

HIP | FAMILY
PLANNING
HIGH IMPACT
PRACTICES

**HIP Technical Advisory
Group (TAG) Meeting
June 21–22, 2016**

**World Health
Organization**

Room M605
Geneva, Switzerland



Members of the HIP Technical Advisory Group who met at World Health Organization headquarters in Geneva, June 2016. From left to right, top row: Mario Festin, Leopold Ouedraogo, Jay Gribble, Roy Jacobstein, Paata Chikvaidze, Venkatraman Chandra-Mouli, Baker Maggwa, Suzanne Reier, John Pile, Tamar Chitashvili, and Hashina Begum. Second row: Ritu Schroff, Victoria Jennings, Gael O'Sullivan, Sara Stratton, Michelle Weinberger, Heidi Quinn, Erin Meilke, Alice Payne Merritt, and Ellen Eisemen. Ground: Vicky Boydell and Shawn Malarcher.

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Technical Advisory Group Meeting Report

DAY 1

Welcome

Dr. Jay Gribble, from The Palladium Group, presided as Chair for Day 1. Dr. Gribble welcomed TAG members and thanked the Department of Reproductive Health and Research (RHR) at the World Health Organization (WHO) for hosting the meeting.

Dr. Ian Askew, Director of RHR, welcomed participants. Dr. Askew expressed his enthusiasm to have RHR host the meeting of the technical advisory group (TAG) for the High Impact Practices (HIPs) partnership, as the HIPs are an important process to build consensus among the family planning community on what we know about programming and to document lessons learned. Dr. Askew noted that the particular focus on implementation issues will become increasingly important if we are to achieve national and international development goals. Dr. Askew reiterated that WHO RHR continues to actively contribute to the HIP work and hopes to provide additional leadership in the years to come.

Dr. James Kiarie, RHR Coordinator for Human Reproduction, also welcomed participants to WHO. Dr. Kiarie reminded participants of the contribution of RHR to the HIPs partnership through RHR's partners and the Implementing Best Practices (IBP) network. Dr. Kiarie noted that RHR appreciates the usefulness of the HIP briefs particularly to inform country decision-making processes. Dr. Kiarie also welcomed continued engagement of RHR with the HIPs partnership.

Updates

Shawn Malarcher, Senior Utilization Advisor at the United States Agency for International Development (USAID), gave an update on progress since the 2015 TAG meeting. Over the last year, the HIPs partnership has accomplished a great deal including addressing most of the recommendations from the 2015 TAG. The two briefs reviewed at the 2015 TAG were finalized and available on the HIPs website, as were the updated Community Health Worker brief and the Strategic Planning Guide for Adolescent Programming. Other important accomplishments included clarifying and making available the terms of reference for the HIP working groups including the TAG.

Ms. Malarcher also noted several recommendations for which little progress has been made including development of a document that outlines the overarching principles of the HIPs work, finalization of the standards of evidence papers on sustainability and equity, and development of derivative products to improve dissemination and utilization of HIP briefs.

Ms. Malarcher also noted advocacy experts raised concern about the TAG's recommendations of developing 2-page advocacy briefs. Experts noted that advocacy materials are more effective when developed for and targeted to a specific audience and purpose. The TAG discussed the

need and merits of shorter, generic HIP material and confirmed that they would still like to pursue the development of shorter material. Therefore, the original recommendation was retained. The group reviewed other unfinished agenda items from 2015 and recommended continued work in all areas.

Ms. Malarcher noted that recommendations from the TAG must consider the level of effort and resources needed to accomplish the task as well as clarity on the responsible party for implementation, review, and approval.

