



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

**December 9<sup>th</sup>-11<sup>th</sup>,  
2020**

**Virtually Hosted by Family Planning 2020**



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## **Day 1: Wednesday, December 9<sup>th</sup>**

### **Opening of Meeting – Welcome Remarks and Updates**

Martyn Smith, FP2020, welcomed TAG members to the virtual meeting. Martyn took the opportunity to share with participants a brief update on the future of FP2020 moving forward. Martyn reminded the audience about the consultation process to arrive at the current proposed structure and offered highlights including:

- New structure to be anchored in a regional model with five regional hubs covering West and Central Africa, East and Southern Africa, Asia and the Pacific, Latin America & the Caribbean and a smaller regional hub in North America and/or Europe.
- Regional hubs may be nested within existing institutions that will bid to become hubs
- All countries wishing to make FP commitments may opt-in
- Beginning on January 2021 the partnership will release of Annual Progress Report and unveil the new brand
- On November 2021 the final launch of new Partnership and recognition of commitments at ICFP in Pattaya, Thailand

A key development of the new partnership and related to the HIPs is the creation of the country commitment toolkit, a web-based resource, with significant thematic guidance that draws heavily on the HIPs for critical areas such as financing, adolescents and young people and IPPFP among others. For more information, please see the presentation in Appendix C.

Jay Gribble, Palladium, continued as the Meeting Chair.

## **Review of Briefs**

### **FP/Immunization Integration**

Hashina Begum, UNFPA and Karen Hardee, Hardee Associates, led the discussion of the latest version of the revised brief. Overall comments from the discussants included:

- Good to see new evidence FP/immunization (9 studies compared to 5 earlier)
- Who decides if the practice is proven or promising? At what point would this practice be considered proven?
- The brief seems to focus most on tips for implementation rather than on the evidence that the practice is promising
- Is this a byproduct of how the “expert technical groups” are configured?
- This brief needs some work before finalizing

On the sections of the brief the discussants offered the following suggestions:

Background: Couching the argument in terms of meeting unmet need should be rethought, given that unmet need is not the same thing as unmet demand – or intention to use FP.

Why is this practice important? This is confusing since the practice is about the extended postpartum period. Suggest to add shading in the first two columns (pre-conception and time of delivery). Also, this figure could be added into the background section instead of Table 1.

Impact: Suggest adding content to this section to briefly explain the findings since the studies were not all of the same type of intervention. The earlier version included a couple of paragraphs about the different effects of combined service provision and single service provision plus referral.

Tips for implementation: Section takes up half of the brief. The discussants suggest shortening so as not to make the brief inadvertently appear to be an implementation guide. This is good information that could perhaps be included on the website as supplemental information.

Indicators: Review indicators. Interim indicators terminology could be confusing. It would be important to include useful indicators in the brief.

Research questions: Discussants thought Q4, “What is the role of integrated service delivery in the design and implementation of UHC programs?” goes beyond FP and immunization. Regarding Q6, “What is the effect of integrated messaging/information on postpartum FP uptake and immunization uptake?” the discussants indicated that this may not be about integrated FP and immunization services. For more information, please see the presentation in Appendix C.

Following Hashina’s and Karen’s presentation, Kathryn Mimno, representing the authorship/technical experts group, highlighted a number of changes to the updated brief:

- Added a theory of change
- Added provisional language on indicators given the complexity of creating indicators for integration interventions
- Moving from promising to proven: Progress has been made but not sure if threshold has been met to move the brief to a proven category

***General recommendations from the TAG:***

- The brief should focus on integrating FP into Immunization and not include integration of Immunization into FP.
- The TAG appreciates the importance of customization. However, providing all the details on the elements of the integrated service models that could be customized gets too much into the weeds. The brief is not meant to be a toolkit for implementation. The TAG recommends that the models put forth in the brief are those supported by evidence.
- Details of specific recommendations from the TAG for each section are below. In summary, the key areas to address are:
  - Theory of Change
  - Clarity on the service delivery models that work based on evidence

- Impact section needs to include paragraphs summarizing the evidence
- The tips section is too long; there are too many tips. This section should be shortened.

#### *Background*

- Framing the brief in terms of “meeting unmet need” should be rethought. Instead: analysis of the % of PP women who have an intention to use FP in the future.
- Table 1 (service delivery models):
  - The table needs to include the client’s perspective (Saswati)
  - Needs tightening to ensure parallel grammatical structure
  - If you are going to include a table with models, present the models that have worked based on the evidence
- Include concrete program examples of the service delivery models featured in the brief.

#### *Theory of Change*

- The barriers section in the TOC includes the barriers to implementation of the integration as opposed to contextual barriers. This section needs to include contextual barriers to the practice.
- The “barriers” are not aligned with the “service delivery changes.” The authors should update them to ensure that there is some alignment.
- Column “Benefits for Women”: Bullet points 1 and 4 are basically the same. Delete one of them.

#### *Why is This Practice Important*

- Figure 1 needs to be tidied up. No need for “calendar” to be there in all cases; text mentions 2017 and 2018 but Uganda 2016 DHS in the figure.
- It is confusing that Figure 2 includes periods such as pre-conception, which are not part of the extended postpartum period covered in the brief. Focus Figure 2 on the period covered in this brief. Either delete the non-relevant periods or, if the writers prefer to keep them, highlight the periods relevant to the brief.

#### *Impact*

- The authors should strengthen the Impact section. Currently, it includes a table and does not provide a summary of the evidence. The TAG recommends that a summary of the evidence is included. The technical expert group should determine a good way to “bucket” or present the evidence. One possible way could be showcasing in different paragraphs or subsections the service delivery models that “work” (based on evidence). For example, one subsection could present the referral model, another the model of getting the method at the same facility, etc.

- The evidence table is not very helpful. It is not clear what is being studied. Add a column indicating the focus of the studies.

#### *Tips*

- This section is too long. Shorten this section. Some bullet points need to be combined.
- Take out the following tip as it is too general and could apply to any brief: “Consider innovative strategies to meet the needs of distinct, underserved groups.”
- The technical expert group should consider organizing the tips in some way so that it is easier for readers to organize the information in their heads and make sense of them. Potentially organize into categories such as design, planning, service delivery, follow-up?

#### *Indicators*

- Clarify for the readers what is meant by the statement that the indicators provided are “interim” indicators.

#### *Questions*

- Question 3: Do not include a question on early childhood nutrition.
- Question 4: Delete this question. It goes beyond the scope of the practice highlighted in the brief.
- Question 6: Delete this question. It is not directly relevant to the practice highlighted in the brief.

#### *Tools*

- Link the brief with some relevant WHO guidelines.

### **Social Marketing**

Alice Payne Merritt & Ginette Hounkanrin led the discussion on the draft, highlighting the following:

- Well organized and clear brief that requires minor edits
- Completely new version: Has not been written based on the previous draft that was reviewed by TAG members in Geneva, 2019

On the different sections of the brief the discussants offered the following comments:

Background: There are some concepts that need definition and jargon that could be explained, if not removed. References to social marketing “products, services and experiences”: products are described and clear. Perhaps worthwhile to give 1-2 examples of “services.” What are social marketing “experiences”? It would be useful to have clarity on the role of government in ensuring social marketing sustainability.

Impact: Evidence presented in a narrative form vs chart data comparisons.

Implementation tips: Add a sentence defining Total Market Approach (TMA) as the HIPS audience may not be well versed in this concept.

Indicators: Number of sales of socially marketed family planning commodities to target population: How will the proposed indicators be tracked? Does this require another level of data collection (or existing sales data + retail audits)? The discussants suggested adding wealth quintile to measure equity in the access on the % of population aged 15 to 49 years old using a socially marketing brand or service, disaggregated by product, age and gender. On the % of 15 to 49 years old (in target population groups who: a) have a favorable attitude toward socially marketing product, practice, or service, the discussants requested the writing team to clarify what does favorable attitude mean? The use? For further details, please see the presentation in Appendix C.

Christine Wakefield, representing the Technical Expert Team (TEG) that wrote the brief, provided an overview of the anatomy of the brief and major changes on the update/rewrite. Points highlighted:

#### Key Changes

- Greater recognition of social marketing as an approach at the intersection of service delivery and social and behavior change
- Less strict categorization of social marketing as occupying the space between the commercial and public sector (emphasis instead on total market approach and fluidity of market categories)
- Expansion of the 4 Ps to 8 Ps and updated theory of change that incorporates the 8 Ps
- Recognition that social marketing can also apply to services, not just products
- Deletion of *models* of social marketing, instead referencing many different ways to structure a social marketing program
- Evidence of impact is linked to the factors social marketing can help address or leverage
- Greater acknowledgement and discussion on need to understand and design to meet client priorities and needs
- Indicators included
- Research questions included

#### Concepts kept by the team

- Presents similar rationale for social marketing: increases access, reduces disparity/ increases equity, expands product line and options, helps reach underserved populations including youth
- Planning for sustainability key concept in both

#### Proposed indicators:

Behavioral Outcome: % of population aged 15 to 49 years old using a socially marketed brand or service, disaggregated by product, age, and gender (outcome alone) or % of 15 to 49 years old (in target population groups who: a) have a favorable attitude toward socially marketed product,

practice, or service; and b) practice the recommended behavior (contraceptive use) at last sex, disaggregated by product, age, gender, wealth quintile (This indicator is adapted from the MEASURE Evaluation FP indicator SBCC handbook). (outcome + key determinants)

Sustainability Outcome: % of cost recovery of social marketed contraceptive products, disaggregated by product

Research Questions: The technical expert group proposes including the following as key questions to guide a learning agenda:

- How do social marketing program models sustain their impact on the voluntary use of contraception?
- How does long-term, sustained use of socially marketed products and services improve overall market growth and access to family planning products and services?
- How does social marketing measurably close equity gaps in contraceptive access?

#### ***Overall recommendation***

- The brief is lacking examples of social marketing programs to make it clear to the reader what a social marketing program looks like. The TAG recommends adding real-life examples of social marketing programs.

#### ***General recommendations from the TAG:***

##### *Background*

- In the first paragraph, start with one sentence with a general definition of social marketing. Then, immediately pivot to the definition of social marketing in family planning.
- TMA should be included in the brief's background but suggest a clear definition.
- There are examples of social marketing products, but examples of social marketing services are missing. Provide 1 or 2 examples of social marketing services either in the background or somewhere in the brief.
- If "experiences" is included in the definition, then it has to be defined.
- The term "notion of value exchange" needs to be clarified for lay readers.
- Box 1 only includes principles related to social and behavior change (SBC). It is not clear why these principles have been included in the box. The TAG recommends either deleting Box 1 or, if the technical expert group would like to keep Box 1, use it to provide a precise definition of social marketing.
- Having 8 Ps is distracting, particularly since some of the "newer" Ps are not intuitive (i.e. physical evidence). The TAG recommends including the 4 Ps in the brief and possibly adding a 5th P (policy) if the technical expert group considers this an important addition.
- One of the last paragraphs in the background says: "When governments manage social marketing programs etc." The TAG took issue with the word "manage" and questioned whether the role of the government is to "manage" social marketing programs. The TAG agreed that instead of a management role, the government has a stewardship role. The



TAG recommends that the role of the government should be presented as a stewardship role and not a management role. The TAG also recommends that the technical expert group mention in the brief the need to build government capacity. There needs to be agreement on this. Can management be included as one of various possible roles that the government can play?

- The TAG recommends that rather than emphasizing the importance of “sustainability,” the brief should highlight the importance of efficiency in social marketing programs. Oftentimes, achieving sustainability is easy: This happens as the social marketing program becomes private. A focus on sustainability may send the wrong message to readers, implying that all social marketing programs must “graduate” from donor funds. The real question at hand is how to structure the market to ensure various segments have access to the FP products and services they need.
- Related to the point on efficiency, the TAG recommends presenting criteria on how to structure a program and help decision-makers answer this question: If you were to provide a subsidy, where should the focus be? Which product or service should be subsidized?

#### *Theory of Change*

- The first column of the TOC is different from the standard TOC format. The column needs to be re-framed as “barriers” to keep within the standard HIPs TOC format. This is also the case for the column labeled “social marketing program elements.” The standard HIPs TOC language for that column is “service delivery changes.”
- The “Policy” P is missing from the TOC.

