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| Paper | Title | Abstract | Population | Interventions assessed | Outcomes | Findings |
| Barham et al., 2007 | One to one interventions to reduce sexually transmitted infections and under the age of 18 conceptions: A systematic review of the economic evaluations | Objective: To systematically review and critically appraise the economic evaluations of one to one interventions to reduce sexually transmitted infections (STIs) and teenage conceptions. Design: Systematic review. Data sources: Search of four electronic bibliographic databases from 1990 to January 2006. Search keywords included teenage, pregnancy, adolescent, unplanned, unwanted, cost benefit, cost utility, economic evaluation, cost effectiveness and all terms for STIs, including specific diseases. Review methods: We included studies that evaluated a broad range of one to one interventions to reduce STIs. Outcomes included major outcomes averted, life years and quality adjusted life years (QALY). All studies were assessed against quality criteria. Results: Of 3190 identified papers, 55 were included. The majority of studies found one to one interventions to be either cost saving or cost effective, although one highlighted the need to target the population to receive post-exposure prophylaxis to reduce transmission of HIV. Most studies used a static approach that ignores the potential re-infection of treated patients. Conclusion: One to one interventions have been shown to be cost saving or cost effective but there are some limitations in applying this evidence to the UK policy context. More UK research using dynamic modelling approaches and QALYs would provide improved evidence, enabling more robust policy recommendations to be made about which one to one interventions are cost effective in reducing STIs in the UK setting. The results of this review can be used by policy makers, health economists and researchers considering further research in this area. | Europe, USA, Canada, Australia (1990 to 2006) | One to one interventions were analysed. These identified individuals at greater risk (through screening or publicity) and offering counselling to reduce sexual risk behaviours. Aims of interventions were reduction in both STI and conception rates. | STIs and teenage pregnancies | Only economic outcomes were assessed. These showed such interventions to be cost-saving or cost-effective. |