Ms. Suzanne Reier, Technical Officer with the Human Reproduction Team at WHO, reported on behalf of the IBP Task Team on HIP implementation. The purpose of the IBP Task Team is to support dissemination and implementation of the HIPs. Ms. Reier noted that the IBP Task Team has more than 10 active IBP partners involved with disseminating, documenting, and sharing the HIP briefs. Dissemination activities have been conducted at global, regional, and country levels, for example, through online webinars at the global level; regional meetings organized with the West African Health Organisation (WAHO), the Family Planning 2020 (FP2020) partnership, and the Pan American Health Organization (PAHO); and country-level documentation efforts. With the HIPs now an integral part of the new IBP 2016–2020 strategy, we anticipate even more activities and more widespread integration and scale-up of HIPs in country and regional plans for family planning.

Ms. Erin Mielke, Senior Technical Advisor at USAID, provided some additional detail on work happening at the country level. At Tanzania's National Family Planning Technical Working Group meeting in May 2016, we shared an update on the HIPs including the HIPs video, website, and map. We also presented the case study that summarizes the status of implementation of HIPs for family planning in Tanzania and got feedback from all the partners, especially on the relative robustness of each HIP. We collected feedback on the enabling environment HIPs to add to our information on the service delivery HIPs. We discussed ways to further disseminate and incorporate HIPs into action plans, including dissemination of HIPs at the district level, more explicit use of HIPs in the implementation of Tanzania's new FP2020 Action Plan, and in individual partner workplans.

Dr. Gifty Addico, with the United Nations Population Fund (UNFPA), was unable to attend.

Categorization of Current and Future Briefs

Ms. Shawn Malarcher reviewed the current categorization structure of the HIP briefs, i.e., briefs are grouped into one of two main categories of enabling environment or service delivery, and service delivery briefs are further categorized according to the evidence base as proven, promising, or emerging practices. The TAG has also identified “enhancements” as cross-cutting practices/principles. Ms. Malarcher identified a number of issues with the current categorization structure:

- “Demand promotion” or “Social and Behavior Change Communication” (SBCC) is currently covered by the Health Communication brief. Should the TAG develop a

category for practices in this area to describe this work and evidence base in greater detail?

- The current structure is complex and complicated. Few understand the current system. Are there ways to simplify the structure?
- To date, there is no way to deal with briefs that do not meet the HIP criteria. How will the TAG deal with these briefs in the future?

These issues were discussed and resolved later in the meeting.

Update on FP Goals Model

Dr. Michele Weinberger, from Avenir Health, provided an overview of youth interventions in the FP Goals Model—a new model to improve strategic planning of priority family planning interventions. A key discussion point for the TAG members was how to represent youth programming in the impact model. The main aim is to ensure that the overall messaging of FP Goals and the HIPs on youth programming is consistent, recognizing that these processes serve different functions and may take different approaches.

Youth are integrated into the HIP work and are treated as a population group; therefore, they are reflected in each HIP brief. A number of HIPs are more focused on youth such as “Keeping Girls in School” and “Adolescent-Friendly Contraceptive Services” (AFCS). A key message from the review on contraceptive services for youth in the latter brief was that standalone youth services are not sustainable due to resource requirements.

Based on discussion with TAG members earlier this year, the FP Model moved from population groups (e.g., married or unmarried youth) to a grouping based on the interventions (e.g., curriculum-based, youth centers).

The TAG reiterated the importance that the FP Goals Model considers how future versions could more accurately reflect the potential real-world impact of programming including the reduced impact expected during scale-up. The TAG members also noted the growing focus on issues of equity and quality.

The TAG group acknowledged that there was insufficient time to address the issues fully and recommended that Avenir organize a longer meeting later in the year to discuss the FP Goals Model in more detail. They also reiterated the importance of aligning messages and encouraged Avenir to explore options to promote integrated AFCS rather than the standalone approach. The group also recommended further consideration of how the HIPs and the FP Goals Model can be linked and what mechanisms can facilitate this process.

Review Community-Centered Social and Behavior Change Communication Brief

The authors of the draft brief Ms. Kate Plourde, Dr. Joan Kraft, and Ms. Angie Brasington provided an overview of the development process and highlighted a number of key decisions points. Mr. Roy Jacobstein and Dr. Paata Chikvaidze, as discussants, provided an overview of

the brief and adherence to HIP criteria. Generally, the group felt the brief focused on an important intervention and the brief provided a good overview of the evidence base.