#### *Impact*

- The Campbell 2015 article is not cited accurately. The article does not provide an analysis related to social marketing programs. The following claim needs another citation or it should be deleted: “DHS results show that more than half of OCP users rely on a socially marketed brand in 36 of 44 countries studied. Similarly, more than half of condom users used a socially marketed brand in 34 of 36 countries.” Also, this in the previous section: “Analyses of DHS data have shown that even among the poorest people in the poorest countries, significant numbers of women obtain their contraceptive method through a social marketing program from a private-sector health facility (Campbell et al, 2015).”
- Firestone systematic review was broad and FP was a small component. The findings for RH (which go beyond FP) were particularly weak, so authors should temper the language used when describing the evidence from this paper. Maybe adding something like “while overall Firestone et al found positive impacts from social marketing, the evidence related to RH was weaker.” The other issue is the paper uses a broader definition of social marketing than used in this brief.

#### *Tips*

- Provide a definition of the Total Market Approach. Also, include the definition of TMA earlier in the brief (i.e. Background section).

#### *Indicators*

- The TAG observed that the indicator “number of sales of socially marketed FP commodities to target population” may require additional layers of data collection. The technical expert group should carefully consider this and make sure the indicator is one that is “routinely” collected by social marketing programs.

- The TAG recommends deleting the following indicator: Number of new outlets (such as pharmacies/drug shops, community centers, youth centers, private clinics) selling socially marketed family planning commodities (disaggregated geographically). This indicator could backfire, as it could show success if many outlets are open even if they are open in very close proximity. The latter does not necessarily help to enhance accessibility. Instead of this indicator, add an indicator from the client point of view (in terms of facilitating access to products and services).
- The TAG recommends that the technical expert group *considers* adding total value and total volume of the market as an indicator.
- TAG member Sarah Fox to share some possible indicators from recent Options research conducted in Kenya for consideration by the technical expert group.
- The TAG would like to keep consistency across briefs. Thus, the TAG recommends not including the outcome indicators in the indicator section. One suggestion for the technical expert group, given the keen interest to include outcome indicators, is to put the outcome indicators in a separate document with the references. If the group decides to do this, please make sure to include a few sentences on the significance/importance of providing suggested outcome indicators for social marketing programs and how the indicators suggested are particularly tailored to social marketing programs. Also, make sure to include at least one SBC outcome indicator.

## Day 1 General Recommendations

- The TAG agreed to form a working group to review an updated version of the FP/Immunization brief to ensure all concerns have been addressed and approve the final version. The members of this working group are Maria, Maggwa, Karen, John, and Chris.
- Guidance on the evidence to use to write the Impact section of the briefs needs to be developed to facilitate standardization across briefs. A working group will develop recommendations to share at the next TAG meeting. Members of this group are Roy, Barbara, Mario, Chris, Karen, and Michelle.
- Jay, Maggwa, Michelle, and Maria to look at the current TOC format and develop recommendations for any updates/revamping.
- Guidance on the grey scale process was discussed. The TAG agreed to a modified process to fill out the grey scale. We will ask a person in the technical expert group (likely the person working on the Impact section) to put the articles included in the Impact section into the grey scale and make a recommendation to the TAG about the grading of the brief as promising or proven. The TAG will test this approach with the SBC briefs to be discussed at the next TAG meeting.
- Anand, Gael, Ginette, and Maria will form a working group to work with the social marketing technical expert group to finalize the brief.

## Day 2: Thursday, December 10<sup>th</sup>

Barbara Seligman opened the meeting and welcomed all participants. Barbara chaired day 2 of the TAG meeting.

## Review Recommendations from Day 1

Maria Carrasco went over the TAG recommendations from the previous day. TAG members reviewed the main points and agreed on final language. Please see recommendations for specific briefs on Day 1 and highlight box above for the general TAG recommendations.

## Review of Briefs, con't.

### Drug Shops and Pharmacies

Mario Festin and Anand Sinha shared their reflections and proposed changes for the brief. Key points discussed included:

- Brief is being recommended for upgrade to a proven practice. It would be important to show the new and robust evidence that would indicate that the practice is indeed of high benefit. Only a few references seem to be from the last 5 years.
- Pharmacies are natural and established sources of medications and commodities and even services. These would be an easy sell as a proven practice. It may be different in the case of drug shops, which do not regularly have a well-defined or trained health provider and would most likely have a limited (although still varied) range of commodities. Some more recent examples may need to be shown.
- Drugs shops as defined may be managed by a range of providers, including lay health workers, which would imply a variation on what commodities and services may be provided.

Specific considerations for drug shops:

- More specific evidence regarding the effectiveness of drug shops as areas for distribution of commodities and services of contraceptives: Needed by those who wish to have a drug shops program.
- Would countries have legal restrictions on which FP commodities drug shops would be allowed to dispense or provide? If so, how do we navigate these restrictions?
- Whether these are pharmacies or drug shops, training and support (i.e. linkage to an established health provider or system) are very important.
- Would drug shops (especially those which are extension units of the government system) be able to participate in centralized procurements of supplies and commodities, to get quality products at good prices? Discussants suggest that these be mentioned as improved procurement procedures.
- Would a government- (or private enterprise-) supported financing system assist these small businesses, especially at the startup phase?
- Would drug shops also provide non-contraception-related health services? This would be an enticement for programs to set them up to provide a more comprehensive set of services and commodities.

- How much are female condoms being promoted for contraception? Recently these and male condoms are being promoted more for STI and HIV prevention.
- Emergency Contraception (EC) promotion is very important to improve access for adolescents, who are a big cluster of EC users.
- Are there policy restrictions on whether drug shops can dispense products like EC, and to whom (including adolescents)?
- Would provider bias need to be addressed to improve access (such that some drug shop staff would not dispense OCPs or ECs to adolescents)?
- Aside from condoms, do men purchase other contraceptives for their partners to use?
- Do drug shops provide business receipts for those who may request them?

During the second part of the discussion, Anand Sinha provided specific feedback on the brief sections.

Title and Purpose:

- Consider re-phrasing the title so that it refers to a Practice. It currently seems to be about a space that is an existing and leading source for health-related products including contraceptives.
- It might be about “leveraging” or “building capacity” or “support”, “policy and regulatory change” for improved access and choice.
- Sharpen purpose. At times it appears passive, highlighting the values of an existing resource; or it could take a sharper approach on the gaps and opportunities and focus on the changes needed to improve, increase, or enhance the role of Pharmacies and Drug Shops (P&DS).

Theory of Change:

- Problem statement: Re-state and point out what the gaps are in the P&DS network, which many people already use for contraceptive access.
- Practice: The wording used to define the high impact practice may suggest that P&DS are NOT already a major contraceptive source.

Rationale:

- Can offer a range of methods
- Male/female condoms, ECP, injectables
- Improve reach among diverse groups
- Serve hard-to-reach areas
- Supporting P&DS is effective

Impact:

- Increases provision of different methods
- Improve reach among women, youth, men and boys
- Increased convenience
- Training and support improve quality

Definition of Drug Shops and Pharmacies: This implies a binary model globally. Maybe more Africa-centric? There are probably many variations and nuances.

- In India, pharmacy outlets are required to be staffed by licensed pharmacists, but in practice they are not.
- Many pharmacies, referred to as “chemist” stores, primarily sell cosmetics. Then there are general stores where OTC products and condoms are sometimes available. There are also dispensing rural healthcare providers of different levels.
- There may be a need to briefly acknowledge the breadth of variations and clarify the boundaries of the retail outlets included in this brief.

The discussants closed the session with general recommendations to address the following:

- The role of pharmacy associations and federations.
- There is a lot of experience where pharmacies link to helplines, since pharmacies often don’t relay information precisely.
- The importance of identifying the right trainee at the shop.
- Shop owners aren’t always prime points of customer interaction.
- Not sure if product quality is in the purview of the P&DS.
- Research Questions: Role of e-pharmacies, especially in the COVID-19 context

#### **Gray scale discussion: Moving Drug Shops brief from promising to proven**

Michelle Weinberger and Sara Stratton were asked to look at the HIP criteria and provide recommendations on moving the practice to “proven,” a request from the writing team. Michelle provided a brief overview on the HIP criteria elements of impact, applicability, scalability, affordability, and sustainability. Michelle added that the focus is on evidence on **increasing mCPR**. No set rules for what is needed to be “proven” vs “promising,” but used to inform discussion by HIP TAG members. Looking more specifically on the impact statements in the brief, please see below:

## Pharmacy and Drug Shop Impact Evidence

- Pharmacies and drug shops are an important source of supply for contraceptives in many countries
  - Pharmacies and drug shops are commonly used by some hard-to-reach or underserved populations, including unmarried women, males, and youth
  - Training and support improve the quality of family planning services offered by pharmacies and drug shops
- Evidence here is largely descriptive; often not linked with intervention.
- Should this be in a different section? Not really about impact.

Summary of evidence: No studies have found increased contraceptive use as an outcome (aside from a few studies within systematic review looking at specifically at EC use).

Michelle offered an analysis on applying the HIP criteria to the updated brief. Please see below:

## Applying HIP Criteria to Drug Shops

Criteria	Assessment
Impact	Limited evidence on impact; need more definition of actual practice (e.g. task-sharing, over-the-counter provision). Potential for additional secondary analysis of DHS data to look at causal relationships?
Applicability, Replicability, Generalizability	Evidence largely from injectables and EC; but decent geographic spread.
Scalability	Scalability potentially high given large networks of pharmacy and drug shop networks in many countries; though limited evidence on scaling training and quality assurance interventions.
Affordability	No direct evidence; depending on intervention can be affordable but need caution on potential financial burden on clients.
Sustainability	No direct evidence; depending on intervention can be sustainable if using existing pharmacies and drug shops.

Sara Stratton continued the discussion by adding that it was difficult to recommend the practice be moved to proven based on their analysis and the current evidence presented in the brief.

The TAG noted that the brief was well done and that a lot of thought had gone into it to highlight important points about pharmacies and drug shops. Below are recommendations from the TAG.

### General recommendations

- The TAG recommends keeping this brief as a *promising practice*. The use of the gray scale to assess the strength of the evidence included in the Impact section revealed that most of the evidence in the first two subsections of the Impact section is descriptive. It is not clear that the evidence in the 3rd subsection is relevant given how the practice is currently stated.
- The TAG discussed at length whether the brief should include both pharmacies and drug shops, since drug shops usually follow different regulations and are different than pharmacies. The TAG agreed that the brief should include both drug shops and pharmacies and it recommends that the technical expert group adds some language to highlight some key differences between drug shops and pharmacies. One suggestion is to highlight the

range of methods that could be offered at drug shops vs. pharmacies. Elsewhere in the brief (possibly the Background section) a sentence could be added to indicate that while there are differences general considerations around training, quality, etc. are similar.

- The TAG recommends adding a sentence to indicate that in various countries, there may be various private-sector outlets where women may access FP products, and drawing a clear boundary around the types of outlets that are covered in the brief.
- Include hyperlinks to other relevant briefs such as the Social Marketing brief, Social Franchising, etc.
- The TAG suggests looking into WHO guidelines related to drug shops and pharmacies that could be used as references for the brief.
- The brief includes information on training staff at pharmacies and drug shops. However, it does not include information on post-training support and mentoring/supervision. The TAG recommends including information on how to provide post-training support and supervision, as this is important to ensure good quality of services. There are examples from India about providing post-training support to staff at pharmacies and drug shops.

#### *Title*

- Sharpen the title so that the information after the semicolon refers to the practice featured in the brief. Some phrases that the authors could use for this include “Leveraging pharmacies and drug shops” or “Building capacity of pharmacies and drug shops” for improved access and choice. Another option is “Pharmacies and drug shops: Expanding contraceptive choice and access to quality FP information in the private sector.”

#### *High Impact Practice*

- The TAG recommends that the “high impact practice” featured in the brief is sharpened. The practice in the updated brief is as follows: “**Pharmacies and drug shops offer family planning information and services, including a variety of contraceptive methods.**” As currently stated, the practice ends up presenting drug shops and pharmacies as very similar. This creates problems because the evidence in the Impact section focuses on pharmacies and not on drug shops. Also, this framing may suggest the need to further highlight differences between drug shops and pharmacies (to avoid implying that they are the same), which is not feasible in 8 pages (the maximum length of the brief). The TAG will form a small group to provide some concrete recommendations on the practice to feature in the brief.
- The TAG noted that the value in terms of the role of pharmacies and drug shops in family planning programs is not directly related to increasing mCPR. FP products and information are already being distributed through drug shops without FP programs intervening. Users go to drug shops and pharmacies to get FP products and basic information. Adding FP programming into those venues is really about improving the quality of those interactions and enhancing access to method choice. The brief as it stands includes too many things. It is trying to address the issue of reach and access as well as improving quality of the interaction and the information received. As noted earlier, the TAG recommends sharpening the practice featured in the brief, narrowing down the scope of the practice.
- The TAG noted that the technical expert group has added “services” to the description of the practice. The TAG recommends that “services” are added to the description of the practice *based on evidence* and that the relevant evidence is included in the Impact section. Currently, the Impact section focuses on pharmacies and drug shops as an important source of supply for contraceptives and on enhancing access to contraceptives

for hard-to-reach groups. There is no discussion of services in this section except for a mention in the last paragraph, which focuses on training and support to improve services.

