# Supplementary File 9 – Outcomes and results of all studies by type of comparison

#### Content:

Comparison 1.1 – SMS intervention vs. inactive control	og. 1
Comparison 1.2 – SMS intervention vs. standard of care control with active SMS component	pg. 9
Comparison 1.3 – SMS intervention blended with face-to-face contact vs inactive control	og. 9
Comparison 2 – Facebook intervention vs inactive control	g. 10
Comparison 3 – Smartphone App intervention vs inactive control	g. 11

#### Tables:

#### Comparison 1.1– SMS intervention vs. inactive control

Comparison, Review Outcome & Study	Study outcome (detail)	Direction of effect	Relative effect (CI)	Meta-analysis results
Biological outcom				
STI/HIV occurrence	(objectively confirmed, at $\geq 1$	2 months)		-
Free 2016	Cumulative chlamydia incidence over 12 months period, 12 m	Non- significant	RR 0.61 (0.28, 1.34)	Not pooled (1 study only)
STI/HIV occurrence	o (objectively confirmed, at <1	2 months)		
Free 2016	Positive chlamydia test result at 3 months	Non- significant	RR 2.17 (0.56, 8.40)	Not pooled (1 study only)
STI/HIV occurrence	(self-reported)			
Nil				Not pooled (0 studies)
Adverse events				
Car accident where	e participant was driver			
Free 2016	Car accident, where participant was the driver over 12 months period, 12 m	Non- significant	RR 2.08 (0.19, 22.45)	Not pooled (1 study only)
Behavioural outco	mes	1	•	
Condom use (unidi	rectional sms; at ≥12 months	)		
Free 2016	Condom use at last sex, 12 m	Non- significant	OR 1.48 (0.76, 2.88)	OR 1.10 [CI 0.77, 1.56] Heterogeneity:
Lim 2012	Not always used condom with risky partners (inverse), 12 m (f/m comb.) [not used: 'always used condom' as does not account for high number of people who did not have sex with risky partner, ITT]	Non- significant	OR 1.11 (0.71, 1.71)	- Tau <sup>2</sup> = 0.01; Chi <sup>2</sup> = 2.16, df = 2 (P = 0.34); I <sup>2</sup> = 7%]
Rokicki 2017	Unidirectional SMS arm- Sexual interc. without condom past year	Non- significant	OR 0.67 (0.29, 1.54)	

	(inverse), 15 m (cluster RCT, OR, ICC 0.05) [not used: 'used condom in past year as primary contraception']			
Condom use (inter	active/quiz sms; at ≥12 montl	hs)		
Rokicki 2017	Interactive quiz SMS arm- Sexual interc. without condom past year (inverse), 15 m (cluster RCT, OR, ICC 0.05)	Control significantly better	OR 0.36 (0.13, 0.98)	Not pooled (less similar study arm)
Condom use (at <	12 months, self-reported)			
Delamere 2006	Unprotected sexual intercourse (inverse), 3 m	Non- significant	SMD -0.51 (-1.52, 0.51)	SMD 0.02 [-0.09, 0.14] Heterogeneity:
Free 2016	Condom use at last sex, 1 m	Non- significant	SMD -0.23 (-0.56, 0.11)	Tau <sup>2</sup> = 0.00; Chi <sup>2</sup> = 9.04, df = 8 (P = 0.34); I <sup>2</sup> = 12%
Gold 2011	Consistent condom use, 6 m, placebo-control	Non- significant	SMD -0.11 (-0.38, 0.16)	
Govender 2019	No condom use at last sex (inverse), 6 m, OR adjusted for baseline differences	Non- significant	SMD 0.17 (-0.02, 0.35)	
Lim 2012	Not always used condom with risky (casual/ new/ multiple) partners (inverse), 12 m (f/m combined) [not used: 'always used condom' as does not account for high number of people who did not have sex with risky partner in this ITT analysis]	Non- significant	SMD 0.17 (-0.09, 0.44)	
Reback 2019a	<ul> <li>TXT arm, non-main partners (obtained from trialist), Episodes of CAI past month (inverse),</li> <li>6 m, Mean [not used: 2,3 and 9 month time points, as mode of all pooled studies was 6 m onths]</li> </ul>	Non- significant	SMD -0.01 (-0.32, 0.30)	
Rinehart 2019	Unprotected sex (inverse), 6 m [not used: 3 months timepoint, as mode of all pooled studies was 6 months; dual protection at last sex]	Non- significant	SMD -0.20 (-0.75, 0.35)	
Suffoletto 2013	Condom use last sex, 3 m [not used: consistent condom use past 28 days at 3 m]	Non- significant	SMD 0.34 (-0.40, 1.08)	