Concern was raised, however, that the current draft did not capture the full breadth of evidence available and several TAG members offered specific studies that could be added to the brief. In addition, the TAG group felt the brief seemed to focus almost exclusively on gender norms without sufficient acknowledgement of community-centered SBCC as a platform to address limitations in knowledge and norms beyond gender that may inhibit access to and use of contraceptives or in other ways that influence fertility behaviors.

Recommendation: Community-Centered Social and Behavior Change Communication represents an important practice for family planning programs and meets the criteria of a “promising” high impact practice for family planning. However, the TAG noted that the evidence base is limited, particularly with regard to community-centered SBCC’s contribution to improving adolescent sexual and reproductive health. The TAG will provide substantial feedback on the revisions needed and recommend publishing this brief as a “promising” practice under the newly established category for practices that aim to change behavior.

Recommended revisions:

1. Include a citation for the definition of SBCC in the background section of the brief.
2. Add scale of implementation for studies included in the impact section.
3. Add examples of community-centered SBCC interventions without a family planning focus that have reached scale (e.g., Stepping Stones, maternal health Participatory Action Cycle). Mention that other interventions such as “Stepping Stones” use this approach but may not measure key outcomes of interest.
4. Adjust the Theory of Change and expand explanation of mechanism of action beyond gender norms to include provision of information and norms beyond gender issues.
5. Edit language on “norms.”
6. Remove mention of “rigor.” It is not defined in the text.
7. Provide more details on the methods used for implementing community-centered SBCC.
8. Include more details on who typically leads these activities and processes.
9. Add evidence from additional studies identified by the TAG.
10. Remove research question: “What level/dose and coverage of community-centered SBCC is sufficient to achieve sustained change in social norms?”
11. Added stronger language to distinguish evidence for adolescents and on male engagement if possible.

Review Economic Empowerment Brief

Authors Dr. Kimberly Ashburn and Dr. Joan Kraft gave an overview of the development process of the draft brief and highlighted a number of key decisions points. Ms. Gael O’Sullivan and Dr. Hashina Begum opened the discussion with key points for consideration.

Generally the TAG and the authors agreed that the evidence base with regard to the effects of economic empowerment interventions on contraceptive use and fertility is still quite limited. There was some discussion about the limited scope of the brief and the potential to include a broader set of interventions aimed at economic empowerment, e.g., employment programs. However, at this point the group agreed that this would require a substantial amount of additional work and rewriting of the brief.

Recommendation: Evidence on the relationship between economic empowerment interventions and improved contraceptive use or fertility behaviors is insufficient to meet the standards of a high impact practice for family planning. However, the brief provides a balanced review of the current evidence base and will be a value to the family planning community. The TAG recommends, after completing recommended revisions, publishing the document as an “evidence review”.

Recommended revisions:

1. Include evidence on unintended consequences.
2. Address inconsistencies in language usage (adolescents, youth, family planning, contraceptive use, vouchers, conditional cash transfers).
3. Mention bi-directionality.
4. Include in the title for the theory of change “theoretical.”
5. The current brief does not provide a comprehensive review of economic empowerment programs. Include a statement that employment and agricultural programs are not included in the review.
6. Clarify that the Do and Kurimoto study is based on secondary survey data.

DAY 2

Dr. Victoria Jennings, from the Institute of Reproductive Health at Georgetown University, presided as Chair for Day 2.

The day began with an overview of Day 1 by Dr. John Pile, from UNFPA, and a review and refinement of recommendations from Day 1.

Review Concept Notes

Pre-Discharge Provision of Contraception During Facility Births (Day of Birth Postpartum Family Planning)

Dr. Ritu Shroff, from the Bill and Melinda Gates Foundation, provided an overview of the concept note for a potential new HIP brief on day of birth postpartum family planning (PPFP).

In general the group found the concept note to be well-written with good inclusion of method choice and clear rationale for developing the concept into a full evidence brief.

