HIP | FAMILY PLANNING HIGH IMPACT PRACTICES

High Impact Practices (HIP), when scaled up and institutionalized, will maximize investments in a comprehensive family planning strategy.

HIP TAG 2013
June 7-8, 2013

Orange Cafe, UNFPA
New York
605 Third Avenue
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New York, NY 10158

IPPF International Planned Parenthood Federation

UNFPA

USAID FROM THE AMERICAN PEOPLE

World Health Organization

Technical Advisory Group Meeting Report

Day 1

Opening Session

The meeting was opened by representatives from the four co-sponsoring organizations: Laura Laski, UNFPA; Ellen Starbird, USAID; Jennifer Friedman, IPPF; and Suzanne Reier, WHO. Each representative discussed how HIPs contributed to collaboration and partnership; the relevance of the HIP work for the various partners; and highlighted the importance of HIPs as a catalyst to achieve the goals set by FP 2020 and other national and international initiatives.

Nuriye Ortayli provided an overview of the agenda and introduced John Pile, the Chair for the day.

Secretariat Updates

Shawn Malarcher presented an update on HIP work since the last TAG in 2011. Main points of the presentation included a draft vision and objectives for the HIP work, the evolution of HIPs from a USAID initiative to represent the broader perspective of the international family planning community, and an update on developing HIP briefs. Last year 20 organizations officially endorsed the HIP work. By endorsing the HIPs these organizations have agreed to contribute to the overall vision and implementation of HIPs. In addition to the four briefs scheduled for review at the 2013 TAG (pharmacies and drug shops, integration of family planning and immunization, policies, and mHealth) two briefs are still in the process for finalization after the New York meeting in July 2012 (mobile outreach services and financing). A brief on keep girls in school was developed. After receiving substantial comments from endorsing organization during the review phase, the Planning Committee decided the brief required further review and discussion before submission to the TAG.

Clarifying Classification Criteria for "Proven" and "Promising" HIPs

Shawn Malarcher presented on the current process for preparing evidence briefs, criteria for assessing "impact", lessons learnt, and the role of the TAG in reviewing HIP briefs.

Karen Hardee discussed the use of evidence in developing HIP briefs, types of studies, elements of quality for individual studies and approaches to rate the strength of evidence. (See Appendix 3)

Ian Askew presented an overview on the purpose of systematic reviews and the types of evidence included in a review, including key characteristics of systematic reviews, methodology of systematic reviews, and frameworks for assessing the strength and quality of a body of evidence.

Participants engaged in a lively discussion on this topic. Some key points in the discussion included:

- Some participants felt strongly that the TAG needed standards for "grading the evidence". Several approaches were discussed including GRADE.
- Others felt that one specific system would not meet the diverse issues reflected in the briefs and considered by the TAG. One system is unlikely to meet the needs of the HIPs. Standards of evidence would not be the same for demonstrating the importance of policies versus supportive supervision.
- Some participants raised concern that the briefs did not represent a comprehensive review of the evidence. Indeed, the briefs were not intended to be a systematic review or guidelines. The evidence briefs were intended to provide the key audience with a sense of the evidence-base (what we know, what we don't know, and what are the gaps). The briefs have a strict limit of 8 pages and one of the most valuable parts of the briefs, according to our key audience, are the "Tips" which is based on experiential knowledge.
- Other participants raised concern that the evidence briefs may not address issues that are the greatest concern for the target audience. Others emphasized that the focus needed to stay true to the purpose of the HIPS which is to summarize evidence.

Recommendations

- Create a small working group led by Ian and Karen to continue working on refining the classification criteria for "proven" versus "promising" practices and the clarify the evidence review process. The group will provide an update at the Addis Family Planning Conference in November 2013 and propose recommendations at the 2014 HIP TAG.
- Include on the HIP website information on the methods used to develop the brief (for example, the search terms, databases searched, evidence inclusion and exclusion criteria) and measures of "impact" and other outcomes of interest for the HIPs.
- Emphasize in the HIP brief that "promising HIPs" should be implemented in the context of research or evaluation.
- Include more detail on impact indicators.

