

Table S1. Interventions to Improve HIV-related Outcomes for Adolescent Girls, by Selected Characteristics of the Interventions and Studies/Evaluations: Various Years

Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
STRUCTURAL INTERVENTIONS													
<i>Increase Educational Attainment of Girls</i>													
Ed 1	World Bank and UNICEF, 2009	Ethiopia, Ghana, Kenya, Malawi and Mozambique	The School Fees Abolition Initiative was established to strengthen country effort to eliminate school fees and/or implement targeted exemptions, subsidizations, and incentives to reduce education costs for the poor. In 5 countries in Africa(Ethiopia, Ghana, Kenya, Malawi, and Mozambique), school fees were abolished for grades 1 through 7, with some countries extending the fee abolition to higher grades.	<ul style="list-style-type: none"> Fee abolition resulted in a 23% increase in total enrollment from 1994/95 to 1995/1996 in Ethiopia, a 14% increase in total enrolment from 2004/2005 in Ghana, an 18% increase from 2002/03 to 2003/04 in Kenya, a 51% increase from 1993/94 to 1994/95 in Malawi, and a 12% increase from 2003/04 to 2004/2005 in Mozambique The ratio of girls to boys enrolled in primary school increased in Ethiopia from 0.61 girls to 1 boy in 1994/95 to a ratio of 0.79 girls to 1 boy in 2004/2005.- this trend was not observed in the other four countries 	Pretest - Posttest	N/A	N/A	N/A	X				

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Ed 2	Hallfors et al, 2011	Malawi	Girls and their parents in the intervention groups received cash to encourage staying in school	<ul style="list-style-type: none"> Decreased HIV prevalence Self-reported sexual activity at 12 months follow up was significantly lower Girls were less likely to have partners who were 25 years or older Girls were more likely to be enrolled in school 	Randomized Control Trial	1225	0	NA	X	X	X		Stated: ages 13 to 22, no further age disaggregation
Ed 3	Cho et al., 2011	Kenya	Orphans were enrolled to receive either standard support (control group) or comprehensive support (intervention group), which provided school fees, uniforms, and a community visitor to monitor school attendance.	<ul style="list-style-type: none"> Dropped out of school : + (Control Group) Began sexual intercourse: + (Control Group) Reported attitudes supporting early sex: + (Control Group) 	Randomized Control Trial	62	43	X	X				Stated: Ages 12 to 14
Ed 4	Chatterji et al., 2010:139	Zambia	Children who participated in a community based intervention on schooling outcomes were compared to a control group.	<ul style="list-style-type: none"> Participation in the intervention was associated with a 15.8% increase in appropriate age-for-grade for intervention children relative to comparison children The was positive and statistically significant effects of the intervention on school enrollment 	Cross-Sectional Study	1481	1441	X	X	X	X		Stated: Ages 8 to 19; Disaggregation: Ages 8 to 12; Ages 13 to 19

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Ed 5	Unicef, 2005	Multi-Country	Achieving Universal Primary Education by 2015	<ul style="list-style-type: none"> For girls and boys, education may be the single most effective preventive weapon against HIV/AIDS 	Literature Review	N/A	N/A	N/A	N/A	N/A	N/A		
Ed 6	Deininger	Uganda	Uganda's "Universal Primary Education" program was evaluated to determine the impact of the program. The core element of the program was to eliminate the cost of primary schooling for up to four children per household - of which at least two had to be girls.	<ul style="list-style-type: none"> The program reduced the wealth bias that had characterized access to primary education The program established gender equality by increasing girls' access to primary education The program reduced the incidence of cost-related drop-outs from primary school 	Evaluation	N/A	N/A	NA	X	X	X		Stated: ages 6 to 18. Sample Size = 31,994

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			challenging teachers' own knowledge and attitudes regarding gender and GBV, reflecting on the messages they were sending to students, and identifying strategies for addressing GBV in their own schools.	<p>5% post training</p> <ul style="list-style-type: none"> The proportion of teachers who felt that they were sufficiently familiar with the current laws and legislation relating to child abuse, sexual violence, sexual harassment, and domestic violence increased from 21% to 47% following the training Female teachers were asked whether they had ever personally experienced domestic violence - 47% reported experiencing physical abuse at the hands of an intimate partner, 31% sexual abuse, and 69% psychological abuse 									
G 2	USAID, 2008a	Ghana, Malawi	The Safe Schools Project trained supervisors along with teachers and students to recognize, prevent, and respond to school-related gender based violence.	<ul style="list-style-type: none"> Teacher's recognition of sexual harassment increased from 30% to 80% In Malawi, at baseline, 70% of girls disagreed with the statement that it was okay for a teacher to get a girl pregnant as long as he married her; post-intervention, 90% disagreed with the statement In Ghana fewer boys than girls believed they had the right to not be hurt or mistreated-In 	Pretest-Posttest Random-ized Control Trial	N/A	N/A					Stated: For students ages 10 to 14; No Age disaggregation for adults. X; 406 supervis	

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				Malawi, half of the students believed it was okay to whip boys to maintain discipline									ors, 359 teachers , 80 students
G 3	Jewkes et al., 2006b	South Africa	Individuals filled out two questionnaire and serological surveys at 12 month intervals to assess the impact of the intervention arm (Stepping Stones) compared to the control arm.	<ul style="list-style-type: none"> HIV baseline prevalence rates in women were 9.8% in the intervention arm and 12.8% in the control arm HIV baseline prevalence rates in men were 1.7% the intervention arm and 2.1% in the control arm 	Clustered Randomized Control Trial	1416	1360	X		X	X		Stated: Ages 15 to 17; Ages 18 and 19; Ages 20 and 21; Ages 22 to 26
G 4	Jewkes et al., 2010c	South Africa	A follow-up study of the Stepping Stones program with interviews at baseline and 18 follow-up interviews and four focus group discussions.	<ul style="list-style-type: none"> Men shaped a more benign patriarchy Some women showed greater assertiveness, and some agency in HIV risk reduction, but most challenged neither their male partners nor the existing cultural norms of conservative feminism 	Qualitative Research	11	10	X		X	X		Stated: Ages 17 to 2 (one girl was age 15)

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G 5	Colvin, 2009	South Africa	Phone surveys were conducted with randomly selected men and boys who had previously participated in the One Man Can Campaign workshops. Focus group discussions, in-depth interviews and key informant interviews were also conducted. The One Man Can Campaign used community events, workshops and peer education to create positive models of masculinity around PPT, VCT, HIV prevention, home-based care, violence, multiple concurrent partnerships and alcohol abuse.	<ul style="list-style-type: none"> • 25% of the men and boys had accessed VCT, 61% increased condom use and 50% reported acts of gender-based violence that they witnessed • Prior to the workshop, 67% of the men thought they could get HIV from kissing that involved the exchange of saliva-after the workshop this decreased to none • Prior to the workshop, 63% of the men believed that it is acceptable for men to beat their partners-after the workshop, 83% disagreed with the statement • Prior to the workshop, 96% of the men believed that they should not interfere in other people's relationships, even if there is violence- after the workshop, all believed they should interfere 	Pretest- Posttest	0	2000	NA		X	X		Stated: ages 15 to 40

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G 6	Pulerwitz et al., 2010a	Ethiopia	Individuals in group 1 received group education and community engagement activities (GE + CE arm) while individuals in group 2 received community engagement activities only(CE -only arm). Lastly, individuals in group 3 (comparison group) received a delayed intervention.	<ul style="list-style-type: none"> 71 percent of young men in the GE+CE arm reported increased communication about either condoms, HIV, and their sex lives with others Decreased violence towards primary partner: + (GE +CE & CE-only arms) Behavior change due to participation: + (GE + CE & CE-only arms) Female partners indicated positive changes in partners participating in the intervention 	Quasi Experimental Research	0	645	NA		X	X		Stated: Ages 15 to 24. Disaggregation: Ages 15 to 19; Ages 20-24
G 7	Kim et al., 2009c	South Africa	Women enrolled in a microfinance program with training sessions were compared to women enrolled in a microfinance only program.	<ul style="list-style-type: none"> Women who received microfinance and training consistently showed improvements on all variables related to empowerment, IPV, and HIV risk behavior 	Cross-sectional Study	1230	0	NA			X	X	Stated: ages 18 and older; Median age was 45 (44-49)

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G 8	Verma et al., 2008	India	Married and unmarried young men in rural and urban settings were enrolled in the intervention in order to test the impact of different combinations of intervention activities on young men's support for inequitable gender norms, HIV/STI risk behaviors, and partner violence. Men in Arm 1 received group education sessions and a lifestyle social marketing campaign (GES + LSSM); those in Arm 2 received only group education sessions (GES). Arm 3 was the comparison site and received a delayed intervention. Surveys were administered at baseline and 6 months after the interventions.	<ul style="list-style-type: none"> Of the men who had sex with regular partners (including a wife and/or a girlfriend), 60 percent of young men in the GES site reported using condoms at last sex as compared to only 40 percent in the GES+LSSM site and 29 percent in the comparison site Combined data from the three urban sites indicate that young men who supported inequitable norms were significantly ($p < .05$) less likely to use condoms and more likely to report symptoms of poor sexual health 	Quasi Experimental Study	0	1138	NA		X	X		Stated: ages 15 to 29
G 9	Maganja et al., 2007	Tanzania	60 in-depth interviews and 14 focus groups were conducted among young men and women to explore relationship dynamics.	<ul style="list-style-type: none"> Transactional sex was a feature of both casual and committed relationships among young men and women in the study Young women's financial dependence on men impacted their ability to negotiate safe sexual behaviors in both casual and committed relationships Youth described a deep mistrust of the motivations and commitment of their sexual partners 	Qualitative Research	N/A	N/A	NA		X	X		Stated: Ages 16 to 24