Ybarra 2017	No. of condomless sex	Non-	SMD -0.01	
	acts (inverse), 4m1w;	significant	(-0.34, 0.32)	
	Mean; subgroup: sexually	Significant	( 0.0 !) 0.02)	
	experienced, Placebo-			
	control [not used: 5 weeks			
	timepoint, as mode of all pooled studies was 6 months]			
Reback 2019a	TXT-PHE arm, non-main	Non-	SMD -0.02	Not pooled (less similar
	partners (obtained from	significant	(-0.33, 0.29)	study arm)
	trialist), Episodes of CAI past month (inverse), 6			
	m, Mean [not used: 2,3 and 9			
	month time points, for consistency,			
	as mode of all pooled studies above was 6 months]			
Reback 2019a	TXT arm, main partners,	Non-	SMD 0.14	Not pooled (assumed less
	Episodes of CAI past	significant	(-0.17, 0.45)	similar to other studies)
	month (inverse),			
	6 m, Mean [not extracted: 2,3 and 9 month time points, as above			
	mode of all pooled studies was 6			
	months]			
Reback 2019a	TXT-PHE arm, main	Non-	SMD 0.07	Not pooled (assumed less
	partners, Episodes of CAI past month (inverse),	significant	(-0.38, 0.24)	similar to other studies)
	6 m, Mean [not extracted: 2,3			
	and 9 month time points, as above			
	mode of all pooled studies was 6 months]			
STI/HIV testing (at	 ≥12 months)			
Free 2016	STI test prior to first sex	Control	OR 0.45	OR 0.86 [0.25, 2.95]
	with new partner, 12 m	significantly	(0.21, 0.97)	Heterogeneity:
		better		Tau <sup>2</sup> = 0.67; Chi <sup>2</sup> = 6.08, df = 1 (P = 0.01); I <sup>2</sup> = 84%
Lim 2012	STI test in past 6 months,	Non-	OR 1.58	$u_{\rm J} = 1 (P = 0.01); 1^{-} = 84\%$
	12 m (f/m combined)	significant	(0.83, 2.99)	
	t < 12 months, objective or se		1	
de Tolly 2012 -	HIV testing, 1m3w - data n		-	Not pooled (data not
excluded	not adding up and no auth	or response obt	ained	extractable)
Downing 2013	Chlamydia re-testing, 3-4	Intervention	OR 5.87	OR 1.83 [1.41, 2.36]
	m (objective) [not used:	significantly	(1.16,	Heterogeneity:
	treatment arm that combined SMS with incentives]	better	29.83)	Tau <sup>2</sup> = 0.03; Chi <sup>2</sup> = 7.70, df = 6 (P = 0.26); I <sup>2</sup> = 22%
Free 2016	STI testing prior to first	Non-	OR 1.57	$a_j = 0_{11} = 0.20_{11} = 22/0$
	sex with someone new, 1	significant	(0.53, 4.60)	
	m (self-reported)			
Gold 2011	STI test, 6 m (self-	Non-	OR 1.39	
	reported, placebo	significant	(0.79, 2.44)	
	control)			

