



March 2017 – SUPPORT Summary of a systematic review

Do mass media interventions increase uptake of HIV testing?

Low uptake of HIV testing is one of the main reasons why only one-third of people who need antiretroviral medications are currently receiving treatment worldwide. Mass media are sometimes used to promote voluntary HIV counseling and testing and to sustain test-seeking behavior. Mass media include television, radio, internet, newspapers, books, posters, and billboards.

Key messages

- Mass media interventions lead to an increase in immediate uptake of HIV testing.
- These initial increases in uptake of HIV testing following mass media interventions may not be sustained in the long term.
- Mass media interventions may lead to an increase in the number of infected persons diagnosed through voluntary counselling and testing.
- These findings come from studies conducted in high-income non-endemic countries. Factors that may affect the transferability of these findings to low-income countries include access to television, radio, and print media; availability of (and user-fees for) HIV voluntary counselling and testing; the level of stigma and discrimination against people living with HIV in the community; and the maturity of the HIV epidemic.



Who is this summary for?

People making decisions concerning interventions for promoting uptake of voluntary HIV counselling and testing

! 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:

Vidanapathirana J, Abramson MJ, Forbes A, Fairley C. Mass media interventions for promoting HIV testing. Cochrane Database Syst Rev 2005; (3): CD004775.

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

Rapid expansion of access to antiretroviral treatment in low-income countries is saving lives, improving quality of life, and contributing to the rejuvenation of households and entire communities. However, low testing rates reduce the impact of HIV treatment because infected individuals who are not diagnosed do not get treatment and those who are diagnosed late in the course of infection have a poorer prognosis. Low uptake of HIV testing may result from a combination of factors, including lack of information on HIV testing services as well as stigma and discrimination against people living with HIV. Various population-level interventions have been used to increase uptake of HIV testing, including messages in the media such as television, radio, newspapers, posters, and billboards.

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 assess the effect of mass media interventions on the uptake of HIV testing

	What the review authors searched for	What the review authors found
Study designs & Interventions	Randomised trials, non-randomised trials, and interrupted time series studies assessing multimedia interventions or interventions using one type of media	2 randomised trials, 3 non-randomised trials, and 9 interrupted time series studies. Interventions included multimedia (9 studies), video (1), television (1), group education (1), and leaflets plus discussion with participants (2). No study compared different types of media.
Participants	The public or specific target groups (such as sex workers or drug users), excluding healthcare providers	The studies targeted the public (8 studies), pregnant women (2), men who have sex with men (1), blood transfusion recipients (1), and women (2)
Settings	Not specified	Studies from the UK (7), USA (3), Australia (2), Canada (1) and Israel (1)
Outcomes	Primary: rate of persons tested for HIV Secondary: improvement in detecting HIV seropositivity	All studies reported on uptake of HIV testing and 3 reported on HIV seropositivity.

Date of most recent search: April 2004

Limitations: This is a well-conducted systematic review with only minor limitations.

Vidanapathirana J, Abramson MJ, Forbes A, Fairley C. Mass media interventions for promoting HIV testing. *Cochrane Database Syst Rev* 2005; (3): CD004775.

Summary of findings

The review included fourteen studies from high-income countries.

- **Mass media interventions increase initial uptake of HIV testing. The certainty of this evidence is high.**
- **This initial increase in uptake of HIV tests may not be sustained in the long-term. The certainty of this evidence is low.**
- **Mass media interventions may lead to an increase in the number of infected persons diagnosed through voluntary counselling and testing. The certainty of this evidence is 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.

Mass media interventions versus no intervention

People	General public or specific target groups
Settings	Diverse settings in high-income countries
Intervention	Mass media
Comparison	No intervention

Outcomes	Impact	Number of studies	Certainty of the evidence (GRADE)
Immediate uptake of HIV testing	Despite substantial heterogeneity in the populations studied, media used, duration and frequency of interventions, and study designs, each study showed that mass media increased initial uptake of HIV testing.	14 studies	⊕⊕⊕⊕ High
Long-term uptake of HIV testing	4 studies had both short and long-term positive impacts on uptake of HIV testing; 3 studies had initial benefits with some decay of the beneficial effect over time; and 4 studies had only an initial impact.	11 studies	⊕⊕○○ Low
HIV seropositivity	1 study showed an initial positive impact and further improvement in detecting HIV seropositivity, 1 showed an initial increase in HIV seropositivity with decay over time, and 1 showed an initial deficit with a delayed effect for detecting HIV seropositivity.	3 studies	⊕⊕○○ Low

