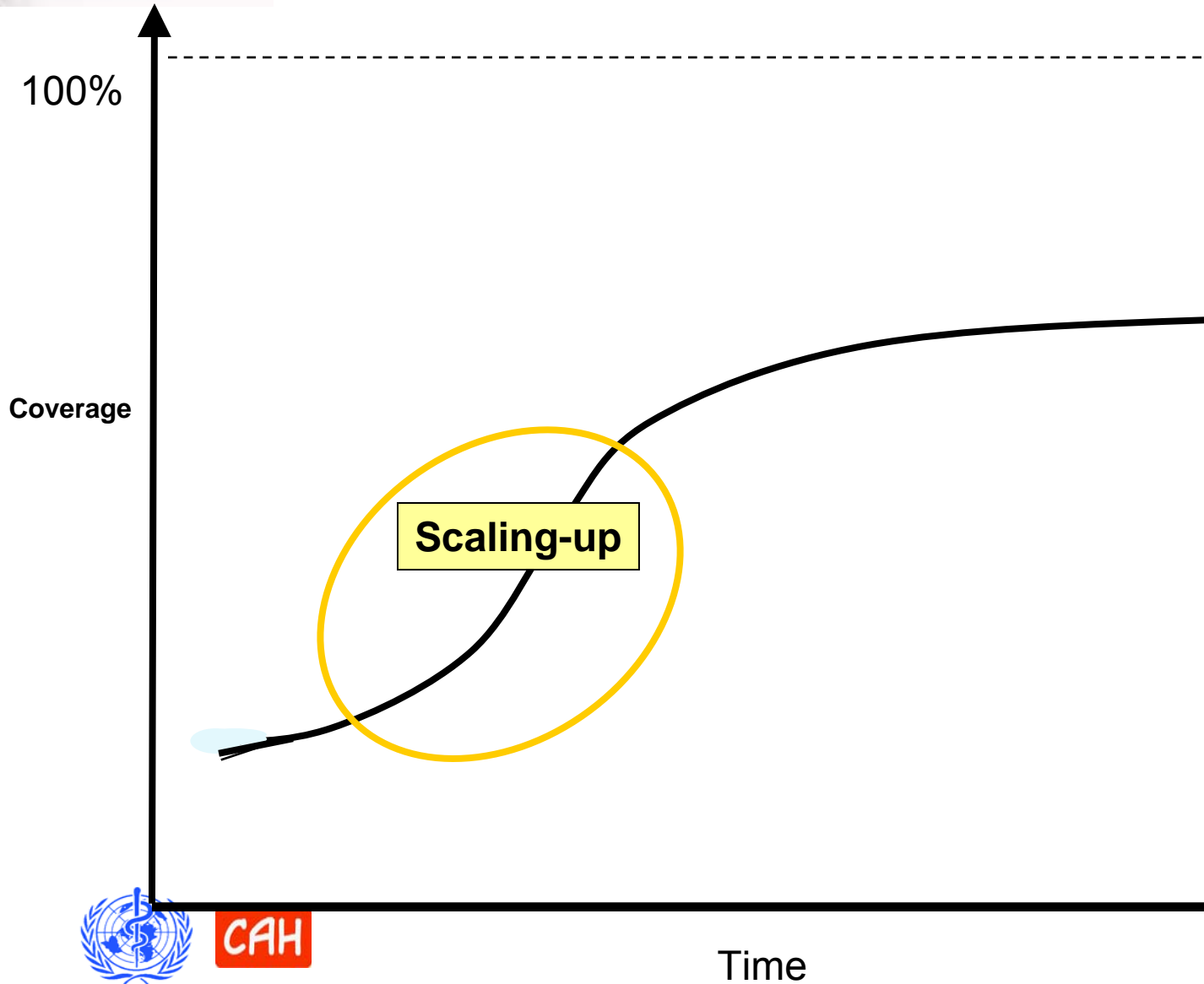


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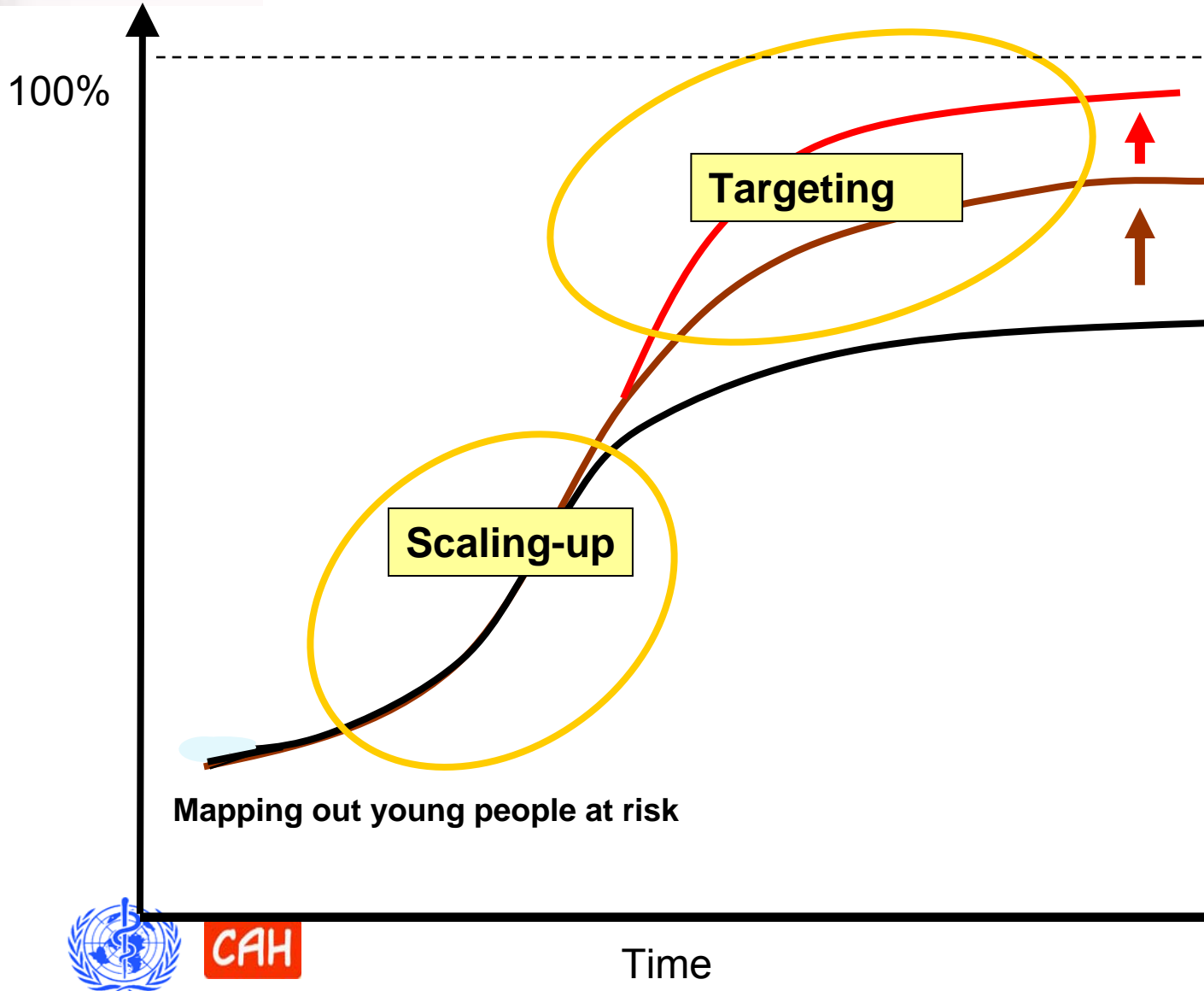


Scaling up coverage to reach 'all' adolescents





Scaling up coverage to reach "all" adolescents as well as those who are at particular risk.



Reaching out to young people at risk





Conclusion

We have:

- **Goals and targets**
- **Increasing funds in countries**
- **Increasing clarity about effective and promising interventions**

We need:

- **Much more evidence-informed action!**