#### *Background*

- There is a tension throughout the brief, but particularly in the Background section, about pharmacies and drug shops as a place vs. as a practice. The brief needs to focus on the *high impact practice*. The TAG recommends clearly stating the high impact practice in the Background section and toning down the current emphasis on drug shops and pharmacies as a place.
- In the box with the definition of drug shops and pharmacies, the word *propriety* is used instead of *proprietary*. Correct the typo.

#### *Theory of Change (TOC)*

- The TOC needs to be updated to make sure it is in line with how the high impact practice in this brief is reframed.
- The group should use the template TOC used by the other groups. The first column should be labeled Barriers and focus on the barriers that the high impact practice will help to address. Also, the column on Benefits for Clients needs to be added.
- The Impact column has been added by this group. The TAG recommends that if this column is kept, the technical expert group will have to carefully consider the items that go in the Outcome column vs. Impact column, as some things may need to be shifted.
- The high impact practice in the TOC only mentions information and services. However, the title included products. Ensure consistency in how the practice is presented throughout the brief.
- The box on page 8 captures some information that should be included in the TOC. Some of the items in that box need to be moved to the TOC.

#### *Why is this practice important*

- This section has significant overlap with the Impact section. Some similar points: pharmacies and drug shops can offer a range of methods/increase provision of different methods, improve reach among diverse groups/women, youth, men and boys, and serve hard-to-reach areas/increase convenience. The TAG recommends avoiding overlap.

#### *Impact*

- Once the high impact practice is more clearly defined, the Impact section should provide evidence that the practice works.
- As it currently reads, the last paragraph in this section is not directly related to the practice.
- The TAG noted that a good portion of the evidence provided in support of the practice is descriptive. This may point to research gaps on the evidence of the impact of drug shops and pharmacies on various intermediate outcomes (such as enhancing FP access) and ultimate FP outcomes such as mCPR. The TAG recommends that the expert group includes these gaps in the “Research Questions” section.
- Define “low mCPR countries”: what is the cut-off?
- In the Impact section, there is some evidence on quality. The TAG recommends moving that evidence to another section, possibly the Tips section.
- The TAG recommends removing the Mung’ong’o et al., 2010 study (from Tanzania) as it is not linked to a pharmacy intervention.



### *Tips*

- The following tip should be reconsidered and either rephrased or dropped: “Seek to price contraceptive supplies so they are affordable for clients yet offer sufficient profit to motivate pharmacy and drug shop owners to stock and sell a range of modern contraceptives.” This could trigger price controls, which could have negative effects. If rephrasing, make the tip about improving overall business practices including cash flow, inventory, supply management, and pricing.
- Consider including the importance of identifying the right trainee at the pharmacy or drug shop.

### *Indicators*

- 1st indicator: The TAG recommends adding a sentence to indicate that the three or more modern methods should be specific to the country/area and should reflect products that have lower availability.
- 3rd indicator: Do not make it exclusive to women. Allow for girls, boys, and men.
- Product quality is not clearly in the purview of drug shops and pharmacies. Remove this from the bullet point about creating a quality assurance and oversight system.

### *Questions*

- The questions should highlight gaps in the evidence, particularly as it relates to the impact of the practice on intermediate outcomes.

## **Updates: Progress on recommendations from June 2020**

Maria Carrasco provided updates on:

Concept notes: Maria shared that the team received 22 concept notes (21 for SPGs, 1 for brief). Of these, 8 fulfill criteria for consideration (7 SPG and 1 brief). 2 SPG concepts on the same topic (contraceptive product introduction). Maria suggested a standalone meeting to discuss the way forward on the concept notes for February to select 1 SPG (Proposed dates: Feb. 16 or 17?). Members of the TAG expressed surprise on the proliferation of SPG concept notes.

June TAG Meeting: Potential dates: June 15, 16, 17, 2021. Maria added that there is the possibility of a blended meeting. Potential topics to discuss: Review of (draft) updated 3 SBC briefs, results of assessment of HIPs utilization, update on R4S measurement work, and concept notes.

### Other updates:

- TAG [orientation and fuller update](#) provided on Nov. 20, 2020
- Partners meeting to be held next year. We are looking to add new partners. Please share ideas on organizations to reach out to.
- GHTechX: Ideas for a HIPs panel proposal (this is the former USAID Mini-University)
- WHO/HIPs matrix tool: Nandita Thatte provided a brief update on the recently published tool and its launch, with a webinar attended by 115 people. The tool is available in English, French, Portuguese, and Spanish.
- Measurement of scale and quality of HIPs implementation: John Stanback asked the TAG for input on a research activity being led by R4S: *Measuring the scale, quality, and cost of*

*service delivery HIPs in Nepal, Mozambique, and Uganda.* The study team would like to hear TAG perspectives on the most useful outputs/outcomes for this project to generate:

- Resource requirements to implement and sustain the delivery of selected HIPs?
- Cost-effectiveness at different scales, across countries and HIPs?
- Development of planning/budgeting tools to assist countries to prioritize HIPs for implementation?
- Other priorities/ideas?

Ados May, Christine Galavotti, Michelle Weinberger, and Sara Stratton volunteered to form a group to support this activity. John will follow up with an invitation to have an initial discussion with the study team.

## **Production and Dissemination Update**

Laura Raney and Ados May provided an overview on behalf of the HIP Production and Dissemination Team. The team shared the following highlights:

- Website traffic has tripled in the past year
- Majority visitors from North America but marked increase from other regions
- Six webinars produced since June meeting, with 800+ live participants and 640 recording views
- Newsletter launched, with a high open rate of 45%
- During FY 2020, 33 peer-reviewed publications cited a HIP brief, bringing the total to 101 publications since 2014

For more information, please see the presentation in Appendix C.

## **Day 2 General Recommendation**

John, Michelle, Anand, and Gael will form a small working group to provide a concrete recommendation on how to frame the Pharmacies and Drug Shops high impact practice; the group will also provide ideas on the TOC. The group will also ensure that the information included in the Evidence section supports the practice. This will include suggesting some intermediate outcomes that the technical expert group could include in the Impact section.

## **Day 3: Friday, December 11<sup>th</sup>**

Nandita Thatte opened the meeting and welcomed everyone to the third and final day of the HIP TAG Meeting. Nandita chaired the meeting.

### **Review Recommendations from Day 2**

Maria Carrasco offered a brief review of Day 2 of the meeting. Maria highlighted the discussion about drug shops – focus on place vs. practice. A TAG working group will discuss the definition of the practice and offer recommendations to the technical expert group.

### **Preliminary findings from IBP Network HIP use survey**

Nandita Thatte shared preliminary results of the survey on the use of WHO guidelines and HIPs, an activity recently implemented by the IBP Network. Nandita's remarks focused on findings related to the HIPs:

- Survey was conducted in English, French, and Spanish
- Completion rate: 61.32% with 587 total respondents and 360 survey completions (English n=179; Spanish n=105; French n=76)
- Solid response from a diverse geography
- HIP briefs are mostly used for advocacy
- People find the materials easy to use
- Main barrier to use of HIPs is lack of funding to implement
- INGOs are big users of HIP materials
- Users access HIP content first through webinars and second through the website
- A notable preliminary result is that a large portion of survey respondents in LAC are people working at ministries of health. This is perhaps due to the IBP Network's extensive list of MOH contacts in the region.

Final results and more information will be shared in the upcoming months. For additional information on the preliminary results, please see Appendix C.

## Enabling Environment Briefs Update

Beth Rottach and Jay Gribble, HP+, led a presentation on the results of a series of interviews to learn more about how to improve uptake and use of Enabling Environment HIP materials. Beth reviewed the findings and reminded the group that currently, there are six EE briefs in the HIP portfolio: Domestic Public Financing, Educating Girls, Galvanizing Commitment, Leaders and Managers, Policy, and SMC.

The study team from HP+ interviewed 16 informants including donors, ministries of health, and NGOs. Half of those interviewed were donors (USAID, Packard Foundation, and UNFPA). Interview questions:

- What aspects of the enabling environment need strengthening?
- How well do the six enabling environment briefs align with these aspects?
- What do decision makers need to advance the enabling environment?
- How do decision makers prefer to receive information and engage with it?

Overall, the feedback was positive, including:

- Briefs align well with priorities and challenges for strengthening the enabling environment
- Briefs are comprehensive, relevant, and based on evidence
- Briefs are strong tools because they provide good information on best practices

The study compiled responses to offer the following three recommendations:

- Sharpen and reframe briefs
- Develop an overarching framework for the enabling environment
- Develop new topics to address emerging priorities for strengthening the enabling environment

Please see the presentation in Appendix C for more further details on recommendations and findings.

The TAG discussed the recommendations and offered the following suggestions:

- Sharpen/reframe Policy, Leaders/Managers, and Commitment briefs:
  - Writing team (TEG) will tweak language to define the practice.
- Develop overarching framework for EE:
  - Yes, but is an overall framework needed for the whole HIP initiative? There are different options to implement this recommendation. The TAG considered: Is the SEED framework still relevant? We have the overarching principles piece on the website – is this sufficient?
  - A small working group composed of Martyn Smith, Barbara Seligman, Jay Gribble, Gael O’Sullivan, Maria Carrasco, and Karen Hardee will provide options and recommendations.
- Develop new topics – emerging priorities (accountability, stewardship, pandemic preparedness)
  - Pandemic Preparedness:
    - While important, there are a lot of resources out there already
    - We have an article in publication on adapting HIPs in the time of COVID
    - There is a COVID-19 task team led by the IBP Network on FP that is documenting HIP adaptations
    - HIP webinars are being tweaked to address the pandemic
  - Social Accountability:
    - Consider a focus on strategic social accountability
      - Improvement/programmatic issues: Increase agency and ownership by community, monitor equity etc. in a mutual way. Which pieces are policy-related? Budget tracking, advocacy. This would be focused at the community level, not national. It was suggested to narrow the practice to keep the focus on the sub-national level.

## Next steps on Brief Updates

Maria Carrasco requested that the TAG decide on the next three briefs to update. The options are:

- Enabling environment
  - Educating girls (girls' participation in school and/or community, 2014 (currently EE)
  - Economic empowerment evidence summary, 2017
- Mobile outreach services, 2014
- Community health workers, 2015
- Social franchising, 2018
- Digital health for systems, 2017

Input on SBC brief outline and Indicator guidance:

- There is a need to develop an outline for SBC briefs. Gael O’Sullivan volunteered for this task.
- The indicator guidance for service delivery indicators is not a fit for briefs: The HIP indicators measure the implementation of the practice on a routine basis. The challenge we have is to assess if this guidance needs any tweaking for the SBC HIP indicators.

Retired briefs:

- Current SBC briefs to be retired here: <https://www.fphighimpactpractices.org/retired-briefs/>
- How to handle ongoing minor brief updates?
  - Should we also save retired versions of briefs on this page?
  - If so, we could index them by title and publication date.
  - If not, we could just save the version after a major update (rather than versions with minor updates).

Promising brief standard paragraph:

- Should we delete standard paragraph from updated briefs?
  - Direct people to where the definitions are located in the website: Promising vs. proven. “Promising” means we need more evidence. A potential step is to link to the indicators and research questions.

Ultimate Outcomes:

- What are the ultimate outcomes to include in the Evidence section? We have used increase in mCPR. However, in the Drug Shops & Pharmacies brief, there are other outcomes, such as enhancing accessibility for certain groups.
- Need a subgroup to think about the ultimate outcomes we are linking to, beyond increased mCPR, e.g. increased access, etc. The evidence working group will look into this and offer options.

## Next Steps and Closing

Martyn Smith closed the meeting by thanking all who participated on behalf of FP2020, the meeting’s host. In closing, Martyn provided a few reminders:

- Save the date for the February 17<sup>th</sup>, 2021 meeting to review concept notes and make recommendations.
- Next call for concept notes will be April 2021.
- WHO will host June 2021 HIP TAG Meeting. Dates will be finalized in the upcoming weeks. Likely to be virtual.