Coverder 2010		Intomination	OD 1 70	
Govender 2019	HIV testing in previous 6 months, 6 m (self-	Intervention significantly	OR 1.78 (1.21, 2.63)	
	reported, OR)	better	(1.21, 2.00)	
Lim 2012	STI test in past 6 months,	Non-	OR 1.31	
	6 m (self-reported, f/m	significant	(0.77, 2.23)	
	combined)	Significant	(01) / 21207	
Mugo 2016	HIV re-testing, 2 w	Intervention	OR 2.05	
C C	(objective)	significantly	(1.38, 3.04)	
		better		
Ybarra 2017	HIV test (sexually	Intervention	OR 3.13	•
	experienced), 4m1w (self-	significantly	(1.55, 6.31)	
	reported, placebo	better		
	control) [not used: 5wks			
	timepoint, as less close to the mode of 6 m of all pooled studies]			
Compliance - took	treatment for curable STI			
Free 2016	Took STI treatment, 1 m	Non-	RR 0.95	Not pooled (1 study only)
	(subgroup: participants	significant	(0.82, 1.09)	
	with positive STI test at			
	baseline)			
Compliance absti		rable CTI		
Free 2016	nence during treatment of cu Avoided sex for 7 days, 1	Non-	RR 1.12	Not pooled (1 study only)
Fiee 2010	m (subgroup: participants	significant	(0.90, 1.40)	Not pooled (1 study offiy)
	with STI at baseline)	Significant	(0.50, 1.10)	
Partner notification Free 2016	Told last partner they had	Non-	OR 0.39	OR 1.04 [0.31, 3.48]
1166 2010	sex with to take	significant	(0.06, 2.45)	Heterogeneity:
	treatment, 1 m	Significant	(0.00, 2.13)	$Tau^2 = 0.45$ ; Chi <sup>2</sup> = 1.93,
	(self-reported, subgroup:			df = 1 (P = 0.17); I <sup>2</sup> = 48%
	participants with STI at			
	baseline)			
Parkes-Ratanshi	Partner attendance for	Non-	OR 1.54	
2018, 2020	Syphilis testing/treatment	significant	(0.85, 2.79)	
	at next antenatal care			
	visit (objective), about 3 w (median of 20 days)			
Other review outco				
	outcomes - age at sexual deb	out		
Rokicki 2017	Unidirectional arm - Age	Non-	[Crude diff.	Not pooled (1 study only)
	at sexual debut, 15 m,	significant	-0.25	
	(conditional on ever	_	(-0.88, 0.38)	
	having had sexual		- as reported	
	intercourse, cluster RCT,		in article]	
	Linear model with			
	clustered SE at school			
	level, adjusted for home economics class and			
	school category)			

Rokicki 2017	Interactive/quiz arm - Age	Non-	[Crude diff.	Not pooled (1 study
	at sexual debut, 15 m, (conditional on ever having had sexual	significant	0.10 (-0.38, 0.59) - as reported	only)
	intercourse, cluster RCT, Linear model with		in article]	
	clustered SE at school			
	level, adjusted for home			
	economics class and school category)			
Other behavioural	outcomes - abstinence			
Suffoletto 2013	No sex in past 28 days,	Non-	OR 3.21	OR 1.15 [0.22, 6.01]
	3 m	significant	(0.63 <i>,</i> 16.38)	Heterogeneity: Tau <sup>2</sup> = 1.07; Chi <sup>2</sup> = 3.63, df = 1 (P = 0.06); I <sup>2</sup> = 72%
Ybarra 2017	Abstinence in past 90 days, 4 m1w (in sexually experienced subgroup, placebo-control) [not used:	Non- significant	OR 0.58 (0.29, 1.14)	uj - 1 (P - 0.06), T - 72%
	abstinence at 5 w, and abstinence in sexually inexperienced youth, as less similar to other pooled study/ not relevant]			
Ybarra 2017	Abstinence in past 90 days, 4 m1w (in sexually inexperienced subgroup, placebo-control) [not pooled, as less similar to other included study]	Non- significant	[AOR 0.98 (0.38, 2.53) - as reported in article]	Not pooled (less similar subgroup)
Cognitive outcome	s - STI knowledge (≥ 12 monti	hs)		I
Lim 2012	STI knowledge (>5 of 8 questions correct), 12 m (female/male combined)	Intervention significantly better	OR 2.62 (1.71, 4.01)	Not pooled (1 study only)
Rokicki 2017	Unidirectional arm - Reproductive health knowledge score, 15 m, cluster RCT (crude model adjusted for school category and presence of home economics class, clustered SE at school level); [too different from other studies to pool, as only 7 questions about STIs, 6 about condoms use, and 11 about contraception only]	Non- significant	[Crude diff. 6 percentage points (0.1 to 11) - as reported in article]	Not pooled (outcome too different from the ones in other studies)