Defining Overarching Structure for HIPs

Victoria Jennings, Jan Kumar, and Maureen Norton provided an overview of possible frameworks to provide an overarching structure for the HIPs. The group reviewed conceptual frameworks, including the WHO Health Systems framework, SEED framework, a rights-based

framework (Framework for Voluntary Family Planning Programs that Respect, Protect and Fulfill Human Rights), and Expand Net. The group was looking for a model that could provide context for HIPs and help audiences understand how the HIPs fit within a comprehensive program. The group found the Supply, Enabling Environment, and Demand (SEED) model provided a useful framework for the HIPs.

- Participants were concerned that any single framework might be used as a checklist for programs rather than a tool.
- Some found the framework too complicated.
- Others appreciated the Rights framework which could be used for reviewing of evidence.
- Participants concluded that a framework is essential and will help some put the HIPs in the context of a comprehensive family planning program.
- No single framework will meet our needs.

Recommendations

- Include illustrative frameworks, including SEED, rights-based, and others, on the HIP website.
- Encourage use of frameworks at the country level, developing HIP briefs, and reviewing evidence. If frameworks are already being used in country, facilitate discussion about how the HIPs relate to these existing frameworks.
- Link with the IBP task team to explore the potential of these frameworks to support implementation and scale-up of HIPs.

Panel with HIPs Brief Authors – Service Delivery

Family Planning and Immunization Integration

Kate Rademacher and Chelsea Cooper, lead authors, provided an overview of key issues on the brief over video conference. The authors noted there is a slight change in the wording of the HIP in the brief from what is included on the HIP list. They discussed the evolution of the wording and that the distinguishing factor is provision of services on the same day and in the same location. Integration of health promotion is not included in the brief based on earlier feedback from review. Immunization experts were included in the development and review of this brief through the family planning/ immunization working group. This group emphasized the importance of tracking immunization indicators. They also strongly discouraged integration within immunization campaigns as these campaigns are typically chaotic.

TAG participants had the opportunity to ask any clarifying questions.

Pio Gomez served as discussant for this brief. Dr. Gomez found that the brief does a good job laying out the potential and challenges to implementing this HIP. Costing and economic evaluation are needed and the evidence is limited and inconsistent. The group discussed the brief in more detail with the following recommendations:

- Explore with the authors focusing the brief on dedicated providers (consider more emphasis on NOT integrating within IMZ campaigns)
- Include more detail on the practice
- Include more detail on why the studies showed no impact
- Revise the text to reflect the vision for primary health care (Suzanne and Kathleen)
- Additional emphasis that immunization offers an opportunity to reach postpartum women
- Include a link to indicator being developed by the Working Group to measure impact on immunization
- Research questions should disaggregate data on new users by age (with particular focus on adolescents)
- Emphasis seems to be on public sector (bring out the potential within private sector - social franchise perspective)

The Secretariat noted that Briefs have a limit of 8 pages and this Brief is past its limit. All additional information requested will require cuts to current text.

Pharmacies and Drug Shops

John Stanback, lead author, provided an overview of key issues on the brief over video conference. Dr. Stanback noted significant overlap with the social marketing HIP. A separate brief would be helpful to raise attention and visibility of the potential and current role of pharmacies and drug shops play in health service delivery. Dr. Stanback highlighted two issues that make this a "promising" HIP. First, is the emphasis on drug shops. Little is known about drug shops and greater interest is also focusing on this service delivery channel for malaria and HIV. The emphasis in the brief is less about the product being sold, but more focus on the ability of the individual to provide services. Dr. Stanback emphasized that provision of services through drug shops can be controversial in some settings, on the other hand many of those running drug shops are licensed medical personnel and are already providing family planning products, sometimes illegally and without sufficient oversight.

TAG participants had the opportunity to ask any clarifying questions.

