



**High Impact Practices  
Technical Advisory Group  
Meeting Report**

**June 12<sup>th</sup> and 13<sup>th</sup>, 2019**

**World Health Organization**  
Avenue Appia 20  
Geneva, Switzerland



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*TAG Members at WHO HQ, Geneva, June 2020*

## **Welcome Remarks**

Ian Askew welcomed the group, remarking on how the HIPs are an important normative work in the family planning (FP) arena. Dr. Askew mentioned that the HIPs have been in existence for 10 years and reflect dynamic nature of FP. He gave a brief update on WHO: the organization is currently going through a transformation process that started three years ago. One important change at the HQ level is a shift in how departments are organized. The Department of Reproductive Health and Research (RHR) is now under the Universal Health Coverage/Life Course Division. RHR is now working more closely with the health systems group, and Dr. Askew suggested that it would be good to produce future HIPs with a health systems lens to align with the department's new orientation. He sees this new way of working as a very positive development. He added that WHO is looking at processes and procedures for producing guidelines. From all the guidelines produced by the organization, only 10% go through the formal process. Senior management wants to standardize the guideline procedures. In the next few months, we will know the implications of this new way of working. Dr. Askew is hoping to take a look at the HIPs again to see if the HIPs can be part of the new WHO guidelines procedure; he will have an update by the next TAG meeting. At the country level, WHO country offices will be revamped to be able to provide normative guidance to their countries. This will take place over the next few years. We will see a different approach in the way WHO works at the regional, country, and HQ levels.

Dr. Mario Festin provided welcome remarks on behalf of Dr. James Kiarie, who could not be present. Dr. Festin reiterated that the update of WHO guidelines is an ongoing process that seeks to formalize a unified/standard process for their production across the organization. Dr. Festin also shared with the group that colleagues Annie Portela and Susan Norris at WHO had recently published a series of papers on complex health interventions in complex systems in *BMJ Global Health* ([https://gh.bmj.com/content/4/Suppl\\_1](https://gh.bmj.com/content/4/Suppl_1)). The papers address the challenges and realities of decision-making for public health and health system interventions. The goal was to strengthen WHO's processes and methods for developing

guidelines on complex health interventions and those delivered in complex systems. Dr. Festin mentioned he would share the document with participants.

Dr. Anand Sinha thanked both Drs. Askew and Festin and continued as Chair for Day One of the meeting.

## Updates

Shawn Malarcher provided an overview of progress towards the TAG recommendations from past meetings. Ms. Malarcher also reminded participants that all records for the TAG have migrated to Google Drive, which will facilitate access to all TAG-related materials. The agenda has been redesigned, but suggestions for improvements are always welcomed. Following these housekeeping reminders, Ms. Malarcher provided an update on the progress of addressing the TAG recommendations from the November 2018 TAG Meeting.

### Progress on Recommendations from November 2018 Meeting

- Postabortion FP brief was published and is also on the website.
- Vouchers brief is ready and will be up on the website in the next few days.
- The HIP TAG webpage is up to date now. Ms. Malarcher thanked everyone for providing information for the update.
- TAG TORs were revised and will be up on the website if there are no comments on the revisions.
- Recognizing that the TAG consists of highly influential, in-demand experts and that responsibilities sometimes shift unexpectedly, the co-sponsors agreed that TAG members who are unable to attend three consecutive meetings will be asked to step down. This will provide opportunities to bring on new TAG members while maximizing consistent engagement in the group.
- Ms. Malarcher shared for consistency, the title “Dr.” will not be used on the TAG member page on the website.
- Literature review: We envision consistent and comprehensive literature reviews across the HIPs. We now have an organization that will do these reviews. As new briefs are published or current ones updated, the literature review will be accessible on the website under a tab titled “Search Strategy.”
- A grayscale summary will be incorporated as part of the record of the TAG meeting and develop a document explaining the grayscale available online.
- Discussion of the Gantt chart highlighted the difficulties in operationalizing the concept: timelines are constantly changing, details needed for some audiences would be too much for others, etc.
- Many of the briefs were produced quite a while ago, some dating to 2013, and the current HIP process does not have the bandwidth to update them all at once. The TAG needs to prioritize what to update.
- IPC update: Ms. Malarcher offered a reminder: The TAG felt the brief was not ready. The TAG recommended removing the group content and also reworking how the evidence is presented. The interim review group revised the scope and excluded group-based IPC. In addition, the literature search was conducted again, resulting in 51 new papers being identified. 20 out of the 51 papers seem most relevant. Finally, the interim group decided to regroup interventions. Next steps: the review group will continue to support the review of the IPC brief, revert to the authors to focus content based on the refined scope, and consult with WHO on the results of related work to incorporate. To close, Ms. Malarcher mentioned that the brief draft will not go through any additional review or comment period.

### Progress on P&D Recommendations from November 2018

Laura Raney and Ados May started the presentation with a brief overview of the terms of reference of the Production and Dissemination Team, as well as highlights on the latest web analytics and other dissemination efforts supporting the HIPs. (Please see presentation for more details.) Ms. Raney and Mr. May shared the following updates from the November 2018 TAG Meeting:

- **Engage with ICFP planning to identify opportunities to strengthen utilization of the HIPs:** For the 2018 meeting, P&D reached out to session chairs regarding potential links between their session and one or more HIPs and asked if they wanted materials. For the next ICFP, IBP will work with the organizers to have sessions around the HIPs.
- **Explore options for linking to existing materials:** The P&D team explored options and concluded that HIP briefs already include tools and resources. When a brief is sent out for comment, there is a key opportunity to suggest potential linkages to a number of tools. We can continue to consider other alternatives, if feasible.
- **Explore options to make the overview documents more visible on the website:** A separate tile for the SBC Overview was added to the Briefs webpage, and the SBC Overview is now linked on the HIP list in the green bar on the second page. For more information, please click on this link: [https://www.fphighimpactpractices.org/wp-content/uploads/2019/04/HIP\\_List.pdf](https://www.fphighimpactpractices.org/wp-content/uploads/2019/04/HIP_List.pdf). We also added overview documents in the Quick Links section on the main page.
- **Translation of HIP materials into Russian:** As a next step, Jennie Greaney will connect with the P&D team to discuss logistics and identify priorities. Ms. Greaney will identify resources for translation and will prioritize HIPs that make sense for that region.
- **Translate tweets into other languages:** Monthly tweets (in English) currently require coordination and a point person at K4Health. Cost, time and resources needed for other languages may exceed the return on investment. We have hired an intern to look into several HIP dissemination questions, the value of tweeting being one that we are interested in knowing more about. We can re-evaluate this request once this work is complete.

In closing, both presenters informed the TAG that a HIPs Intern was recruited and scheduled to start in mid-July 2019. The intern will take a critical look at past and current dissemination efforts, will learn directly from FP decision-makers about their needs, and will make strategic recommendations to strengthen future dissemination of HIPs to better reach targeted audience(s). Additional suggestions from TAG members:

- Venkatraman Chandra-Mouli suggested we hire someone to produce slides and create tweets for all HIPs. This is a strategy Dr. Chandra-Mouli deploys with his articles and publications to generate a buzz and get the word out.
- Rodolfo Gomez reiterated his interest in disseminating HIPs in Spanish and Portuguese. There are a couple of opportunities coming up in the region: Dr. Gomez will coordinate with the team for materials needed to promote those events.
- Dr. John Stanback suggested that slides be created for each brief. Mr. May shared that this request/suggestion has been discussed previously and a challenge the P&D team has faced with this request is the ability to allocate time and resources to develop these materials. Potentially, the P&D Team could develop a template for the slides and the brief authors could provide the content.

### **Reflections from IBP**

Nandita Thatte provided an update on IBP's work supporting the HIPs partnership. Dr. Thatte framed the update on the three strategic objectives of IBP: dissemination, support to implementation, and strengthening partnership. (For specific details, please see presentation.) Next steps for IBP include:

- **IBP New strategy 2020-2025:** Continue to strengthen the role of HIPs as part of the core IBP SOW.
- **New online platform to host communities of practice:** New system to be launched at IBP September 10-11 Meeting in Washington, DC. HIP-related communities of practice such as FP/ Immunization Integration and Drug Shops and Pharmacies will migrate to new system.
- **Continue to strengthen linkages between IBP and partners:** ECSA Best Practice Forum; Arusha Share Fair featuring the HIPs; ICPD-25 Nairobi; knowledge share fair in collaboration with UNFPA.

## **Reflections from FP2020**

Laura Raney presented an update on recent FP2020 activities, sharing highlights from the FP2020 Anglophone Meeting in Ethiopia. The 18 countries in this grouping prioritized actions and interventions for the next 18 months, focusing on three thematic areas: financing for family planning, engagement with adolescents and youth, and engagement with faith leaders and the faith-based community. Ms. Raney also presented on the HIPs Strategic Analysis that was created for all 18 countries, centered on four of the thematic areas for which we have HIPs: financing for FP and supply chain management, adolescents and youth (married and unmarried), and postpartum FP (immediate PFP, FP Immunization Integration, and PAFP) as well as engagement with faith leaders and the faith-based community. She reminded the group that the goal of this analysis is to assist FP2020 countries to use evidence to prioritize their investments and make them more impactful. The HIPs were integrated into each relevant workshop session. A hard copy of the HIPs Analysis was provided to each country as a resource as they worked on their Country Worksheet - Prioritized Action Planning for 2019-2020. In closing, Ms. Raney provided a brief update on the Post 2020 Consultation to inform the next steps for FP2020. 1,000 stakeholders around the globe were consulted. The emerging vision and guiding principles to advance the work are voluntary, client-centered, rights-based approach, youth focus, and country informed. The seven focus areas are: shape the policy agenda, enable data-informed decisions, place equity at the core, expand accountability, increase and diversify financing, incentivize sustainable markets, and influence social systems and gender norms.

## **Identifying Key FP Outcomes**

Michelle Weinberger updated the TAG on work related to HIP Outcome Measures. This follows on from a presentation at the previous TAG meeting (November 2018) on making changes to the Theory of Change used in HIPs. (For more information, please see presentation.) A draft matrix was presented to the group, proposing standard outcomes that HIPS can be mapped to (see figure 1 below). Ms. Weinberger led a group exercise: Pick the primary and secondary aim for each HIP. A number of questions for participants: If we create this tool, where would it live? Could it be an interactive tool on the website? Who else needs to review (authors)? Do we want to do this for non-SD HIPS for the next meeting? How to validate? This question relates to the measuring outcomes discussion we will have. Maybe we will use this to decide on HIP topics going forward; e.g., if most don't address equity, focus on this?

**Figure 1:** Focus on service delivery HIPS to start, but would like to add SBC ones too

	Expand Method Choice	Expand Geographic Access	Reach Sub-Populations in Need	Expand # of delivery channels
Post-abortion FP				
Immediate PFPF				
Integrate FP into Immunization				
Mobile Outreach				
Social Franchising/Quality Assured Networks				
Drug Shops/Pharmacies				
Social Marketing				
Community Health Workers				

### **Update on Service Delivery HIPs Overview**

Dr. Festin updated the TAG on progress so far: The group is prioritizing the tips for implementation to shorten and summarize. Work is moving as planned and the overview will be finalized by November, 2019.

### **Progress on SPG for Humanitarian Settings**

Ms. Malarcher provided an update on behalf of Jennie Greaney. A large group of partners is providing input. The SPG is coming along nicely. Ms. Malarcher mentioned that one challenge is that the SPG is being developed by implementers, which results in a focus on specifics, making it difficult to keep to a higher-level, four-page format useful to a policy maker. Many implementers work on emergency response, so the original content focused on this work. It is envisioned that the SPG will focus on preparedness and recovery. Will send out for comment when the draft is available.

### **Progress on Overview on Enabling Environment HIPs**

Jay Gribble shared that the writing group is modeling the chapeau on the SBC overview. The writing team considered a socio-ecological framework, but agreed that the health systems framework is a better fit. Mr. Gribble mentioned the draft has not been written yet. He added that a challenge in narrowing the content for the Enabling Environment (EE) overview is that EE briefs have broad definitions and it is difficult to have a standard methodology to measure progress.

## **Update on Current Briefs Under Development/Update**

### **Updating the Drug Shop Brief**

John Stanback provided a progress update on the Drug Shops and Pharmacies brief. Dr. Stanback reminded the group that this brief was first published in 2013 and was due for an update. A third party was retained to conduct the literature search and the results were just received. A preliminary review identified a number of gaps, perhaps because the search terms need to be verified, given the great diversity of terms used around the world to describe drug shops.