Rokicki 2017	Interactive quiz arm - Reproductive health knowledge score, 15 m, cluster RCT (crude model adjusted for school category and presence of home economics class, clustered SE at school level); [too different from other studies to pool, as only 7 questions about STIs, 6 about condoms use, and 11 about contraception only] s - STI knowledge (< 12 monti	Intervention significantly better	[Crude diff. 15 percentage points (10 to 19) - as reported in article]	Not pooled (outcome too different from the ones in other studies)
	÷ .	-		
Gold 2017	Sexual health knowledge (all 3 questions correct), 5-6 m	Intervention significantly better	SMD 0.38 (0.07, 0.68)	SMD: 0.22 [0.09, 0.36]; Heterogeneity: Tau <sup>2</sup> = 0.00; Chi <sup>2</sup> = 1.41,
Lim 2012	STI knowledge (>5 of 8 questions correct), 6 m (female/male combined)	Non- significant	SMD 0.15 (-0.05, 0.36)	df = 3 (P = 0.70); l <sup>2</sup> = 0%
Rinehart 2019	STI knowledge (score of 0-3), 6 m [not used for pooling: STI knowledge at 3 m, because the mode of assessment time points of all included studies is at 6 m]	Non- significant	SMD 0.23 (-0.11, 0.56)	
Ybarra 2017 -	HIV knowledge, 4m1w	Non-	SMD 0.21	
linked Ybarra 2018	(>75% of 13 questions correct)	significant	(-0.08, 0.50)	
Govender 2019	HIV knowledge score, 6 m	[Intervention slightly better]	[Adjusted B: 0.07 (<0.01, 0.14) - as reported in article]	Not pooled (insufficient data, and only partial author response obtained)
Rinehart 2019	Condom use knowledge (score of 0-3), 6 m [article also reports condom use knowledge at 3 m]	Intervention significantly better	SMD 0.36 (0.02, 0.70)	Not pooled (less similar outcome)
Rokicki 2017	Unidirectional arm - Reproductive health knowledge score, 3 m, cluster RCT (crude model adjusted for school category and presence of home economics class, clustered SE at school level); [too different from other studies to pool, as only 7 questions about STIs, 6 about condoms use, and 11 about contraception only]	Intervention significantly better	[Crude diff. 14 percentage points (7, 21) - as reported in article]	Not pooled (outcomes too different)

Rokicki 2017	Interactive quiz arm - Reproductive health knowledge score, 3 m, cluster RCT (crude model adjusted for school category and presence of home economics class, clustered SE at school level); [too different from other studies to pool, as only 7 questions about STIs, 6 about condoms use, and 11 about contraception only]	Intervention significantly better	[Crude diff. 27 percentage points (21, 33) - as reported in article]	Not pooled (outcomes too different)
	s - Self-efficacy (< 12 months)		-	
Govender 2019	Self-efficacy to practice safer sex (scale of 6 variables), 6 m	Non- significant	[Adjusted B -0.02 (-0.28, 0.23) - as reported in article]	Not pooled (insufficient data, and only partial author response)
Rinehart 2019	Condom use self-efficacy, 3 m [not used: 6 m timepoint as less similar to other pooled studies]	Non- significant	SMD 0.39 (0.05, 0.73)	SMD 0.24 [-0.01, 0.48]; Heterogeneity: Tau <sup>2</sup> = 0.01; Chi <sup>2</sup> = 1.34, df = 1 (P = 0.25); I <sup>2</sup> = 26%
Ybarra 2017 - linked Ybarra 2018	Perceived condom use behavioral skill, 4m1w	Non- significant	SMD 0.13 (-0.13, 0.40)	
Other coanitive out	comes (that cannot be poole	d)		
Govender 2019	HIV risk perception score (high score= respondents did not see themselves at risk), 6 m	Non- significant	(Adjusted B: 0.02 (-0.05, 0.12) - as reported in article)	Not pooled (1 study only, but also insufficient data)
Rinehart 2019	Condom use benefit/cost (0-28 score), 6 m (also reported for 3 m)	Non- significant	SMD 0.32 (-0.02, 0.66)	Not pooled (1 study only)
Ybarra 2017 - linked Ybarra 2018	Motivation variables (6 var outcomes and no other stu			nong pre-specified
Partner communica	ation			
Nil				
Costs				