Gwyn Hainsworth served as discussant for this brief. The group discussed the brief in more detail with the following recommendations:

- Clarify when the brief is referring to pharmacies or drug shops or both. Currently, the drug shops and pharmacies are conflated.
- Include "inhibiting factors"
- Further develop content on when this works better (in what context)
- Message about harm reduction emphasized further
- Further emphasize on issues of quality, husband consent, provider bias, etc
- Explore if there is additional evidence on use by men

Defining Emerging Practices

Maxine Eber, Kathleen Hill, and Nomi Fuchs Montgomery facilitated group discussion on criteria for defining emerging practices and how to treat these practices within the HIP framework. Some key points from this discussion included:

- In the early stages, consider developing a 2 page brief
- Clarify the frequency for reviewing and updating emerging and promising practice briefs, consider every 2 years
- How will the group identify new practices? Consider engaging larger community though mechanisms like Survey Monkey. Others thought this approach would raise expectations that the TAG could not meet.

Recommendations

- The Standards of Evidence group should also develop criteria for defining "emerging practices" and a threshold for transitioning to "promising practices". (see page 2)
- Emerging practices should be branded differently
- Emerging practice briefs should:
  - Define the practice and how it fits in the HIP structure,
  - Define research agenda,
  - Describe the theory of change, and
  - Identify appropriate impact measures.

Day 2

Review Recommendations from Day 1

The group reviewed and refined recommendations from the first day. The TAG was unable to reach consensus on categorizing the two HIPs into proven, promising, or emerging – integration of family planning and immunization and drug shops and pharmacies. Therefore, these HIPs will remain "promising practices" as recommended by the authors and writing teams until the criteria for classification can be discussed in more detail at the 2014 TAG.

Panel with HIP Brief Author and Review Brief

mHealth

Kelly L'Engle, Laura Raney, and Peggy D'Adamo, lead authors, provided an overview of key issues on the brief over video conference. Dr. L'Engle noted that the current state of the evidence base leaves more questions than answers. The group found that there is some evidence on inpact of SMS on adherence to medication and support for provider compliance.

TAG participants had the opportunity to ask any clarifying questions. The group discussed the pros and cons of dividing the brief into shorter documents that reflect the variety of potential

applications. The group concluded that there was value in keep the brief together in one piece and disseminating the document from the HIP platform. The group was interested in the potential to test the cost and effectiveness of mHealth applications compared to paper-based tools. Kelly clarified that a number of studies with this design are currently underway.

Eugene Konguyuy served as discussant for this brief. Dr. Konguyuy found the distinction of two broad categories, the tips, the tools and resources, and research question useful. There is a specific need to better define impact indicators. For example, is reduction of stock-outs an indicator of "impact"? The group discussed the brief in more detail with the following recommendations:

- mHealth does not qualify as a "practice", but is rather a tool that used to support and strengthen implementation of HIPs. (i.e., Supply Chain Management HIP, all service delivery HIPs, etc). Therefore the brief should go forward as a supportive tool. The brief should have separate branding and the different status should be clear on the website.
- The brief should focus more on evidence relevant to family planning challenges such as training and counseling skills, myths and misinformation, discontinuation,and stock outs. Evidence from other health areas such as malaria may not be applicable.
- Gender issues need more attention in the brief.
- Clarify if the brief is focused on applications for "dumb" phones, smart phones, or both.
- Review evidence from CommCare project if available.
- Update wording on scale-up. There are some experiences with scale-up that can be reflected in the brief.
- Add a "tip" on need for coordination among mhealth programs as best practice.
- Background and why mHealth is important are too long and can be shortened further.
- Link with other mHealth efforts (i.e., WHO working group)
- The TAG would like to review the state of the evidence again in two years.

Defining Enabling Environment

Linda Cahaelen, Rebecca Roth, and Jim Rice presented current thinking on defining the enabling environment and facilitated group discussion on criteria for defining HIPs for the enabling environment and standards of evidence for these HIPs. Some key points from this discussion included:

- For our purposes we need to limit the enabling environment to factors that are within our control or can influence.
- "Enabling" generally means things are working well, but we are often referring to things that are NOT working well.
- The group presented a definition, *"A range of interlinked sociocultural, economic, policy and systems related factors that create positive conditions that support the successful implementation and sustainability of family planning programs and High Impact Practices that yield improvements in FP utilization and corresponding health outcomes."*
- The group suggested HIPs adopt this definition with a small change. *"A range of interlinked sociocultural, economic, policy and systems related factors that create*

positive conditions that support the successful implementation and sustainability of family planning programs that meets people's needs."