## Day 3 General Recommendations

- A small group was formed to discuss measures for ultimate FP outcomes, particularly focusing on “unmet need.” The TAG members in this group are Karen, Michelle, Roy, and Jameel. Dedicate time in the June TAG meeting to discuss the group’s recommendations.
- A small group was formed to help finalize the EE framework. Jay, Gael, Barbara, Maria, and Martyn are part of this small group.
- The TAG decided that the small SBC working group formed to provide guidance on the new SBC brief content (Alice, Gael, Chris) also works on providing guidance for the SBC indicators.
- The TAG decided to delete the paragraph below as a standard paragraph. Instead, make sure each brief clearly states whether it is a proven or promising practice and that hyperlinks are provided to a document that explains proven vs. promising.

*“Offering Family Planning (FP) services to postpartum women through infant-child immunization contacts is one of several promising “high-impact practices” (HIPs) in FP identified by the HIP Technical Advisory Group. A promising practice has limited evidence, with more information needed*

*to fully document implementation experience and impact. The advisory group recommends promising practices be promoted widely provided that they are implemented within the context of research and are carefully evaluated in terms of both impact and process (HIP, 2013)."*

**Next round of HIP brief updates (after the EE briefs)**

- The TAG agreed that the following briefs will be included in the next batch of updates/development (after the Enabling Environment briefs): Social accountability, Educating girls, and Mobile outreach services or Digital health for clients (retooling the Digital health for behavior change but making it an enhancement brief, not an SBC brief).
- A final decision on whether to update the Mobile outreach services brief or the Digital health for clients brief will be based on which has more updated evidence.

**Enabling environment briefs**

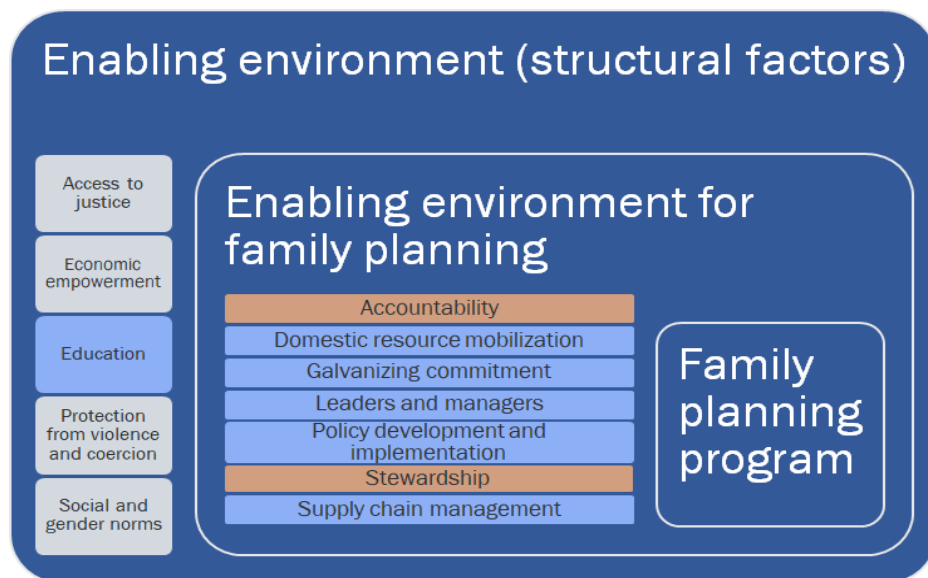
*Sharpen and reframe Policy, Leaders and Managers, and Galvanizing Commitment briefs*

- The TAG agreed on the need to sharpen and reframe the briefs as suggested by Policy Plus (see table below). However, it is important to note that the actual wording of the “high impact practice” needs to be finalized.
- The TAG noted that it is important to reframe the briefs in a way that is action-oriented.
- The TAG noted the importance of finalizing the “wording of the practice” before moving forward with developing the full brief.

Existing Brief	Reframed
<b>Policy:</b> Develop, implement, and monitor supportive government policies	Accelerate policy implementation
<b>Leaders and Managers:</b> Develop and support capacity to lead and manage family planning programs	Develop skills and capacities to lead and manage family planning programs
<b>Galvanizing Commitment:</b> Galvanize commitment to support family planning programs	Increase commitment follow-through

*Develop an overarching framework and summary document (such as the Chapeau piece)*

- The TAG agreed on the importance of having an overarching/summary document for the EE briefs.



- Some TAG members noted that it may be helpful to have a framework for the whole HIP initiative, or at least a framework connecting the EE briefs to the SBC briefs. However, the TAG noted that the major resources used are the briefs. The Chapeau piece is not as well accessed as the briefs. They questioned if we should put time and resources into developing an overarching HIPs framework that may not be used. The issue of a possible framework for the whole HIP initiative was set aside. It may be revisited in the future.

*Develop new topics to address emerging priorities for strengthening the enabling environment*

- The three topics recommended by HP+ are: Accountability, Stewardship, and Pandemic preparedness and response (see graph below).
- The TAG agreed that these topics should be considered, highlighting that pandemic preparedness does fit in the enabling environment category. At the same time, some TAG members indicated that there is an abundance of resources on COVID-19. Any resources developed by the HIPs on pandemic preparedness will have to address an existing gap.
- The TAG also suggested considering climate change as another topic.
- The TAG noted that the concept note on “social accountability” that was submitted for consideration focuses on a type of social accountability that is closer to quality improvement than to service delivery/SBC. The concept note is about the user’s voice, dialogue with the health system, and increasing agency and ownership within the community, as well as improving equity and monitoring. The type of social accountability that will likely fit better under the “Enabling Environment” category are topics such as expenditure tracking, participatory budget monitoring, higher-level advocacy, etc. Social accountability entails a broad range of things that have different purposes and different levels of evidence.
- The TAG noted that a brief on social accountability at the subnational level (under the EE umbrella) will be very helpful.
- The TAG recommends that as the framework is polished, possible overlap with the framework used for the SBC briefs be addressed.

- The TAG agreed to discuss the three topics suggested by HP+ (see below) at a meeting in February, where the TAG will review all the concept notes submitted.

## Recommendation 3: Develop new topics

1. **Accountability** – Mechanisms to hold key actors responsible for achieving objectives of family planning policies, programs, and services
2. **Stewardship** – Public stewardship of private sector family planning providers and programs (for-profit, non-profit, CSOs)
3. **Pandemic Preparedness and Response** - Maintaining family planning services during COVID-19 and other pandemics

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# Appendix A: Meeting Agenda

## Technical Advisory Group Virtual Meeting

### December 9-11, 2020



### Objectives

- Review draft HIP materials and make recommendations regarding the strength and consistency of the evidence and adherence to the HIP criteria.
- Continue to refine HIP processes and identify priority activities.

### Wednesday, December 9<sup>th</sup>: Jay Gribble, Chair

08:00 – 11:00 Washington | 14:00 – 17:00 Geneva | 15:00 – 18:00 Nairobi | 17:30 – 20:30 New Delhi

Time	Agenda Item
08:00 – 08:15	Opening of Meeting – Welcome Remarks and Updates - Martyn Smith
08:15 – 09:45	FP & Immunization Integration - Hashina Begum & Karen Hardee
09:45 – 11:00	Social Marketing - Alice Payne Merritt & Ginette Hounkanrin

### Thursday, December 10<sup>th</sup>: Barbara Seligman, Chair

8:45 – 12:00 Washington | 15:00 – 18:00 Geneva | 16:00 – 19:00 Nairobi | 18:30 – 21:30 New Delhi

08:45 – 09:30	Review Recommendations from Day 1 - Maria Carrasco
09:30 – 11:00	Drug Shops and Pharmacies - Anand Sinha & Mario Festin
11:00 – 11:30	Gray Scale discussion to move Drug Shops brief from promising to proven practice Michelle Weinberger & Sara Stratton
11:30 – 11:45	Updates: Progress on recommendations from June 2020 – Maria Carrasco
11:45 – 12:00	Production and Dissemination Update - Ados May & Laura Raney

### Friday, December 11<sup>th</sup>: Nandita Thatte, Chair

9:45 – 12:30 Washington | 16:00 – 18:30 Geneva | 17:00 – 19:30 Nairobi | 19:30 – 22:00 New Delhi

9:45 – 10:30	Review Recommendations from Day 2 - Maria Carrasco Preliminary Results of HIP use survey - Nandita Thatte
10:30 – 11:30	Enabling Environment Briefs Update - Jay Gribble & Beth Rottach
11:30 – 12:00	Next steps on Brief Updates - Maria Carrasco
12:00 – 12:30	Group Reflections Next Steps and Closing - Martyn Smith



## Appendix B: List of Participants

TAG Members	
<b>Maria Carrasco</b> USAID <a href="mailto:mcarrasco@usaid.gov">mcarrasco@usaid.gov</a>	<b>Alice Payne Merritt</b> JHU CCP <a href="mailto:alicepayne.merritt@jhu.edu">alicepayne.merritt@jhu.edu</a>
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<b>Roy Jacobstein</b> IntraHealth <a href="mailto:rjacobstein@intrahealth.org">rjacobstein@intrahealth.org</a>	<b>Michelle Weinberger</b> Avenir Health <a href="mailto:MWeinberger@avenirhealth.org">MWeinberger@avenirhealth.org</a>

<b>Baker Maggwa</b> USAID <a href="mailto:bmaggwa@usaid.gov">bmaggwa@usaid.gov</a>	
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P&D Team Attendees	
<b>Ados May</b> WHO/IBP Network <a href="mailto:Ados.may@phi.org">Ados.may@phi.org</a>	<b>Laura Raney</b> FP 2020 <a href="mailto:lraney@familyplanning2020.org">lraney@familyplanning2020.org</a>

## Appendix C: Presentations

**HIP**  
**FAMILY PLANNING**  
**HIGH IMPACT PRACTICES**

**Day 1 Presentations**

**Post-2020 VISION FRAMEWORK**

**VISION TAGLINE**

Working together for a future where all women and adolescent girls everywhere have the freedom and ability to make their own informed decisions about using modern contraception and whether or when to have children, lead healthy lives, and participate as equals in society and its development.

The change we wish in the world is ...

Voluntary modern contraceptive use by everyone who wants it, achieved through individuals' informed choice and agency, responsive and sustainable systems providing a range of contraceptives, and a supportive policy environment.

To realize the vision, countries and partners will...

- Expand the Narrative and Shape the Policy Agenda
- Dive Data and Evidence-Informed Decision Making
- Increase, Diversify, and Efficiently Use Financing
- Transform Social and Gender Norms
- Improve System Responsiveness to Individual Rights and Needs

**GEOGRAPHICAL STRUCTURE**  
of the Future Secretariat

**Current Recommendations**

- A **regional model**
- 5 **regional hubs** covering:
  - West and Central Africa
  - East and Southern Africa
  - Asia and the Pacific
  - Latin America & the Caribbean
  - A smaller regional hub in North America and/or Europe
- Regional hubs may be nested within **existing institutions**
- All countries that wish to make FP commitments **may opt-in**
- Support will be based on a **transparent engagement tiers**

**WHERE ARE WE NOW?**

**October 2020 – Early Q1:**  
Preparatory activities (planning, awareness raising, partner mobilization, etc.)

**From January 2021 onward:**  
Commitment development and announcement in country (consultation, drafting, validation and launch)

**Reference Group Meeting**

**Jan 2021:**

- Release of Annual Progress Report
- Celebratory Event and Brand Unveiling
- Launch of 2030 Commitments Process

**Nov 2021:**  
Final launch of new Partnership and recognition of commitments at ICFP

**October & Nov 2020:**

- FP Workshops
- Will take place each quarter for all regions

## WHAT IS THE POST-2020 COMMITMENTS TOOLKIT?

Guidance for **country** and **non-state actor** commitment makers which:

- Articulates the value of making a commitment to the 2030 partnership
- Provides guidance to strengthen the ownership and content of commitments
- Outlines recommended steps for making and launching a commitment
- Provides recommendations to foster and strengthen accountability

A web-based tool buttressed by:

- Non-digital outreach materials
- Extensive external consultation and collaboration in development of guidance
- Targeted small grants to support CSO participation in process

## HOW IS IT DIFFERENT FROM PREVIOUS GUIDANCE?

- Reflects the country-led and country driven mandate of the new partnership
- Includes a strong focus on inclusion, transparency and accountability.
- Seeks to strengthen accountability within the commitments process for non-state actors including donors
- Requests that commitments be launched in-country and then celebrated at global and regional levels.