### **Supply Chain Management**

Dr. Chandra-Mouli and Ms. Payne Merritt led the discussion on the SCM draft update. The original brief was published in 2011. The discussants observed that the previous brief was more of a chapeau piece. The current draft is more focused/specific. A number of points were offered for feedback to the writing team, including that the current draft could benefit from country examples and focus on country-level decision makers, identifying specific options for different decision makers. The discussants also noted the



current draft provides a good overview of the practice and offers clarity on audience and what they need to do to implement the practice. Please see the recommendations section for next steps on the SCM brief update.

### **Envisioning the Future of the HIPs**

Ms. Malarcher opened the session by sharing some new thinking as well as some known facts about the HIPs. We are seeing a trend of shifting from creating new briefs to maintaining up-to-date briefs. Ten years from its inception, the HIPs partnership is more established with a strong base of broad support. HIP materials are seen as high quality, credible sources of learning. In last four years, 56 peer review articles cited the HIPs. Traffic on the website has increased 89% from last year. Ms. Malarcher also mentioned the need to streamline our processes to keep HIP materials up to date while maintaining high quality and meeting the target audience needs. Mr. May presented on a proposed process to conduct simultaneous updates of the briefs by category. This will be a significant departure from the current way briefs are produced and updated. The current system can handle four briefs per year. In this envisioned simultaneous update, we would end up with more consistent content and sections across all briefs. The TAG suggested hiring a lead writer. IBP and other entities could also play a role in coordinating this process. (For more detail, please see the presentation and the TAG Recommendations section.)

## **Day 2**

Gael O’Sullivan chaired Day 2 of the TAG meeting and reviewed the recommendations from Day 1.

### **Equity**

Sara Stratton and Karen Hardee led the discussion on the definition of equity in the context of family planning. Ms. Stratton shared the background of this ongoing work, which was first conceptualized in 2015. Equity is key in many FP programs. In the last 20 years, eliminating inequity has been the focus of the MDGs, the SDGs, and UHC. With Dr. Hardee as the lead writer for the equity paper, the writing team has sought to answer these four questions:

- 1. How is equity defined for health and FP?**
- 2. What are the frameworks for conceptualizing equity?**
- 3. What are the measures relevant to FP programs?**
- 4. What evidence is needed to assess the impact of HIPs on equity?**

The authors and the TAG agreed that FP faces many unique challenges related to assessing and responding to issues of equity. Therefore, the international FP community would benefit from platforms and groups that could provide ongoing, in-depth thinking to address outstanding issues including appropriate methods and indicators for assessing inequity—for example, creating an inter-agency working group on equity to refine this. (For more information, please see the presentation and the TAG recommendations.)

## **Review New Concept Notes**

### **Strategic Purchasing**

Saswati Das provided background on the concept note and moderated comments from the TAG. It was noted that the Global Financing Facility (GFF) is doing a great deal of work on this topic. However, from the perspective of progressing to develop a HIP product, many TAG members pointed out there is little evidence on this topic and more evidence probably needs to be generated. While the concept note

authors claim that evidence-based financing is promising, some TAG members thought it was mixed. This is an important topic and we could consider it for an evidence summary. The Health Policy Project has developed resources that can address this instead of developing a new brief.

### **Audience Segmentation**

Rodolfo Gomez outlined the concept note and led the discussion to capture feedback from the TAG. It was pointed out that audience segmentation (AS) is a proprietary methodology, which could pose challenges for what the HIPs seek to address. For the purpose of the HIPs, a practice has to work across geographies and populations. The topic may be too nuanced to be considered as a HIP. The TAG recommends that the authors expand the content of the concept note and publish it as paper. It was suggested that the topic should be included in the chapeau piece for SBC. At a minimum, as SBC briefs are updated, make sure we include AS in the content.

### **Strategic Planning Guide on Task Sharing**

Victoria Jennings led the discussion on the concept note. Dr. Jennings noted that task sharing as a concept was submitted to the TAG as a potential HIP enhancement. Now it is proposed as an SPG following the recommendation of the TAG in November 2018. The TAG was asked to decide whether to move this forward as a SPG; otherwise, the authors can finalize and publish it as a resource for the community to use. The rationale for making task sharing into an SPG is because its absence in the HIPs package is noticeable given the importance of the policy in the FP arena. Others contributions from the group included the opportunity in the Outcomes section to include equity language; additional illustrative examples of implementation; and this SPG could be useful for countries deciding whether to increase cadres of workers.

(Please see the HIP TAG Recommendations Section for decisions made on the three concept notes.)

## **Update on Current Briefs Under Development/Update**

### **Social Marketing**

Ginette Hounkanrin and Heidi Quinn led the discussion on the update of the Social Marketing (SM) brief. Members of the TAG were curious about the rationale to take off the three previous SM models from the brief. It was suggested to approach DKT and PSI to strengthen the content and contribute to the evidence of the practice. It was noted there is a need to understand boundaries of intervention. There seems to be overlap with three briefs: Social Franchising, Social Marketing, and Drug Shops. A key question from the TAG was if SM should be categorized as an SD brief or SBC? Is it a “practice”? It was decided to leave it in the SD category, and the TAG recommended the draft move to interim review.

### **Measuring Impact/Implementation**

Shawn Malarcher presented on further thinking around the need to have better data to understand how HIPs are implemented. HIPs appear in Costed Implementation Plans (CIPs) and other plans, but how do we know that they are actually implemented? Ms. Malarcher discussed the idea of updating the indicators of two recently published or about to be published briefs, PAFP and IPPFP. The TAG agrees with the proposed changes. Will move forward with incorporating these indicators to help us and/or help countries track implementation of these practices.

### **Developing Tools to Help Apply HIP Criteria**

Chris Galavotti provided background on developing a tool to help apply HIP criteria. The TAG spent an hour in small groups to determine what to include in a tool to achieve that goal. Michelle Weinberger provided instructions to members divided into four groups: Based on program experience, come up with ideas for a new tool to accompany the Grey Scale, looking at 1) Replicability, 2) Scalability, 3) Cost-

effectiveness, and 4) Sustainability. The groups were asked to use their own expert opinions to assess how well the HIP addresses these factors. A small group led by Dr. Galavotti will review recommendations from the small group work exercise and develop a proposal to be presented at the November 2019 meeting.

## **HIP TAG Recommendations and Next Steps**

- The TAG adopted the new TOR. The website will be updated to reflect the new TOR.
- The grayscale review should be published in the TAG report as part of the TAG deliberations. Further discussions are required to determine additional publication of this analysis.
- The TAG recommended developing a short description of the grayscale process to explain to readers how this tool is used in the deliberation process. (Karen)
- The TAG appreciated updates from the Production and Dissemination Team and would like to see linkages and connections further strengthened between the work of the TAG and the P&D Team.
- The TAG appreciated updates from IBP and FP 2020 and recognize the important role both groups play in supporting the HIP work.
- The TAG appreciated work on the key outcomes document and encouraged further development of this idea. Consider removing the “channels” category. Consider rephrasing outcomes as problem statements. Once outcomes are confirmed, briefs should be reviewed to ensure they align with problem statements. Need to provide an overview of the tool that describes how this tool will be used, by whom, how it will be accessed? (Michelle, Roy, Maggwa, Erin, Shawn, John S)
- The TAG was supportive of the proposed strategic focus areas for the HIP Partnership going forward. These include the following:
  - Streamline processes for keeping HIP materials up-to-date while maintaining high quality.
  - Support countries to track implementation of the HIPs.
  - Ensure products meet the needs of our target audience.
  - Broaden engagement in supporting HIP development, implementation, dissemination and ensure that we are gathering learning from the range of implementers
- In order to streamline processes for keeping HIP materials up-to-date while maintaining high quality, the TAG is supportive of adopting a process that would allow simultaneous updates to all briefs from a single category (e.g. Service Delivery, Social and Behavior Change, and Enabling Environment), realizing that this will substantially impact the TAG processes and workload. The new process will be referred to as the “batch” approach. The TAG will review progress toward implementing the new process at each meeting and suggest adjustments as needed. The TAG also recommended considering the following:
  - Hire a professional technical writer(s) for brief development/updates. This will improve consistency across briefs and reduce the potential for delays in meeting timelines. Technical staff will contribute as an essential part of the writing team.
  - The new approach should be described in detail to improve clarity and transparency as the process shifts to the “batch” approach. (John S, Jay, Gael, Alice)
  - The TAG agreed to start with the Service Delivery briefs, followed by Social and Behavior Change, then Enabling Environment.
  - Once the “batch” approach is in place, the TAG may consider extending its biannual meetings by half a day if needed.

- To ensure products meet the needs of our target audience, Anand, Ginette, Rodolfo, Maggwa, and Laura will explore opportunities to strengthen regional/country engagement and report back at the fall TAG meeting.
- The TAG appreciated and confirmed the recommendations from the equity work. Suggest including an example in the proposed strategic planning guide on equity to improve the clarity of the Gillespie framework. Consider how equity might be reflected in the HIP materials, such as the Guidance Documents for Developing HIP Briefs, the Theory of Change, etc.
- The TAG approved inclusion of the suggested indicators and revisions for the IPPFP and PA FP briefs.
- The TAG agreed to continue work on developing a review tool to assist the group in systematically applying the TAG criteria for HIPs. The small group will review recommendations from the small group work and further develop a proposal to be presented at the November meeting. Chris Galavotti agreed to take the lead in organizing a call. (Norbert Coulibaly, Mario Festin, Karen Hardee, Nandita Thatte, Michelle Weinberger)

## New Concepts

- The TAG decided not to proceed with developing a brief on strategic purchasing at this time. Since the GFF is currently working on issues of performance-based financing, it was unclear that the brief as outlined in the concept note would add value. The TAG also expressed some concern that the suggested scope may be too narrow. There seems to be very little evidence on which to base a brief; this concept may be considered again when more evidence is available.
- The TAG decided audience segmentation was not appropriate for development into a HIP brief. The concept of audience segmentation is currently included as an important principle for social and behavior change. The TAG felt this concept could be expressed or strengthened throughout the briefs, perhaps in the Tips section.
- The TAG recommended moving forward with further development of the Strategic Planning Guide on Task Sharing. A number of specific recommendations were made for improving the current draft. In addition, the draft will benefit from a full HIP review/comment period.

## Supply Chain Management

The TAG recommended a number of substantial shifts in the current content and focus. A revised version of the brief should be submitted to the Fall TAG meeting for final review. Requested revisions are:

- Content should be country-focused, with a reduced discussion of global mechanisms (e.g. RHSC, VAN, etc.).
- Use plain language: Currently the brief includes RHSC jargon that may be unclear to the target audience (e.g., “visibility”).
- Graphics are useful to clarify concepts for the reader (select 1 or two figures that simply convey key messages). Consider updating the figure from the current brief and mapping the whole supply chain process (e.g., from manufacturing to user), clearly distinguishing which parts of the supply are the focus of the brief.
- Add a Theory of Change.
- The flow and structure of the brief is difficult to follow. Consider using the old brief for the structure and simply update information. The old structure seemed to work well.
- Key messages are unclear and may not be relevant for the target audience. Focus the brief on information that will help decision-makers decide where to allocate resources for the supply chain.
- Reduce discussion on procurement with link to the financing brief.

- Align sections. Impact section should flow to the Tips section.
- Strengthen the rationale section. What is the problem we're trying to solve?
- Brief should highlight that products are necessary but not sufficient; also need to train and support health care workers to offer and provide methods.
- The Informed Push Model seems a bit out of place, as it is the only specific example used in the brief. If the authors want to retain this example, include information on what happened after donor support ended. Also, if it is the only specific example, it might fit better in a text box. Alternatively, add other examples as appropriate.

## **Social Marketing**

The TAG recommended a number of important changes in the current content and focus. A revised version of the brief should be submitted for an interim review. Requested revisions are:

- The "practice" of social marketing is unclear.
- The brief should include public sector-supported social marketing. The current brief is restricted to donor-funded programs.
- The models included in the current brief help the reader understand social marketing more clearly. Consider including them or an updated version in the revised brief.
- Include more detail on transitioning from donor-funded programs (see article "When Donor Support Ends").
- Include more evidence on the scale of social marketing.
- Include discussion of how social marketing contributes to the global shift to self-care.
- Include more examples from social marketing LARCs and PM.
- Use more recent examples and references, particularly the reference for the definition.
- Include more examples of social marketing supported by MOH.
- Ensure that the brief reflects programming from a range of social marketing approaches.
- Review presentation of the Firestone review.
- Consider keeping the TMA figure from the current brief.
- Interim review: Gael, Ginette, Heidi, Michelle.