[de Tolly 2012 - excluded]	Cost per additional HIV tester - computed for one of four treatment arms only [but not extracted, due to HIV testing figures not adding up and unable to obtain response from author.]		
Reback 2019a - linked Reback 2019b cost- effectiveness paper	TXT-Auto arm - Costs per reductions of CAI episode (CAI assessed at 9 m, costs assessed retrospectively for 2 m intervention period)	The TXT-Auto arm achieved greater reductions in CAI than the attentional control at a cost in the base case of \$37.47 per episode of CAI reduced per month	
[Reback 2019a - linked Reback 2019b cost- effectiveness paper]	TXT-PHE arm - Costs per reductions of CAI episode; note: results not available, because "The ICER [Incremental Cost-Effectiveness Ratio] is not reported when the more costly intervention achieves fewer reductions in risk"	The TXT-PHE arm did not reduce risk behaviour more than TXT- Auto arm, therefore additional costs not justified.	
[Rinehart 2019]	Costs not specified as outcome [but text reads: "There were costs to modify the existing system, but on average, the cost to send each text was less than 1 cent."]		

Comparison, Review Outcome & Study	Study outcome (detail)	Direction of effect	Relative effect (CI)	Meta-analysis results
Behavioural outco	mes			
STI/HIV testing (at	< 12 months)			
Kelvin 2019a	Truckers tested for HIV, 2 m (objective)	Non- significant	OR 1.02 (0.42, 2.46)	OR 1.00 [0.68, 1.47] - RE- Tau <sup>2</sup> = 0.00; Chi <sup>2</sup> = 0.00, df = 1 (P = 0.96); l <sup>2</sup> = 0%
Kelvin 2019b	Female sex workers tested for HIV, 2 m (objective)	Non- significant	OR 0.99 (0.65, 1.52)	
Other review outco	omes			
Costs				
Kelvin 2019a (truckers) - linked George 2018	SMS cost per (additional) client (trucker) tested for HIV, 2 m (objective)	Additional costs of SMS not justified		
Kelvin 2019b (FSW) - linked George 2018	SMS cost per (additional) client (FSW) tested for HIV, 2 m (objective)	0.24 US\$ of SMS costs per additional client tested		

# Comparison 1.2 – SMS intervention vs. SOC control containing active SMS component\*

### Comparison 1.3 – SMS intervention blended with in-person contact vs inactive control

Comparison, Review Outcome & Study	Study outcome (detail)	Direction of effect	Relative effect (CI)	Meta-analysis results
Biological outcom	es			
STI/HIV occurrence	e (objectively confirmed, at <1	2 months)		
Trent 2019	Chlamydia/Gonorrhoea occurrence (objective), 3 m	Non- significant	OR 0.40 (0.15 <i>,</i> 1.09)	Not pooled (1 study only)
Behavioural outco	mes	•		
Condom use (at < :	12 months)			
Trent 2019	Condom use at last sex, 3 m	Non- significant	SMD 0.17 (-0.11, 0.46)	SMD 0.25 [0.02, 0.48] Heterogeneity: Tau <sup>2</sup> = 0.00; Chi <sup>2</sup> = 0.74,
Mimiaga 2017	Unprotected sex acts with non-paying male partners (inverse), 3 m, Mean [not used: same outcome at 6 m, as the other pooled study assessed condom use at 3 m; unprotected sex with male client reported separately, as less similar to other included study]	Non- significant	SMD 0.39 (-0.01, 0.78)	df = 1 (P = 0.39); I <sup>2</sup> = 0%