### FP and Immunization : Reaching Postpartum Women with FP Services

Comments from:

Hashina Begum and Karen Hardee

HIP TAG Meeting  
December 9, 2020

## Our remit on HIP Briefs Review

Designed to develop consensus around *what works in family planning*

Main audience: policymakers and implementers

NOT a toolkit for implementation

They should:
 

- provide a high level synthesis of the evidence of "what works"
- be "snack" (no longer than 8 pages)
- be easy to read and written in simple language.

## Overall comments

- Good to see new evidence FP/immunization
- Who decides if the practice is proven or promising?
- The brief focuses most on tips for implementation rather than on the evidence that the practice is promising. What is the right balance?
- This brief needs some work before finalizing

## Section: Background

- Couching argument in terms of meeting unmet need should be rethought
- Instead: analysis of the % of PP women who have an intention to use FP in the future
- Suggest focuses only on FP  Immunization (delete Immunization  FP)
- ToC – suggest adding as a barrier that there may be low demand for FP and women might not want to get FP info/services during children’s immunization visits
- Outcome, second block: outcome on “other immunization” – brief is focusing on EPI, so this is not relevant. Also, should this practice be expected to “increase” immunization?
- Table 1: Inputs and Considerations for integrating FP with Immunization Service – put in tips for implementation (or in a web-link)

## Section: Why is this practice important

- This section is ok - needs some editing
- Last sentence: “In an assessment of [*words missing*] Rwanda, 98% of women interviewed supported the idea of integrating FP service components into infant immunization services” – needs more context
- Figure 2: Opportunities to integrate FP at various immunization contacts preconception through first year of life.
  - This is confusing since the practice is about Extended postpartum period.
  - Also, this figure could be added into the background section instead of Table 1.

## Section: What is the Impact?

- This section seems too short – needs more explanation of the table,
  - briefly explain the findings since the studies were not all of the same type of intervention.
- Who develops the evidence table and writes the impact section?
- Suggest separating “not significant or measure of significance not included in the article” since those are different things.
- Will share newer version of Nepal study.
- Liberia (2019) needs more text
- What is the cut off for study age? How recent should the evidence be for HIP briefs?

## Section: How to Do it: Tips from Implementation Experience

- Section takes up half of the brief – suggest shortening so as not to make the brief appear to be an implementation guide.
- Can the information be put on the website as supplemental information?
- Figures 3a and 3b can be cut (put in weblink)

## Section: Indicators

- Unclear: “The following indicators are under consideration as interim indicators”
  - Under consideration by who?
  - What is an interim indicator?
- What is the usability of indicator #1?
  - Need output indicators to measure the effectiveness of the intervention.
- Not clear how indicator #2 would be measured?

## Section: Priority Research Questions

- Q3: why does it include early childhood nutrition?
- Q4: This goes beyond FP and immunization
- Q5: why not focus on all first time parents rather than adolescents/youth specifically?
- Q6: this isn't really about integrated FP and immunization services

Thank you

## Social Marketing: Using marketing principles and techniques to improve contraceptive access, choice and use

Discussants:

Ginette Houkanrin, MD, MPH  
Alice Payne Merrill, MPH

## General Comments

- Complete new version – Has not been written based on the previous draft that was reviewed by TAG members in Geneva 2019
- Followed the new brief development process and is now a FINAL review version
- Overall, well organized, clear, flows well (minor editing issues)

## Comments by section...

### Background Section

- Refers to social marketing "products, services and experiences"—products are described and clear.  
Perhaps worthwhile to give 1-2 examples of "services". What are social marketing "experiences"?
- Physical evidence: Need clarification—is this a common term?
- Is the "notion of value exchange" well known and understood to HIP readers
- Box 1 Principles of SM: more about SBC than specifically SM
- Clarity of government role in ensuring SM sustainability: "When governments *manage* social marketing programs as part of their health system....."
- Theory of Change: **Opportunities** vs **Barriers**—departs from usual TOC term
- Reference to the 8Ps/7Ps in the ToC: One missing P in the ToC: Policy

## Comments by section...

### What is the Evidence of Impact?

- Evidence presented in a narrative form vs chart data comparisons



## Comments by section...

### Implementation Tips

- Total Market Approach (TMA)-is the HIPS audience well versed in this concept? Perhaps 1 sentence to define.

## Comments by section

### Indicators

- **How will the proposed indicators be tracked? Does this require another level of data collection (or existing sales data + retail audits)?**
  - Number of sales of socially marketed family planning commodities to target population.
- **Outcome level indicators**
  - % of population aged 15 to 49 years old using a socially marketing brand or service, disaggregated by product, age and gender – Will suggest adding **wealth quintile** to measure equity in the access
  - % of 15 to 49 years old (in target population groups who: a) have a favorable attitude toward socially marketing product, practice, or service: What does **favorable attitude means?** The use ? Needs to be clarified.

## Suggestions (1)

If outcomes level indicators is agreed upon, then we suggest a mix of indicators that combine three dimensions

- **Availability indicator:** Number/percent of pharmacies/drug shops where socially marketed products are available (disaggregated geographically).
- **Use/Behavior indicator:** Percentage of 15 to 49 years old using a socially marketing brand or service, disaggregated by product, age, gender and wealth quintile
- **Then add a last one on sustainability :** % of cost recovery of social marketing contraceptive products, disaggregated by product **OR** Something related to government involvement

## Suggestions (2)

- Clarify terms & concept: value equity, TMA, SM services & experiences, exact role of government
- Use more precise definition of SM (Box 1)
- Consistency in TOC and evidence summary (if HIP consistency is desired)
- Copy edit (some long sentence, word repetition within sentences)



## Key Changes

- Greater recognition of social marketing as an approach at the intersection of service delivery and social and behavior change
- Less strict categorization of social marketing as occupying the space between the commercial and public sector (emphasis instead on total market approach and fluidity of market categories)
- Expansion of the 4Ps to 8Ps and updated theory of change that incorporates the 8Ps
- Recognition that social marketing can also apply to services, not just products
- Deletion of models of social marketing, instead referencing many different ways to structure a social marketing program
- Evidence of impact is presented linked to the factors social marketing can help address or leverage
- Greater acknowledgement and discussion on need to understand and design to meet client priorities and needs
- Indicators included
- Research questions included

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## Points maintained

- Presents similar rationale for social marketing: increases access, reduces disparity/increases equity, expands product line and options, helps reach underserved populations including youth
- Planning for sustainability key concept in both

27

## Key Questions

Group would like to include indicators linked to theory of change/causal pathway to better guide programs in collecting and using data effectively and determining impact, rather than only measuring process/programmatic success. Proposed indicators:

### *Behavioral Outcome:*

- % of population aged 15 to 49 years old using a socially marketing brand or service, disaggregated by product, age and gender (outcome alone)

or

- percentage of 15 to 49 years old (in target population groups who: a) have a favorable attitude toward socially marketing product, practice, or service; and b) practice the recommended behavior (contraceptive use) at last sex, disaggregated by product, age, gender, wealth quintile (This indicator is adapted from the MEASURE Evaluation FP indicator SBCC handbook). (outcome + key determinants)

### *Sustainability Outcome*

- % of cost recovery of social marketing contraceptive products, disaggregated by product

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## Key Questions

Group would like to include several research questions. Despite Social Marketing's status as a proven practice, there are still dimensions and specific issues that are not well understood. While these are potentially many, the TEG proposes including these as key questions to guide a learning agenda:

- How do social marketing programs models sustain their impact on the voluntary use of contraception?
- How does long-term, sustained use of socially marketed products and services improve overall market growth and access to family planning products and services?
- How does social marketing measurably close equity gaps in contraceptive access?

# HIP

## FAMILY PLANNING

### HIGH IMPACT PRACTICES

## Day 2 Presentations

## Pharmacies and Drug Shops

By  
Mario R. Festin



## Pharmacies and Drug shops

**Pharmacies** require a trained pharmacist and are allowed to sell both prescription and over the counter medicines in many countries  
**Drug shops** (licensed chemical sellers, patent and proprietary medicine vendors (PMVs), accredited drug distribution outlets, etc.) are more numerous than pharmacies, have less restrictive training requirements and are generally restricted to prepackaged over-the-counter medicines. (Riley et al 2017)

- It is being recommended to be upgraded into a proven practice. It would be important to show the new and robust evidence that would show that the practice is indeed of high benefit. Only a few references seem to be from last 5 years. (next discussion will deal with this)
- Pharmacies are natural and established sources of medications and commodities and even services. So these would be easy sell as a proven practice.
- It may be different in the case of drug shops which does not regularly have a well defined or trained health provider and would have most likely have a limited (although still varied) range of commodities to be offered. Some more recent examples may need to be shown.
  - \* Drugs shops as defined may be managed by a range of providers, including lay health workers, which would imply a variation on what commodities and services may be provided

### Specific issues about drug shops

- More specific evidence regarding the effectiveness of drug shops as areas for distribution of commodities and services of contraceptives
  - Needed by those who wish to have a drug shops program
- Would countries have legal restrictions on which FP commodities that drug shops would be allowed to dispense or provide?
  - If so, how do we around these restrictions?
- Whether these are pharmacies or drug shops, training and support (i.e. linkage to an established health provider or system) are very important.

### Specific issues about drug shops

- Would drug shops (especially those which are extension units of the government system) be able to participate in centralized procurements of supplies and commodities, to get quality products good prices?
  - I suggest that these be mentioned improve procurement procedures.
- Would some government (or private enterprise) supported financing system to support these small scale businesses, especially in the beginning?
- Would drug shops also provide non-contraception related health services? This would be an enticement for programs to set them up to provide a more comprehensive set of services and commodities?

### Specific issues about drug shops

- How much are female condoms being promoted for contraception? Recently these and male condoms being promoted more for STI and HIV prevention?
- EC promotion is very important to improve access for adolescents who are a big cluster of users of EC.
- Are there policy restrictions on whether drug shops can dispense products like EC and to adolescents?
- Would provider bias need to be addressed to improve access? (such that some drug shop staff would not dispense OCPs or ECs to adolescents)
- Aside from condoms, do men purchase other contraceptives for their partners to use?
- Do drug shops provide business receipts for those who may request for them?

## Review Highlights

Anand Sinha

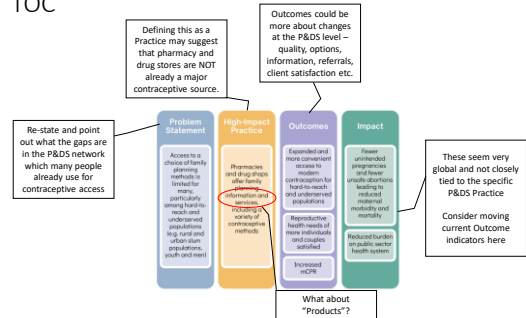
### Title and Purpose – Passive

**Pharmacies and Drug Shops:**

Important sources for family planning products, information and services which is an existing and leading source for health related products including contraceptives. Currently seems to be about a space

- It might be about 'leveraging' or 'building capacity' or 'support', 'policy and regulatory change' for improved access and choice.
- Sharpen purpose. At times it appears passive highlighting the values of an existing resource
- OR it could take a sharper approach on the gaps and opportunities and focus on the changes needed to improve, increase or enhance the role of Pharmacy and Drug stores (P&DS)

### TOC



This box may be the core of the TOC and contains the core elements of the problem/challenge and the practices to address them.

Challenges	How to address them
Restrictive regulations limit the family planning products available in these pharmacies and drug shops.	Advocacy to change regulations to be more permissive to pharmacy and drug shops
Turnover of pharmacy and drug shop staff can be high, requiring constant and costly training of new staff.	Other modalities for continual learning
There is a need to ensure the quality of products and services.	Training, job aids, supportive supervision, and routine quality control systems
Pharmacies and drug shops are not fully integrated into or recognized for their contributions in health systems.	Inclusion of pharmacy and drug shop sales data in government reporting Advocacy for inclusion of pharmacies and drug shops in national health planning, norms, standards and products Strengthened referral systems to improve linkages to facility based care, data and reporting structures

### Rationale and Impact Overlaps

**Why is this practice important?**

Besides providing information on family planning, pharmacy and drug shop staff can safely provide a wide range of methods. Drug stores are a major source of distributing reversible contraception (Carnegie et al., 2015) and an important outlet for affordable, socially marketed products.

- Can offer a range of methods
  - Condoms, Female condoms, ECP, Inj
- Improve reach among diverse groups
- Serve hard to reach areas
- Supporting P&DS is effective

**What is the impact?**

Pharmacies and drug shops are an important source of supply for contraceptives in many countries.

