

Understanding Adolescent Sexuality and Sexual Health Promotion

XVI IAC, Toronto, 17th August 2006

The Evidence for Action what we know (and a little bit about what we don't know!)



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Overview of the session

- **Setting the scene**
- **Evidence for what, and what's evidence?**
- **Methods and findings of the *Steady Ready GO!* review**
- **Caveats, challenges and conclusions**





There are growing resources available in countries for HIV interventions, **BUT ...**

- Increasing competition for these resources, and prevention among young people rarely at the front of the queue
- The current investment in programmes for young people is inadequate, and what resources *are* available are not always well used
- Although young people are at the centre of the epidemic, in both generalized and concentrated epidemics, people *still* questioning if we really need a special focus on young people



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There are **Global commitments and goals on young people (ICPD, UNGASS, 2006 High Level Meeting on AIDS), BUT ...**

- Many countries have made very poor progress towards achieving the targets that have been set
- People still question if it is worth investing in programmes for young people, because it is not clear if the programmes are effective
- People frequently confuse moral opinions with evidence, and lack of implementation with lack of evidence!



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So, we need the evidence!

- We need to know what works, so that we can raise more funds and make sure that the funds that *are* available are well spent
- But, we also need to be clear about what we mean by "evidence", and what we need evidence for ...





What's "evidence"?

- Different perspectives on evidence
 - from RCTs to anecdote
 - from quantitative to qualitative methods
- Do we need the same level of evidence for all types of interventions?
- Just because there is no "evidence", doesn't mean that it doesn't work!



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Evidence for what?

- Evidence that young people have specific needs and require special attention
- Evidence for different outcomes:
 - to decrease HIV prevalence
 - to decrease proximal determinants (behaviours, risk and protective factors)
- Evidence that specific interventions prevent HIV transmission (eg. needle exchange, condoms)
- Evidence that specific behaviours will prevent HIV transmission (eg. ABC ... to Z)
- Evidence that we are able to **DO** what needs to be done (from efficacy to effectiveness)
- Evidence to confirm common-sense!



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Steady Ready GO!

A review of the evidence for the effectiveness of interventions to prevent HIV in young people in developing countries



**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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Objectives of the Review

- To inform the choices that policy makers and programmers need to make about interventions to achieve the global goals on HIV and young people
- To provide a detailed review of the evidence for the effectiveness of interventions to prevent HIV among young people in developing countries
- To develop a standard methodology for reviewing different types of interventions in different settings



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Section 1: Background

- Introduction
- Overview of HIV among young people
- Overview of HIV prevention interventions

Section 2: Systematic Reviews

- Methodology
- Reviews of interventions in different settings:
 - Schools
 - Health services
 - Mass media
 - Geographically-defined Communities
 - Vulnerable groups most at risk of HIV

Section 3: Conclusions and recommendations



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WHO Technical Report Series

918

PREVENTING HIV/AIDS IN YOUNG PEOPLE

A SYSTEMATIC REVIEW OF THE
EVIDENCE FROM DEVELOPING COUNTRIES

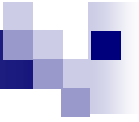
UNAIDS Inter-agency Task Team on Young People



 World Health
Organization



Methodology



1. Be clear about the outcomes
2. Select the main settings where interventions are provided for young people
3. Categorise interventions in these settings into *types*, based on the choices policy makers and programmers need to make
4. Assess the strength of evidence of effectiveness that would be needed to recommend each type of intervention for widespread implementation (the "*evidence threshold needed*")
5. Assess the strength of the empirical evidence available for each type of intervention in terms of specific outcomes, grading the evidence using standard criteria
6. 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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Need to be clear what we are trying to achieve with our interventions

■ The Global Goals:

- **Decrease prevalence of HIV** ... but many things need to be done, few studies had data on this, although imperfect surrogates available such as behaviour
- **Decrease vulnerability** ... structural interventions often long-term, and the evidence is often fragile
- **Increased access to core interventions:**
 - **Information:** knowledge
 - **Skills:** self efficacy
 - **Services:** utilization



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Need to be clear about the settings through which we can reach young people with information, skills and services

- **Schools**
- **Health Services**
- **Media**
- **Communities**
- **Reaching young people most at risk**



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Need to be clear about different Types of interventions in the different settings

Example: Geographically-defined communities

- 1. Targeting youth; delivered through existing Youth Service Organisation (YSO) or Youth Centre (YC)**
- 2. Targeting youth; delivered through new systems or structures**
- 3. Community-wide; delivered through traditional networks**
- 4. Community-wide; delivered through community activities**



