



April 2017 – SUPPORT Summary of a systematic review

Do out-of-facility HIV and reproductive health services increase the use of these services by youth?

Many young people, particularly those who are at risk for HIV and reproductive health-related problems, do not seek traditional facility-based health services. Out-of-facility services for this group are therefore being implemented in many different settings. Such services aim to reach young people where they are, for example in schools, workplaces, youth centres and on the street.

Key messages

- Few studies that included data comparing out-of-facility services with facility-based services were conducted in low- and middle-income countries
- Improved access to self-test kits probably leads to more youth being screened for chlamydia, compared to clinic-based testing.
- Access to emergency contraception through pharmacies without a doctor's prescription ('over the counter' access) may increase non-prescription emergency contraception use, but may have mixed effects on overall use of emergency contraception with increases in some settings but not others.
- The distribution of condoms and health education messages by street outreach workers may increase condom use.
- It is uncertain whether street and youth centre-based outreach improves follow through on HIV referral for homeless or street-based youth.
- It is uncertain whether the use of community youth programme promoters and integrated youth centres increase the use of contraceptives.
- It is uncertain whether members of the poorest households are more likely to use home-based counselling and testing for HIV, compared to those living in wealthier households.



Who is this summary for?

People deciding whether to provide out-of-facility HIV and reproductive health services

! This summary includes:

- **Key findings** from research based on a systematic review
- **Considerations about the relevance of this research** for low-income countries

X Not included:

- Recommendations
- Additional evidence not included in the systematic review
- Detailed descriptions of interventions or their implementation

This summary is based on the following systematic review:

Denno DM, Chandra-Mouli V, Osman M. Reaching youth with out-of-facility HIV and reproductive health services: a systematic review. *The Journal of adolescent health: official publication of the Society for Adolescent Medicine.* 2012;51(2):106–21.

What is a systematic review?

A summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise the relevant research, and to collect and analyse data from the included studies

SUPPORT was an international project to support the use of policy relevant reviews and trials to inform decisions about maternal and child health in low- and middle-income countries, funded by the European Commission (FP6) and the Canadian Institutes of Health Research.

Glossary of terms used in this report:
www.supportsummaries.org/glossary-of-terms

Background references on this topic:
See back page

Background

Risk-taking behaviours such as unprotected sex and injection drug use can have important impacts on youth health. Health services and health education could prevent unnecessary morbidity and mortality related to pregnancies, especially unintended pregnancies, and sexually transmitted infections (STIs), including HIV. However, many young people do not utilise traditional facility-based health services. Out-of-facility interventions may be important ways to reach youth. These interventions include promoting HIV or reproductive health services (including STI, HIV, or pregnancy testing) and making commodities available (including condoms, contraceptives, or emergency contraception; clean needles and syringes or exchanges).

How this summary was prepared

After searching widely for systematic reviews that can help inform decisions about health systems, we have selected ones that provide information that is relevant to low-income countries. The methods used to assess the reliability of the review and to make judgements about its relevance are described here: www.supportsummaries.org/how-support-summaries-are-prepared/

Knowing what's not known is important

A reliable review might not find any studies from low-income countries or might not find any well-designed studies. Although that is disappointing, it is important to know what is not known as well as what is known.

A lack of evidence does not mean a lack of effects. It means the effects are uncertain. When there is a lack of evidence, consideration should be given to monitoring and evaluating the effects of the intervention, if it is used.

About the systematic review underlying this summary

Review objective: To estimate the effectiveness of out-of-facility HIV and reproductive health services in increasing HIV and reproductive health service use by youth.

Types of	What the review authors searched for	What the review authors found
Study designs & Interventions	Randomised trials, non-randomised trials, controlled observational studies, interrupted time series and studies examining the percentage of a target population reached with outreach-based services.	Twenty studies met the inclusion criteria, including 10 containing comparative data (1 randomised trial, 2 non-randomised trials, 2 interrupted time series studies, 2 controlled and 1 uncontrolled before-after studies and 2 cross sectional studies). Five of the twenty studies investigated the delivery of emergency contraception through community-based pharmacies. Other interventions were community youth program promoters, integrated youth centres, mail-based interventions or distributing commodities. Many studies included some health education component.
Participants	Adolescents and/or young adults.	Most patients were between 10 and 24 years old.
Settings	Out-of-health facility locations, including pharmacies, detention centers, on the street, in parks, and in community centers. School-based outreach was excluded from the review	USA (8), UK (3), The Netherlands (3), Canada (1), Denmark (1), France (1), Malawi (1), Mexico (1), Zambia (1)
Outcomes	Use of HIV or reproductive health services or receipt/use of related commodities	Proportion screened for chlamydia (4 studies); proportion following through on HIV-related referral (1); counselling and testing (1); emergency contraception use (5); number of contraceptive users over time (1); condom use at last sexual encounter (1).
Date of most recent search: March 2010		
Limitations: This is a well-conducted systematic review with only minor limitations.		