## **Next Meeting**

The next TAG Meeting will take place on December 3-4, 2019, in Washington, D.C., hosted by BMGF.



*TAG Members small group work, June 2019.*

# Annex A: Meeting Agenda



M605  
World Health Organization  
Geneva, Switzerland

## Technical Advisory Group Meeting

June 12 – 13, 2019

09:00 – 17:00

### 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.
- Prioritize no more than two themes for evidence briefs.

### Wednesday, June 12<sup>th</sup>: Anand Sinha, Chair

Time	Agenda Item	Recommendations from November 2018 HIP TAG Meeting	Materials
08:30 – 09:00	Arrival		
09:00 – 09:15	Opening of Meeting – Welcome Remarks Ian Askew & Mario Festin		
09:15 – 10:00	<b>Updates: Progress on recommendations from November 2018</b> Shawn Malarcher	<p>❓ <i>The TAG appreciates the updates and revisions to the PA FP HIP Brief. The TAG approved publication of the updated Brief as a Service Delivery Proven HIP with revisions.</i></p> <p>❓ <i>The TAG recognizes that vouchers are a tool most often used in conjunction with HIPs (e.g. social franchising, immediate postpartum, etc) and therefore recommends publishing the brief as a “HIP Enhancement” with revisions.</i></p> <p>❓ <i>Update HIP TAG webpage.</i></p> <p>❓ <i>Continue work to make lit search information, including gray scale analysis (website)</i></p>	<p><a href="#">PA FP HIP Brief</a></p> <p>1. <a href="#">Technical Advisory Group TOR updated</a></p> <p><a href="#">Search Strategy</a></p>

<p><b>10:00 – 10:20</b></p>	<p><b>Progress on P&amp;D recommendations from November 2018</b> Ados May &amp; Laura Raney</p>	<ul style="list-style-type: none"> <li>❓ Engage with ICFP planning to identify opportunities to strengthen utilization of the HIPs.</li> <li>❓ The TAG requests the P&amp;D team explore options for linking to existing materials such as WHO guidelines and the review on side effects.</li> <li>❓ Authors will be asked to identify key materials for this purpose.</li> <li>❓ The TAG requests the P&amp;D team explore options to make the overview documents more visible on the website.</li> <li>❓ The TAG encourages further discussion of translation of HIP materials into Russian, as appropriate. As a next step, Jennie Greaney will connect with the P&amp;D team to discuss logistics and identify priorities.</li> <li>❓ The P&amp;D team should explore the potential to translate tweets into other languages</li> </ul>	
<p><b>10:20 – 11:00</b></p>	<p><b>Reflections from IBP, Nandita Thatte</b> <b>Reflections from FP 2020, Laura Raney</b></p>	<ul style="list-style-type: none"> <li>❓ Explore opportunities to show HIPs as a key resource within the FP2020 accountability framework</li> <li>❓ Continue refinement and support for the FP 2020 HIPs analysis. Report finding to the HIP TAG for consideration in prioritizing and refining HIP work.</li> </ul>	
<p><b>11:00 – 11:30</b></p>	<p><b>Break -</b></p>		
<p><b>11:30 – 12:30</b></p>	<p><b>Identifying key FP outcomes, Michelle Weinberger, Roy Jacobstein, Erin Mielke, Maggwa Baker and Shawn Malarcher</b></p> <p><b>Update on Overview on Service Delivery HIPs, Mario Festin, Erin Mielke, and Maggwa Baker</b></p>	<ul style="list-style-type: none"> <li>➤ The TAG request further development of a tool that would help map HIPs to key FP outcomes.</li> </ul>	
<p><b>12:30 – 13:30</b></p>	<p><b>Lunch</b></p>		



13:30 – 15:00	<p><b>Update on current Briefs under development/ update</b></p>	<p>These briefs are not ready for final review by the TAG. Drafts are provide for interim comment only</p> <ul style="list-style-type: none"> <li>❓ <i>As part of the development process for the updated Supply Chain Management (Martyn Smith and Jennie Greaney) and the Social Marketing (Shawn Malarcher) briefs TAG members will seek mechanisms to strengthen identification/ engagement of champions to support dissemination and utilization efforts once briefs are launched.</i></li> <li>❓ <i>Incorporate positive country examples in HIP briefs as possible. Include recommended indicators when there has already been agreement on measures among the field. (e.g. FP 2020 indicators or in the case of PA FP).</i></li> <li>❓ <i>Continue clarifying expectations for the Theory of Change including alignment across brief and guidance to authors on the structure.</i></li> </ul>	
	<p><b>Progress on... SPG for Humanitarian Settings,</b> Jennie Greaney</p> <p><b>Overview on Enabling Environment HIPs,</b> Jay Gribble, Sara Stratton, and Martyn Smith</p>		<p><a href="#">2a. Supply Chain Management HIP Draft060419</a></p>
	<p><b>Updating the Drug Shop brief,</b> John Stanback</p> <p><b>Supply Chain Management</b> Discussants Chandra-Mouli and Alice Payne Merritt</p>		
15:00 – 15:30	<b>Break</b>		
15:30 – 17:00	<p><b>Envisioning the future of HIPs</b> Shawn Malarcher &amp; Ados May</p>		
17:30	<p><b>Closing, followed by Group Dinner</b></p>		

## Thursday, June 13<sup>th</sup>: Gael O’Sullivan, Chair

Time		Recommendations	Materials
08:30 – 10:00	<b>Review Recommendations from Day 1</b> Review Recommendations		
10:00 – 11:00	<b>Equity</b> <b>Karen Hardee, Sara Stratton,</b> Rodolfo Gomez Ponce de Leon, Venkatraman Chandra-Mouli, and Ian Askew	<i>Continue working on equity analysis to define equity for family planning, considering use and/or access. As a first priority clarify definition and measurement of equity for family planning. Consider using percent demand satisfied as a key indicator. In addition to working on a discussion paper to define key concepts, the group should consider developing a Strategic Planning Guide.</i>	1. <a href="#">20190519_HIP_Equity_Discussion_Paper.docx</a>
			1. <a href="#">Equity Recommendations - 2019 05 08.docx</a>
11:00 – 11:30	<b>Break</b>		
11:30 – 12:30	<b>Review New Concept Notes</b>	<i>The TAG requests all concept notes include rationale to explain what gap exists that the proposed HIP material will address.</i>	
	<b>Strategic Purchasing -</b> Discussant Saswati Das		1. <a href="#">Strategic Purchasing for FP concept note 9May2019</a>
	<b>Audience Segmentation -</b> Discussant Rodolfo Gomez Ponce de Leon		1. <a href="#">audience segmentation concept note</a>
	<b>SPG on task sharing -</b> Discussant Victoria Jennings	<i>The TAG requests further clarification to determine the value and use of a new HIP document. The TAG requests the task sharing working group to clarify the issue or gap they want to address with HIP materials.</i>	1. <a href="#">SPG concept note task sharing</a> 2. <a href="#">Draft Task Sharing SPG</a>

12:30 – 13:30	<b>Lunch</b>		
13:30 – 14:30	<b>Social Marketing</b> - Discussants Heidi Quinn and Ginette Hounkanrin		1. <a href="#">20190515_HIP_Brief-Social_Marketing</a>
14:30 – 15:00	<b>Measuring Impact/ Implementation,</b> Shawn Malarcher		
15:00 – 15:30	<b>Break</b>		
15:30 – 16:30	<b>Developing tools to help apply HIP criteria,</b>  <b>Small Group Facilitators:</b> Chris Galavotti, Mario Festin, Karen Hardee, Michelle Weinberger, Victoria Jennings	<i>The TAG encourages continued work to develop a table that includes other criteria of the HIPs (e.g. scalability, cost, etc.).</i>	
16:30 – 17:00	<b>Review Recommendations</b> <b>Next Steps and Closing</b>		

## Annex B: List of Participants

Attending TAG Members	
Nandita Thatte WHO/IBP Initiative <a href="mailto:thatten@who.int">thatten@who.int</a>	Mario Festin WHO <a href="mailto:festinma@who.int">festinma@who.int</a>
Christine Galavotti BMGF <a href="mailto:CHRISTINE.GALAVOTTI@gatesfoundation.org">CHRISTINE.GALAVOTTI@gatesfoundation.org</a>	Jennie Greaney UNFPA <a href="mailto:greaney@unfpa.org">greaney@unfpa.org</a>
Jay Gribble Palladium <a href="mailto:Jay.Gribble@thepalladiumgroup.com">Jay.Gribble@thepalladiumgroup.com</a>	Karen Hardee Hardee Associates <a href="mailto:karen.hardee@hardeeassociates.com">karen.hardee@hardeeassociates.com</a>
Michelle Weinberger Avenir Health <a href="mailto:MWeinberger@avenirhealth.org">MWeinberger@avenirhealth.org</a>	Victoria Jennings Institute for Reproductive Health <a href="mailto:jenningsv@georgetown.edu">jenningsv@georgetown.edu</a>
Alice Payne Merritt JHU-CCP <a href="mailto:alicepayne.merritt@jhu.edu">alicepayne.merritt@jhu.edu</a>	Shawn Malarcher USAID <a href="mailto:smalarcher@usaid.gov">smalarcher@usaid.gov</a>
Saswati Das Jhpiego-India <a href="mailto:Saswati.das@jhpiego.org">Saswati.das@jhpiego.org</a>	Ginette Hounkanrin Pathfinder International <a href="mailto:ghounkanrin@e2aproject.org">ghounkanrin@e2aproject.org</a>
Anand Sinha Packard Foundation India <a href="mailto:asinha@packard.org">asinha@packard.org</a>	Gael O'Sullivan Georgetown University <a href="mailto:gao2@georgetown.edu">gao2@georgetown.edu</a>
Rodolfo Gomez Ponce de Leon PAHO <a href="mailto:gomezr@paho.org">gomezr@paho.org</a>	Venkatraman Chandra-Mouli WHO <a href="mailto:chandramouliv@who.int">chandramouliv@who.int</a>
John Stanback FHI 360 <a href="mailto:JStanback@fhi360.org">JStanback@fhi360.org</a>	Sara Stratton Palladium <a href="mailto:Sara.stratton@thepalladiumgroup.com">Sara.stratton@thepalladiumgroup.com</a>

Observers	
Laura Raney FP 2020 <a href="mailto:lraney@familyplanning2020.org">lraney@familyplanning2020.org</a>	Ados May WHO/IBP Initiative <a href="mailto:Ados.may@phi.org">Ados.may@phi.org</a>

# Annex C: Presentations

## HIP Production and Dissemination (P&D) Team Update

**Ados V May**

**Laura Raney**

June 12, 2019



## Production & Dissemination Team

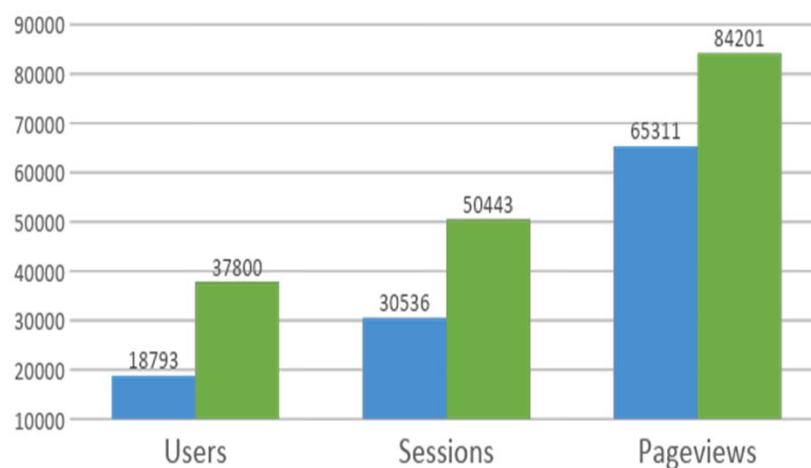


## Responsibilities of the Team:

- Produce new/updated HIP briefs and guides;
- Develop and maintain external communications;
- Coordinate translation;
- Disseminate HIPs via multiple channels;
- Strategically plan for HIP representation at global and regional conferences;
- Track progress and identify solutions to challenges in dissemination; and
- Report to HIP Partner and TAG meetings.