- Increases provision of different methods
- Improve reach among women, youth, men and boys
- Increased convenience
- Training and support improve quality

### Promising or Proven?

- For practices like this did the review consider research methods like Standardized Patients, Vignettes and Mystery Clients studies?
- Should the brief address the Know-Do gap?
- While traditional research methods that survey pharmacists often showed large improvements in knowledge and practices, observations or SP approaches do not reflect the same.

### Pharmacy and Drug Stores

This implies a binary model globally. Maybe more Africa-centric?

Pharmacies require a trained pharmacist and are allowed to sell both prescription and over the counter medicines in many countries  
**Drug shops** (licensed chemical sellers, patent and proprietary medicine vendors (PMVs), accredited drug distribution outlets, etc.) are more numerous than pharmacies, have less restrictive training requirements and are generally restricted to prepackaged over-the-counter medicines. (Riley et al 2017)

- There are probably many variations and nuances
- In India pharmacy outlets are required to be manned by licensed pharmacists, but in practice they are not.
- Many pharmacies, that are referred to as 'Chemist' stores, primarily sell cosmetics.
- Then there are general stores where OTC products and condoms are sometimes available.
- There are also dispensing rural healthcare providers of different levels.
- There may be a need to briefly acknowledge the breadth of variations and draw boundaries for this brief.

- **Seek to price contraceptive supplies so they are affordable for clients yet offer sufficient profit to motivate pharmacy and drug shop owners to stock and sell a range of modern contraceptives.** Profit incentives appear to increase sales and use (Wafula et al., 2010). Market forces will typically determine pricing, but training should also provide support to pharmacy and drug shop staff to identify the best way to price

CAUTION! This kind of statement can trigger price control measures by policy makers (which P&DS and industry do not like, but are populist measures)

Re-phrase this to be about improving business practices overall including cash flow, inventory, supply mgmt. AND pricing.

The following indicators are recommended for measuring implementation of the HIP, with programs needing to select appropriate indicators depending on availability of routine data. Programs could try to disaggregate pharmacies and drug shops, if possible with available data.

- % of pharmacies and drug shops providing family planning services, including at least three modern methods
- % of pharmacies and drug shops with staff members trained in family planning
- % of women who received their last method from a pharmacy or drug shop

This could be more country or geography specific to reflect products that have lower availability in that region.

Girls, boys, men?

Increases in this may not be a good thing  
 - Poor public sector access or quality?  
 May be better to think about quality of service or client satisfaction measures

## Considering Adding / Addressing

- The role of pharmacy associations and federations?
- There is a lot of experience where pharmacies link to helplines since pharmacies often don't relay information precisely.
- The importance of identifying the right trainee at the shop.
  - Shop owners aren't always prime points of customer interaction
- Not sure if Product Quality is in the purview of the P&DS
  
- Research Questions – Role of e-pharmacies esp in Covid context

## Pharmacies and Drug Shops

HIP CRITERIA REVIEW:  
MOVE FROM PROMISING TO PROVEN?

## HIP Criteria

Criteria	How assessed
Impact	HIP Evidence Scale (modified Gray Scale) & program experience
Applicability, Replicability, Generalizability	Scope of evidence in terms of focus area and geographic coverage & program experience
Scalability	Scope of evidence in terms of level of scale (e.g. pilot, small scale, large scale) & program experience
Affordability	Program experience & expert opinion
Sustainability	Program experience & expert opinion

## HIP Evidence Scale

Code	Type of study	# with positive significant results	# with positive results but no significant test	# with mixed results	# with non-significant results	# with negative results	Other	Total # studies
I	Systematic Review of RCTs							
II	RCT							
III	Control with pre/post (non-randomized/ quasi-experimental)							
IIIa	Control with post only (not randomized)							
IIIb	Other Rigorous Design (e.g. propensity score matching)							
IIIc	Systematic Review of non-RCTs (qualitative)							
IIIc	Pre/post no control							
IV	Retrospective/program data							
V	Other non-random design							
V	Qualitative							
V	Systematic Review of non-RCTs (qualitative)							
VI	Other/Unsure							
Total Studies								

Focus is on evidence on increasing mCPR. No set rules for what is needed to be 'proven' vs 'promising' but used to inform discussion by HIP TAG members.

## Pharmacy and Drug Shop Impact Evidence

- Pharmacies and drug shops are an important source of supply for contraceptives in many countries
- Pharmacies and drug shops are commonly used by some hard-to-reach or underserved populations, including unmarried women, males, and youth
- Training and support improve the quality of family planning services offered by pharmacies and drug shops

Evidence here is largely descriptive; often not linked with intervention.

Should this be in a different section? Not really about impact.

## Summary of evidence used

No studies have increase in contraceptive use as an outcome (aside from a few studies within systematic review looking at specifically at EC use)

Study	Notes	Type
Pandit Rajani et al, 2017	Summary of DHS data across countries on where women go for FP	r/a
Corroon et al, 2016	Descriptive, no intervention: analysis of MLE baseline data & pharmacy audit in Urban Kenya & Nigeria	r/a
Alol et al, 2014	Trained drug shops on self-injection in Uganda; data based on client interviews	Other non-rigorous design (single survey)
Okonkwo and Okonkwo, 2010	Nigeria PPMV's and community pharmacists; no intervention, exploratory study interviewing practitioners	Other non-rigorous design (single survey)
Gonçalves and Hindin, 2017	Systematic Review of pharmacy provision of SHR commodities to young people; outcomes mostly on attitudes and perceptions, some use outcomes related to use but limited to EC	Systematic Review of non-RCTs (quantitative); note: includes 2 RCTs
Mishra et al., 2013	Tanzania KAP study of school students, interview 200 students; small set of results related to students reporting pharmacies as source; not linked to pharmacy intervention.	Other non-rigorous design (single survey)
Mung'ong'o et al., 2010	Effectiveness of interventions to improve quality of services at specialized drug shops (note: study not about FP but drug shops more generally)	Systematic Review of non-RCTs (quantitative)
Wafala et al., 2010	Nigeria PPMV training to provide injectables; pre/post survey with providers + client surveys (post only). Focus on knowledge and quality of care.	Pre/post no control
Ishaku et al, 2018	Same intervention as above; study focuses on use of job aids	Pre/post no control
Chace Dwyer et al 2019	Trained pharmacy staff in Vietnam (focus on child health and EC). Looking at KAP of providers.	Pre/post no control
Minh et al., 2013	Chemical Seller Shops in Ghana trained to provide injectables; interviews with drug sellers and clients. Assessed knowledge, sales/referrals, client experience.	Pre/post no control
Lebetkin et al, 2014	Not on reference list; study not located	
LeBrun et al., 2019	Not on reference list; study not located	
Khan et al., 2012	Unpublished paper not provided	

## Applying HIP Criteria to Drug Shops

Criteria	Assessment
Impact	Limited evidence on impact; need more definition of actual practice (e.g. task-sharing, over-the-counter provision). Potential for additional secondary analysis of DHS data to look at causal relationships?
Applicability, Replicability, Generalizability	Evidence largely from injectables and EC, but decent geographic spread.
Scalability	Scalability potentially high given large networks of pharmacy and drug shop networks in many countries, though limited evidence on scaling training and quality assurance interventions.
Affordability	No direct evidence; depending on intervention can be affordable but need caution on potential financial burden on clients.
Sustainability	No direct evidence; depending on intervention can be sustainable if using existing pharmacies and drug shops.

**HIP**  
**FAMILY**  
**PLANNING**  
**HIGH IMPACT**  
**PRACTICES**

**Updates – TAG**  
**December**  
**meeting**  
**Thursday, December 10, 2020**  
 Maria A. Carrasco



**HIP** FAMILY PLANNING HIGH IMPACT PRACTICES

## Concept notes

- Received 22 concept notes, 21 for **SPGs**, 1 for **brief**
  - 8 fulfill criteria for consideration: 7 SPG and 1 brief
    - 2 SPG concepts on same topic (contraceptive product introduction)
  - Meeting in February to select 1 SPG (Feb. 16 or 17?)

Title
Brief - Strategic social accountability: Expanding spaces for dialogue, negotiation, and accountability between communities and health system actors
SPG - Contraceptive Product Introduction and Scale-Up
SPG - Contraceptive Product Introduction
SPG - Strengthening Linkages between Family Planning and Menstrual Health
SPG - Facilitate the Inclusion of Persons with Disabilities in Family Planning
SPG - Integration of Family Planning into National or Social Health Insurance Schemes
SPG - Measuring and Monitoring Quality of Care (QoC)
SPG - Improving health worker motivation and performance by moving beyond training to comprehensive approaches that include collaborative learning and supportive supervision

**HIP** FAMILY PLANNING HIGH IMPACT PRACTICES

## June TAG meeting

- Dates? (Options: June 15, 16, 17)**
  - Location (possibility of blended meeting)
- Preview of some topics to be covered
  - Review of (draft) updated 3 SBC briefs
  - Results of assessment of HIPs utilization
  - Update on R4S measurement work
  - Concept notes

**HIP** FAMILY PLANNING HIGH IMPACT PRACTICES

## Updates and upcoming items

- TAG [orientation and fuller update](#) provided on Nov. 20
- Partners meeting to be held next year
  - We are looking to adding new partners. Please share ideas on organization to reach.
- GHTechX: Ideas for a HIPs panel proposal
- WHO/HIPs matrix tool (Nandita T.)
- Measurement of scale and quality of HIPs implementation (John S.)

**HIP** | FAMILY PLANNING  
HIGH IMPACT PRACTICES

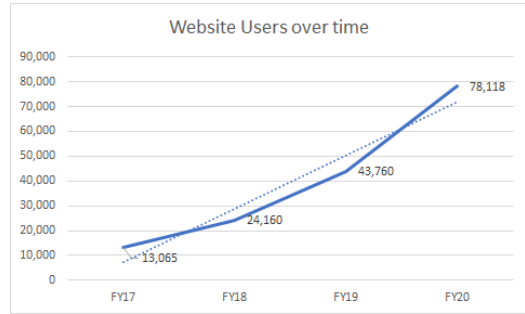
 [fphighimpactpractices.org](https://fphighimpactpractices.org)

## HIP Production and Dissemination (P&D) Data Review

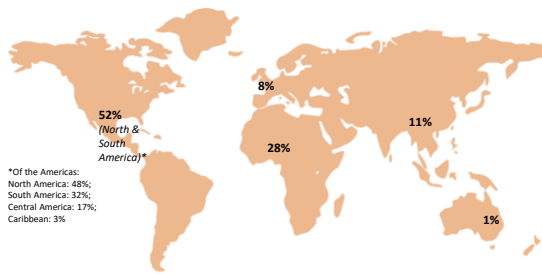
December, 2020  
 Laura Raney, FP2020  
 Ados May, IBP Network



## Website Users FY2017 - FY2020



## Website Users by Region FY20



## Website Users by Language

Language	FY19	FY20
English	72%	63%
Spanish	14%	24%
French	13%	12%
Portuguese	1%	2%

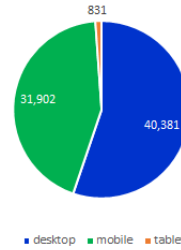
### Website Users – Top 10 Countries, past year

make up about half of all users (40,620 of 78,118)

Country	Number of Users
1. United States	17,820 (44%)
2. Colombia	5,416 (13%)
3. Mexico	3,931 (10%)
4. Nigeria	3,174 (8%)
5. India	2,689 (7%)
6. Peru	2,172 (5%)
7. Kenya	1,622 (4%)
8. DR Congo	1,338 (3%)
9. Ethiopia	1,246 (3%)
10. Brazil	1,212 (3%)

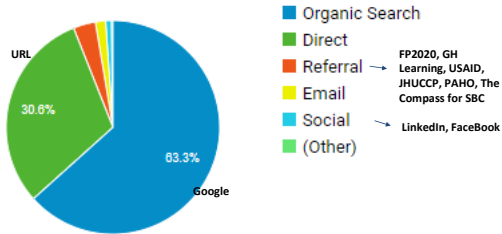
### Website Users by Device

Website users by device (FY20)



