

Preventing **HIV/AIDS** in young people

The first systematic review of what works to prevent HIV infection among young people in developing countries

The effectiveness of different interventions delivered in schools, health services, media and communities for young people has just been published by WHO, in conjunction with London School of Hygiene and Tropical Medicine, UNAIDS, UNFPA and UNICEF¹.

Evidence from 80 studies in developing countries were reviewed and classified in a way that makes it easier for policy makers and programme people to take effective action and achieve the global goals and commitments on HIV and young people.

¹ Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries. WHO, 2006, http://www.who.int/child-adolescent-health/publications/ADH/ISBN_92_4_120938_0.htm



Interventions are graded as:

- **GO!** (stop asking for more evidence and get on and do it!)
- **Ready** (implement widely but evaluate carefully)
- **Steady** (not ready yet for prime time: more research and development required)

Interventions graded as **GO!** and **Ready** for wide-spread implementation are:

IN SCHOOLS: Curriculum-based interventions, led by adults, that are based on defined quality criteria, can have an impact on knowledge, skills and behaviours

IN HEALTH SERVICES: interventions can increase young people's use of services provided that they train service providers, make changes in the facilities to ensure that they are "adolescent-friendly", and create demand and community support through actions in the community

IN THE MASS MEDIA: interventions can have an impact on knowledge and behaviours if they involve a range of media, for example TV and radio supported by

other media e.g. print, and are explicit about sensitive issues but in line with cultural sensitivities

IN COMMUNITIES: increased knowledge and skills can be achieved through interventions that are explicitly directed to young people and work through existing organizations and structures

FOR YOUNG PEOPLE MOST AT-RISK: interventions that provide information and services through static and outreach facilities are most effective in reaching young people most at risk of HIV, for example young sex workers, young injecting drug users or young men who have sex with men.

Prevention in young people is worth investing in and we are seeing success!

Six African countries have achieved 25% reduction in HIV infections since 2001 and in 4 other countries, there is delayed sexual initiation and increased condom use among young people.²

But we have some way to go to ensure universal access to the **GO!** interventions by young people

Even though in 58 countries, 74% of primary schools and 81% of secondary school report providing AIDS education, fewer than 50% of young people are knowledgeable about AIDS.

The **Steady Ready GO!** categories provide clear guidance about which interventions need to be taken to scale *now*, and which ones need further development before they are ready for prime time. The report shows what is and what isn't worth investing in. It will help improve quality and strengthen accountability as we move towards universal access.

The report makes additional specific recommendations:

■ For programme development and delivery staff

Setting	Recommendations
General	<ul style="list-style-type: none">■ Interventions, and their reports, should be clear about what is being done and what the expected outcomes are■ They should also provide results disaggregated by age and sex of the participants■ The implementation of all interventions should be accompanied by careful monitoring and by evaluation appropriate to the level of existing evidence■ Greater collaboration is needed between programme managers and researchers to facilitate effective monitoring and evaluation design
Schools	<ul style="list-style-type: none">■ Programmes should be curriculum-based and designed and implemented using the characteristics shown to be associated with effectiveness³
Health services	<ul style="list-style-type: none">■ In order to increase young people's use of services it is necessary to train service providers and other clinic staff in how to provide high quality health services for young people■ Facilities should be made more accessible and acceptable to young people■ Work also needs to be done in the community to generate demand and support for the services targeting young people■ Other sectors, in particular schools and the media, can assist in creating demand by improving young people's overall knowledge about HIV/AIDS and encouraging health-seeking behaviours
Mass media	<ul style="list-style-type: none">■ To achieve the best results, mass media programmes must be tailored specifically to young people■ They need to provide mutually reinforcing messages through multiple channels
Geographically defined communities	<ul style="list-style-type: none">■ Initiatives should largely focus on working with existing youth-service organizations, where careful attention should be paid to selecting, training and specifying culturally appropriate interventions and tasks for programme staff■ Staff should benefit from ongoing supervision■ Organization leaders need to be vigilant in maintaining overall community support and resource mobilization
Young people most at risk	<ul style="list-style-type: none">■ These young people should be provided with information, skills and services through facilities and through outreach strategies■ Their specific needs should be given increased attention.■ Careful evaluation of the impact and processes of interventions is essential to increase knowledge of what is effective among this group of young people

³ Kirby, D, Laris B, Roller, L Impact of sex and HIV education programs on sexual behaviors in developed and developing countries. Washington, DC, Family Health International, 2005: 1-45



■ For researchers

Setting	Recommendations
General	<ul style="list-style-type: none">■ There is a critical need to strengthen research and programme monitoring and evaluation capacity in developing countries■ High-quality evaluations and monitoring of the impact of HIV prevention interventions among young people in developing countries are urgently required for interventions classed as “Ready” and “Steady”■ Operations research is needed to better understand the mechanisms of action of interventions■ Clarity is needed about the specific vulnerabilities of young people, including young injecting drug users, young sex workers and young men who have sex with men, to guide programme managers■ Standardization of outcome indicators would greatly facilitate comparisons of results across studies■ Costing and cost-effectiveness studies should be built into evaluation studies■ Research is needed to better understand the relationship between reported effects on behaviours and biomedical impacts
Schools	<ul style="list-style-type: none">■ Whenever possible, future evaluations of school-based interventions should use randomized designs with sufficiently large samples■ They should also measure the impact on STIs and HIV as well as knowledge and self-reported attitudes, self-efficacy and sexual risk behaviours
Health services	<ul style="list-style-type: none">■ Evaluation and operations research should be core elements of any interventions to increase young people’s use of health services
Mass media	<ul style="list-style-type: none">■ Evaluations of mass media programmes should focus on those that are comprehensive, have the potential for achieving population effects and use strong quasi-experimental designs to build a case for inferring causality
Geographically defined communities	<ul style="list-style-type: none">■ Evaluation and operations research need to be core elements of programmes targeting young people and the community at large■ This research should pay particular attention to identifying conditions for effectiveness among various populations (such as, young men and young women) and locations (such as rural or urban areas)
Young people most at risk	<ul style="list-style-type: none">■ Research is needed to identify the special needs of these young people in contrast to those of adults in order to improve indicators that can be used for monitoring and evaluation