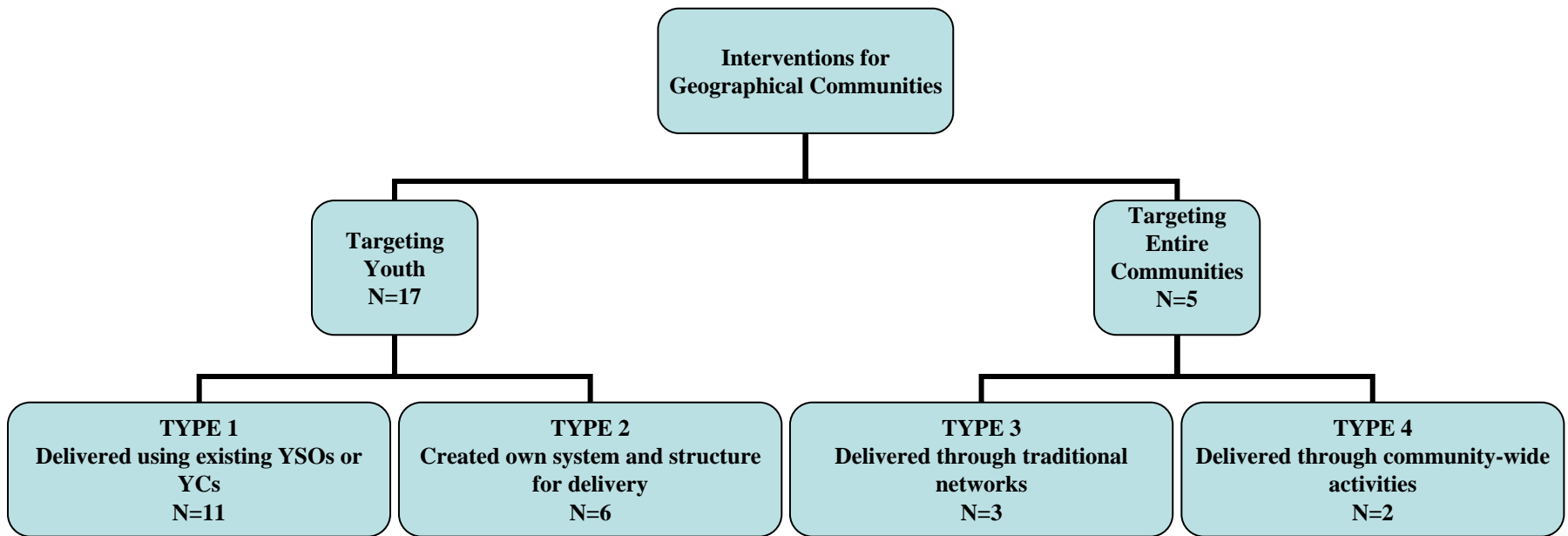
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Geographically defined Communities

Types of Interventions





The threshold of evidence needed to recommend wide implementation

Different interventions need different thresholds of evidence ... this depends on:

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



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Strength of evidence needed

Example: Interventions for geographically defined communities: working through 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



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Strength of evidence needed

Example: Interventions for young people most at risk that include information and services, through facilities and outreach

Feasibility	Lack of potential for adverse outcomes	Acceptability	Potential size of effect	Other health or social benefits	Strength of Evidence Needed
+	-	+	+++	++	Medium



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Assessing the available evidence for different interventions ... need to consider:

- **Quality of the intervention**
- **Clarity about outcomes and their measurement**
- **Relevance of the context**
- **Quality of the evaluation methodology**
- **Different types of evidence deserve different weights: *a hierarchy of evidence***

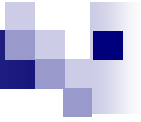


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A hierarchy of evidence



Informed judgement: Key informant interviews

“Adequacy”: The expected changes occurred
(eg. before and after studies)

“Plausibility”: Adequacy +
The changes were greater than could be explained by any other external influences
(eg. control group included)

“Probability”: Plausibility +
Changes were unlikely to have occurred by chance
(eg. RCT)

(after Habicht et al 1999)



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Recommendation for each type of intervention

Go!

Take these interventions to scale NOW!

Sufficient evidence to recommend widespread implementation on large scale now, with careful monitoring (coverage & quality ... & cost)

Ready

Implement widely but continue to evaluate

Evidence suggests interventions are effective, but large-scale implementation must be accompanied by further evaluation to clarify impact and mechanisms of action

Steady

More research and development still needed

Evidence is promising, but further intervention development, pilot testing and evaluation urgently needed before they can move into the "ready" or the "do not go" categories

Do not go

Not the way to go ...



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Interventions that are *GO!*

Schools	Curriculum-based, skills-based sexual health education, led by adults +/- peers, with specific characteristics (developing the curriculum, content, implementation)*
Health Services	Training of service providers and clinic staff, facility improvements, and actions in the community
Mass media	Messages delivered through radio & other media (eg. print media), with or without TV*

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



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Interventions that are Ready

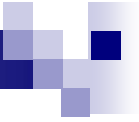
Geographically defined communities	Interventions that explicitly target young people, and that are delivered through existing systems and structures
Young people most at risk*	Interventions that provide information and services, through facilities and outreach

* Including evidence from studies that did not disaggregate by age





Caveats



- This is not the final answer!
- Very variable evidence-base for different settings
- Did not deal with:
 - structural interventions to decrease vulnerability
 - interventions in the political environment
 - all settings (eg. prisons, work)
 - all vulnerable groups at high risk of HIV
 - care, support and treatment



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Challenges to Evidence

- How to interpret the findings from studies that included multiple interventions (which is what we have been promoting!)
- How to take into consideration the fact that "young people" are not all the same (age, sex, marital status, parental support, etc.)
- How to take into consideration different contexts ("developing countries are not all the same"!)
- Still lack evaluations of interventions among young people in developing countries, many of poor quality, and very few look at costs
- Few rigorous studies looked at actions to create a favourable environment for intervention delivery (eg. the political environment)
- Importance of structural interventions ...



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Implications for Action

- The comprehensive and transparent approach, and the SRG categorization of interventions resonates with policy makers and programmers
- Provides guidance for policy and programme decisions about interventions that should be 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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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”
- More careful evaluations of **Steady & Ready** interventions
- Much more evidence-informed action for the **GO!** and **Ready** interventions