Mimiaga 2017	Unprotected sex acts with male client (inverse), 3 m, Mean [this outcome has not been pooled and combined results not available from author; rather chosen 'sex with non-paying male partners' for pooling, and at 3 m	Intervention significantly better	SMD 0.74 (0.33, 1.15)	Not pooled (1 study only)
	rather than 6 m, as more similar to other included studyp]			
Compliance - took	treatment for curable STI	-		
Trent 2019	All medications taken, 2	Non-	OR 0.64	Not pooled (1 study only)
	w (self-reported)	significant	(0.39,	
			1.05)	
Compliance -absti	nence during treatment of cur	able STI		
Trent 2019	Sexual abstinence during	Non-	OR 0.73	Not pooled (1 study only)
	14-day treatment period,	significant	(0.39, 1.37	
	2 w			
Partner notificatio	on			
Trent 2019	Partner notification (self-	Non-	OR 0.84	Not pooled (1 study only)
	reported), 2 w	significant	(0.36,	
			2.00)	

### Comparison 2 – Facebook intervention vs inactive control

Comparison, Review Outcome & Study	Study outcome (detail)	Direction of effect	Relative effect (CI)	Meta-analysis results				
Behavioural outcomes								
STI/HIV test kit req	uest (objective, at < 12 montl	าร						
Young 2013	Requested HIV testing kit during past 3 months, 3 m (cluster RCT)	Intervention significantly better	[MD 24 pp (8 to 41 pp) - as reported in article) "a separate analysis using mixed-effects logistic regression gave consistent results"]	Not pooled (1 study only)				

s (self-reported) Occurrence of STI during			
Occurrence of STI during			
past 6 months, 6 m (self- reported)	Non- significant	OR 1.03 (0.69, 1.55)	Not pooled (1 study only)
nes			
Consistent condom use during past 6 months, 6 m (mostly receptive vaginal/anal sex, as 100% female, 95% heterosexual) [Proportion of sexual partners with whom a condom was always used, expressed as percentage. Those who had a score of 100 were classified as 'fully protected'.]	Non- significant	OR 0.92 (0.55, 1.56)	OR 0.85 [0.53, 1.37] Heterogeneity: Tau <sup>2</sup> = 0.00; Chi <sup>2</sup> = 0.48, df = 1 (P = 0.49); l <sup>2</sup> = 0%
Consistent condom use, receptive anal sex during past 6 months, 6 m	Non- significant	OR 0.60 (0.20, 1.82)	
Not pooled: Consistent condom use, insertive anal sex past 6 m	Non- significant	OR 1.00 (0.36, 2.74)	Not pooled (less similar outcome)
Not pooled: Consistent condom use, main male partner past 6 m	Non- significant	OR 1.02 (0.42, 2.48)	Not pooled (less similar outcome)
Not pooled: Consistent condom use, casual or commercial male partner past 6 m	Non- significant	OR 1.19 (0.41, 3.44)	Not pooled (less similar outcome)
Excluded, as intervention did not target condom use			Not pooled (excluded)
: 12 months)			
STI testing in last 6 months, 6 m (self-reported)	Non- significant	RR 1.10 (1.00, 1.20)	All three studies: [RR 1.27 [1.05, 1.52]; Heterogeneity: Tau <sup>2</sup> = 0.02; Chi <sup>2</sup> = 8.26, df = 2 (P = 0.02); l <sup>2</sup> = 76% $\rightarrow$ substantial heterogeneity (therefore subgroup
	reported) nes 2 months, self-reported) Consistent condom use during past 6 months, 6 m (mostly receptive vaginal/anal sex, as 100% female, 95% heterosexual) [Proportion of sexual partners with whom a condom was always used, expressed as percentage. Those who had a score of 100 were classified as 'fully protected'.] Consistent condom use, receptive anal sex during past 6 months, 6 m Not pooled: Consistent condom use, insertive anal sex past 6 m Not pooled: Consistent condom use, main male partner past 6 m Not pooled: Consistent condom use, casual or commercial male partner past 6 m Excluded, as intervention did not target condom use : 12 months) STI testing in last 6 months,	reported)  Percent and the second sec	reported)Non- significantOR 0.92 (0.55, 1.56)2months, self-reported)Non- significantOR 0.92 (0.55, 1.56)Consistent condom use during past 6 months, 6 m (mostly receptive vaginal/anal sex, as 100% female, 95% heterosexual) [Proportion of sexual partners with whom a condom was always used, expressed as percentage. Those who had a score of 100 were classified as 'fully protected'.]Non- SignificantOR 0.60 (0.20, 1.82)Consistent condom use, receptive anal sex during past 6 months, 6 mNon- SignificantOR 0.60 (0.20, 1.82)Not pooled: Consistent condom use, insertive anal sex past 6 mNon- SignificantOR 1.00 (0.36, 2.74)Not pooled: Consistent condom use, main male partner past 6 mNon- SignificantOR 1.02 (0.42, 2.48)Not pooled: Consistent condom use, casual or commercial male partner past 6 mNon- SignificantOR 1.19 (0.41, 3.44)Not pooled: consistent commercial male partner past 6 mNon- SignificantOR 1.19 SignificantExcluded, as intervention did not target condom useImage: SignificantOR 1.19 Significant12 months)STI testing in last 6 months, Non-RR 1.10