### Website Users - Acquisition Overview

Oct 1, 2019 - Sep 30, 2020



### Top 10 HIP Products by Session, FY20

Planificación familiar post-aborto: Un componente crucial de la atención post aborto <b>(Brief)</b>
Economic Empowerment: A Potential Pathway for Women and Girls to Gain Control Over Their Sexual and Reproductive Health <b>(Evidence Summary)</b>
Drug Shops and Pharmacies: Sources for family planning commodities and information <b>(Brief)</b>
List of High Impact Practices in Family Planning <b>(Brief)</b>
Postabortion Family Planning: A critical component of postabortion care <b>(Brief)</b>
Adolescent-Friendly Contraceptive Services: Mainstreaming Adolescent-Friendly Elements Into Existing Contraceptive Services <b>(Brief - Enhancement)</b>
Supply Chain Management: Investing in the supply chain is critical to achieving family planning goals <b>(Brief)</b>
Dépôts pharmaceutiques et pharmacies : des sources d'information et d'approvisionnement en produits de planification familiale <b>(Brief)</b>
Engaging Men and Boys in Family Planning: A Strategic Planning Guide <b>(Guide)</b>
Mobile Outreach Services: Expanding access to a full range of modern contraceptives <b>(Brief)</b>

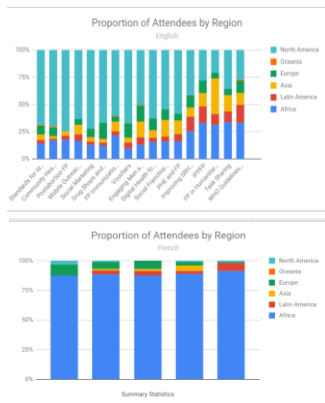
### HIP Webinars since last TAG meeting

Webinars	Event participants	Recording views	Totals
<b>Community Group Engagement (FR)</b>	263	317	<b>580</b>
<b>PAFP (FR)</b>	121	120	241
<b>Task Sharing (EN)</b>	144	65	209
<b>SCM (EN)</b>	95	35	130
<b>SCM (SP)</b>	70	37	107
<b>HIPs / WHO Guidelines Matrix (EN)</b>	115	68	183
<b>Totals</b>	<b>808</b>	<b>642</b>	<b>1450</b>

### HIP Webinars since last TAG meeting

Chart listing all webinars with total live views disaggregated by region

Webinars	North America	Latin America	Africa	Europe	Asia	Oceania	Total
<b>Community Group Engagement (FR)</b>	1%	2%	89%	3%	5%		263
<b>Task Sharing (EN)</b>	35%	10%	34%	6%	14%		144
<b>PAFP (FR)</b>	1%	6%	92%	1%			121
<b>SCM (SP)</b>		98%		2%			70
<b>HIPs / WHO Matrix (EN)</b>	21%	12%	26%	9%	9%	1%	115



### Twitter: Consistent Engagement from Reliable Partners

Average # of monthly Tweets: 45  
 Average # of monthly participants: 27

**Top 5 by # of Tweets:**

- @FP2020Global
- @fprhknowledge
- @PassagesProject
- @R4Sproject
- @faryus88

**Top 5 by # of Impressions:**

- @FP2020Global
- @fprhknowledge
- @UNFPANigeria
- @Chemonics
- @IntraHealth

## HIP Newsletter

Since the newsletter's launch in June 2020, over 400 FP stakeholders from 64 countries have subscribed to the HIPs newsletter

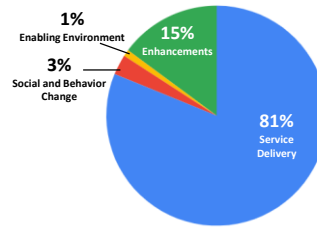
Top Countries	# of Subscribers
United States	169
India	18
Burkina Faso, Nigeria, United Kingdom	12
Kenya, Pakistan, Peru	10
Uganda	9



Stay tuned for the December 2020 newsletter!

## HIPs in Peer-Reviewed Literature

During FY 2020, **33 peer-reviewed publications** cited a HIP brief, bringing the total to 101 publications since 2014.



**HIP**  
FAMILY  
PLANNING  
HIGH IMPACT  
PRACTICES

### Day 3 Presentations

ibp  
network

### IBP Network Survey on Dissemination and Use of WHO Guideline and High Impact Practices

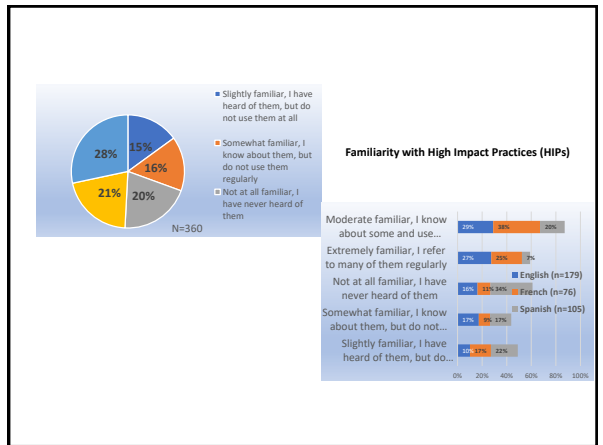
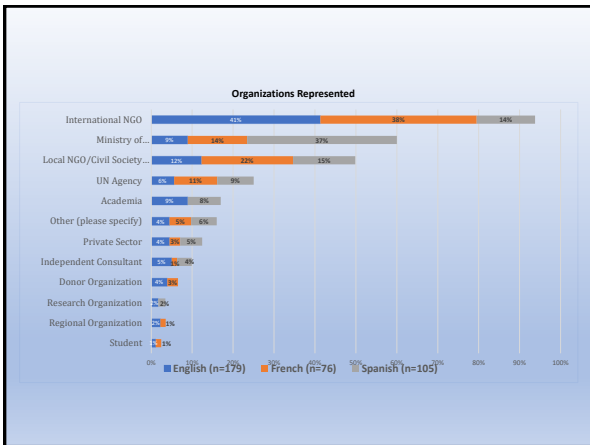
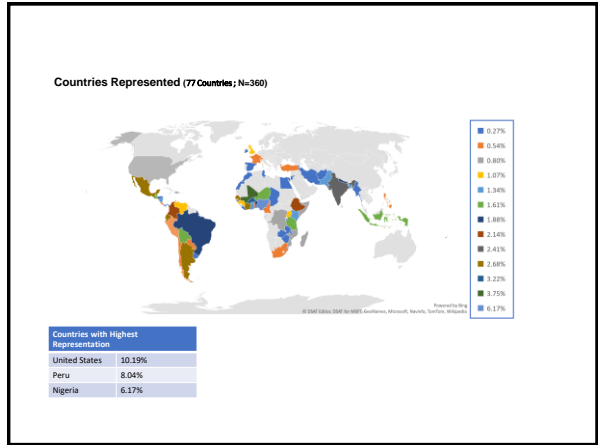
Preliminary Results on the HIPs

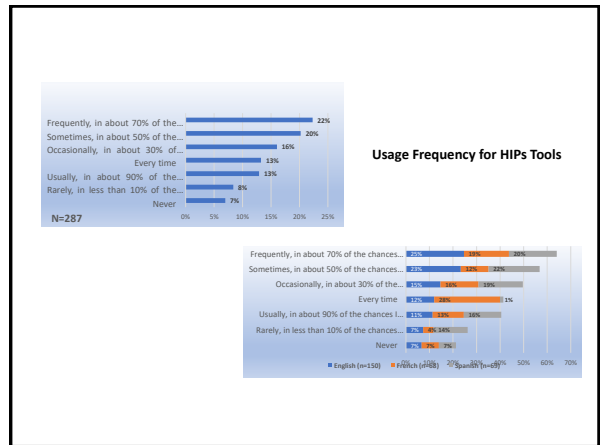
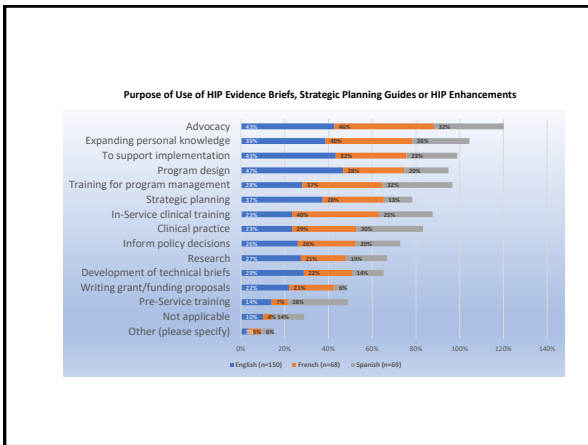
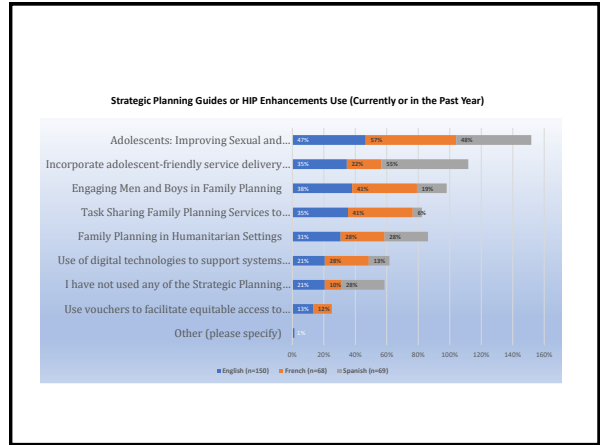
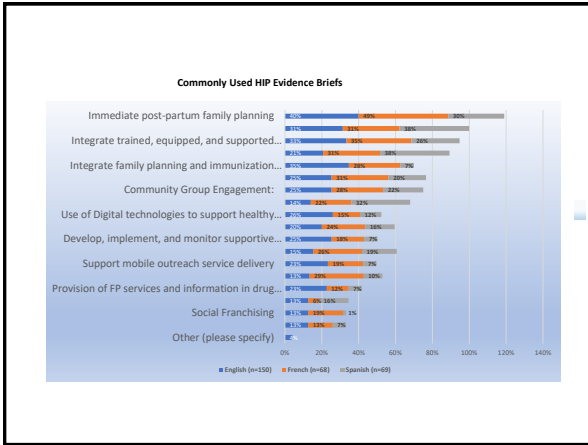
**Methodology**

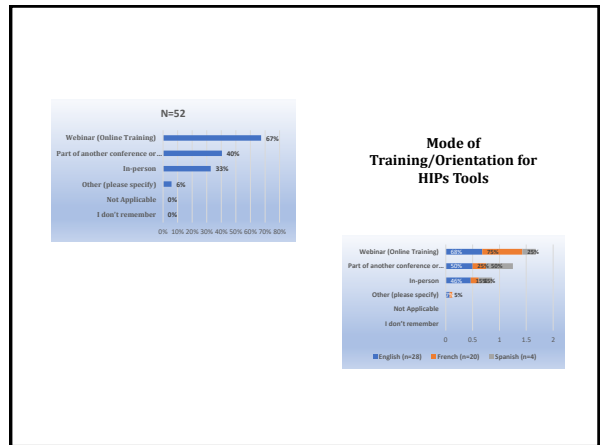
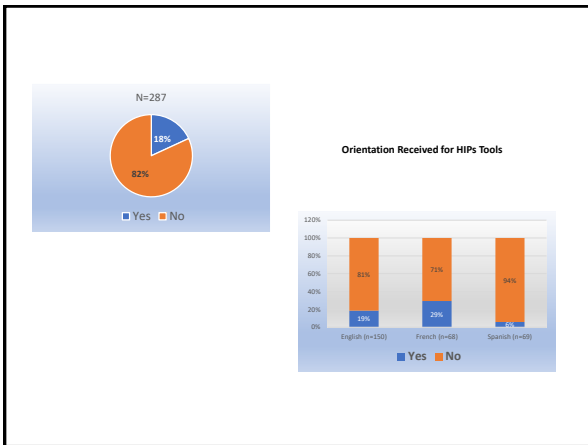
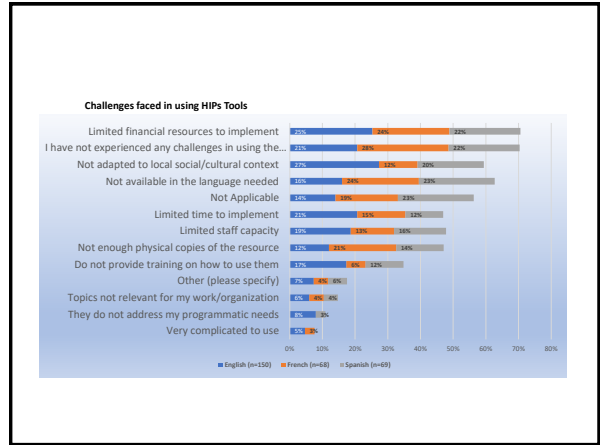
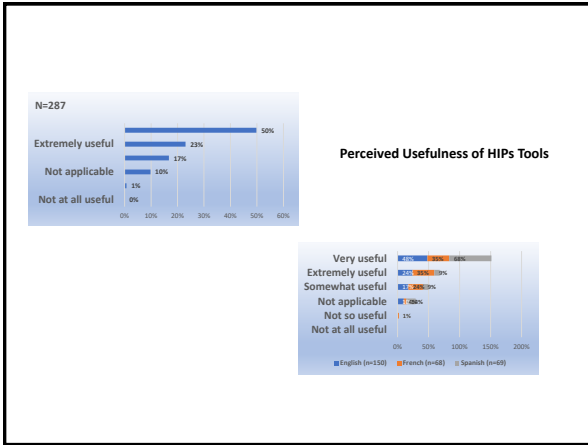
- Online web platform - Survey Monkey
- Survey in three languages (English, French & Spanish)
- 32 Questions in total including 7 open-ended questions
- Survey emailed to all IBP member organizations & individuals on October 15<sup>th</sup> 2020 and was left open till Nov 16<sup>th</sup> 2020