The TAG noted that the authors need to address a number of points in the final brief, including a clear definition of the practice. The authors need to make clear when and where counseling and provision of services are provided and which methods can be offered and counseled about at the time of provision. Finally, authors will need to be clear on the priority of volunteerism and informed choice with specific tips on how to ensure these principles.

Recommendations:

- Develop concept note on day of birth PPFP into an evidence brief according to guidance.
- Defining the practice: Expand definition to include community-based interventions to provide PPFP within the first 2 days of birth and facility-based interventions within the first 3–4 hours of normal (uncomplicated) delivery. Practice will address “immediate” postpartum period recognizing there is another HIP covering extended postpartum period (FP/Immunization Integration brief).
- Provide a comprehensive description of inputs.

Social Franchising

Dr. Tamar Chitashvili, from the USAID ASSIST Project, gave an overview of the concept note for a potential new HIP brief on social franchising.

In general the group felt the authors provided sufficient information regarding the inclusion and exclusion criteria; however, the definitions were overly complex and would be difficult to standardize. They also recognized that there is growing programmatic and operational evidence but limited hard/systemic evidence.

A number of existing related works was noted, including from Marie Stopes International (MSI), Population Services International (PSI), and the International Planned Parenthood Federation

(IPPF), as family planning service delivery organizations are developing a common definition and service delivery model for social franchising. These organizations already have many best practices and lessons learned to support implementation. The process could help organize existing programmatic/operational data and highlight research needs.

Recommendations:

- Develop evidence brief on social franchising according to guidance.
- Clarify the “practice.”

Accountability

Dr. Venkatraman Chandra-Mouli, from WHO, served as discussant for the concept note for a potential new HIP brief on accountability.

While the group agreed that accountability is a high and growing priority for many programs, they noted that a review and synthesis of experience with accountability mechanisms was undertaken as part of the Galvanizing Commitment HIP brief. At that time, very little documentation was found, and the TAG group noted that the concept note did not include reference to much additional information.

Recommendation:

- There is insufficient evidence to develop a HIP brief on accountability at this time.
- Consider resubmitting the concept in a few years when additional experience and evidence are available.

Male Engagement

Ms. Erin Mielke (USAID) summarized the concept note for a new HIP brief on male engagement for the group.

The TAG agreed that male engagement is a significant concern and area of interest for many country programs; however, the specific practice that a HIP brief would focus on was unclear. Rather, the idea of male engagement could be incorporated into many practices.

Recommendation:

- Develop a Strategic Planning Guide for Male Engagement in family, women, and child health promotion (e.g., maternal and child health; nutrition; immunization; WASH).

Updating Existing Briefs

Health Communication

- The scope of the current Health Communication brief does not allow sufficient space to provide enough detail on a broad range of behavior change strategies. The TAG recommends the development of separate briefs focusing on specific behavior change approaches, such as mass media and interpersonal communication, where there is a sufficient evidence base. These should be aligned with ongoing discussions regarding nomenclature and categorization.

mHealth

- The scope of the current mHealth brief is too broad to provide enough detail to be helpful. Break into smaller briefs according to the two general areas of work outlined in the current brief (i.e., client-centered and provider/health system-focused).
- Update nomenclature and incorporate new approaches/applications.
- Include learning on cost, scale, and sustainability.

Panel on Supporting Implementation

The implementation panel provided an opportunity for representatives of the HIP secretariat organizations to offer insights and recommendations regarding implementation. Dr. Baker Maggwa of USAID questioned panelists on how to successfully ensure that the HIPs are implemented effectively and that the tools we are developing assist in this process.

Specific questions to Ms. Vicky Boydell from IPPF's headquarter level, Dr. John Pile from UNFPA's country level, and Dr. Leopold Ouedraogo from WHO's regional level gave us not only a perspective from each of the organizations but also from different levels of the organizations. All three of these organizations have vast networks of colleagues and offices that play an important role in advancing family planning programs.