# Comparison 3 – Smartphone App intervention vs inactive control

	sis (pre-specified, by sexuality & re	-		
Tang 2018	HIV testing in last 3 months (self-reported, stepped wedge cluster RCT, RR, ICC by city 0.016, ITT assuming fixed secular trend)	Intervention significantly better	RR 1.43 (1.19, 1.72)	Sub-group analysis (MSM in LMIC/ China) RR 1.40 [1.22, 1.60] Heterogeneity: Tau <sup>2</sup> = 0.00;
Zhu 2019	Any HIV test in last 6 months, 6 m (self- reported)	Intervention significantly better	RR 1.35 (1.10, 1.66)	Chi² = 0.15, df = 1 (P = 0.69); l² = 0%
Zhu 2019	Sent photo of oral HIV self- test in last 6 months, 6 m (objective) [not pooled, as different from self- reported outcomes in other studies]	Intervention significantly better	RR 4.56 (2.49, 8.35)	Not pooled (less similar outcome)
Other review of	w <b>tcomes</b> mes -self-efficacy	•		
Tang 2018	HIV testing self-efficacy (stepped wedge cluster RCT, assessment in 3 m intervals, ICC by city <0.001)	Non- significant	[MD -0.008 (-0.039, 0.023) - as reported in article]	Not pooled (1 study only)
Other cognitive	outcomes			
Tang 2018	Anticipated HIV stigma (stepped wedge cluster RCT, assessment in 3 m intervals, ICC by city 0.006)	Non- significant	[MD -0.027 (-0.064, 0.010) - as reported in article]	Not pooled (1 study only)
Tang 2018	HIV testing social norms (stepped wedge cluster RCT, assessment in 3 m intervals, ICC by city 0.002)	Non- significant	[MD -0.010 (-0.041, 0.020) - as reported in article]	Not pooled (1 study only)

# Acronyms/ Abbreviations

(A)OR, (adjusted) odds ratio; CAI, condomless anal intercourse; CI, confidence interval; ICC, intra-cluster correlation coefficient; ITT, intention-to-treat analysis; MD, mean difference; pp, percentage points; RCT, randomized controlled trial; RR, risk ratio; SE, standard error; SMD, standardised mean difference; SMS, short message service (mobile phone text messaging); SOC, Standard of care; STI, sexually transmitted infection; TXT, text messaging; df, degree of freedom; f/m comb., female/male combined; m, month(s); w, week(s); w/o, without;

\* In our protocol, we pre-specified inactive control groups as those with either "no intervention, standard care, a placebo intervention, or a waiting list control"; we also stated that "By 'standard care' we mean the usual care given to participants in the given setting at the time an eligible study was done (which might vary between studies and will have to be considered during synthesis)." Given that in the two Kelvin 2019a/b papers Standard of Care (SOC) already included an active SMS component (a text message reminding people to get tested for HIV), we have pooled these studies separately from the other studies.

# References

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