## Website Trend Overview

Jun 2017-May 2018 vs. Jun 2018-May 2019

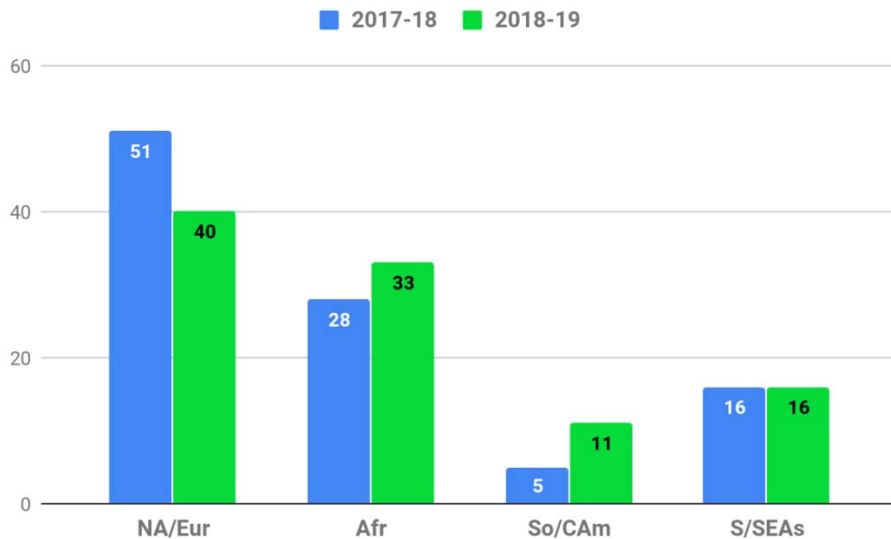


## Website Trends by Region - Top 10

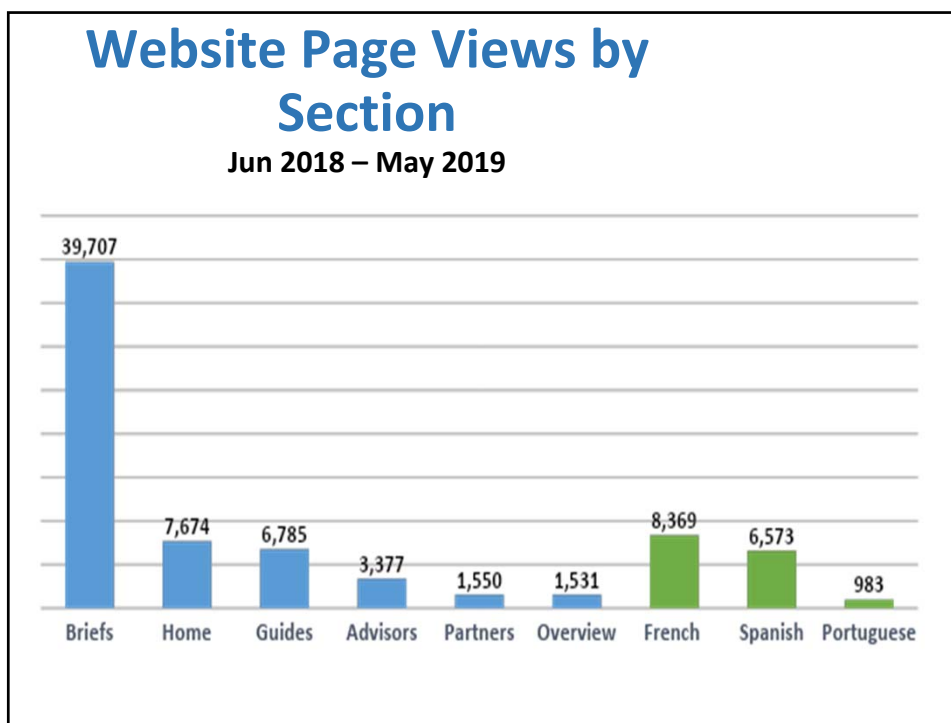
Jun 2018 – May 2019

Region	Users	Percent
Northern America	10,589	32%
Eastern Africa	5,394	16%
Western Africa	4,388	13%
Southern Asia	3,706	11%
South America	2,315	7%
Southeast Asia	1,570	5%
Western Europe	1,458	4%
Central America	1,378	4%
Northern Europe	1,183	4%
Middle Africa	1,105	3%

## Website Trends by Region (Users)

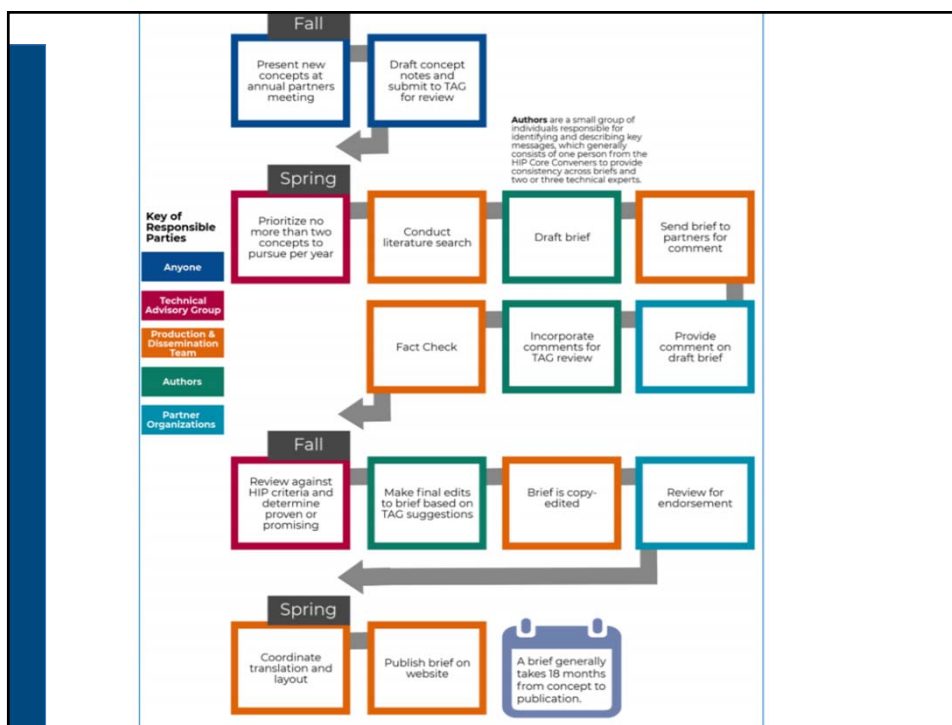






Brief	Pageviews	Downloads
<b>1. Drug Shops &amp; Pharmacies</b>	3,468	119
<b>2. Immediate Postpartum Family Planning</b>	2,863	258
<b>3. Economic Empowerment</b>	2,676	141
<b>4. Postabortion Family Planning</b>	2,593	319
<b>5. Adolescent-friendly Contraceptive Services</b>	2,572	412
<b>6. Digital Health for SBC</b>	1,896	308
<b>7. Postabortion Family Planning (Spanish)</b>	1,894	41
<b>8. Mobile Outreach Services</b>	1,888	141
<b>9. Community Health Workers</b>	1,678	201
<b>10. Social Marketing</b>	1,643	204

Brief	Pageviews	Downloads
<b>11. Drug Shops &amp; Pharmacies (French)</b>	1,505	33
<b>12. Social Franchising</b>	1,478	190
<b>13. FP &amp; Immunization Integration</b>	1,391	140
<b>14. Domestic Public Financing</b>	1,354	244
<b>15. Educating Girls</b>	1,189	144
<b>16. Community Group Engagement</b>	1,130	270
<b>17. Supply Chain Management</b>	1,108	162
<b>18. Mass Media</b>	1,024	133
<b>19. Leaders &amp; Managers</b>	823	78
<b>20. Digital Health for Systems</b>	782	132



## Progress on TAG Recommendations for the Production & Dissemination Team from the November 2018 TAG meeting

- **Engage with ICFP planning to identify opportunities to strengthen utilization of the HIPs**
  - For the 2018 meeting, P&D reached out to session chairs regarding potential links between their session and one or more HIPs and asked if they wanted materials.
  - IBP will work with the organizers to have sessions around the HIPs.
- **Explore options for linking to existing materials**
  - The P&D team explored options and concluded the HIP briefs already include tools and resources.
  - There is a key opportunity when a brief is sent out for comment, to suggest potential linkages to a number of tools. We can continue to consider other alternatives, if feasible.
- **Explore options to make the overview documents more visible on the website.**
  - A separate tile on the 'Briefs' webpage for the SBC Overview was added and the SBC overview is now linked on the HIP list in the green bar on the second page. Found here: [https://www.fphighimpactpractices.org/wp-content/uploads/2019/04/HIP\\_List.pdf](https://www.fphighimpactpractices.org/wp-content/uploads/2019/04/HIP_List.pdf)
  - Added overview documents in the Quick Links section on the main page.



- **The TAG encourages further discussion of translation of HIP materials into Russian, as appropriate. As a next step, Jennie Greaney will connect with the P&D team to discuss logistics and identify priorities.**
  - Jennie will identify resources for translation and will prioritize HIPs that make sense for that region.
- **The P&D team should explore the potential to translate tweets into other languages**
  - Monthly tweets (in English) currently require coordination and a point person at K4Health. Cost, time and resources needed for other languages may exceed the return on investment.
  - We have hired an intern to look into several HIP dissemination questions, the value of tweeting being one that we are interested in knowing more about. We can re-evaluate this request once this work is complete.

## HIPs Intern Update

**Candidate identified. Starts in mid-July**

### **Scope of work**

- Determine measures of success for HIP dissemination
- Analyze the success of past and current strategies to disseminate HIPs to inform future efforts
- Conduct key informant interviews (KIIs) with country-level FP decision-makers to assess current strategies and identify better ways to meet their needs
- Envision and recommend new strategies for monitoring and implementing dissemination including products and processes

### **Internship Output/Deliverable:**

- Findings from an analysis of past and current dissemination strategies
- Data-based recommendations for future dissemination of HIPs



# HIGH IMPACT PRACTICES TECHNICAL ADVISORY GROUP

JUNE 12 AND 13, 2019

SHAWN MALARCHER

# WHY ARE WE HERE?



## FINALIZED PRODUCTS:

- POST ABORTION FP BRIEF UPDATED
  - VOUCHER ENHANCEMENT
- END OF JUNE**



**HIP**  
FAMILLY  
PLANNING  
HIGH IMPACT  
PRACTICES

**Postabortion Family Planning:**  
A critical component of postabortion care.

**What is the proven high-impact practice in family planning service delivery?**  
Proactively offer voluntary contraceptive counseling and services at the same time and location where women receive facility-based postabortion care.

**Background**  
Postabortion care (PAC), which includes treatment for complications from miscarriage or induced abortion, is an opportune time to counsel and offer clients voluntary contraception. Even if a woman wants to become pregnant again soon, she should probably wait six months to reduce the chance of low birth weight, premature birth, and maternal anemia.<sup>1</sup> All PAC models include two essential services: (1) treatment of emergency complications, and (2) voluntary family planning counseling, including provision of contraception.<sup>2</sup> Research studies and data from program implementation consistently show that when clients are counseled and offered contraception as part of postabortion care most women will opt to leave the facility with an effective family planning method (see Figure 1).<sup>3</sup>

Despite this evidence and decades of investments to improve PAC programs, health care systems continue to fall short. In Bangladesh, only 18% of all facilities providing PAC routinely offer contraceptive methods to clients.<sup>4</sup> Similarly, only 6% of clients in Georgia, 17% in Tanzania, and 26% in Pakistan receive their contraceptive method of choice as part of PAC.<sup>5,6</sup> Furthermore, studies in Kenya and Nepal show that even when services are in place, method choice may be limited.<sup>7,8</sup> In Kenya, 9 of 10 postabortion clients left the facility with a method, but the vast majority left with male condoms due to limited contraceptive choice.<sup>9</sup> The study also found significant gaps in information provided to clients, such as how to use the method correctly and follow-up information. In Nepal, only one-third of postabortion clients reported being counseled on contraception and less than 1 in 10 left the facility with a contraceptive method.<sup>10</sup>

Postabortion family planning is one of several high-impact practices in family planning (FP) identified by a technical advisory group of international experts.