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G 10	Pulerwitz et al., 2006	Brazil	Three groups of young men were followed over time to determine the impact of different combinations of program activities in order to identify which were particularly useful for achieving desirable changes in attitudes and behaviors. Surveys were administered at baseline, 6 months, and 1 year after intervention.	<ul style="list-style-type: none"> Improvements in gender norm scale scores were associated with changes in at least one key HIV/STI risk outcome In two of the three intervention sites, positive changes in attitudes toward inequitable gender norms over one year were significantly associated with decreased reports of STI symptoms 	Quasi Experimental Study	0	307	NA	X	X	X		Stated: ages 14 to 25
G 11	Swartz et al., 2012	South Africa	Peer education of 13 one hour sessions on relationships, with adult supervision	<ul style="list-style-type: none"> Intervention participants had more gender equitable attitudes, but this did not reach statistical significance 	quasi experimental	148	65	X	X	X			
	Lundgren et al., 2013	Nepal	Choices, a gender transformative curriculum, was evaluated to determine its impact on very young adolescents (VYAs). Structured and in-depth interviews were conducted among VYAs who participated and those who did not participate (Control Group)- at baseline and at 3-months.	<ul style="list-style-type: none"> Participation in Choices led to more equitable gender attitudes and behavior Boys and girls who participated were more likely to consider a broad range of household roles such as washing dishes or sweeping the floor as gender neutral - tasks that should be performed by both boys and girls Participation appeared to broaden children's perception of gender roles, including the role of 	Qualitative Research and Quantitative Research				X				Stated: ages 10 to 14

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				women as wage earners and men as nurturers <ul style="list-style-type: none"> Girls who participated began speaking out in peer discussions and felt empowered to talk to their parents about their future 									
G 12	Sarna et al., 2009	Kenya	Sexually active individuals receiving ART were interviewed to gain a comprehensive understanding of sexual activity, desire and risk behaviors (condom use and sexual partners).	<ul style="list-style-type: none"> Increased unsafe sex practice among persons who received ART: 0 Reduction in the number of sexual partners: + Increased condom use around the time of HIV diagnosis: + 	Qualitative Research	11	12	X			X	X	Stated: ages 25 to 54; no other age disaggregation
<i>Strengthen Legal Norms to Protect Adolescent Girls</i> (no evaluated interventions found)													

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INFORMATION AND SERVICES													
<i>Provide Comprehensive Sexual Education</i>													
S E1	UNESCO, 2009b	Multi-Country	87 studies on sex and HIV education programs were reviewed to determine the impact of sexuality education on sexual behavior.	<ul style="list-style-type: none"> • 23 studies showed a delay in initiation of sex (40 had no significant impact) • 16 studies showed a decrease in the number of sexual partners (20 had no significant impact) • 23 studies showed an increase in condom use (35 had no significant impact) • 16 studies showed a reduction in sexual risk taking 	Systematic Review	N/A	N/A	N/A	X	X	X		N/A
S E2	Pulerwitz et al., 2006	Brazil	Three groups of young men were followed over time to determine the impact of different combinations of program activities in order to identify which were particularly useful for achieving desirable changes in attitudes and behaviors. Surveys were administered at baseline, 6 months, and 1 year after intervention.	<ul style="list-style-type: none"> • Improvements in gender norm scale scores were associated with changes in at least one key HIV/STI risk outcome • In two of the three intervention sites, positive changes in attitudes toward inequitable gender norms over one year were significantly associated with decreased reports of STI symptoms 	Quasi Experimental Study	0	307		X	X	X		Stated: ages 14 to 25

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S E3	Barker et al., 2010b	Multi-Country	58 evaluation studies of programs for men and boys were reviewed to assess its effect on behavior change. These programs focused on sexual and reproductive health, paternal involvement, gender-based violence, maternal and child health, and gender socialization.	<ul style="list-style-type: none"> Well-designed programs yielded positive short term change in behavior and attitudes Programs that were gender transformative were more effective in achieving behavior change among men and boys Integrated programs were more effective in achieving behavior change among men and boys Stand -alone group educational activities were also effective in changing attitudes and behaviors 	Systematic Review	N/A	N/A	N/A	X	X	X		Stated: Most of the programs also involved older adolescents and men , generally 15 years and older; Only two programs reached boys younger than age 15

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S E4	Johnson et al., 2011	Multi-country	A meta-analysis of educational and behavioral interventions advocating sexual risk reduction and using interpersonal contacts. Interventions were conducted in groups for a median of 13 sessions for 75 minutes each with one facilitator. Interventions included condoms skills training and interpersonal skills training.	<ul style="list-style-type: none"> Interventions led to an increase in condom use and an increase in condom acquisition Interventions also reduced or delayed penetrative sex 	Meta-Analysis				X	X	X		51,240 Study participants. Stated: ages 11 to 19
S E5	Kirby et al., 2007a	Multi-country	83 studies were reviewed to measure the impact of curriculum based sex and HIV prevention programs on sexual behavior and mediating factors among youth under 25 years .	<ul style="list-style-type: none"> Of 34 studies measuring program impact on the number of sexual partners, 12 (35 percent) found a decrease in the number of sexual partners, while 21 (62 percent) found no significant impact Of the 54 studies measuring program impact on condom use, almost half (48 percent) showed increased condom use; none found decreased condom use Of the 10 studies that measured impact on STI rates, two found a positive impact, six found no significant impact, and two found a negative impact Skills based programs were more effective at changing behavior than were the knowledge-based 	Systematic Review				X	X	X		Stated: Studies focused on adolescents or young adults between the ages of 9 and 24

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S E6	Kirby et al., 2007b	Multi-country: Sub-Saharan Africa	83 studies were reviewed to measure the impact of curriculum based sex and HIV prevention programs on sexual behavior and mediating factors among youth under 25 years .	<ul style="list-style-type: none"> Of 34 studies measuring program impact on the number of sexual partners, 12 (35 percent) found a decrease in the number of sexual partners, while 21 (62 percent) found no significant impact Of the 54 studies measuring program impact on condom use, almost half (48 percent) showed increased condom use; none found decreased condom use Of the 10 studies that measured impact on STI rates, two found a positive impact, six found no significant impact, and two found a negative impact Skills based programs were more effective at changing behavior than were the knowledge-based programs 	Systematic Review	N/A	N/A	N/A	X	X	X		Stated: Studies focused on adolescents or young adults between the ages of 9 and 24

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S E7	Michielsen et al., 2010	Sub-Saharan Africa	31 studies were reviewed to assess the effectiveness of HIV-prevention interventions in changing sexual behavior of young people between the ages of 10 and 25 years in sub Saharan Africa.	<ul style="list-style-type: none"> Participants who were virgins at the time of exposure to the intervention reported higher rates of abstinence after the intervention, less sexual intercourse in the past months and higher intentions to use a condom 	Systematic Review Meta-Analysis of Randomized and Non-Randomized Trials	24583	23932	X ; two studies did not specify sex	X	X	X		Stated: Ages 10 to 25
S E8	Burnett et al., 2011	Swaziland	Students enrolled in a life skills education program (intervention group) were compared to a delayed intervention group(control). Participants completed a pre- and post- intervention questionnaire on basic demographics, HIV knowledge, attitudes and behavior.	<ul style="list-style-type: none"> Among the 53 students who received life-skills education, 11 or 19% had had an HIV test prior to the sex education program; following the sex education program, 42 or 65% had had an HIV test Among the control group, only 5 or 7.6% had had an HIV test and 13 weeks later only 9 or 13.6% had had an HIV test 	Randomized Control Trial	65	70	X	N/A		N/A		Stated: Mean age = 17.35 years

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SE9	Ross et al., 2007a: 1952	Tanzania	Young people in 20 communities were randomly selected to either receive a designed program of interventions(community activities, teacher led peer assisted sexual health education, training and supervision of health workers and peer condom social marketing) or standard activities (comparison group).	<ul style="list-style-type: none"> The intervention had a significant impact on knowledge and attitude outcomes, reported sexually transmitted infection symptoms, reported sexual debut and number of sexual partners, and other behavioral outcomes 	Community Randomized Trial	2940	4100	X	X	X	X	Stated: 14 to 18 years; >= 18 years	
SE10	Chen et al., 2010b	Bahamas	Students in the intervention group received 10 primary sex education sessions and two annual boosters while their parents received two parent HIV interventions (ImPACT or GFI). Students in the control group received education on environmental issues and their parents received GFI.	<ul style="list-style-type: none"> Significant intervention effect: Enhanced HIV/AIDS knowledge, increased self-efficacy, and increased skill for condom use Condom use was 1.49 times higher 36 months following the intervention 	Clustered Randomized Control Trial	N/A	N/A		X			Stated: study participants were ages 10 to 12	

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SEI1	Reddy and James, 2003	South Africa	Students who received a school based HIV/AIDS curriculum were compared to students who did not receive the course. Students completed pre- and post-intervention surveys at baseline, immediately after intervention, and 4 months later.	<ul style="list-style-type: none"> • Post-intervention assessments showed that students in the intervention group had a significantly increased knowledge about HIV/AIDS when compared to students in the control group • Approval of abstinence increased among males in the intervention group, from 54% at baseline, to 81% at the end of the intervention, and finally 73%, at four months post-intervention • For both males and females a significant increase was observed in the number of students who reported to believe that abstinence was a good idea/choice for teenagers • Intention to use a condom increased in the intervention group from 25% at baseline, to 33%, and finally to 30% post-intervention, while rates for students in the control group declined from 25% to a final 23% 	Quasi Experimental Research	310	303	X;	X	X	X		Sample size indicated 646 but sex disaggregation summed to 313. Stated: ages 12 to 21