Denno DM, Chandra-Mouli V, Osman M. Reaching youth with out-of-facility HIV and reproductive health services: a systematic review. *The Journal of adolescent health: official publication of the Society for Adolescent Medicine.* 2012;51(2):106-21.

Summary of findings

Twenty studies were included in the review. The findings of the 10 studies that included comparative data are summarised in the table below.

- **Improved access to self-test kits probably leads to more youth being screened for chlamydia, compared to clinic-based testing. The certainty of this evidence is moderate.**
- **Access to emergency contraception through pharmacies without a doctor's prescription may increase non-prescription emergency contraception use, but may have mixed effects on overall use of emergency contraception. The certainty of this evidence is low.**
- **The distribution of condoms and health education messages by street outreach workers may increase condom use. The certainty of this evidence is low.**
- **It is uncertain whether street and youth centre-based outreach improves follow through on HIV referral for homeless or street-based youth as the certainty of this evidence is very low.**
- **It is uncertain whether the use of community youth programme promoters and integrated youth centres increase the use of contraceptives as the certainty of this evidence is very low.**
- **It is uncertain whether members of the poorest households are more likely to use home-based counselling and testing for HIV, compared to those living in wealthier households, as the certainty of this evidence is very low.**

About the certainty of the evidence (GRADE) *

⊕⊕⊕⊕

High: This research provides a very good indication of the likely effect. The likelihood that the effect will be substantially different† is low.

⊕⊕⊕○

Moderate: This research provides a good indication of the likely effect. The likelihood that the effect will be substantially different† is moderate.

⊕⊕○○

Low: This research provides some indication of the likely effect. However, the likelihood that it will be substantially different† is high.

⊕○○○

Very low: This research does not provide a reliable indication of the likely effect. The likelihood that the effect will be substantially different† is very high.

* This is sometimes referred to as 'quality of evidence' or 'confidence in the estimate'.

† Substantially different = a large enough difference that it might affect a decision

See last page for more information.

Out-of-facility vs facility-based health services to increase the use of health services by youth*			
People	Adolescents and/or young adults (10 – 24 years)		
Settings	Outside of health facilities, including in pharmacies, in jails and detention centres, on the street or in community centres		
Intervention	Out-of-facility HIV and reproductive health services, including policies promoting or mandating HIV or reproductive health services or commodities, or programmes or projects providing these services		
Comparison	Traditional facility-based health services, or usual mode of access to care		
Outcomes	Impact	Number of studies	Certainty of the evidence (GRADE)
Screened for chlamydia	Mailed test kits probably lead to more youth being screened for chlamydia, compared to clinic-based testing (RR females = 4.1 (95% CI: 3.8 to 4.4); RR males = 19.1 (95% CI: 16.0 to 22.8)) Mailed cards that could be returned to request a test kit probably lead to more youth being screened for chlamydia, compared to clinic-based testing (RR females = 3.5 (95% CI: 3.2 to 3.8); RR males = 11.8 (95% CI: 9.8 to 14.2))	1	⊕⊕⊕○ Moderate
Follow through on HIV-related referrals	It is uncertain whether street and youth centre-based outreach improve follow through on HIV referral for homeless or street-based youth as the certainty of the evidence is very low	1	⊕○○○ Very low
Emergency contraception use	Policies that allow emergency contraception access through pharmacies without a doctor's prescription may increase non-prescription emergency contraception use, but may have mixed effects on overall use of emergency contraception with increases in some settings but not others	5	⊕⊕○○ Low
Number of contraceptive users	It is uncertain whether the use of community youth programme promoters and integrated youth centres increase the use of contraceptives as the certainty of the evidence is very low	1	⊕○○○ Very low
Condom use at last sexual encounter	The distribution of condoms and health education messages by street outreach workers may increase condom use at the last sexual encounter (OR 1.4, 95% CI 1.2 to 1.6)	1	⊕⊕○○ Low
Home-based counselling and testing for HIV	It is uncertain if members of the poorest households are more likely to use home-based counselling and testing for HIV, compared to those living in wealthier households, as the certainty of the evidence is very low	1	⊕○○○ Very low
<p>* Based on the findings of the 10 studies from the review that included comparative data CI: Confidence interval GRADE: GRADE Working Group grades of evidence (see above and last page) OR: Odds Ratio RR: Relative Risk</p>			