When scaled up and institutionalized, HIP will maximize investments in a comprehensive family planning strategy.<sup>11</sup> For more information about other HIPs, see <http://www.fphighimpactpractices.org/overview>.

<sup>1</sup> A systematic review and meta-analysis suggests that an interval of five to six months following miscarriage is associated with adverse outcomes.<sup>1</sup> The meta-analysis was mostly of studies from developed countries.

**Postabortion Family Planning**

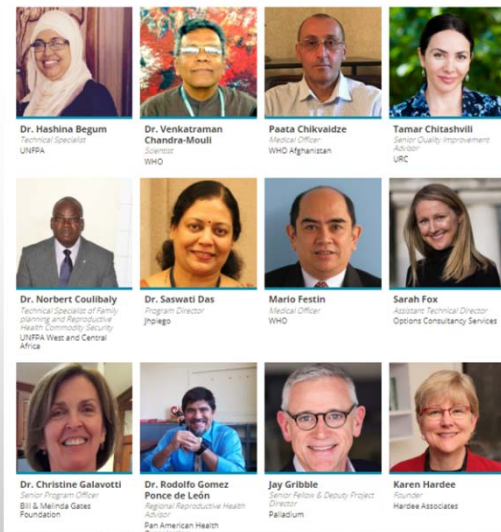
Service Delivery HIP

Proven Practice

## UPDATE HIP TAG WEBPAGE

Terms of Reference: Updated

*membership will be revoked from TAG members who are unable to attend 3 consecutive meetings. This will provide opportunities to bring on new TAG members while maintaining a core of dedicated professionals.*



## CONTINUE WORK TO MAKE LIT SEARCH INFORMATION, INCLUDING GRAY SCALE ANALYSIS AVAILABLE ON THE WEBSITE.

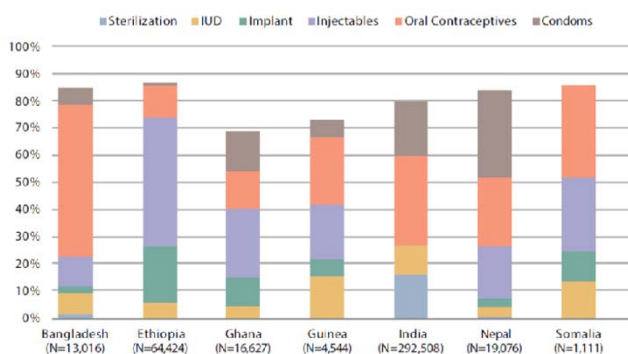


## GREY SCALE SUMMARY

	Total # studies	# with Positive Significant Results	# with positive results but no significant test	# with mixed results	# with non-significant results	Other
Systematic Review of RCT	0	0	0	0	0	0
Systematic Review of non-RCTs	2	0	2	0	0	0
RCT	1	1	0	0	0	0
Control with pre/post (non randomized/quasi-experimental)	1	1	0	0	0	0
Control with post only (not randomized)	0	0	0	0	0	0
Pre/post no control	0	0	0	0	0	0
Routine/program data	2	1	1	0	0	0
Other Rigorous Design	1	1	0	0	0	0
Other Non_Rigorous design	1	0	1	0	0	0
Qualitative	0	0	0	0	0	0
<b>Total Studies</b>	<b>8</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>
		50%	50%	0%	0%	0%

## WHAT TYPE OF EVIDENCE ARE WE LOOKING FOR?

Percentage of Postabortion Clients Leaving the Facility With a Modern Contraceptive Method in Selected Countries With High-Quality Postabortion Family Planning Services



Source of data: Bangladesh, Ethiopia, Ghana, and Nepal from public-sector facilities (NGO-supported) data collected from 2011-2013;<sup>27</sup> India from public-sector facilities (NGO-supported) data collected from 2011-2014;<sup>28</sup> Somalia from NGO-run facilities in the Puntland data collected from 2013-2015;<sup>21</sup> Guinea from public-sector facilities (NGO-supported) data collected from 2013.<sup>32</sup>

### HIP MATERIAL GANTT CHART

	June 2019 TAG	July 2019-Oct 2019	Nov 2019 TAG	Dec 2019-May 2020	June 2020 TAG	July 2020- Oct 2020
<b>IPC Brief</b>		Intm Review Publish				
<b>Voucher Enhmt</b>	Publish					
<b>FP in Crisis Settings SPG</b>	Update	Comment pd Publish				
<b>SM Brief</b>	Update	Comment Pd	Review?	Revise Publish		
<b>SCM Brief</b>	Update	Comment Pd	Review?	Revise Publish		
<b>Overview SD</b>	Scope	Develop Comment Pd Publish				
<b>Overview EE</b>		Develop	Update	Comment Pd Publish		
<b>Drug Shops/ Pharmacies</b>	Scope	Develop Comment Pd	Review	Publish		
??		Lit Review	Scope	Develop Comment Pd	Review	
??		Lit Review	Scope	Develop Comment Pd	Review	

### WHAT DO WE PRIORITIZE?

Brief	Published Year	New Evidence	Interested Author	Priority for Countries	Notes
Drug Shops & Pharmacies	2013		?		These outlets may become more important as Sayana Press rolls out
FP & Immunization Policy	2013	X	?		
	2013		?		
Mobile Outreach	2014				
Education Girls	2014				
Galvanizing Commitment	2015			Asia FP 2020 Focal Pt Mtg	
Leaders & Managers	2015				
CGE	2016				
Mass Media	2017				
Social Franchising	2018				
<b>Enhancements</b>					
AFCS	2015			FP 2020 Focal Pt Mtg	
<b>Other</b>					
Adolescent SPG Economic Empowerment	2015			FP 2020 Focal Pt Mtg	
Male Engagement SPG 2017?	2017			X	



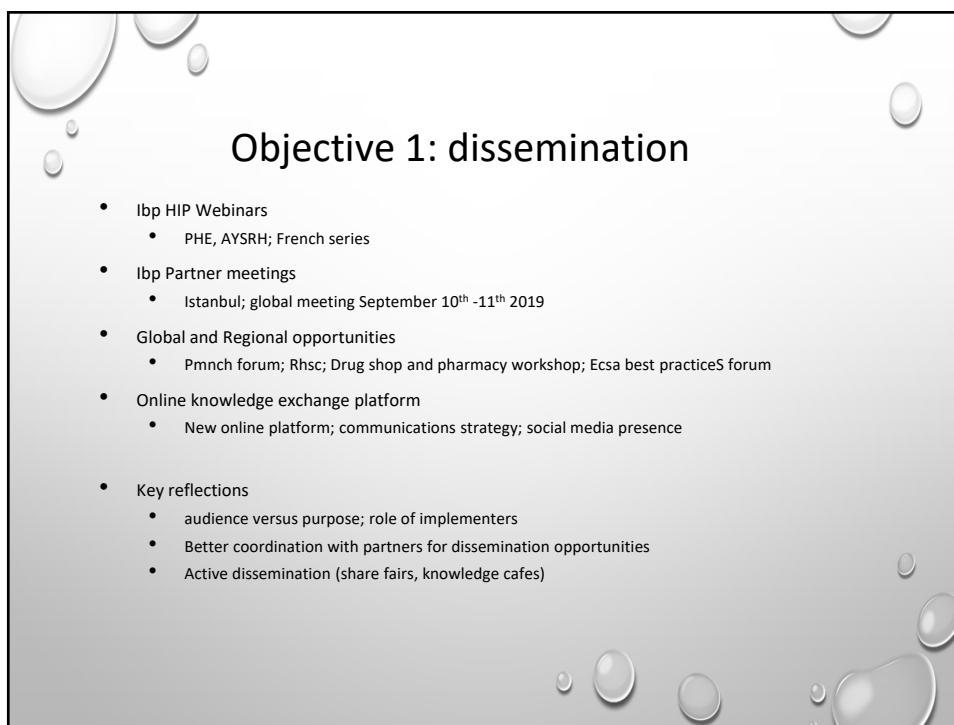
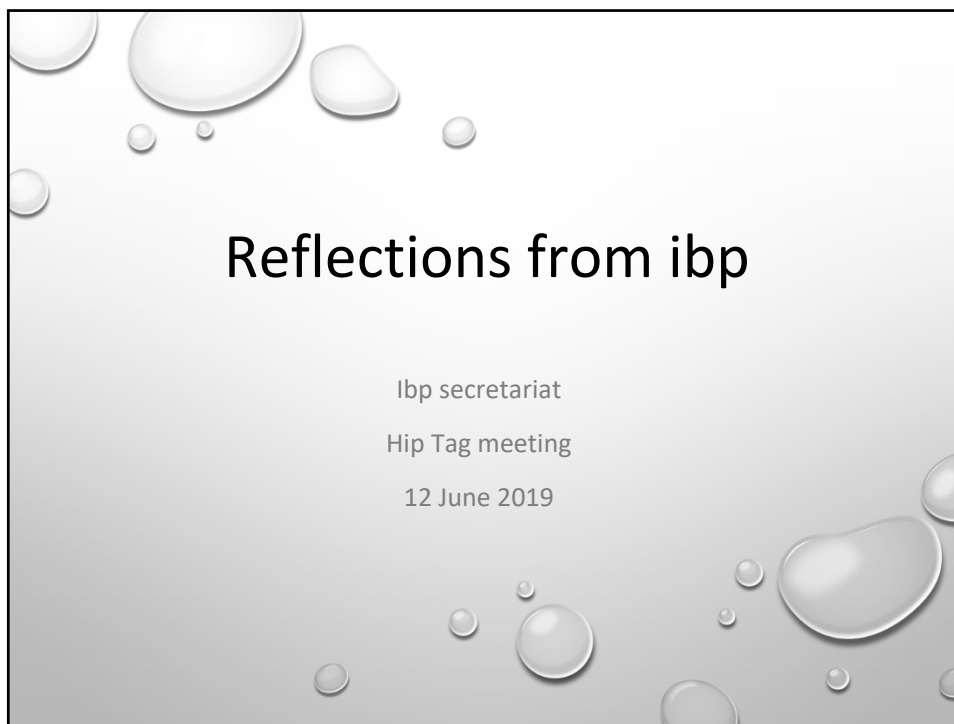
## IPC UPDATE: SINCE JUNE

INTERIM REVIEW GROUP: CHRISTINE GALAVOTTI, VENKATRAMAN CHANDRA-MOULI, ALICE PAYNE MERRITT, VICTORIA JENNINGS, MARIO FESTIN, KAREN HARDEE, GAEL O'SULLIVAN, ANAND SINHA

- REVISED THE SCOPE – EXCLUDE GROUP-BASED IPC
- RERAN THE LIT SEARCH – Identified 51 new papers, of which 20 look relevant
- RE-GROUP INTERVENTIONS

## NEXT STEPS

- CONTINUE TO ENGAGE WITH THE INTERIM REVIEW GROUP TO REFINE INCLUSION AND EXCLUSION CRITERIA AND SCOPE
- REVIEW AND INCORPORATE NEW STUDIES AS APPROPRIATE
- CONSULT WITH WHO ON RESULTS OF RELATED WORK
- REVERT TO THE AUTHORS TO FOCUS THE BRIEF BASED OF REFINED SCOPE
- BRIEF WILL NOT GO THROUGH ANY ADDITIONAL REVIEW/ COMMENT PERIOD



## Objective 2: Support to implementation

- Finalizing matrix tool linking hips and who guidelines/resources
- Call for implementation stories from partners
- South to south learning exchange
- Ibp informed implementation research (ahspr)
  
- Key reflections
  - Linking the hips and who guidelines is useful for partners to contextualize each
  - Branded hips versus locally identified high impact practices
  - Hips as a package versus individual resources
  - Better documentation around implementation
  - Leveraging implementers for implementation research

## Objective 3: Strengthening partnership

- Additional partners this year ( as of may 2019)
  - Partners In Health; MusoHealth; Action for Mothers and Children; AMPATH-University of Toronto; Lebanese Family Planning Association; Syria Relief and Development; Wellbeing Foundation Africa
- Publication on leveraging the ibp partnership
- Partnership with other global networks
  - Alliance for Health Systems and Policy Research; pmnch; fp2020; core group; iawg
  
- Key reflections
  - Diverse new partners means wider reach for hips and who guidelines
  - Explore more opportunities for implementation research and documentation
  - Continue to leverage opportunities with other global and regional partnerships (Women deliver, PMNCH, RHSC, eCSA, WAHO)
  - Ibp is an important link between other networks, partners and who (i.e. echo trial results)