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SEI 2	Aggleton et al., 2000	Uganda	Students who participated in a school based health education program were compared to students who did not (Comparison Group). Surveys were administered to students at baseline and 2 years after intervention.	The percentage of students who stated they had been sexually active fell from 42.9% (123 out of 287) to 11.1% (30 out of 280) in the intervention group, while no significant change was recorded in a control group	Cross-sectional Study	N/A	N/A	N/A		?	?		Stated: Average age is 14 years
SEI 3	Maticka-Tyndale, 2010	Kenya	Secondary school students who received HIV education programming in primary school were compared to students who did not. Questionnaires were completed by students in 154 randomly selected schools.	<ul style="list-style-type: none"> Among students who received AIDS education in primary school, 20.2% had ever tested for HIV, compared to 10.3% for students who had not had AIDS education in primary school, a significant difference For students who received AIDS education in primary school, there was a delay in sexual initiation, reduced numbers of partners and higher condom use among female students 	Randomized Control Trial	6738	6424	X	X	X	X		Stated: Age disaggregation: 13 to 15 years; 16 to 17 years; 18 to 20 years.
SEI 4	Agbemenu and Schlenk, 2011	Kenya	5 comprehensive sex education programs(CSEPs) available to adolescent girls in Kenya were reviewed to discuss barriers to implementing CSEPs.	<ul style="list-style-type: none"> CSEPs led to a delay of sexual debut, increased condom use, and decreased number of sexual partners. 	Integrative Review	N/A	N/A		X	X	X		Stated: 10 to 20 years

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SE15	Ishikawa et al., 2011a	Thailand	Primary school children's (3rd to 6th grade) attitudes towards HIV and AIDS were explored using a questionnaire and focus group sessions. Primary schools that received or did not receive support for children affected by HIV and AIDS were selected for the study.	<ul style="list-style-type: none"> This study found that HIV prevention education, which includes information on HIV transmission, led to more supportive attitudes towards HIV-positive children and reduced stigma Girls were more likely than boys to be more accepting of those children who are HIV-positive or affected by HIV 	Qualitative Research	239	274	X	X				Stated: ages 8 to 14
SE16	Andrade et al., 2009	Brazil	Adolescents who participated in a school based sex education program were compared to adolescents who did not. Questionnaires were administered at baseline and 8 months later evaluate the impact of the program.	<ul style="list-style-type: none"> The program succeeded in more than doubling consistent condom use with casual partners from 58.3% prior to the program to more than 71% following the program, with no effect on age at first intercourse or on adolescents engagement in sexual activities 	Quasi Experimental Research	1249	802	X	X	X	X		Stated: ages 10 to 19; Age disaggregation: ages 10 to 14; and 15 to 19.

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						Females	Males		10-14	15-17	18 +		
S E1 7	Pick et al., 2007	Mexico	Low-income 4th graders were taught communication -centered life skills programs by comprehensively trained teachers. Questionnaires were administered at baseline and after program implementation.	<ul style="list-style-type: none"> The program had a significant impact on communication about sexuality, and it changed the perception in the community that parents should not talk to their children about sex Girls were significantly more likely to report positive attitudes, self-efficacy, and intentions towards discussing difficult topics 	Longitudinal Study	817	764	X	X				Stated: ages 9 to 12
S E1 8	Mavedzenge, Doyle, and Ross, 2010	Sub-Saharan Africa	23 studies were reviewed to determine the effectiveness of interventions to improve reported sexual behavior and biological outcomes among youth in sub-Saharan Africa.	<ul style="list-style-type: none"> School-based , adult led, curriculum-based interventions showed clear evidence of reducing reported risky sexual behavior Interventions in health facilities also increased service usage when made accessible and youth friendly 	Systematic Review	N/A	N/A	N/A	X	X	X		Stated: ages 10 to 24

Table S1. Interventions to Improve HIV-related Outcomes for Adolescent Girls, by Selected Characteristics of the Interventions and Studies/Evaluations: Various Years

Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
SE19	Al-Iryani et al., 2011	Yemen	Students who received peer education intervention were compared to students who did not receive the intervention (cohort control sample). Questionnaires were administered to evaluate the impact of the intervention.	<ul style="list-style-type: none"> Students who received the peer education intervention were significantly more likely to provide care and support for people with HIV compared to the cohort comparison group 68% of students who received the intervention had good HIV knowledge scores compared to the comparison group (43.3%) 71.2% of female students had good HIV knowledge score compared to male students (54.7%) 	Quasi Experimental Research	1230	1280	X		X			Stated: 70.4% of students were between ages 15 and 17
SE20	Smith et al., 2013	South Africa	43 interviews were conducted among teachers and school administrators at 19 secondary schools in order to determine the extent to which teachers had received and implemented Life Skills training and other activities regarding sexuality education and HIV prevention.	<ul style="list-style-type: none"> Teachers expressed judgmental attitudes towards young people's sexuality and pregnant students, and focused on girls' perceived irresponsible behavior instead of strategies to minimize HIV risk Male administrators' authority to determine school policies and teachers' attitudes towards sexuality fundamentally affect the content and delivery of school-based sexuality education and HIV prevention activities. 	Qualitative Research	21	22	X	N/A	N/A	N/A		

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						Females	Males		10-14	15-17	18 +		
SE21	Gurman, 2008	Multi-Country	25 International mass media reproductive health programs from 19 countries were reviewed.	<ul style="list-style-type: none"> Individuals who were exposed to the intervention were more likely than unexposed individuals to adopt positive attitudes about condom use, recognize the severity of HIV, and express non-stigmatizing views of people living with HIV Rates of behavior change were inconsistent compared to knowledge and attitude change 	Systematic Review	N/A	N/A	N/A	X	X	X		Stated: ages 13 to 24
SE22	Arcand and Wouabe, 2010	Cameroon	Students in schools that received HIV/AIDS teacher training programs were evaluated to assess the impact of the program on teenage childbearing, HIV knowledge, attitudes and risk behaviors.	<ul style="list-style-type: none"> Girls aged 15-17 years old were between 7 and 10 percentage points less likely to have started childbearing Girls aged 15-17 years old were more likely to have reported using a condom during their last sexual intercourse Among 12 to 13 year old girls, self-reported abstinence and condom use was high while the likelihood of having multiple sexual partners was low 	Regression Discontinuity Design	N/A	N/A		X	X			Sample size: 2279 ages 15-17; 2267 ages 12-13. Stated: ages 12 to 13; 15 to 17.

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						Females	Males		10-14	15-17	18 +		
<i>Provide Information and Access to Youth Friendly Services</i>													
Voluntary Counseling and Testing													
YFS1	Melo et al., 2008	Mozambique	Women filled out a self-administered knowledge, practices and attitudes (KAP) questionnaire and underwent laboratory examination for vaginosis, candidiasis, gonorrhoea, chlamydiosis, syphilis, and HIV infection.	<ul style="list-style-type: none"> • Infection prevalence was slightly higher in the 20 to 24 age group compared with the younger group • The level and awareness regarding STIs and HIV was high • Candidiasis was the most prevalent reproductive infection (36%), followed by vaginosis (13%) and trichomoniasis (7.6%), and STIs • HIV seroprevalence was 4% 	Cross-sectional Study	445	0	NA	X	X	X		Stated: Ages 14 to 24 years Disaggregated: < 14 years; Ages 15 to 19; Ages 20 to 24

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						Females	Males		10-14	15-17	18 +		
YFS 2	Neukom and Ashford, 2003	Madagascar	A survey was conducted between 2000 and 2002, which evaluated the development and promotion of a network of youth-friendly, private sector clinics offering HIV testing, STI treatment, and other reproductive health services.	<ul style="list-style-type: none"> The number of youth seeking STI treatment rose dramatically, from 527 to 2202 youth (predominantly female) in over two years Mass media and face-to-face communication campaigns, which used peer educators, television and radio spots, television talk shows, films, and mobile condom use demonstration teams were also effective in increasing use of the clinics 	Qualitative and Quantitative research	1959	250	X		X	X		Stated: 15 to 24 years

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						Females	Males		10-14	15-17	18 +		
YFS3	Voluntary HIV-1 Counseling and Testing Efficacy Study Group, 2000	Multi-country: Tanzania, Kenya, Trinidad	Individuals and couples were randomly assigned to receive HIV-1 voluntary counseling and testing (VCT) or basic health information. At 2 additional follow up periods, all individuals received VCT and behavioral assessment.	<ul style="list-style-type: none"> The proportion of individuals who reported unprotected sex with non-primary partners declined significantly among those who received VCT Individual HIV-1 positive men were more likely than HIV-1 negative men to reduce unprotected intercourse with primary and non-primary partners, whereas HIV-1 positive women were more likely than HIV-1 negative women to reduce unprotected intercourse with primary partners Couples enrolled in VCT reduced unprotected intercourse with their enrollment partners significantly than those enrolled in health information Couples in which one or both were diagnosed with HIV-1 were more likely to reduce unprotected intercourse with each other than couples in which both members were uninfected 	Randomized Control Trial	2172	2120	X;			X	X	3120 individuals and 586 couples Stated: >= 18 years