A key challenge for all panelists was the varied level of understanding or awareness of the HIPs and in some cases of family planning in general. Suggestions for "what more could be done" included:

- **More widespread dissemination of the HIP briefs to our agencies' colleagues at all levels.** Webinars are often identified as a popular method for dissemination, but the challenges of connectivity, languages, and time zones often makes webinars less effective. Ensuring the inclusion of HIPs in planned face-to-face meetings and timely translation of materials should be priorities.
- **Increased advocacy efforts.** We need to cultivate more HIP champions among our own organizations in order to reach government counterparts, funders, and partners and to influence strategies, planning processes, learning activities, and requests for applications (RFAs). With the frequent shifting of priorities, it's easy for HIPs (and even family planning) to lose priority.

- **Inclusion in activities related to the new Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030, and FP2020.** These initiatives provide an excellent opportunity to mainstream the HIPs within countries' strategic plans. Using the HIPs as a springboard is also a concrete way to ensure that family planning is adequately included in country strategic plans.
- **Clearer presentation of the evidence.** This would help in the advocacy efforts. Although evidence is provided, it is often hard to understand exactly what it means in terms of eventual impact. Adding to that, cost-effectiveness information is essential to making decisions about priority practices to include in plans. Although this information has proven difficult to attain and often doesn't already exist, we need to make a conscious effort to seek out this information and include it in the briefs and in advocacy efforts. The OneHealth Tool from WHO may provide an opportunity for countries to obtain information on the implementation of HIPs within the broader health context. Since this tool is in use in a large number of countries, this may be the most rapid way of getting this information and at the same time showing the link to wider health initiatives.
- **Support to actual implementation and scale-up.** Such support needs to be a priority. Most of the HIPs are being implemented to some degree in most countries. However, very few are implemented at scale. Derivative products, targeted approaches, and support to countries that assists in implementation and systematic scale-up of priority HIPs are essential.
- **More information on how to monitor actual implementation in country.** This point could be included in future TAG meetings, and the results of such monitoring could inform updates of existing briefs.

Closing

The group identified a number of points that were not fully addressed during the meeting, including:

- It would be helpful to have a document that describes the underlying principles of the HIP work such as quality, equity, choice, and rights.
- More discussion is needed on HIP categorization and how to simplify this framework.
- There was interest in exploring the potential to include authors in the discussion of briefs. On the other hand, concern was raised regarding issues of conflict of interest and undue influence over key decisions of the TAG.
- Given increased inquiry about the HIP work, it would be useful to review HIP processes and procedures to ensure the highest quality and consistency of review and decision-making.

The TAG also noted that it would like to engage on a more frequent basis. This will allow for more timely decision-making and active participation of the members.

The timing and venue of the 2016 meeting worked well for most and facilitated a productive meeting.

Recommendations:

1. Continue to explore options to implement a continual survey of published literature on finalized HIPs and evidence reviews to support the update process.
2. Continue to discuss the need for derivative products to facilitate utilization and dissemination of the HIP briefs, such as one-page advocacy briefs.
3. Finalize paper on evidence standards for sustainability.
4. Finalize paper on standards of evidence on reaching the underserved.
5. Develop a new category of briefs on practices aimed at changing behaviors. Title of category should align with nomenclature discussions on this topic. This category will use the same standards of evidence as Service Delivery briefs, which distinguish “proven” and “promising” practices and require demonstration of a relationship between exposure to the intervention and behavior change.
6. Develop a new category of briefs on practices that do not meet the criteria for High Impact Practices—“Evidence Reviews.” Briefs in this category will have evidence that is either insufficient or substantially mixed and will include a research agenda that identifies key research gaps. These briefs will not be included in the “HIP List” and will look substantially different from HIP briefs. These briefs will be made available on the website only on a separate page from HIP briefs. They will not be printed or distributed in HIP folders.
7. Organize a longer meeting with Avenir in the fall to discuss the FP Goals Model in more depth.
8. To align with current experiential learning, include the following message in the FP Goals Model for adolescent-friendly contraceptive services: “Experience in adolescent programming has shown that standalone Adolescent-Friendly Contraceptive Services (AFCS) are challenging to scale up and sustain. Therefore, it is recommended that principles of AFCS, including provider training, confidentiality, making a range of methods available, and free or subsidized services, should be integrated into existing contraceptive services.”
9. Organize a second meeting with the TAG in the fall of 2016 to clarify TAG processes and address issues that were not fully resolved in the annual meeting. This meeting will be held in Washington, DC.