## Moving forward...

- IBP New strategy 2020-2025
- New online platform to host Communities of practice, discussion forums, etc...
- Continue to Strengthen linkages between ibp and partners
  - Ecsa best practice forum, Arusha tz
  - ICPD-25 event Nairobi; knowledge share fair w/ unfpa
  - South to south learning exchanges
- Hip implementation stories
- Explore opportunities for implementation research

## IBP Partners Meeting Istanbul: FP/RH HD Nexus

- partners request to address hd nexus and fp/rh
- Dissemination of the hips, who guidelines, partner resources
- leveraged iawg and women deliver
- Interactive share fair, quiz, and online polling
- Input to WHO's ir Agenda on SRHR in humanitarian settings
- UNFPA EECaro Launch State of World Population Report
- Published Outcome Document launched at Women Deliver last week





## FAMILY PLANNING 2020

### Reference Group

- FP in UHC
- ECHO trial
- Post-2020

### PME Working Group

- Service statistics
- Stockouts
- Adol/youth
- Rights and quality



FP2020 Reference Group, April 2019




HIPS STRATEGIC ANALYSIS					
High Impact Practices (HIPs) and other significant areas of program investment			FP2020 Commitment	Costed Implementation Plan (CIP)	Country Action Plan
Financing	Domestic Resource Mobilization	Budget Allocation			
		Budget Execution			
		Efficiency			
	Diversify Funding				
<u>Supply Chain</u>		High Impact Practices (HIPs) and other significant areas of program investment	FP2020 Commitment	Costed Implementation Plan (CIP)	Country Action Plan
Married Adolescents	Service Delivery				
	Social & Behavior Change				
	Policies				
Unmarried Adolescents	Service Delivery				
	Social & Behavior Change				
	Policies				

## AFCS SCORECARD


### ADOLESCENT-FRIENDLY CONTRACEPTIVE SERVICES (AFCS) SCORECARD:

This Scorecard draws heavily from PRB's Youth Family Planning Policy Scorecard<sup>1</sup> that allows users to access, interpret, and compare countries' youth family planning policies and programming.

**LEGEND**  
**GREEN:** Strong policy or implementation environment.  
**YELLOW:** Promising policy environment or implementation but room for improvement.  
**RED:** Policy environment or implementation impedes youth from accessing and using contraception.  
**BLUE:** Policy or implementation addressing the indicator does not exist.



**LEGEND**  
**GREEN:** Strong policy or implementation environment.  
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POLICY AND IMPLEMENTATION SCORING	Strong Policy or Implementation Environment	Promising policy environment or implementation but room for improvement	Policy environment or implementation impedes youth from obtaining and using contraception	Policy/implementation addressing the indicator does not exist
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**IMPROVING ADOLESCENT ACCESS TO AND USE OF CONTRACEPTION**

Service Delivery	Barriers	High Impact and Evidenced-based Practices	Policy Score	Implementation Score
Service Delivery	Provider attitudes	Providers are trained and supported to offer quality, nonjudgmental services to adolescents. <sup>2</sup>		
	Lack of confidentiality	Confidentiality is enforced, and both audio and visual privacy ensured. <sup>3</sup>		
	Limited method choice	The full method mix of contraceptives, including LARCs, are made available. <sup>4</sup>		
	Cost of obtaining services	Contraception and other SRHR services are provided free or subsidized (e.g. vouchers, reduced fees). <sup>5</sup>		
Legal rights, policies, and guidelines	AFCS offered as part of other health services	Policy or guidelines specifically direct the provision of AFCS as part of: • Postabortion care <sup>6</sup> • Immediate Postpartum		


## PPFP CHECKLISTS

### IS YOUR COUNTRY READY TO OFFER IMMEDIATE POSTPARTUM FAMILY PLANNING (IPFP)?

*High Impact Practice (HIP): Offering Family Planning Counseling and Services at the Same Time and Location as Facility-Based Childbirth Care\**  
*\*Assumption: There are high levels of facility-based births among the target population*

**Purpose of this Checklist Exercise:** Review the program or health system elements necessary to implement this HIP according to global evidence, determine which elements are already set up in your country and which might need more attention, and identify next steps for implementation if relevant in your country.

QUESTIONS	YES	PARTIAL	NO	DONT KNOW
<b>Legal/policy environment</b>				
1. Have the national service delivery guidelines been updated to include all methods per WHO's 2015 Medical Eligibility Criteria for Contraceptive Use (5th edition), including policies on PPFP? (See box)				
2. Have the guidelines been distributed? Is there dedicated funding to implement the guidelines? Is there dedicated training?				
3. Do job descriptions for service providers clearly articulate that all antenatal and maternity care providers have a role in PPFP, and that it is not just the responsibility of a few trained provider(s)?				



### IS YOUR COUNTRY READY TO OFFER POST ABORTION FAMILY PLANNING?

*High Impact Practice (HIP): Proactively offer voluntary contraceptive counseling and services at the same time and location where women receive facility-based post-abortion care.*

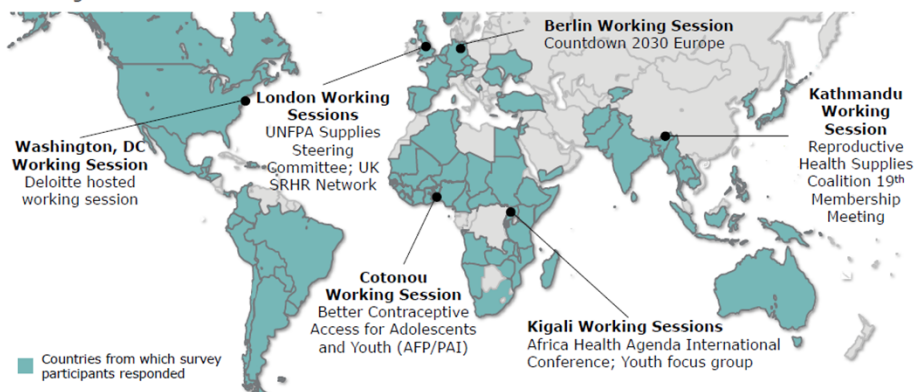
**Purpose of this Checklist Exercise:** Review the program or health system elements necessary to implement this HIP according to global evidence, determine which elements are already set up in your country and which might need more attention, and identify next steps for implementation if relevant in your country.

QUESTIONS	YES	PARTIAL	NO	DONT KNOW	COMMENTS
<b>Legal/policy environment</b>					
1. Is abortion legal in your country?					
2. Does your country have existing guidelines for providers on post-abortion care?					
3. Does your national training curriculum include pre-service and in-service training on post-abortion care?					
4. Do national training curricula on post-abortion care include a component on post-abortion family planning counseling/service					

## POST-2020 CONSULTATION

We Consulted ~1,000 Stakeholders Around the Globe

Stakeholders across regions responded to the online survey and participated in the working sessions



You Can Provide Feedback at <http://www.familyplanning2020.org/Beyond2020>

## EMERGING VISION AND GUIDING PRINCIPLES

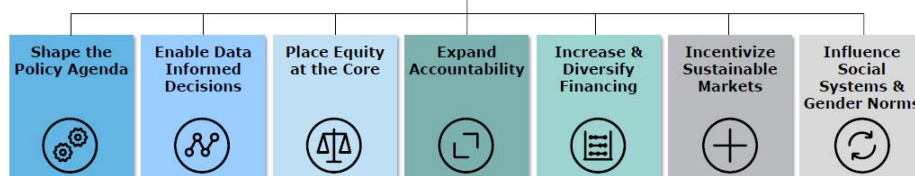
Guiding Principles and Potential Focus Areas Will Support the Emerging Vision with the Guiding Principles Applied Across Focus Areas

### Emerging Vision

Family Planning 2030: Working together for a future where women and adolescent girls everywhere have the freedom to make their own informed decisions about using modern contraception and having children, lead healthy lives, and participate as equals in society and its development

### Guiding Principles

Voluntary, client-centered, rights-based approach  
Focus on serving, engaging, and counting youth and adolescents  
Country-led global partnership informed by data and evidence

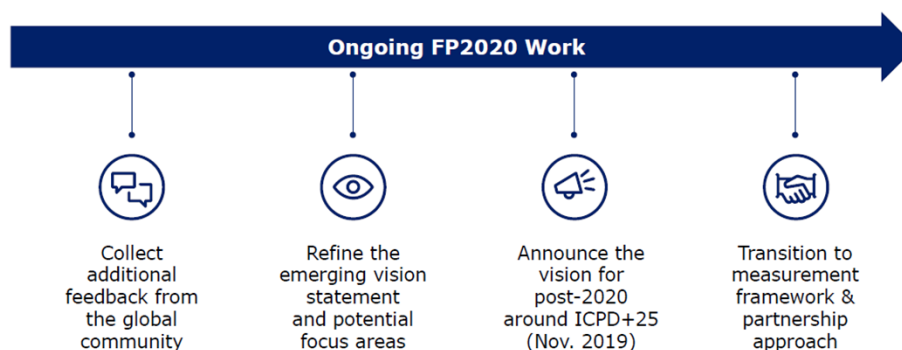


You Can Provide Feedback at <http://www.familyplanning2020.org/Beyond2020>



## WHAT'S NEXT?

Input from the Global Family Planning Community Will Continue to Inform the Vision and Focus Areas as They Are Refined



You Can Provide Feedback at <http://www.familyplanning2020.org/Beyond2020>



# IDENTIFYING KEY FP OUTCOMES

HIPTAG  
June 2019

## History of This Work

Review of Theories of Change

Desire to have more alignment:

- The elements (e.g. barriers, changes)
- Outcomes– potentially use a standard list?

## Draft proposal from last November

Map HIPS across standard outcomes– could be a useful tool for HIP selection?

	Increase use among specific pops	Increase coverage	Increase number methods	Increase demand for FP
CHWs		✓	✓	
Post-abortion FP	✓			
Social marketing		✓	✓	✓
Mobile outreach service delivery		✓	✓	✓
Immediate PFPF	✓			✓
Drug shop and pharmacy		✓	✓	
Integrate into immunization	✓			
Quality assured networks/Social Franchising		✓	✓	
Mass media				✓
Community Group Engagement				✓
Digital health for SBC				✓

## A group of us met to discuss...

What problem are we trying to solve?

1. How do we help countries/programs decide among the HIPS? → Mapping to outcomes
2. How do we help countries/programs monitor implementation of HIPS? → Recommend indicators for monitoring

## Where we ended up

Note: we decided to focus on service delivery HIPS to start but would like to add SBC ones too!

	Expand Method Choice	Expand Geographic Access	Reach Sub-Populations in Need	Expand # of delivery channels
Post-abortion FP				
Immediate PFP				
Integrate FP into Immunization				
Mobile Outreach				
Social Franchising/Quality Assured Networks				
Drug Shops/Pharmacies				
Social Marketing				
Community Health Workers				

**1:** Do you agree with our column headings?

**2:** Pick the **primary** and **secondary** aim for each HIP (you can only pick 1 of each!)

## Next steps

- Is this useful?
- Where would it live? – could be interactive feature on HIP website
- Who else needs to review? -- e.g. the authors?
- Do we need to do more work before its ready?

## Envisioning the future of HIPs

Shawn Malarcher  
Ados May

June 12, 2019



## Where are we now?

- Shifting from creating new briefs to maintaining up-to-date briefs
- HIPs more established with a strong base of broad support
- Proof of concept



## HIP materials are seen as high quality, credible source of learning

- In the last 4 years 56 peer review articles cited HIP materials.
- HIP materials are available in 4 languages.
- Traffic on the HIP website increased significantly since last year. (between Nov 20, 2017 – Nov 20, 2018) - 89% increase in users, 75% increase in sessions, and 49% increase in pageviews.
- Nearly 1300 viewers participated in HIP webinars (either live or recorded) with 20% of live viewers coming from Africa.

## What next?

- Redouble our efforts to help countries track, monitor, and evaluate implementation of the HIPs.
- Ensure products meet the needs of our target audience.
- Broaden engagement in supporting HIP development, implementation, dissemination and ensure that we are gathering learning from the range of implementers
- Streamline our processes to keep HIP materials up to date while maintaining high quality.