GRADE: GRADE Working Group grades of evidence (see above and last page)

Relevance of the review for low-income countries

→ Findings	▷ Interpretation*
APPLICABILITY	
<p>→ All mass media interventions used in the studies led to increases in initial uptake of HIV testing (with no appreciable effects on HIV seropositivity), but all the studies were from high-income, non-epidemic countries.</p> <p>→ The range of participants and the consistent pattern of findings suggest that the measured effects may be transferable across settings in high-income countries.</p>	<p>▷ Differences in the organisation and financing of health services as well as HIV prevalence between the high-income countries where these studies were conducted and low-income countries such as those of sub-Saharan Africa, may affect the transferability of the review findings to the latter.</p> <p>▷ Specific factors that may affect the transferability of the findings to low-income countries include access to television, radio, and print media; availability of (and user-fees for) HIV voluntary counselling and testing; the level of stigma and discrimination against people living with HIV in the community; and the maturity of the HIV epidemic.</p>
EQUITY	
<p>→ The included trials did not provide data regarding differential effects of the interventions between gender or across various levels of advantage.</p>	<p>▷ Some mass media interventions may not be appropriate for reaching rural or low-income households (e.g. leaflets or television). Therefore, an HIV programme that does not take such local realities into consideration may exacerbate health inequities or fail to address them adequately.</p> <p>▷ If mass media interventions are tailored to the characteristics of the target population they have the potential to promote HIV testing and contribute to achieving universal access to HIV prevention, treatment, care, and support services.</p>
ECONOMIC CONSIDERATIONS	
<p>→ None of the studies reported economic evaluations of the interventions.</p>	<p>▷ Mass media interventions have been used extensively for health education in low-income countries and their costs may vary considerably. Therefore, decision makers need to use considerable judgement in the selection of appropriate mass media interventions for their communities taking available resources and competing priorities into consideration.</p>
MONITORING & EVALUATION	
<p>→ Duration and frequency of the interventions varied considerably between studies.</p> <p>→ No study compared different types of media and there is evidence suggesting that initial benefits may decay over time.</p>	<p>▷ When mass media interventions are implemented in low-income countries to promote HIV testing, clearly defined process indicators for monitoring these interventions should be included in the general HIV control programme monitoring and evaluation framework.</p> <p>▷ Further studies are required in countries experiencing generalised epidemics to compare the relative effectiveness of different types of mass media as well as assess new media strategies to maintain impacts in the long term.</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 judgements were made see: www.supportsummaries.org/methods

Additional information

Related literature

Grilli R, Ramsay C, Minozzi S. Mass media interventions: effects on health services utilisation. *Cochrane Database Syst Rev* 2002; (1): CD000389.

Wakefield MA, Loken B, Hornik RC. Use of mass media campaigns to change health behaviour. *Lancet* 2010; 376:1261–71.

This summary was prepared by

Charles Shey Wiysonge, Lilian Dudley, Jimmy Volmink; South African Medical Research Council, Cape Town, South Africa

Conflict of interest

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

Acknowledgements

This summary has been peer reviewed by: Godfrey Woelk, Flora Kessy, and the Maputo SUPPORT Team.

This review should be cited as

Vidanapathirana J, Abramson MJ, Forbes A, Fairley C. Mass media interventions for promoting HIV testing. *Cochrane Database Syst Rev* 2005; (3): CD004775.

The summary should be cited as

Wiysonge CS, Dudley L, Volmink J. Do mass media interventions increase uptake of HIV testing. A SUPPORT Summary of a systematic review. March 2017. www.supportsummaries.org

This summary was prepared with additional support from:



The **South African Medical Research Council** aims to improve South Africa's health and quality of life through promoting and conducting relevant and responsive health research. www.mrc.ac.za/



Cochrane South Africa, the only centre of the global, independent Cochrane network in Africa, aims to ensure that health care decision making within Africa is informed by high-quality, timely and relevant research evidence. www.mrc.ac.za/cochrane/cochrane.htm

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 (EVIPNet) 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

To receive e-mail notices of new SUPPORT summaries or provide feedback on this summary, go to: www.supportsummaries.org/contact