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						Females	Males		10-14	15-17	18 +		
Y FS 4	Denison et al., 2008	Multi-country: Rwanda, Kenya, Tanzania, Trinidad and Uganda	Meta-analytic method was used to determine the effectiveness of HIV voluntary counseling and testing (VCT) in reducing HIV risk behaviors in developing countries.	<ul style="list-style-type: none"> VCT recipients were less likely to engage in unprotected sex when compared to behaviors before receiving VCT or as compared to individuals who did not receive VCT VCT had no significant effect on the number of sex partners 	Meta-Analysis	N/A	N/A	N/A	N/A	N/A	N/A		
Y FS 5	Bunnell et al., 2008	Uganda	Nationally representative Cross-sectional surveys were administered to individuals and blood samples were collected to test for HIV and herpes simplex virus type 2.	<ul style="list-style-type: none"> Of the HIV -1 positive individuals, 64% were female, 84% had HSV-2, and 13% reported one lifetime partner 21% of adults knew their HIV status and 9% knew their partners' status HIV-1 positive individuals were 3 times more likely to use a condom at last sexual encounter Those who knew their partners' HIV status were 2.3 times more likely to use condoms 	Cross-sectional Study	747	428	X		X	X		Stated: Ages 15 to 59. Disaggregation: Ages 15 to 24; Ages 25 to 34; Ages 35 to 59

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						Females	Males		10-14	15-17	18 +		
Y FS 8	Pettifor et al., 2010	South Africa	Individuals were recruited to take part in an interviewer administered structured questionnaire on HIV testing and attitudes towards testing.	<ul style="list-style-type: none"> Among those who reported having previously tested for HIV, 90.3% reported having disclosed to someone and, of those who disclosed, 86.9% had disclosed to a sex partner and this did not differ by sex Among those who disclosed their HIV status to a main partner, 46.6% started using condoms as a result of HIV testing and 43.8% reported that their partner also went for HIV testing 	Cross-sectional Study	124	74	X		X	X		Stated: Ages 15 and older
Y FS 9	Huchko et al., 2011	Kenya	Individuals were interviewed about HIV testing and sexual risk behaviors.	<ul style="list-style-type: none"> Women who had undergone recent HIV testing were less likely to report high-risk behaviors than women who had never been tested. This was not seen among men Women who were HIV positive were less likely to have undergone prior testing than those not infected; Women were more likely to be unaware of their HIV status than men 	Population-Based Cross-Sectional Study	906	749	X		X	X		Stated: Ages 15 to 19; Ages 20 to 24, Ages 25 to 29; Ages 30 to 39; Ages 40 to 49

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Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
Y FS 10	Bradley et al., 2008a	Ethiopia	Non-identifying client data and facility level data were collected to assess VCT client composition and HIV and family planning service integration.	<ul style="list-style-type: none"> Older, ever-married women were more likely to initiate HIV testing, followed by younger, never-married men HIV prevalence was higher among older, married men and women Relative to facilities co-locating services in the same compound, those that offered family planning and HIV services in the same room were 2 to 13 times more likely to serve atypical family planning client types than older, ever-married women VCT clients who attended reproductive health clinics with room and counselor level integration were both more likely to initiate HIV testing than those attending facilities where HIV and family planning services were simply co-located 	Cross-sectional Study	14,214	16,043	X			X		Stated: Clients younger than age 25 or older than 49 were not included in the analyses. Disaggregated : < 25 years; > = 25 years

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						Females	Males		10-14	15-17	18 +		
YFS 11	Kharsany et al., 2010a	South Africa	Women attending an urban STD clinic were offered HIV testing following group information and education sessions on HIV and STDs	<ul style="list-style-type: none"> The overall HIV prevalence among those tested was 56.5% The prevalence of acute HIV infection was 1.2% Offering VCT in STD clinics may result in high numbers of women accessing VCT and testing HIV positive. 	Cross-sectional Study	5612	0	NA	X	X	X	Stated: <=19 years; Ages 20 to 24; Ages 25 to 29; Ages 30 to 34; Ages 35 to 39; >= 40 years	

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						Females	Males		10-14	15-17	18 +		
	Kim et al., 2007a	South Africa	Evaluation of the Refentse intervention - Rape cases were reviewed at pre and post intervention and patients were interviewed through structured questionnaires 4 weeks after initial hospital visit.	<ul style="list-style-type: none"> Those who showed up during regular hospital hours were more likely to receive VCT, but less likely to receive emergency contraceptive and STI treatment Children younger than 14 years were less likely to have a detailed physical exam and to have received STI treatment After the intervention, survivors were 57% more likely to receive PEP compared to 15% prior to intervention After intervention, survivors were 37% more likely to receive any VCT services and 57% more likely to have received it during their initial visit 	Pretest-Posttest	172	1	X	X	X	X	X	Stated: 3 months to 94 years Disaggregation: <14 years; <18 years

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						Females	Males		10-14	15-17	18 +		
Y FS 12	Kim et al., 2009a	South Africa	The Refentse intervention consisted of a sexual violence committee, a hospital rape management policy, training workshops for service providers, centralization of care through a designated examination room, and community awareness campaigns. Interviews were conducted with 109 rape survivors, 50 providers and 334 hospital charts were reviewed	<ul style="list-style-type: none"> Rape survivors who reported seeing six or more providers on the first visit decreased from 86% to 54% Following the intervention, patients were more likely to report having received PEP, to having received a full 28 day course on their first visit and to having completed the full 28 day regimen There was a reduction from 28 hours to 18 hours between the assault and receiving the first dose of PEP and 49% of survivors knew that PEP was given to prevent HIV infection, as compared to 13% prior to the intervention Post-intervention, survivors were 27% more likely to have been given a pregnancy test and 37% more likely to have received any VCT A designated room for treating patients who have been sexually assaulted can reduce delays and increase privacy 	Qualitative and Quantitative research	N/A	N/A	N/A		X	X	X	Stated: 3 months to 94 years; Documented cases were most exclusively female.

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Y FS 13	Kilonzo et al., 2009a	Kenya	A standard of care and a simple post-rape care system was developed to address challenges faced by rape victims in accessing health services.	<ul style="list-style-type: none"> 13 post-rape facilities in Kenya delivered services to over 2,000 adults and children with 96% of those eligible initiating PEP at presentation 	Pre-post intervention	N/A	N/A	N/A	N/A	N/A	N/A	X	
Y FS 14	Siika et al., 2009	Kenya	Time to initiation of occupational postexposure prophylaxis (PEP) and non-occupational postexposure prophylaxis(nPEP) were compared to determine PEP outcome.	<ul style="list-style-type: none"> Of 72 HIV negative patients receiving PEP, 3 discontinued, 69 completed, and 23 performed post-PEP HIV RNA polymerase chain reaction Of 296 HIV-negative patients on nPEP, 1 died, 15 discontinued, 104 completed, and 129 returned for 6 week HIV RNA polymerase chain reaction 	Retrospective Cohort Study	325	121	X	N/A	N/A	N/A	X	
Focus on Condoms													
C 1	Scott-Sheldon et al., 2011b	Multi-Country	42 studies were reviewed to determine the efficacy of behavioral interventions in increasing condom use and reducing sexually transmitted diseases.	<ul style="list-style-type: none"> Individuals who enrolled in behavioral interventions increased their condom use (95% CI=0.04, 0.29) and had fewer STI incidents (95% CI=0.04,0.29) 	Meta-Analysis	27,652	13,013	X		X	X		Stated: ages 15 to 44; mean age 26

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						Females	Males		10-14	15-17	18 +		
C 2	Under-wood, 2001	Zambia	The Helping Each other Act Responsibly Together (HEART) Campaign was evaluated to determine the impact of the campaign on young people in Zambia. The campaign was designed to inform young people about HIV/AIDS, discuss ways to protect one's self from HIV/AIDS and promote abstinence and condom use. Questionnaires were administered to collect information about the reproductive health knowledge, attitudes and behaviors of young people - at baseline and follow-up.	<ul style="list-style-type: none"> Approximately 74 percent of male viewers and 68 percent of female viewers said that the health communication spots prompted them to talk with others about HEART, decide to abstain from sex until more mature, or use a condom On average, male as well as female viewers discussed abstinence or safer sex with a significantly wider range of people than did their counterparts Among both men and women, the perceived efficacy to use condoms was positively and significantly correlated with viewership Viewers were more knowledgeable about HIV/AIDS than were non-viewers 	Quasi Experimental, Pretest-Posttest Study	1,189	862	X	X	X	X		Stated: ages 13 to 19
C 3	Maticka-Tyndale, 2012	Sub-Saharan Africa	Research published between 1980's and 2011 were reviewed to determine factors influencing use of male condoms in Sub-Saharan Africa.	<ul style="list-style-type: none"> Exposure to media such as radio or television has demonstrated a positive influence on condom use. 	Systematic Review	N/A	N/A	X	X	X	X		Stated: ages 15 to 49

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C 4	Hoke et al., 2007	Madagascar	Sex workers were followed for 18 months to assess the benefit of adding female condoms to male condom distribution. Male condoms were distributed during the first 6 months. For the remaining 12 months, both male and female condoms were distributed. At different intervals, sex workers were interviewed about sexual activity and condom use and then tested for STIs.	<ul style="list-style-type: none"> Participants used protection in 78% of sex acts -with the addition of the female condom, protected sex acts increased to 83% at twelve months and 88% at 18 months STI prevalence declined from a baseline of 52% to 50% with male condoms only at 6 months With female condoms added, STI prevalence dropped to 41% at month 12 and 40% at month 18 	Longitudinal Study	818	0			X	X	X	Stated: age 16 and older
C 5	Dowdy et al., 2006	Brazil, South Africa	A cost-effectiveness analysis assessed HIV infections averted annually and incremental cost per HIV infection averted for country-wide distribution of the nitrile female condom (FC2) among sexually active individuals with access to publicly distributed condoms.	<ul style="list-style-type: none"> In Brazil, expansion of FC2 distribution to 10% of current male condom use would avert an estimated 604 HIV infections at 20,683 US dollars per infection averted In South Africa, 9,577 infections could be averted, at 985 US dollars per infection averted. The incremental cost of expanded distribution would be reduced to 8,930 US dollars per infection averted in Brazil and 374 US dollars in South Africa by acquiring FC2s through a global purchasing mechanism and increasing distribution threefold 	Cost-Effectiveness Analysis	N/A	N/A	N/A		X	X		Stated: 15 to 49 years