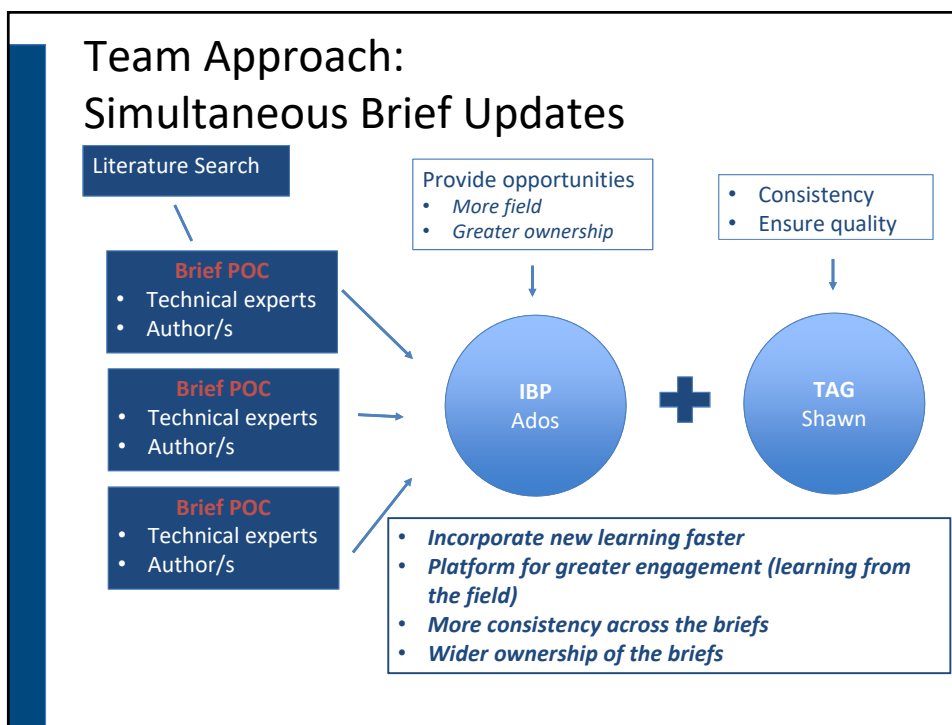
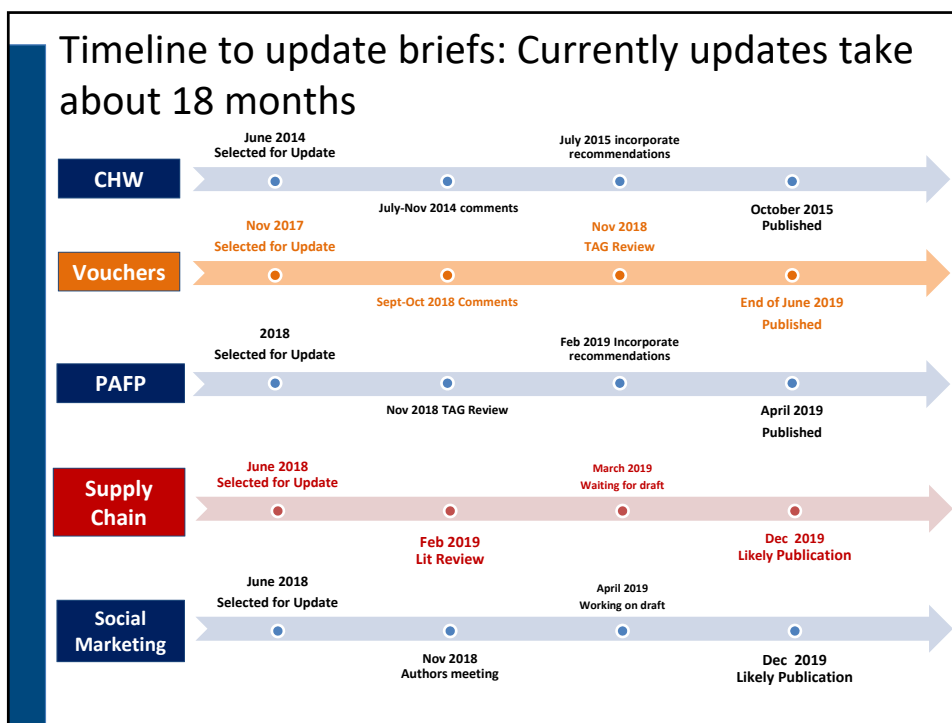
Ensure products meet the needs of our target audience.

Potential options:

- Have at least one TAG meeting a year in a developing country. TAG member to host?
- Create regional/sub-regional ancillary TAG groups
  - Composed of target audience
  - Scope to provide insight to sharpen information provided in the briefs and other resources

**New process:  
Keeping briefs up-to-date, while  
maintaining high quality?**





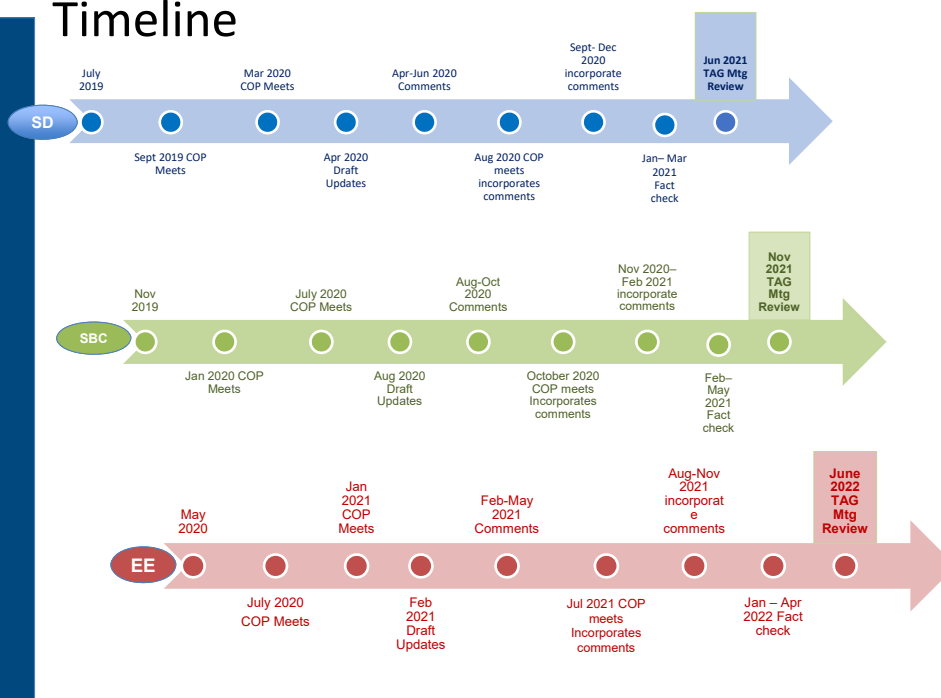


## Revision process organized by category

- Simultaneous updates led by category (Service Delivery, Social and Behavior Change, Enabling Environment)
- Coordination facilitated through existing platform or create one within IBP?



## Timeline



This shift will have ramifications across all levels of TAG work, such as:

- Production and dissemination
- Translation
- Comment period

This shift will require rethinking TAG processes

- How can TAG members ensure quality review?
- What changes are needed to the TAG meeting agenda?
- What adjustments are needed for TAG processes (e.g. Grey Scale Review)?
- What happens is authors miss deadlines?
- Any other suggestions/considerations?



# Equity for Health & Family Planning: A Discussion Paper for the FP HIP Initiative

HIP TAG MEETING

SARA STRATTON AND KAREN HARDEE

JUNE 13, 2019



## Four Questions

1. How is equity defined for health and FP?
2. What are the frameworks for conceptualizing equity?
3. What are the measures relevant to FP programs?
4. What evidence is needed to assess the impact of HIPs on equity?

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Recommendations on equity

## Methods

Review of literature on equity in health and FP policy papers and long term secondary analyses.


Literature review on how equity has been assessed in studies on FP and other health areas.

- Bibliographical databases (PubMed, etc) searched using search terms
- English language, between 2000-2018 in LMIC
- Focused on evaluations and intervention research where the outcomes were related to health and equity outcomes.
- Gender equity was outside the scope of this review.

HOW IS  
EQUITY  
DEFINED  
FOR HEALTH  
AND FP?

**HIP** FAMILY PLANNING HIGH IMPACT PRACTICES

SUMMARIES PLANNING GUIDES PARTNERS ADVISORY COUNCIL OVERVIEW



**Overview**

**Founding Principles of High Impact Practices (PHI) in Family Planning**

Family planning programs are designed to help individuals and couples exercise their rights to choose the timing and spacing of pregnancies, to obtain the information and services necessary to put this right into practice and to be treated in a respectful manner, egalitarian, without discrimination. To this end, programs should strive to incorporate the following principles in the implementation and expansion of high impact practices.

**Volunteering:** ensuring that client decisions are based on voluntary actions, without any coercion.

**Informed choice:** provide accurate, complete, correct and understandable information so that individuals and couples can make informed decisions about reproductive health and contraception.

**Choice of contraception:** make available and accessible the widest possible range of contraceptives, adapted to the level of service.

**Client-centered approach:** to create a safe and non-judgmental environment that respects and recognizes clients' reproductive intentions (delaying, spacing or limiting pregnancies), lifestyle and lifelong preferences.

**High quality:** ensuring the availability of safe and high quality contraceptive products and enhancing the knowledge, skills and competencies of health care providers in providing evidence-based family planning information and services volunteers.

**Continuity of care:** Build and maintain client support systems through uninterrupted supply of contraceptives and other related products, integrated services throughout the reproductive life cycle, if possible, guidance and follow-up of patients.

**Equity:** strive to identify and understand the social, ethnic, financial, geographic, linguistic, age-related and other barriers that may hinder the use of care and the voluntary use of contraceptives, and adjust programs to correct these disparities.

**Gender Equality:** Strive to include both women and men by removing barriers to their participation and active decision-making, and recognizing the role of family planning in fostering a better balance of power and relationships, healthy.

**Equity:** strive to identify and understand the social, ethnic, financial, geographic, linguistic, age-related and other barriers that may hinder the use of care and the voluntary use of contraceptives, and adjust programs to correct these disparities.

WHO's definition of equity reflects the three dimensions of avoidable, unfair and remediable differences among groups (from Whitehead)

"Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. 'Health equity' or 'equity in health' implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential." (WHO, ND)



# Equity for FP: FP2020

## EQUITY AND NON-DISCRIMINATION

Individuals have the ability to access quality, comprehensive contraceptive information and services free from discrimination, coercion and violence.<sup>6</sup> Quality, accessibility, and availability of contraceptive information and services should not vary by non-medically indicated characteristics, such as age, geographic location, language, ethnicity, disability, HIV status, sexual orientation, wealth, marital or other status.

Individuals have the ability to access quality, comprehensive contraceptive information and services free from discrimination, coercion and violence. **Quality, accessibility and availability of contraceptive information and services should not vary by non-medically indicated characteristics, such as age, geographic location, language, ethnicity, disability, HIV status, sexual orientation, wealth, marital or other status.**

**FAMILY PLANNING 2020: RIGHTS AND EMPOWERMENT PRINCIPLES FOR FAMILY PLANNING**

The fundamental right of individuals to decide, freely and for themselves, whether, when, and how many children to have is central to the vision and goals of Family Planning 2020 (FP2020). The conceptual framework for FP2020 is the right to health, which includes the right to control one's health and body, including sexual and reproductive health. Women and men have the right to access and control their own bodies and to make decisions about their health and reproductive health. This right includes the right to decide to become pregnant and to have an abortion, and the right to decide to become pregnant and to have an abortion. This right includes the right to decide to become pregnant and to have an abortion.

The right principles outlined in this document must be realized in order to reach and sustain goals for meeting reproductive health. These right principles are intended to be used as guiding principles for policy and program development. They are intended to be used as guiding principles for policy and program development. They are intended to be used as guiding principles for policy and program development.