Recap of Recommendations for HIP Briefs To Be Published in 2016:

- The TAG concluded that **Community-Centered Social and Behavior Change Communication** represents an important practice for family planning programs and meets the criteria of a “promising” high impact practice for family planning. However,

the TAG noted that the evidence base is limited, particularly with regard to community-centered SBCC contribution to improving adolescent sexual and reproductive health. The TAG will provide substantial feedback on the revisions needed and recommend publishing this brief as a “promising” practice under the newly established category for practices that aim to change behavior.

- The TAG concluded that evidence of the relationship between **economic empowerment** intervention and improved contraceptive use or fertility behaviors is insufficient to meet the standards of a high impact practice for family planning. However, the brief provides a balanced review of the current evidence base and will be a value to the family planning community. The TAG recommends, after completing recommended revisions, publishing the document as an “evidence review” under the conditions described above.

Annex A: Agenda



AGENDA

Technical Advisory Group Meeting

June 21 and June 22, 2016

09:00 – 17:00

World Health Organization

Geneva, Switzerland

Room M605

Objectives

Review draft HIP briefs and make recommendations regarding the strength and consistency of the evidence and adherence to the HIP criteria.

Continue to refine HIP process and identify priority activities.

Provide input on development and refinement of the FP Goals Model.

Prioritize no more than 2 themes for evidence briefs.

Tuesday, June 21th : Jay Gribble , Chair

08:30 – 09:00	Arrival
09:00 – 10:30	Opening of Meeting – Welcome Remarks Ian Askew, Director RHR/WHO James Kiarie, Coordinator Human Reproduction, RHR/WHO Updates Progress on HIP TAG recommendations from 2015, Shawn Malarcher IBP Task Team, Suzanne Reier Partner’s Meeting, Gifty Addico
10:30 – 11:00	Break
11:00 – 11:30	Categorization of current and future briefs

	Shawn Malarcher
11:30 – 12:30	Update on FP Goal Model Experience from Senegal and Kenya, Michelle Weinburger Youth Programming in the Model, Ellen Eiseman and Sara Stratton
12:30 – 14:00	Lunch
14:00 – 15:30	Review Community-centered SBCC Brief Authors – Kate Plourde, Joan Kraft, Angie Brasington Discussants – Roy Jacobstein and Paata Chikvaizde
15:30 – 16:00	Break
16:00 – 17:30	Review Economic Empowerment Brief Authors – Kimberly Ashburn, Shefa Sikder, and Joan Kraft Discussant – Gael O’Sullivan and Hashina Begum
17:30	Closing and Reception

Wednesday, June 22: Victoria Jennings, Chair

08:30 – 09:00	Arrival
09:00 – 10:30	Review Recommendations from Day 1 Comments and Reflections, John Pile Review Recommendations
10:30 – 11:00	Break
11:00 – 12:30	Review Concept Notes Immediate post partum FP, Ritu Shroff Social Franchising, Tamar Chitashvili Accountability, Venkatraman Chandra-Mouli Male Engagement, Erin Mielke
12:30 – 14:00	Lunch
14:00 – 15:00	Updating existing briefs Alice Payne Merritt and Gael O’Sullivan
15:00 – 15:30	Break
15:30 – 16:30	Panel on Supporting Implementation Leopold Ouedraogo, Baker Maggwa, Vickey Boydell, John Pile
16:30 – 17:00	Review Recommendations Next Steps and Closing Heidi Quinn

Annex B: List of Participants

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