The group continued to struggle with key questions about what type of evidence and information is most appropriate for the HIP framework.

Recommendation:

- Small group will continue to work on developing recommendations for the TAG on the levels of evidence and criteria for enabling environment HIPs.
- Results will be reviewed at TAG 2014

Panel with HIP Brief Author and Review Brief

Policy

Linda Cahaelen, Karen Hardee, and Shawn Malarcher provided an overview of the brief and addressed clarification questions from the group. Key points from the discussion included:

- The graphic on recent family planning success stories would be stronger if the timing of key policy change could be added. For example, when did task shifting policy happen in these countries? The authors explained that they agreed this would be strong evidence, but it does not exist. The current reviews of these programs looked at changes in the overall program, not specifically at policy (although policy was included). Therefore, they do not include much detail on the timing and process of policy change.
- Rwanda was not included in the graphic as concerns have been raised about the programs adherence to voluntary, rights-based programming principles.
- Due to the complexity of the topic and the eight page limit for all briefs, commitment and advocacy were removed from the brief and will be addressed in the commitment brief.

Mary Lyn Gaffield, served as the discussant. Dr. Gaffield found that policies are a critical function for health systems. However, they may not meet the criteria for a HIP. The group brainstormed ideas for a research agenda. Most of these related to monitoring supportive or restrictive policies for adolescents, postabortion FP, task sharing, etc. Research objectives included:

- How do decentralization policies affect access and use of contraceptives?
- What policies are supportive or inhibiting for engagement of the private sector?
- How does insurance, performance-based incentives, etc affect FP programming?

Recommendations:

- Consider separating the table into two with separate explanation sentences.
- Include explanation why the countries in the table were selected.
- Add resources on continued monitoring and accountability including social audits. IPPF has relevant resources.
- Include text that policy sets the tone for family planning.

- Are there examples other than establishing committee? (Box 1)
- The research agenda should be more specific. Consider recommendations from WHO review on adolescent pregnancy.
- Include identify and engage champion in the "tips" section.
- Review the "tips" section and consider ordering information as steps in a process. What should be done first? For example, should "knowing the environment" be first?
- There seems to be some duplication in the "tips" section.
- Include an operational definition for quality.

Refining HIPs for 2014

The group split into 5 small groups to further refine the remaining HIPs and when possible identify appropriate measures of impact.

Lead and manage change

This is an important topic for the HIP. The group would like to include governance as part of this HIP. MSH is currently involved in several systematic reviews that will provide an important evidence-base for this brief. The group would like to see the writing group expanded to others relevant partners.

Commitment

Need to clarify the practice (focus on effective advocacy strategies for achieving political change but this can happen on many different levels – national, municipal, etc and with different audiences). Potential impact indicators may include successful law reform or policy change, changes in position or endorsement by key government officials, changes in Performance Effort Scores, or budget allocations. Also should include an emerging area of work on accountability and monitoring including budget tracking. Potentially link this brief with the Policy brief.

Ensuring Contraceptive Choice

The group found several briefs address this issue.

- This HIP should be removed from the HIP list and serve as an over-arching principle with all HIPs contributing to this important outcome.

Contraceptive Security

The group raised concern about overlap and too many briefs.

- Replace the CS HIP with the supply chain management HIP.
- Make sure the related briefs have CS relevant information.

Public Private Partnerships

The group was unable to define Public Private Partnerships (PPP) and recommended two-pagers or briefs be developed on the following PPP.

- Total Market Approach (emerging).
- Social Franchising (promising)
- Vouchers (promising)

- Contracting (emerging)
- Important measures to consider including in the briefs include scale, scope of service, quality, and equity.