**Agency and autonomy**

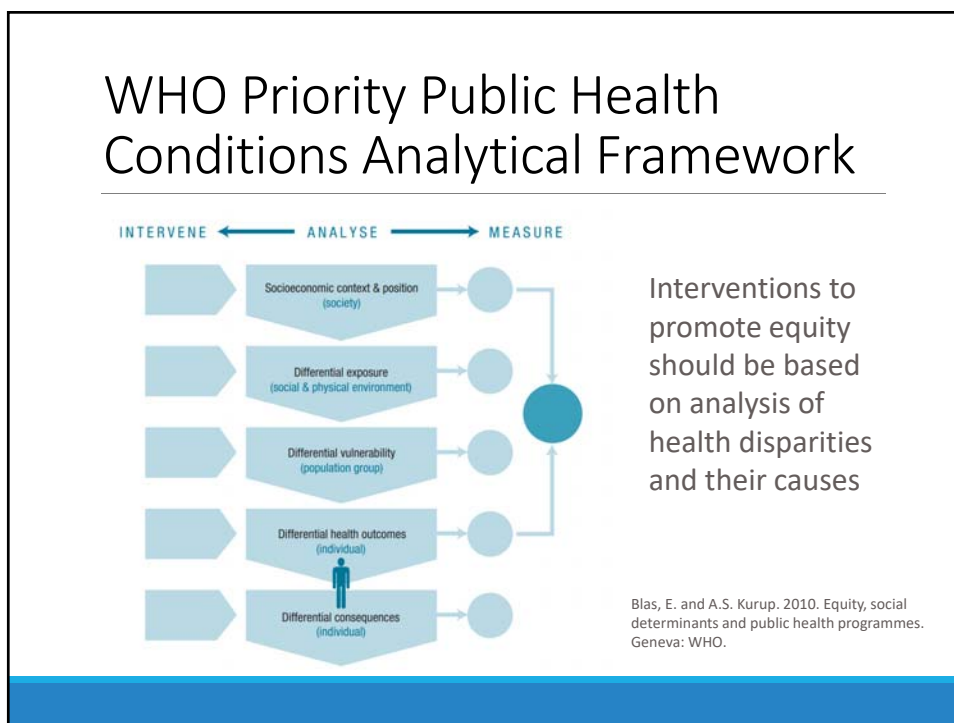
- **Agency and autonomy**
- **Accessibility**
- **Accountability**
- **Equity**
- **Empowerment**
- **Equity and non-discrimination**
- **Individual choice**
- **Transparency and accountability**
- **Voice and participation**

What are the frameworks for conceptualizing equity?

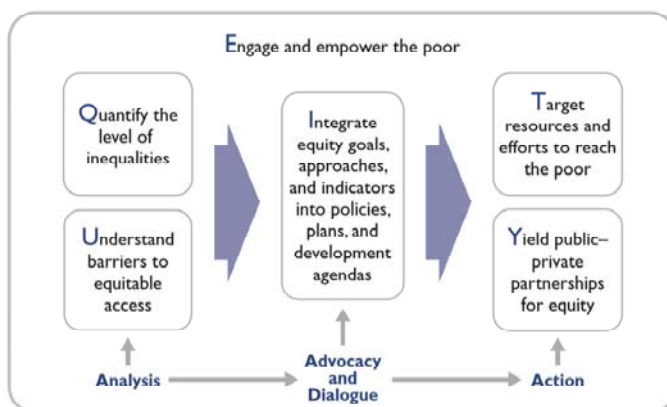
Economic	Social	Environmental
Wealth/SES (e.g. wealth quintiles, poverty grading)	Sex	Geographic location (e.g. rural, remote, slum)
	Age	
	Education	
	Marital status	
	Race/Ethnicity	
	Language	
	Sexual orientation	
	HIV Status	
	Disability	
	Other social marginalization (e.g. sex workers; day laborers; people in servitude; women in seclusion)	

Types of Inequity/ Disadvantage

From the Health Inequity Framework (Braveman , 2014)



## Health Policy Initiative's Equity Framework for Health



[http://www.healthpolicyplus.com/archive/ns/pubs/hpi/1271\\_1\\_EQUIITY\\_Overview\\_Poster\\_FINAL\\_Sept\\_2010\\_acc.pdf](http://www.healthpolicyplus.com/archive/ns/pubs/hpi/1271_1_EQUIITY_Overview_Poster_FINAL_Sept_2010_acc.pdf)

What are the  
measures  
relevant for  
FP  
programs?



Economic	Social	Environmental
<ul style="list-style-type: none"> <li>• <b>Most common measure</b></li> <li>• Wealth Quintiles</li> <li>• Concentration index</li> <li>• Poverty grading tools</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Less common measure</b></li> <li>• Education is most frequently used of the social factors</li> <li>• Absolute and relative gap analysis</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Less common measure</b></li> <li>• Urban vs rural residence</li> <li>• Geographic remoteness to a health care facility</li> <li>• Geospatial analysis</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Multidimensional (ie, across countries, wealth quintiles &amp; youth, geographic differences among adolescent pregnancies)</b></li> </ul> <p>(WHO recommends studying multiple inequities)</p>		

## Changes in Dimensions of Equity

Summary of Studies		
<p><u>Equity focus:</u> Economic = 79 Social = 34 Environmental = 5</p>	<p><u>Health Topic:</u> MNH/MCH = 47 Malaria = 20 Nutrition/Vit A = 11 <b>FP = 8</b> Not specified = 6 Measles = 5 HIV = 3 Education = 2 Gender = 2 Eye care = 1</p>	<p><u>Results*</u> Improved equity = 36 Mixed results = 29 Didn't improve equity = 21 Couldn't classify = 3</p> <p><small>*Note: the number of studies (90) reflects some studies that covered multiple countries</small></p>
<p><u>FP Studies:</u> Economic: 8 Social: 2</p> <p>Mostly mixed results on equity</p>		

Key Messages  
from Studies

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Few studies on interventions to improve FP equity – mostly economic inequity

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It takes time for equity to improve

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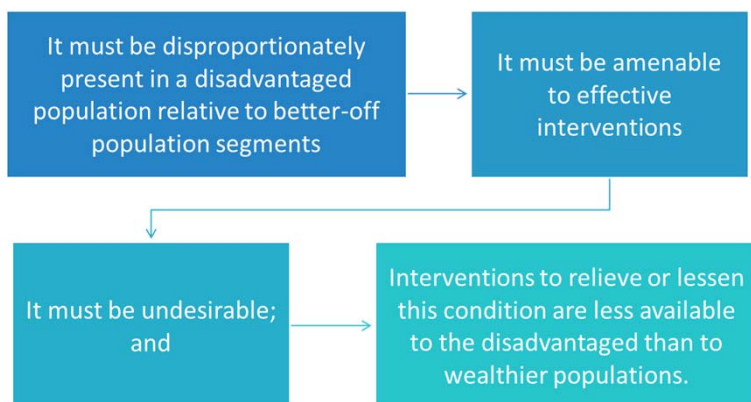
Need supply and demand side interventions to improve equity

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Need implementation science – what aspects of the intervention improve equity?

What  
evidence is  
needed to  
assess the  
impact of HIPs  
on equity?

## Four Characteristics Signaling an Inequity (Gillespie et al. 2007)



Recommendations

## Overarching

---

*Family planning faces many unique challenges related to assessing and responding to issues of equity. Therefore, the international family planning community would benefit from platforms and groups that could provide ongoing, in-depth thinking to address outstanding issues such as, what are appropriate methods and indicators for assessing inequity in contraceptive provision and access to information, how can equity analysis take into account preferences, choice, and voluntarism? How can equity analysis incorporate aspects of social position beyond wealth, such as gender dynamics, educational opportunities, geographic differences, etc?*

## Defining and Measuring Inequity:

---

*Adopt WHO definition of equity to guide future discussions and work*

*Specifically, the TAG adopts this framework that defines inequity as when differences in outcomes are **avoidable, unnecessary and unjust**.*

*Further, the TAG finds specific measures outlined in Gillespie et al. (2007) useful:*

- Outcomes must be disproportionately present in a disadvantaged population relative to better-off population segments;
- Outcomes must be amenable to effective interventions;
- Outcomes must be undesirable; and
- Interventions to relieve or lessen this condition are less available to the disadvantaged than to wealthier populations

*Recognizing that this definition and recommended measures will be refined over time and the TAG should incorporate improvements as appropriate.*

## When developing and writing HIP Briefs authors should respond to specific measures outlined in Gillespie et al. (2007):

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- *Disadvantaged population and comparison “better-off” population segments should be clearly defined;*
- *The condition or cause of the observed inequity should be explicit and evidence provided that the condition is less available to the disadvantaged than to better off population.*
- *It must be clear that the Practice relieves or lessens this condition*

Develop a **strategic planning guide** on equity that will help programs better understand how to assess equity and identify evidence-based responses to reducing/addressing inequities.

## The TAG should advocate for researchers, data analysts, and authors to include more robust approaches to equity analysis:

---

- *Disadvantaged population and comparison “better-off” population segments should be clearly defined*
- *The condition or cause of the observed inequity should be explicit and evidence provided that the condition is less available to the disadvantaged than to better off population.*
- *It must be clear that the Practice or intervention relieves or lessens this condition.*
- *Incorporate measures of equity that go beyond modern contraceptive use. Such as, demand satisfied for contraception (which includes a dimension of demand - unmet need), unintended or miss timed pregnancy/childbearing, and fertility above ideal family size.*
- *Include measures that track conditions or causes of inequity such as **access** to services, methods, and information; and **quality** as measured by client satisfaction, respectful care, and equitable treatment.*



Thank You

Authors of this paper are: Karen Hardee, Ian Askew, Rodolpho Gomez, Erika Houghtaling, Baker Maggwa, Shawn Malarcher, Sara Stratton, and Chandra-Mouli Venkatraman.

**HIP** FAMILY PLANNING HIGH IMPACT PRACTICES

USAID FROM THE AMERICAN PEOPLE UNFPA World Health Organization IPPF FP 2020



**HIGH IMPACT PRACTICES  
TECHNICAL ADVISORY  
GROUP**

JUNE 12 AND 13, 2019

SHAWN MALARCHER

## MEASURING IMPLEMENTATION



## OUTCOME MEASURES CURRENTLY IN PRACTICE

HIP	FP 2020 indicator
Supply Chain Management	<b>10. Percentage of facilities stocked out, by method offered, on the day of assessment</b>
Domestic Public Resources	<b>12. Annual expenditure on family planning from government domestic budget</b>
Interpersonal Communication	<b>14. Method Information Index</b>
<b>HIP</b>	<b>HMIS</b>
Postabortion FP	Percentage of postabortion clients who were counseled on return to fertility and contraceptive options (disagg by age). Percentage of PAC clients who leave the facility with a modern contraceptive (disaggregated by methods, age).
Immediate post partum FP	Percentage of women delivering who were counseled on return to fertility and contraceptive options (disagg by age). Percentage of women delivering who leave the facility

## ALIGNING INDICATORS

### PA FP HIP BRIEF

- PERCENTAGE OF POSTABORTION CLIENTS WHO **WERE COUNSELED** ON FAMILY PLANNING (**DISAGGREGATED BY AGE GROUP, <20 YEARS VS. ≥20 YEARS**)
- PERCENTAGE OF POSTABORTION CLIENTS WHO LEAVE THE FACILITY WITH A MODERN CONTRACEPTIVE (DISAGGREGATED BY TYPE OF METHOD AND **AGE GROUP, <20 YEARS VS. ≥20 YEARS**)

### PPFP WORKING GROUP

- NUMBER/PERCENT OF WOMEN WHO DELIVERED IN A FACILITY AND **INITIATED** OR LEFT WITH A MODERN CONTRACEPTIVE METHOD PRIOR TO DISCHARGE
- NUMBER OR PERCENT OF WOMEN WHO DELIVERED IN A FACILITY AND **RECEIVED COUNSELING** ON FAMILY PLANNING PRIOR TO DISCHARGE

## SUGGESTED CHANGES

### PAFP

- PERCENTAGE OF POSTABORTION CLIENTS WHO **RECIEVED COUNSELING** ON FAMILY PLANNING **PRIOR TO DISCHARGE** (**DISAGGREGATED BY AGE GROUP, <20 YEARS VS. ≥20 YEARS**)
- PERCENTAGE OF POSTABORTION CLIENTS WHO **INITIATED OR LEFT WITH A MODERN CONTRACEPTIVE METHOD PRIOR TO DISCHARGE** (DISAGGREGATED BY TYPE OF METHOD AND **AGE GROUP, <20 YEARS VS. ≥20 YEARS**)

### IPFP – ADD TO BRIEF

- NUMBER/PERCENT OF WOMEN WHO DELIVERED IN A FACILITY AND INITIATED OR LEFT WITH A MODERN CONTRACEPTIVE METHOD PRIOR TO DISCHARGE
- NUMBER OR PERCENT OF WOMEN WHO DELIVERED IN A FACILITY AND RECEIVED COUNSELING ON FAMILY PLANNING PRIOR TO DISCHARGE