Relevance of the review for low-income countries

→ Findings	▷ Interpretation*
APPLICABILITY	
<p>→ Only 3 out of 20 studies included in the systematic review were conducted in low-income countries. In addition, one study was conducted in a middle-income country</p>	<p>▷ Although a minority of studies were conducted in low-income countries, the outreach-based programmes primarily aimed to reach marginalized youth from low-income settings. The findings may therefore be applicable to marginalised groups in other settings</p> <p>▷ When assessing the applicability of these findings to low-income countries, resource availability, the acceptability and feasibility of the interventions, and cost should be considered</p> <p>▷ Some out-of-facility HIV and reproductive health services may require changes to national policies, for example to allow emergency contraception to be bought at pharmacies without a prescription from a doctor</p>
EQUITY	
<p>→ There was no information in the included studies regarding the differential effects of the interventions on resource-disadvantaged populations</p>	<p>▷ The resources needed to implement out-of-facility HIV and reproductive health services may be less available in poorer settings</p> <p>▷ Out-of-facility interventions may increase inequities if they are not made available to, or adapted to, disadvantaged populations and settings</p>
ECONOMIC CONSIDERATIONS	
<p>→ The systematic review did not address economic considerations</p>	<p>▷ Scaling up many of the interventions will require significant resources, including human resources and changes to supply chains</p> <p>▷ Implementation, including in low-income countries, should therefore be accompanied by economic evaluation</p>
MONITORING & EVALUATION	
<p>→ Most of the evidence on the effectiveness of out-of-facility strategies to increase access to HIV and reproductive health services for youth is of low or very low certainty</p>	<p>▷ More rigorous studies are required to determine the effects and the cost-effectiveness of these strategies, particularly in disadvantaged populations in low-income countries</p> <p>▷ Implementation at scale of out-of-facility HIV and reproductive health services for youth should be accompanied by monitoring and evaluation</p>

*Judgements made by the authors of this summary, not necessarily those of the review authors, based on the findings of the review and consultation with researchers and policymakers in low-income countries. For additional details about how these judgments were made see:

www.supportsummaries.org/methods

Additional information

Related literature

Brickley DB, Almers L, Kennedy CE, Spaulding AB, Mirjahangir J, Kennedy GE, et al. Sexual and reproductive health services for people living with HIV: a systematic review. *AIDS care*. 2011;23(3):303–14.

Howe EC, Buck DS, Withers J. Delivering health care on the streets: Challenges and opportunities for quality management. *Qual Manag Health Care* 2009;18:239–46.

Jones K, Eathington P, Baldwin K, Sipsma H. The impact of health education transmitted via social media or text messaging on adolescent and young adult risky sexual behavior: a systematic review of the literature. *Sexually Transmitted Diseases*. 2014;41(7):413–9.

Kesterton AJ, Cabral de Mello M. Generating demand and community support for sexual and reproductive health services for young people: A review of the literature and programmes. Geneva, Switzerland: WHO, 2009.

Shah NM, Brieger WR, Peters DH. Can interventions improve health services from informal private providers in low and middle-income countries? A comprehensive review of the literature. *Health Policy Plan* 2011;33:275–87.

Zuurmond MA, Geary RS, Ross DA. The effectiveness of youth centers in increasing use of sexual and reproductive health services: a systematic review. *Studies in family planning*. 2012;43(4):239–54.

This summary was prepared by

Agustín Ciapponi, Instituto de Efectividad Clínica y Sanitaria, Buenos Aires, Argentina

Conflict of interest

None declared. For details, see: www.supportsummaries.org/coi

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About certainty of the evidence (GRADE)

The “certainty of the evidence” is an assessment of how good an indication the research provides of the likely effect; i.e. the likelihood that the effect will be substantially different from what the research found. By “substantially different” we mean a large enough difference that it might affect a decision. These judgements are made using the GRADE system, and are provided for each outcome. The judgements are based on the study design (randomised trials versus observational studies), factors that reduce the certainty (risk of bias, inconsistency, indirectness, imprecision, and publication bias) and factors that increase the certainty (a large effect, a dose response relationship, and plausible confounding). For each outcome, the certainty of the evidence is rated as high, moderate, low or very low using the definitions on page 3.

For more information about GRADE: www.supportsummaries.org/grade

SUPPORT collaborators:

The Cochrane Effective Practice and Organisation of Care Group (EPOC) is part of the [Cochrane Collaboration](http://www.cochrane.org). The Norwegian EPOC satellite supports the production of Cochrane reviews relevant to health systems in low- and middle-income countries. www.epocoslo.cochrane.org

The Evidence-Informed Policy Network (EVIPOC) is an initiative to promote the use of health research in policymaking in low- and middle-income countries. www.evipnet.org

The Alliance for Health Policy and Systems Research (HPSR) is an international collaboration that promotes the generation and use of health policy and systems research in low- and middle-income countries. www.who.int/alliance-hpsr

Norad, the Norwegian Agency for Development Cooperation, supports the Norwegian EPOC satellite and the production of SUPPORT Summaries. www.norad.no

The Effective Health Care Research Consortium is an international partnership that prepares Cochrane reviews relevant to low-income countries. www.evidence4health.org

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