Steady… Ready… Go!

Preventing HIV/AIDS in young people:
a systematic review of the evidence from developing countries

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A partnership effort

World Health Organization

London School of Hygiene and Tropical Medicine

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

UNFPA

unicef
United Nations Children's Fund

And others!

Acknowledgements

Objectives

- **To inform the choices by policy makers and programme managers of interventions to reduce HIV in young people**

- **To provide a comprehensive review of the evidence on the effectiveness of interventions to prevent HIV among young people in developing countries**

- **To clarify what we mean by "evidence", and develop & use 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**

WHO Technical Report Series 938, July 2006 (www.who.int)

Background:

- **Introduction & rationale**

- **Overview of HIV among young people**

- **Overview of HIV prevention interventions**

Systematic Reviews:

- **Methodology**

- **Reviews of interventions in:**
  - o **Schools**
  - o **Health services**
  - o **Mass media**
  - o **Geographically-defined communities**
  - o **Young people most at risk of HIV**

Conclusions and recommendations

Caveats

- This is not the final answer … a contribution to help us be clear about what we know & what we don't know at this point in time in terms of what works for HIV prevention among young people

- Very variable evidence-base for different settings
  - Lack of evidence NOT same as evidence against effectiveness

- Reporting bias

- Did not review:
  - Structural interventions to decrease vulnerability (there is little evidence except from anecdote)
  - Interventions in the political environment (eg. policies, legislation)
  - All potential settings (eg. prisons/detention centres, churches, youth clubs, etc)
  - All groups at high risk of HIV
  - Care, support and treatment

Outcomes

- **Based on UN General Assembly Special Session on HIV/AIDS (UNGASS) goals related to young people**

Access to:

Information	Knowledge
Skills	Self-efficacy
Services	Use of services

Reduce:

Vulnerability	Few (if any) data on interventions to reduce vulnerability
HIV prevalence	**HIV prevalence or incidence** where available, but very few studies had data on this, but **reported sexual behaviour** used as an (imperfect) surrogate

Methodology

1. Select main settings where interventions provided for young people

2. Categorise interventions in each of these settings into *types*, based on the choices policy makers and programmes 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. Review all studies where there was a clearly described intervention and evaluation of the impact on the UNGASS Goals outcomes

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**

Types of interventions

Example: **Geographically-defined communities:**

1. Targeting youth; delivered through existing Youth Service Organisation or Youth Centre
2. Targeting youth; delivered through new systems or structures
3. Community-wide; delivered through family networks
4. Community-wide; delivered through community activities

The strength of evidence needed to recommend widespread implementation of an intervention will vary

This depends on:

- Feasibility (including cost)
- Potential for adverse outcomes
- Acceptability
- Potential size of the effect
- Other health or social benefits

Strength of evidence needed

Example:

Interventions in geographically-defined communities working through pre-existing youth-serving organizations

Feasibility	Lack of potential for adverse outcomes	Acceptability	Potential size of effect	Other health or social benefits	Strength of evidence needed
+++	++	+++	++	++	Low

Strength of evidence needed

Example:

Interventions in geographically-defined communities working through new structures or organizations

Feasibility	Lack of potential for adverse outcomes	Acceptability	Potential size of effect	Other health or social benefits	Strength of evidence needed
+	-	+	+	+	High

A hierarchy of evidence

Informed judgement: **Key informant interviews**

"Adequacy/Supportive": **The expected changes occurred**

         (Before and after or time series studies without a control group)

"Plausibility":   **The changes were greater than could be explained by any other external influences**

         (Control group included)

"Probability":   **Changes were unlikely to have occurred by chance**

         (RCT)

(after Habicht, Victora, et al 1999 & 2004)

Strength of evidence required to recommend widespread implementation

Strength of evidence required	Characteristics
Low	Need positive evidence from well-conducted adequacy studies, and at least some positive evidence from plausibility studies
Medium	Need positive evidence from well-conducted plausibility studies, at a minimum
High	Need positive evidence from well conducted RCTs or quasi-experimental studies

Recommendation for each type of intervention

Go!	**Evidence threshold met**
	Sufficient evidence to recommend widespread implementation on large scale <u>now</u>, with careful monitoring (coverage & quality… & cost)
Ready	**Evidence threshold partially met**
	Evidence suggests interventions are effective, but large-scale implementation must be accompanied by further evaluation to clarify impact and mechanisms
Steady	**Some encouraging evidence of effectiveness but this evidence is still weak**
	Evidence is promising, but further intervention development, pilot testing and evaluation urgently needed before they can move into the "ready" category
Do not go	**Strong enough evidence of lack of effectiveness or of harm**
	Not the way to go …

Results

"GO!"

Schools	➢ Curriculum-based sexual health education with specific characteristics found to be effective in high-income countries, led by adults (+/- peer involvement)
Health services	➢ Interventions with service providers including changes in structure or function of facilities & promotion of the services among young people and gatekeepers in the community
Mass media	➢ Messages delivered through radio & other media (eg. print), with or without TV

"Ready"

Geographically-defined communities	➢ Interventions targeting young people using existing youth-service organisations
Young people most at risk	➢ Interventions that provide information and services both through facilities and outreach

Implications for Action

- There are types of intervention with strong enough evidence to advocate widespread, large-scale implementation now (Go!), & others where large-scale implementation is justified with careful impact evaluation (Ready)

- There is a clear research agenda: moving "Steady" interventions to "Ready" or "Do Not Go", and "Ready" to "Go!"

Conclusion

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

We need:
- **No more excuses that "We don't have any evidence for prevention among young people"**
- **Much more evidence-informed action!**
- **More, careful evaluations of Steady & Ready interventions**