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C 6	Liao et al., 2011 a	China	Cross-sectional surveys were administered to sex workers to determine female and male condom use.	<ul style="list-style-type: none"> • Introduction of the female condom led to an increase of 15% of women reporting 100% condom use with all partners (clients and boyfriends) • The proportion of those reporting unprotected sex in the last thirty days decreased by 13%. 	Cross-sectional study	301	0			X	X	X	Stated: 16 to 55 years old
C 7	Liao et al, 2011b	China	Female Condom (FC) users and non-users were compared to determine the adoption of FC in the sex worker population. Three time-point cross-sectional surveys (baseline, 6 months, 12 months) were administered to measure community-wide adoption of FC.	<ul style="list-style-type: none"> • Despite relatively high male condom use, about one-third of the women in sex-work establishments had adopted FC at each post-intervention survey • Compared to non-users, FC users were more likely to be freelance woman in boarding houses, more sexually experienced, married with children, more sexually active in the prior month, and more exposed to the intervention • The rural context hampered intervention implementation, particularly the significant limits in health and human resources available to manage prevention of HIV/STIs among women in the sex industry 	Quantitative and Qualitative Study	111	0			X	X	X	Stated: age 16 and older

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C 8	Kennedy et al., 2010b	Multi-country	19 studies were reviewed to determine the differential effect of positive prevention behavioral interventions on HIV positive and HIV negative individuals.	<ul style="list-style-type: none"> Behavioral intervention had a stronger impact on condom use among HIV positive individuals compared to HIV negative individuals Interventions that specifically targeted HIV positive individuals also showed a positive effect on condom use-particularly strong among serodiscordant couples 	Systematic Review Meta-Analysis	N/A	N/A	N/A	N/A	N/A	N/A		
C 9	Thomsen et al., 2006	Kenya	Sex workers were enrolled in a peer education program where female condoms were introduced. They were interviewed every 2 months for 1 year to assess sexual behaviors and condom use. Vaginal fluids were collected during the first and last interviews to analyze for prostate specific antigens and to compare them to self-reported condom use.	<ul style="list-style-type: none"> A decline in the mean number of unprotected coital acts with all partners from 1.7 before female condom introduction to 1.4 after There was small but significant increase in consistent condom use with all sexual partners 	Prospective Study	151	0				X	X	Stated: Average of study participant was 29 years

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C 10	Nobelius et al., 2011	Uganda	Data was collected from a comprehensive sexual health assessment of out-of- school adolescents and compared to school-going adolescents in the same area. Sex specific focus groups and structured and unstructured interviews were also conducted to determine barriers to condom use among adolescents.	<ul style="list-style-type: none"> • Young women believed the greatest barrier to condom use was the fact that men wear condoms • Males attributed lack of skills and self-confidence as reason for not using condoms 	Quantitative and Qualitative Study	15	16	X	X	X	X	Stated: 13 to 19 years	
C 11	Charania et al., 2011	Tanzania, Cameroon, Ghana, China, Indonesia, Thailand, Carib-	21 studies were reviewed to determine the efficacy of structural level condom distribution interventions from 1998 to 2007.	<ul style="list-style-type: none"> • Condom availability and accessibility were effective in reducing various HIV sex risk behaviors 	Systematic Review	N/A	N/A	N/A			X	X	Stated: Among studies that reported the participants' age, the

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						Females	Males		10-14	15-17	18 +		
		bean, Mexico, Central America											range was 15 to 65 years.
C 12	Papo et al., 2011	Kenya	Questionnaires on condom access and use were administered to a random sample of men and women.	<ul style="list-style-type: none"> • Condoms were 8.1 times more likely to be used by those who did not experience supply-side or demand side barriers • Among individuals with no supply side barriers, condom use was three times greater • Individuals with no demand side barriers were 3.8 times more likely to use condoms • Women experienced the highest rates of supply side barriers. 	Cross-Sectional Study	306	324	X		X	X		Stated: Ages 15 to 49 years. Disaggregated : Ages 15 to 24 years; Over 24 years

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C13	Exavery et al., 2012	Tanzania	Survey assessing women's confidence with negotiating condom use; of the 377 under age 20, 48% had used a condom at last sexual intercourse	<ul style="list-style-type: none"> Prevalence of condom use at last sexual intercourse was 22.2%, ranging from 11.2% among married women to 54.9% among married women. Women who reported confidence in condom use were 3.1 times more likely to report condom use at last sexual intercourse, controlled for other factors 	Cross-Sectional Study	2,164	0	NA		X	X		Ages: 15 to 49; Disaggregated: under age 20; Ages 20 to 29; Ages 30 to 39; Ages 40 to 49.

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C 14	Barbosa et al., 2007: 265	Brazil	Women attended special educational sessions demonstrating female condom use. They were interviewed at baseline, 15 and 90 days later after agreeing to try out the female condom.	<ul style="list-style-type: none"> • Among those seen at the 90-day follow-up, 1,453 women had used female condoms at least once, with 1,296 stating that they liked the female condom and wanted to continue to use it-with an acceptability rate of 54% • Among these 1,296 women, barrier use at last intercourse, either with a male or female condom, increased from 33% at baseline to 70% 	Operations Research	2,382	0	NA			X		Stated: 18 years and older; Age disaggregation: 18 to 24 years; 25 to 34 years; 35 to 44 years; 45+

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C 15	Napierala et al., 2008	Zimbabwe	Women participated in a thirty-minute one-on-one counseling program about HIV and safe sex. They were also given one month supply of no cost male and female condoms and followed for 2 months to determine the acceptability of the diaphragm as a potential HIV/STI prevention method.	<ul style="list-style-type: none"> • Reported use of female condoms increased from 1% to over 70% two months later • Women reported more than 28% of sex acts were protected by female condoms • Over 8% used only the female condom to protect all sex acts, with 67% using the female condom for at least a portion of sex acts • Women reported using female condoms for both HIV prevention and for pregnancy prevention 	Prospective Cohort Study	379	0	NA		X	X		Stated: 16 to 48 years Age disaggregation: 16 to 24 years; 25 to 34 years; 34 to 48 years

Table S1. Interventions to Improve HIV-related Outcomes for Adolescent Girls, by Selected Characteristics of the Interventions and Studies/Evaluations: Various Years

Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
C 16	Mark et al., 2007	Zambia	251 couples were enrolled in a three-arm randomized control trial. Couples in the control group received family planning education and referral to an outside clinic for non-barrier contraceptives. Couples in intervention group 1 received education and an offer for contraceptives at the research clinic. Couples in intervention group 2 received all the components of intervention 1 in addition to a presentation designed to reduce outside pressures to conceive.	<ul style="list-style-type: none"> • There was a 3-folds higher contraceptive initiation rate in both intervention groups compared to the control group • HIV positive women who initially selected injectable contraception were less likely to abandon the method and also less likely to conceive 	Randomized Control Trial	251	251			X	X		251 couples Stated: 17 to 57 years
C 17	Wechsberg et al., 2010	South Africa	Women enrolled in an evidence-based Woman-Focused HIV intervention on condom use and negotiation were compared to women enrolled in a standard intervention.	<ul style="list-style-type: none"> • Training in condom negotiation skills significantly increased condom use at three and six months follow-up for women who did not know their serostatus and women who had tested HIV-positive • Women in the Woman-Focused Intervention were more likely than women in the standard intervention 	Randomized Community Trial	583	0	NA		X	X		Stated: Ages 18 to 24; Ages 35 to 34; Ages 35 and older

Table S1. Interventions to Improve HIV-related Outcomes for Adolescent Girls, by Selected Characteristics of the Interventions and Studies/Evaluations: Various Years

Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
C 18	Callegari et al., 2008	Zimbabwe	Women received education and were offered free male and female condoms and HIV testing. Follow up questionnaires were administered at 2 months to determine factors associated with consistent condom.	<ul style="list-style-type: none"> • 179 women reported consistent condom use throughout the study and 318 women reported condom use at last sexual episode • 72 women tested HIV positive and HIV positive women were more likely to report consistent condom use • HIV risk perceptions and condom negotiation self-efficacy increased post-intervention and were significantly associated with consistent condom use 	Cohort Study	369	0	NA		X	X		Stated: 17 to 47 years
C 19	Cleland et al., 2006a	Sub Saharan Africa - 18 countries	Demographic and Health Survey data from 1991 to 2001 were analyzed to determine the trends in contraceptive uptake and condom use among single and married young women.	<ul style="list-style-type: none"> • A large median increase of 1.4% per year in condom use was observed for single young women- mostly for pregnancy prevention purposes • In contrast, there was only a modest increase in condom use for married or cohabitating women 	Cross-sectional study	N/A	N/A			X	X		Stated: ages 15 to 24

Table S1. Interventions to Improve HIV-related Outcomes for Adolescent Girls, by Selected Characteristics of the Interventions and Studies/Evaluations: Various Years

Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
C 20	Maharaj and Cleland, 2006	South Africa	Six focus group discussions with male and female students, supplemented by a structured questionnaire were used to examine factors that contribute to an increase in condom use among college students.	<ul style="list-style-type: none"> • Condoms were highly acceptable and easily accessible for a majority of study participants • Almost 75% of sexually active students surveyed reported condom use at last sexual intercourse, but only a quarter reported consistent condom use • Less than half of male and only a third of female students (47% vs. 33% respectively) thought male partners had greater influence over the decision to use a condom 	Qualitative Research	1701	1299	X		X	X		Stated: ages 17 to 24
C 21	Zellner et al., 2006	Mexico	A kiosk, distributing free male condoms and information on the prevention of HIV and other STIs, was set up on the grounds of two high schools in Tijuana.	<ul style="list-style-type: none"> • Kiosk users were most likely male, young, and/or enrolled in a lower SES school • Most kiosk users were either sexually active or planning to have sex • Females were less likely to request condoms or continue to use the kiosk, but more likely to request information about other contraceptive methods 	Quasi Experimental Study	172	391	X	N/A	N/A	N/A		Stated: high school children

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Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
C 22	Neukom and Ashford, 2003	Rwanda	Surveys were administered to evaluate the development and promotion of a network of youth-friendly, private sector clinics offering HIV testing, STI treatment, and other reproductive health services. The intervention also integrated a wide range of creative media campaigns and interpersonal communication activities to motivate youth to practice safe behaviors.	<ul style="list-style-type: none"> • Increased likelihood of knowing someone who had died from HIV/AIDS • Increased discussion on STIs and AIDS during the past year • Increased confidence in condoms as an effective way to prevent HIV/AIDS • Increased knowledge of a nearby condom source • Increased knowledge of where to find HIV testing and counseling services 	Qualitative and Quantitative research	N/A	N/A	N/A		X	X		Stated: ages 15 to 24
C 23	Neukom and Ashford, 2003	Camer-oon,	Surveys were administered to evaluate the development and promotion of a network of youth-friendly, private sector clinics offering HIV testing, STI treatment, and other reproductive health services. A multi-channel communication program was implemented to motivate and enable sexually active youth to use condoms consistently or not have sex.	<ul style="list-style-type: none"> • Increased knowledge of nearby condom source • Reduced shyness about buying condoms • Greater confidence in one's knowledge of correct condom use • Increased perception of parental support for condom use • Among women, increased perception for personal risk and greater perceived support from peers for using condoms 	Qualitative and Quantitative research	N/A	N/A	N/A		X	X		Stated: ages 15 to 24

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Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
C 24	MacPhail et al., 2007	South Africa	A comprehensive interviewer-administered questionnaire was administered to adolescent females to gather information on demographics, sexual history and behaviors (specifically contraceptive use and pregnancy history), attitudes and norms relating to HIV, and exposure to HIV prevention programs. Oral saliva specimen was also collected to test for HIV.	<ul style="list-style-type: none"> • Only 7% of current contraceptive users reported using dual methods- this percentage increased to 28.1% when women reported hormonal contraception and condom use at last sexual encounter • There was a strong association between having talked about condoms with a partner and dual method use • Difficulty in accessing condoms was associated with a lower odds (AOR 0.5) of dual method use 	Qualitative research	4066	0	NA		X	X		Stated: ages 15 to 24
Voluntary Counseling and Testing													

Table S1. Interventions to Improve HIV-related Outcomes for Adolescent Girls, by Selected Characteristics of the Interventions and Studies/Evaluations: Various Years

Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
VCT 1	Mola et al., 2006	Mozambique	Individuals who received VCT were compared to individuals who did not receive VCT. Both groups were interviewed at baseline, 4 months, and 6 months to determine the impact of VCT in changing risky sexual behaviors.	<ul style="list-style-type: none"> Reported condom use while having sex with friends/prostitutes increased over each time period in the VCT group and between baseline and first visit in the non-VCT group. Women in the non-VCT group did not increase their condom use over time Reported always/sometimes use of condoms for both literate and illiterate subjects was higher and rose over time in the VCT group 	Longitudinal Cohort Study	609	619	X			X		Stated: age 18 and older. Disaggregation: < 21; Ages 21 to 40 ; > 40 years
VCT 2	Maman et al., 2001a	Tanzania	17 Men, 15 women, and 15 couples were interviewed to generate information about their decision-making process to test for HIV-1 and share test results with their partners.	<ul style="list-style-type: none"> Barriers to HIV-1 testing and serostatus disclosure described by women include fear of partners' reaction, decision-making and communication patterns between partners, and partners' attitudes toward HIV-1 testing Perception of personal risk for HIV-1 influenced women to overcome barriers to HIV-1 testing 	Qualitative research	30	32	X			X	X	Stated: age 18 and older

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Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
V C T 3	Maman et al., 2001b	Tanzania	Women were followed and interviewed three months after testing for HIV-1.	<ul style="list-style-type: none"> • 79% of women reported sharing their test results with a partner • 52% of women who did not share test results with their partners reported that they were afraid of their partners' reaction • HIV positive women were significantly more likely than HIV-negative women to report that their partners panicked or felt sad • Barrier to disclosure among women was due to lack of communication with their partners about HIV testing 	Prospective Cohort Follow-up	245	0	NA			X	X	Stated: age 18 and older Disaggregation: Ages 18 to 29; Ages 30 to 39; Ages 40 to 55
V C T 4	Swartz et al., 2012	South Africa	Peer education of 13 one hour sessions on relationships, with adult supervision	<ul style="list-style-type: none"> • Intervention participants had statistically significant increased knowledge of HIV and a statistically significant reduced intentions of having multiple concurrent partners, 	quasi experimental	148	65	X	X	X			

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Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
V C T S	Terry et al., 2006	Zimbabwe	Survey questionnaires were administered to randomly selected students who participated or did not participate in SHAPE (Sustainability, Hope, Action, Prevention, Education) -a comprehensive HIV/AIDS prevention program.	<ul style="list-style-type: none"> • SHAPE participants were more likely to have discussed AIDS in the past month (95% vs. 83.4%), have been tested for HIV (85% vs. 71%), have received treatment for AIDS, have considered abstinence as a prevention practice for HIV, and have seen a female condom • SHAPE participants had fewer sexual partners in the previous year compared to non-SHAPE individuals • 67% of SHAPE participants were more likely to know their HIV sero-status compared to 48% among non-SHAPE individuals 	Cross-sectional Study	388	481	X		X	X		Stated: Most between the ages of 20 to 24. Disaggregation: Ages 15 to 19; Ages 20 to 24; Ages 25 to 29; >= 30 years

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Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
V C T 6	Kamenga et al., 2001	Tanzania	500 males, 489 females, and 222 couples were randomly assigned to receive either HIV counseling and testing or the basic health information intervention. Study participants also filled out a structured face to face questionnaire at baseline , 6 months post intervention, and 12 months post intervention.	<ul style="list-style-type: none"> • Significant reduction in risk behavior among study participants who received HIV counseling and testing compared to those who received health information 	Multi-center Randomized Control Trial	711	722	X			X	X	Stated: age 18 and older
V C T 7	Cremin et al., 2010	Zimbabwe	Individuals were offered no-cost HIV counseling and testing after completing three survey questionnaires that assessed sexual behavior	<ul style="list-style-type: none"> • Reduction in risk behaviors: + • Reduction in risk behaviors: + (Females who tested HIV positive) • Reduction in sexual partnerships: + (Females who tested HIV positive) 	Population-Based Open Cohort	7822	4711	X		X	X		Stated: Ages 15 to 19, Ages 20 to 29, Ages 30-39, and 40+

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Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
V C T 8	Solomon et al., 2006	India	Individuals with an increased risk of acquiring HIV received Risk Reduction Counseling(RRC) at baseline, 6 months, and 12 months after enrolling into study.	<ul style="list-style-type: none"> Both men and women reported a statistically significant decrease in the number of different sexual partners, the number of new partners, and the proportion of sexual encounters 	Prospective Cohort Follow-up	250	250	X			X	X	Stated: 18 years and older
V C T 9	Kalichman et al., 2008	South Africa	Study participants were randomly assigned to either a three-hour skills training on HIV-alcohol risk reduction or a one-hour HIV-alcohol information session and then followed for 3 and 6 months after the intervention.	<ul style="list-style-type: none"> The three-hour program resulted in significant declines in unprotected intercourse and sexual partners, alcohol use prior to sex and increased condom use compared to the one-hour session. However, effects were weakest for the heaviest drinkers 	Random-ized Community Field Trial	236	117	X			X	X	Stated: ages 18 and older

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Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
VCT 10	Mackenzie et al., 2008	Kenya	Clients who received VCT were also screened for exposure to alcohol . Clients defined as having problems with alcohol then received a 5 to 10 minute client centered alcohol counseling intervention. Follow up questionnaires were administered a year later to evaluate clients' exposure to the intervention.	<ul style="list-style-type: none"> • 97 percent of clients at the intervention sites reported being extremely receptive to discussions about alcohol use while at the VCT center • Both clients and providers widely agree that alcohol was a major factor in HIV risk, and that the VCT room was an appropriated place for such discussions • Clients from the intervention sites displayed more concrete intentions to reduce or stop alcohol intake • Women who were screened and identified as having alcohol problems were more likely to be HIV-positive 	Quasi experimental research	544	514	X			X	X	Stated: Age 18 and older; Age range ages 18 to 85

Expand Harm Reduction Programs to Include Adolescent Girls

Table S1. Interventions to Improve HIV-related Outcomes for Adolescent Girls, by Selected Characteristics of the Interventions and Studies/Evaluations: Various Years

Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
H R 1	Mattick et al., 2009		6 studies were reviewed to evaluate the effects of methadone maintenance treatment compared with treatments that do not involve opioid replacement therapy for opioid dependence	<ul style="list-style-type: none"> • Methadone was statistically significantly more effective than non-pharmological approaches in retaining patients in treatment • Methadone was also effective in the suppression of heroin use but had no effect on criminal activity or mortality 	Meta-Analysis	N/A	N/A		N/A	N/A	N/A	N/A	954 study participants
H R 2	Mattick et al., 2008	Systematic Review	24 studies were reviewed to evaluate the effect of buprenorphine maintenance against placebo and methadone maintenance in retaining patients in treatment and in suppressing illicit drug use.	<ul style="list-style-type: none"> • Buprenorphine was statistically significantly superior to placebo medication in retention of patients in treatment at low, medium, and high doses • Buprenorphine given in flexible doses was less effective than methadone in retaining patients in treatment 	Systematic Review	N/A	N/A		N/A	N/A	N/A	N/A	4497 study participants
H R 3	Gowing et al., 2011	Multi-country	33 studies were reviewed to determine the effect of oral substitution treatment for opioid dependent injecting drug users on risk behaviors and rates of HIV infections.	<ul style="list-style-type: none"> • Oral substitution treatment with methadone or buprenorphine was associated with statistically significant reductions in illicit opioid use, injecting use and sharing of injecting equipment • This was also associated with a reduction in the proportion of injecting drug users reporting multiple sex partners or exchanging sex for drugs or money 	Systematic Review	N/A	N/A	N/A	N/A	N/A	N/A		10400 Study participants

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						Females	Males		10-14	15-17	18 +		
HR4	McCarthy et al., 2005	United States	Clinical data for 81 mothers who received methadone and their 81 offspring were reviewed to assess the effect of high doses of methadone during pregnancy on maternal and fetal outcomes. The cohort was divided into high dose (≥ 100 mg) and low-dose (< 100 mg) groups.	<ul style="list-style-type: none"> • Little effect on condom use was observed • There was no difference in the rate of medication treatment for neonatal abstinence symptoms or days of infant hospitalization between the high and low dose groups • The high dose group had less illicit drug use during delivery despite a long history of opiate abuse • The whole cohort had a 81% rate of negative toxicology screens at delivery 	Retrospective Cohort Study		0						81 mothers and 81 offspring. Stated: infants' mean gestational age was 37.3 weeks; The ave maternal age on admission was 32 years

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Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
H R 5	Dutta et al., 2012	global	Review of scientific literature on the associations between HIV, NSP, MAT and HTC	<ul style="list-style-type: none"> NSP, MAT and HTC were associated with lower rates of HIV; for HTC, only those who tested HIV positive 	Systematic Review	N/A	N/A	N/A		X	X		
H R 6	Wodak and Cooney, 2006:802	United States, Canada, Europe, Nepal, Russia	A review of studies to determine the effect of Needle Syringe Programs in reducing HIV infection among injecting drug users.	<ul style="list-style-type: none"> A review of ten studies that evaluated HIV seroconversion or seropositivity as outcomes found the needle exchange programs were protective in six studies; had no effect in two studies and were negatively associated in two studies Overall, needle exchange programs were effective in reducing HIV infection among IDUs 	Systematic Review	N/A	N/A	N/A	N/A	N/A	N/A		
H R 7	Wu et al., 2007a	China	Four counties and townships in Gungxi and Guandong provinces were randomized to intervention and control arms. The intervention group received health education sessions, peer education, needle dispensary and recall and access to safe needles.	<ul style="list-style-type: none"> While needle sharing behaviors among IDUs were similar in the intervention and nonintervention areas (68.4% compared to 67.8%), needle sharing dropped significantly to 35.3% after a year of the intervention in the intervention area 	Two-armed prospective community randomized prevention trial	50	802	X	X	X	X		Age disaggregation: ages 11 to 19; 20 to 29; 30 to 39; 40+ years

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						Females	Males		10-14	15-17	18 +		
HR10	Smyrnov et al 2012	Ukraine	The Peer-Driven Intervention (PDI) relied on Injecting drug users (IDU) as recruits to educate their peers in the community and recruit them for harm reduction services.	<ul style="list-style-type: none"> • PDI was 6.3 times more powerful as a recruitment mechanism • PDIs resulted in significant increases in the recruitment of women, young injectors, and IDUs who injected a more diverse variety of drugs 	Respondent Driven Sampling	727	1546	X	X	X	X		Stated: < 20 years; Ages 20 to 25; > 25 years.
HR11	Medley et al., 2009a	Meta-analysis in Sub-Saharan Africa, East and Central Asia, Latin America	30 studies were reviewed to determine the effectiveness of peer education interventions for HIV prevention in developing countries.	<ul style="list-style-type: none"> • Peer education interventions were significantly associated with increased HIV knowledge (OR=2.28), reduced equipment sharing among injecting drug users (OR=1.88), and increased condom use (OR=1.92) • Peer education interventions had no significant effect on sexually transmitted infections (OR=1.22) 	Systematic Review Meta-analysis	N/A	N/A	N/A	X	X	X		Ages 13 to 70 based on studies reviewed. Some studies were missing age disaggregation

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						Females	Males		10-14	15-17	18 +		
H R 12	Hammett et al., 2012	Vietnam	Cross-sectional surveys were administered to female sexual partners(SP) of injecting drug users in order to evaluate the efficacy of peer-based HIV prevention interventions for SPs.	<ul style="list-style-type: none"> • Condom use increased from 16% at 12 months to 27% at 24 months • Self-reported condom use at last sex was 3.5 times higher among participants in the intervention compared to non-participants 	Cross-sectional study	278	0	NA			X	X	Stated: Age 18 and older. Age disaggregation: 18 to 30; 31 to 40; >40 years
H R 13	Meader et al., 2010	Cochrane Review	Studies were reviewed to assess the efficacy of multi-session psychosocial interventions in comparison with standard education and minimal intervention controls for the reduction of injection and sexual risk behaviors.	<ul style="list-style-type: none"> • There was little benefit observed for multi-session psychosocial interventions compared to standard education • People in formal treatment were likely to respond to multi-session psychosocial interventions • Single gender groups were associated with greater benefits observed 	Meta-Analysis	N/A	N/A		N/A	N/A	N/A		11,867 study participants

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						Females	Males		10-14	15-17	18 +		
H R 14	Gilbert et al., 2010	Kazakhstan	Couples were randomly assigned to a four-session Couple- Based HIV/STI Risk Reduction (CHSR) group or a four-session Couple- Based Wellness Promotion (WP) group and compared at baseline and 3 months.	<ul style="list-style-type: none"> • Reported a higher proportion of condom use during vaginal sex with their study partner: + (CHSR group) • Reported a lower number and proportion of injection acts in which syringes or needles were shared: + (CHSR group) • Increased HIV/AIDS Knowledge, condom use self-efficacy, and couple communication skills: + (CHSR group) 	Randomized Control Trial	N/A	N/A				X		Stated: Age 18 and over
H R 15	Booth et al., 2009	Ukraine	Participants were enrolled to either receive the standardized HIV counseling and education intervention (C&E) or the HIV counseling and education intervention plus the indigenous leader outreach model (C&E plus ILOM).	<ul style="list-style-type: none"> • Reduction in injecting and sex risks: + (Both Groups) • Reduction in sex with multiple partners over time: + (C&E group) • Decreased sex with Injecting Drug Users: + (C&E + ILOM group) • Females were more likely to have had unprotected vaginal or anal sex and more likely to have sex with a partner who was also an Injecting Drug User. • Younger participants were more likely to have multiple partners, unprotected sex and at least one behavior on the sex risk composite 	Quasi Experimental Design	384	1187	X			X		Stated: Age 18 and over.

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						Females	Males		10-14	15-17	18 +		

SOCIAL SUPPORT FOR ADOLESCENT GIRLS

Promoting Relationships with Supportive Adults

S R 1	Phelta et al., 2008	South Africa	A study of 750 women and 870 young people in rural Limpopo Province, South Africa evaluated whether an intervention that paired a microfinance program with participatory HIV/AIDS and gender empowerment education for women in the poorest half of households could impact communication about sexuality between the women participants and adolescents in their households.	<ul style="list-style-type: none"> • Participants had an overall increase in the frequency and comfort levels of conveying the risk HIV poses to their community • The women who participated in the intervention spoke to children about sexuality issues significantly more often, and the content of their discussions changed • 97.6% of the women who communicated with children about sexuality discussed condoms while 58.2% discussed HIV testing • Young people who lived with the female participants generally wanted to discuss sexuality with their parents 	Qualitative research Random-ized Control Trial	750	0		X	X	X		
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						Females	Males		10-14	15-17	18 +		
SR2	Wolf and Pulerwitz, 2003	Ghana	Peer educators administered surveys to their contacts to explore interpersonal communication about reproductive health information and the association between this communication and reported AIDS-preventive behaviors.	<ul style="list-style-type: none"> Youth who spoke with both peers and adults were 20.8 times more likely to report having done something to protect themselves from AIDS compared to those who spoke to no one Youth who spoke with peers only were 1.71 times more likely to have done something to protect themselves from AIDS Sexually active youth were more than twice as likely to talk to peers compared to adults AIDS-protective behaviors reported differed substantially depending on whether their contact source were peers or adults Males spoke more often to peers while females spoke more often to adults- however these results were not statistically significant 	Cross-sectional Study	262	220	X	X	X	X		Stated: Ages 11 to 26