IBP HIP Task Team Update

Suzanne Reier provided an overview of the newly formed IBP HIP Task Team. The purpose of the Task Team is to support dissemination, implementation, and scale-up of HIPs through IBP partners and beyond. So far the Task Team has:

- Finalized Terms of Reference
- Developed generic HIP presentation for use by country level partners (available in French and English)
- Drafted set of indicators to measure reach, utilization, collaboration, and capacity building
- Dissemination of HIP Materials
    - Conducted partner presentations on HIPs
    - Women Deliver 2013
    - East, Central, and Southern Africa Best Practices Forum (planned for August 2013)
- Utilization of HIPs
    - Integrating HIPs into baseline work being done in Zambia
    - Integrating HIPs where possible into IBP Sessions at the FP Conference 2013 in Addis Ababa, Ethiopia

Next Steps and Closing

Nuriye and Shawn closed the meeting with next steps. Four new briefs will be in preparation over the next year - keeping girls in school, leadership and management, social franchising, and vouchers. The four briefs reviewed at the TAG will be revised and sent for copy editing and lay out in the coming months. Our hope is to have them ready for distribution for the International FP Conference in Addis in November 2013. Participants were thanked for their contributions and participation.

Appendix 1: Agenda
Appendix 2: List of Participants
Appendix 3: FP High Impact Practice Briefs: Summary of Types of Evidence, For Selected Briefs

Friday, June 7th: Jay Gribble, Chair

08:30 – 09:00	**Arrival** *Continental Breakfast*
09:00 – 09:30	**Review Recommendations from Day 1** • Comments and Reflections
09:30 – 10:30	**Panel with HIP Brief Author and Review Brief** • mHealth– Kelly L'Engle • Eugene Kongnyuy, discussant
10:30 – 11:00	**Break**
11:00 – 12:00	**Defining Enabling Environment** Linda Cahaelen, Leslie Patykewich, Jim Rice (also on behalf of Rebecca Roth)
12:00 – 13:00	**Review Brief** • Policy – Mary Lyn Gaffield, discussant
13:00 – 14:00	**Lunch** *provided*
14:00 – 15:30	**Refining HIPs for 2014** • Support **public-private partnerships** through NGO contracting, franchising and vouchers. • Invest in **contraceptive security** by developing an effective supply chain, supportive policies and regulations, financing, coordination and planning, and commitment. • Ensure **contraceptive choice** by making a wide range of family planning methods available. • Galvanize **commitment** to family planning through advocacy and policy • Develop in-country capacity to **lead and manage** family planning programs.
	Break (as needed)
15:30 – 16:30	**IBP HIP Task Team Update** Suzanne Reier
16:30 – 17:00	**Next Steps and Closing**

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List of Participants

Technical Advisory Group Meeting

June 6 and 7, 2013
09:00 – 17:00

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June 6 and 7, 2013
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Technical Advisory Group Meeting

June 6 and 7, 2013
09:00 – 17:00

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FP High Impact Practice Briefs: Summary of Types of Evidence, For Selected Briefs

	Enabling Environment				Service Delivery					
	Supply Chain Management		Health Communication		Social Marketing		Postabortion Care		Community Health Workers	
	Proven		Proven		Proven		Proven		Proven	
Type of Study	**Why important**	**Impact**	**Why important**	**Impact**	**Why important**	**Impact**	**Why important**	**Impact**	**Why important**	**Impact**
Systematic review			**X**	**X X** x		**X** x x			**X**	
Experimental (RCT)										
Quasi-experimental			**X**	**X X X X X X X X**		**X X**		**X X X** x x x	x x	**X X**
Non-experimental/ analytical										
Cohort							**X**			
Longitudinal										
Case-control				**X**						**X**
Large surveys (+ analytic reports)		x	x	**X X** x	x	**X**			**X**	
Other										
LSAT Index		x								
Cause of death audit							**X**			
Pre-post, single group								**X X** x		
Non-experimental/descriptive										
Interviews (in-depth), focus groups					**X**		**X**	**X X**		
Case studies						**X**		**X X** x x	x	**X** x
Non-experimental evaluation					x x x x x			x x	x	
Other (cause of death statistics)							**X**			
Other review			**X X** x	x x		x	**X X X** x x		x x x	**X X** x x x
Expert Meeting/technical panel									x	
Anecdotal										
Modeling (simulation)										
Other										
Wall chart					x					
Country supply chain database	x									
Project Brief/Success Story	x x									

Note: X = one reference. Bold indicates that it is published in the peer-review literature.

Bolded **X** indicates that the reference is published in the peer-review literature.

Some references are mentioned more than once in the HIP Briefs. Each reference is noted at the most twice on this table - once in the why important column and once in the impact column.