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						Females	Males		10-14	15-17	18 +		
S R 3	Damalie, 2001	Uganda	Closed and open-ended questionnaires were administered to both mothers and their adolescent daughters to determine the content, context, and frequency of communication on the subject of sexuality and HIV/AIDS. Focus group discussions were also conducted for both mothers and daughters.	<ul style="list-style-type: none"> 75.8% of mothers revealed that they spoke with their daughters on the subject of sexuality and HIV/AIDS while 24.2% reported that they did not discuss the subject 67.9% of daughters acknowledged that their mothers' spoke to them about sexuality and HIV/AIDS However, 32.1% of daughters also reported that their mothers never spoke to them about sexuality and HIV/AIDS Significant differences were also noted on the frequency of communication as reported between mothers and their daughters 	Cross-sectional Study	369	0	N A	X	X	X		Stated: Adolescents-Ages 13 to 19; Mothers- 83.2 % were between ages 30 to 50
S R 3	Paxton, 2002	Australia	Young people in the intervention group filled out a highly structured "Attitude Scale for Teenagers' before a talk by a PWHA, soon after the talk, and three months after. The same tool was administered to the control group twice. Focus group discussions were also conducted for the intervention group after the talks.	<ul style="list-style-type: none"> Improved attitudes after talks by females remained significant over three months Significantly improved attitudes among females who listened to at least one female speaker occurred across the three testing periods 	Longitudinal Matched Control	748	532	X	X	X	X		Stated: Ages 14 to 18

Table S1. Interventions to Improve HIV-related Outcomes for Adolescent Girls, by Selected Characteristics of the Interventions and Studies/Evaluations: Various Years

Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
Support Orphans & Vulnerable Children (OVC)													
OVC1	Kumakech et al, 2009	Uganda	AIDS Orphans received two-weekly peer-group support meetings conducted by a trained teacher over the course of ten weeks. The meetings were supplemented with monthly healthcare examinations and treatment.	<ul style="list-style-type: none"> Peer-group interventions when led by teachers and complemented by healthcare check-ups significantly decreased anxiety, depression and anger among the intervention group 	Clustered Randomized Trial	150	148	X	X	X			Stated: Ages 10 to 15
OVC2	Brown et al., 2009b	Namibia, Swaziland, Uganda, Zambia and Zimbabwe	Questionnaires assessing physical and sexual violence were administered to students during one regular class period	<ul style="list-style-type: none"> The odds of being exposed to physical violence was greater among boys than girls The odds of being exposed to sexual violence was greater among girls than boys Children exposed to physical or sexual violence had significantly greater odds of reporting risky sexual behaviors or a history of sexually transmitted Infections. 	Cross-sectional Study	12,604	10,052	X	X	X	X		Stated: Ages <=13; 14; 15, >=16 years

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Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
O V C 3	Nyangara et al., 2009a	Tanzania	Questionnaires were administered to OVC and their caregivers who participated in the Salvation Army's Mama Mkubwa Program in order to collect data on household schedule, caregiver demographics, child characteristics, and child wellbeing. The program counseled OVC and their caregivers, provided educational support, offered HIV prevention education, and provided referrals for other specialized services.	<ul style="list-style-type: none"> Caregivers who reported receiving training in any psychosocial counseling and OVC care felt less marginalized Orphan caregivers had lower levels of positive feelings toward the children under their care compared to non-orphan caregivers 41.8% of children who were visited by a volunteer could identify at least one HIV prevention method compared to children who did not receive visits from a volunteer 	Post-test study	279	285	X	X				Stated: Ages 8 to 14
O V C 4	Zhao et al., 2010b	China	Surveys were administered to double AIDS orphans who were in the care of different family-based caregivers before being placed in an orphanage. The aim of the study was to compare psychological symptoms among these orphans.	<ul style="list-style-type: none"> Children who had received family-based care reported the best scores on all psychological measures Children living with non-relatives reported the worse psychological outcomes compared to those under the care of other types of caregivers (surviving parents, grandparents, and other relatives) 	Longitudinal Study	68	108	X	X	X			Stated: Ages 6 to 18

Table S1. Interventions to Improve HIV-related Outcomes for Adolescent Girls, by Selected Characteristics of the Interventions and Studies/Evaluations: Various Years

Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
OVCS5	Kidman et al., 2007	Botswana	Case studies of two community-based models (centralized vs. decentralized) that deliver support to orphans and their families were developed to highlight the feasibility of each model.	<ul style="list-style-type: none"> Both models addressed the needs of orphans in a way that could be expanded to enhance support for other children affected by AIDS. 	Case Study	N/A	N/A	N/A	X	X	X		Stated: Centralized model-orphans ages 2 to 18; Decentralized model ages 0 to 6 and older orphans
OVCS6	Miller et al., 2011a: 37	Zimbabwe	Adolescents in the Savings and Internal Lending Communities (SILC) microfinance program, self-selected members into small groups and met regularly to save and borrow money at an interest rate and loan term pre-determined by the group.	<ul style="list-style-type: none"> Adolescent girls were less likely to engage in transactional sex SILC helped strengthen the livelihoods of adolescents-particularly girls 	Qualitative and Quantitative research	N/A	N/A	N/A	X	X	X		Stated: Ages 12 to 18

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Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
OV C 7	Thurman et al., 2012	Kenya	Adults and children, who were members of a caregiver support group were compared to non-members in order to evaluate the impact of support groups for guardians of orphans and vulnerable children.	<ul style="list-style-type: none"> Support groups for caregivers was associated with better family functioning, and more positive feelings by caregivers toward children Children, whose caregivers were in support groups, exhibited fewer behavioral problems and reported lower incidence of abuse from adults in their household 	Post-test study	Carer=684 Childre n=502	Carer=82 Childre n=525	X	X	X		Stated: Caregivers were >30 years; 30 to 49 years; 50+ years; Children were 8 to 14 years; Disaggregation: ages 8 to 9; 10 to 11; 12 to 14	

Table S1. Interventions to Improve HIV-related Outcomes for Adolescent Girls, by Selected Characteristics of the Interventions and Studies/Evaluations: Various Years

Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
OVCS8	Ssewamala et al., 2009	Uganda	Adolescent orphans were randomly assigned to receive either an economic empowerment intervention or the usual care for orphaned children (Control Group). Data was collected at baseline and 10 months after intervention.	<ul style="list-style-type: none"> Ten months post-intervention, adolescents who had participated in an economic empowerment intervention had significantly better self-esteem and self-rated health measures than the control group Girls reported greater increases in self-esteem than boys Adolescents with increased self-esteem were found less likely to intend to engage in risky sexual behaviors 	Randomized Clinical Trial	57	43	X	X	X			Stated: 11 to 17 years
OVCS9	Ssewamala et al., 2010	Uganda	AIDS-orphaned children who received either standard orphan care or standard orphan care with additional components (workshops, mentorships, and a savings account) were compared at baseline and at 10 months.	<ul style="list-style-type: none"> Boys reported higher intentions of engaging in sexual risk-taking behaviors compared to girls Older adolescents reported higher intentions to engage in sexual risk-taking behaviors. 	Clustered Randomized Experimental Design	148	112	X	X	X		X	Stated: Median age of children was 13.5; age range was 5 years

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Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
O V C 10	Skovdal et al., 2010a	Kenya	Children's contribution to their fostering households was explored through photography, drawing, interviews, and writing.	<ul style="list-style-type: none"> • Many fostering households benefited tremendously from taking care of orphaned children • All orphans were found to contribute to their fostering household's income and provide valuable care and support to aging or ill members of their households. 	Qualitative research	N/A	N/A	N/A	X	X			Stated: Ages 11 to 17
O V C 11	Freeman et al., 2006	South Africa	Adults were interviewed to determine whether financial assistance to prospective families would incline them towards incorporating children and if so, what would be the threshold incentive for them.	<ul style="list-style-type: none"> • Assistance to families as well as additional funds to support OVCs, increased the likelihood of adults supporting orphans • When non-direct financial assistance such as paying for the child's education and providing for a trained person to assist in care, were included, adults were more willing to care for orphans • 28% of best friends, 29% of strangers, 15% of fathers and 17% of grandparents said they would decline to take in a child or children if they were HIV-positive 	Qualitative research	N/A	N/A		N/A	N/A	N/A		1,400 Study participants

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Intervention	Reference	Country	Intervention Description	HIV related outcomes	Type of Study	Sample size		Data are sex disaggregated	Ages included			Over 18, could be assessed for effectiveness with adolescent girls	Notes
						Females	Males		10-14	15-17	18 +		
O V C 12	Nyangara et al., 2009b	Kenya, Tanzania	Four programs providing support to orphans and other vulnerable children in Kenya and Tanzania were evaluated to determine aspects and strategies of the programs that contribute to improved well-being among children and their caregivers. The programs consisted of home visits, kids club, educational support, HIV education, and linkages to health clinic.	<ul style="list-style-type: none"> Kid's clubs, which met once a month and had a standardized curriculum and an OVC supervisor on staff, was associated with higher perceptions of having adult support, improved pro-social behavior and fewer emotional problems. 	Post-test study	N/A	N/A	N/A	X				Stated: Ages 8 to 14; 6,127 children
O V C 13	Wallis et al., 2010	Tanzania	Children who lived in the orphan center were compared to village double orphans and village children living with both parents.	<ul style="list-style-type: none"> Orphans who lived in the orphan center reported significantly fewer symptoms of depression than orphans who lived in the village with extended family members Orphans who lived in the orphan center reported as many social support as the other groups of village children and expressed no sense of being stigmatized or isolated. 	Comparison Group Sampling Design	N/A	N/A	N/A	X	X			Stated: Ages 2 to 16

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