**Survey Completion Rate**

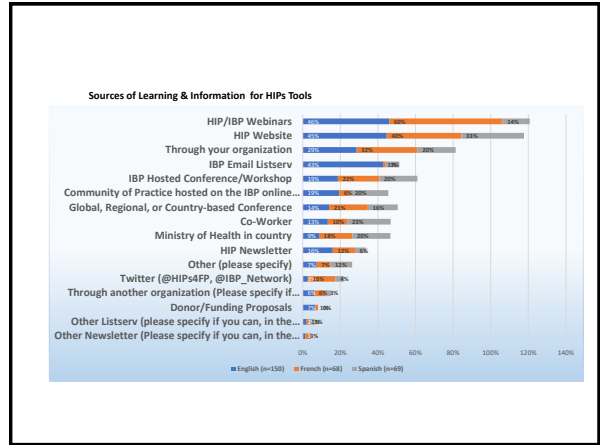
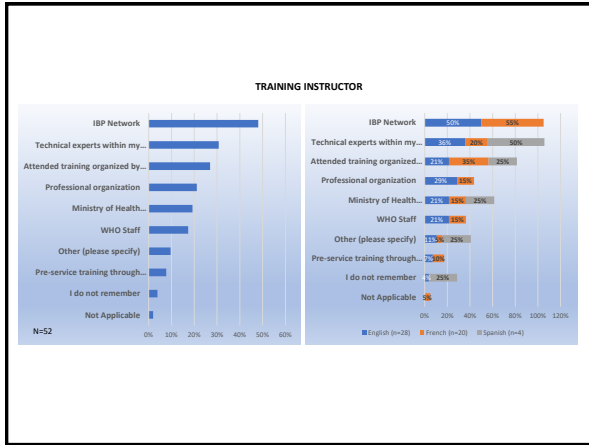
- Completion rate was 61.32% with 587 total respondents and 360 survey completions (English n=179; Spanish n=105; and French n=76).











**End**

**R4S Research for Scalable Solutions**

**Overview of Activity to Measure the Scale, Quality, and Cost of Family Planning High Impact Practices**

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### Overview: Measuring the scale, quality, and cost of service delivery HIPs

- Countries: Uganda, Mozambique, and Nepal
- **Phase 1 (underway):** Compile a comprehensive list of M&E indicators to better understand what information is available at various levels and inform measures used in phase 2 of the activity
- **Phase 2:** Assess selected HIPs and study the scale, quality, and cost of implementing them

Research for Scalable Solutions

### Questions for an ad hoc TAG working group:

What are the most useful outputs / outcomes for this project to generate?

- Resources requirements to implement and sustain the delivery of selected HIPs?
- Cost-effectiveness at different scales, across countries and HIPs?
- Development of planning / budgeting tools to assist countries to prioritize HIPs for implementation
- Other priorities/ideas?

Research for Scalable Solutions

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## Enabling Environment High-Impact Practice Briefs and Materials: Improving Uptake and Use

Elisabeth Rottach and Jay Gribble



## Enabling Environment High Impact Practices Briefs

### Existing Enabling Environment HIP Briefs

**Domestic Public Financing:** Building a sustainable future for family planning programs

**Educating Girls:** Creating a foundation for positive sexual and reproductive health behaviors

**Galvanizing Commitment:** Galvanize commitment to support family planning programs

**Leaders and Managers:** Develop and support capacity to lead and manage family planning programs

**Policy:** Develop, implement, and monitor supportive government policies

**Supply Chain Management:** Investing in the supply chain is critical to achieving family planning goals

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## Interviews

**Interview Questions**

- What aspects of the enabling environment need strengthening
- How well do the six enabling environment briefs align with these aspects
- What decisionmakers need to advance the enabling environment
- How decisionmakers prefer to receive information and engage with it

**Participants (16)**

- USAID (4)
- UNFPA (3)
- Packard Foundation (1)
- Nongovernmental organizations (3)
- Ministry of Health (4)
- Independent (1)

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## Feedback on enabling environment high-impact practice briefs

Briefs align well with priorities and challenges for strengthening the enabling environment

Briefs are comprehensive, relevant, and based on evidence

EE HIP briefs are strong tools because they provide good information on best practices

## Feedback on enabling environment high-impact practice briefs

<p><b>Sharpening enabling environment brief topics</b></p> Within each brief topic, respondents identified specific areas for strengthening the enabling environment	<p><b>Interest in better understanding implementation of practices</b></p> What does the evidence say about how to effectively advocate for follow-through of commitments, disseminate policies, support countries transitioning away from donor funding?
<p><b>Lack of clarity on what constitutes the enabling environment</b></p> Respondents asked for an overarching framework on the enabling environment	<p><b>Additional enabling environment brief topics are recommended</b></p> Respondents recommended development of additional enabling environment brief topics to address gaps

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## Recommendations for discussion

01

Sharpen and reframe Policy, Leaders and Managers, and Galvanizing Commitment briefs

02

Develop an overarching framework for the enabling environment

03

Develop new topics to address emerging priorities for strengthening the enabling environment

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## Recommendation 1: Sharpen and reframe briefs

Existing Brief	Reframed
<b>Policy:</b> Develop, implement, and monitor supportive government policies	→ Accelerate policy implementation
<b>Leaders and Managers:</b> Develop and support capacity to lead and manage family planning programs	→ Develop skills and capacities to lead and manage family planning programs
<b>Galvanizing Commitment:</b> Galvanize commitment to support family planning programs	→ Increase commitment follow-through

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## Policy brief: Accelerating policy implementation

- What is policy implementation? (1/2 page)
- Common challenges (1 page each)
  - Developing consistent policies
  - Improving policy dissemination
  - Strengthening accountability for policy implementation
- Policy highlight: Improving implementation of task-sharing policies

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## Leaders and Managers brief: Skills and capacity to lead family planning programs

- What is leadership and management? (1/2 page)
- Skills and capacities (1/2 page each)
  - Use of data
  - Coordination and collaboration
  - Leadership diplomacy and assertiveness
  - Advocacy
  - Ensuring multisectoral engagement
  - Engaging decentralized entities

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## Galvanizing Commitment brief: Increase commitment follow-through

- What is galvanizing commitment? (1/2 page)
- Common challenges (1 page each)
  - Strengthening capacity of family planning champions to advocate “up”
  - Advocating for increased budget allocation
  - Monitoring and advocating for improved budget execution
  - Using social accountability to improve commitment follow-through

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## Recommendation 2: Develop an overarching framework for the EE

Enabling environment (structural factors)

Enabling environment for family planning

Accountability
Domestic resource mobilization
Galvanizing commitment
Leaders and managers
Policy development and implementation
Stewardship
Supply chain management

Family  
planning  
program

Access to justice

Economic empowerment

Education

Protection from violence and coercion

Social and gender norms

Existing EE briefs

New topics

★ Evidence summary

Adapted from: World Health Organization, 2019. Consolidated guideline on self-care interventions for health, sexual and reproductive health and rights. Geneva: World Health Organization; EngenderHealth, 2011. The SEED assessment guide for family planning programming. EngenderHealth, NY; UNICEF, 2016. Strengthening enabling environment for water, sanitation, hygiene (WASH): Guidance note. UNICEF, NY.

## Recommendation 3: Develop new topics

1. **Accountability** – Mechanisms to hold key actors responsible for achieving objectives of family planning policies, programs, and services
2. **Stewardship** – Public stewardship of private sector family planning providers and programs (for-profit, non-profit, CSOs)
3. **Pandemic Preparedness and Response** - Maintaining family planning services during COVID-19 and other pandemics

Discussion questions

- What do you think of the proposed revisions to the enabling environment HIP topics?
- Are there additional enabling environment topics that you think should be considered for a HIP brief?
- What comments and suggestions do you have about the enabling environment framework?
- How does the EE framework link to the framework being used with the SBC HIP updates, which includes an outer layer of the enabling environment

# HP+

## HEALTH POLICY PLUS

Better Policy for Better Health

<http://healthpolicyplus.com>

[policyinfo@thepalladiumgroup.com](mailto:policyinfo@thepalladiumgroup.com)

[HealthPolicyPlusProject](https://www.facebook.com/HealthPolicyPlusProject)

[@HlthPolicyPlus](https://twitter.com/HlthPolicyPlus)

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**HIP** FAMILY PLANNING HIGH IMPACT PRACTICES

## Next briefs for updating and other decisions

Friday, December 11, 2020  
 Maria A. Carrasco

**HIP** FAMILY PLANNING HIGH IMPACT PRACTICES

## Next wave of brief update/development

**New/unpublished briefs**

- **Social accountability (Enabling Environment) (to be discussed tomorrow)**
- **Health facility level SBC** (counseling brief has been on stand-by)
- **Digital health for clients** (currently we have for systems and providers)

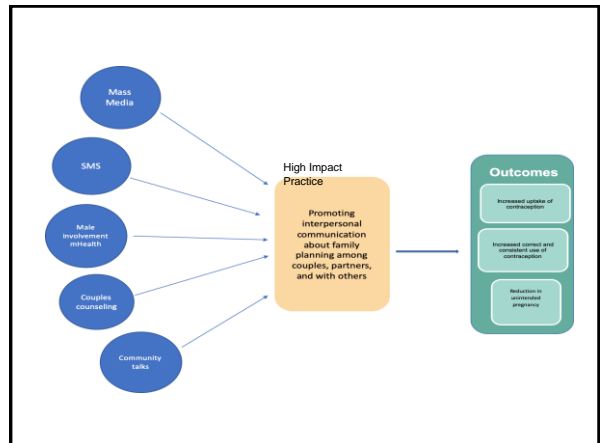
**Old briefs**

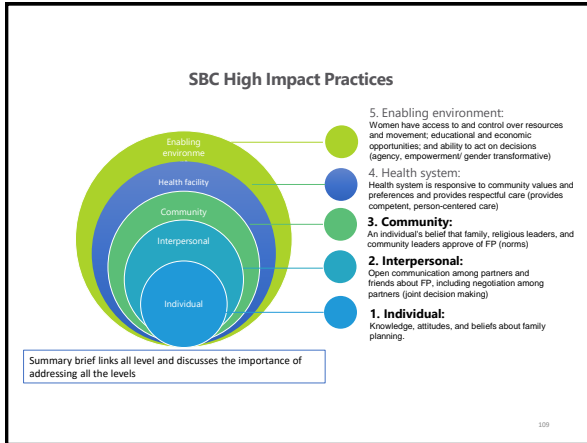
- **Enabling environment SBC**
  - **Educating girls (girls' participation in school and/or community, 2014 (currently EE))**
  - **Economic empowerment evidence summary, 2017**
- **Mobile outreach services, 2014**
- **Community health workers, 2015**
- **Social franchising, 2018**
- **Digital health for systems, 2017**

**HIP** FAMILY PLANNING HIGH IMPACT PRACTICES

## SBC HIP Indicator Guidance & Input to SBC Brief Outlines

- Need to provide input on SBC brief outline
- **Problem:** The indicator guidance for service delivery indicators does not fit neatly for the SBC briefs.
  - **Guidance:** The HIP indicators measure the implementation of the practice on a routine basis.
  - **Challenge:** Need to think if this guidance needs any tweaking for the SBC HIP indicators





**HIP** FAMILY PLANNING HIGHER IMPACT PRACTICES

## Retired briefs

- Current SBC briefs to be retired into this section: <https://www.fphighimpactpractices.org/retired-briefs/>
- How to handle the "ongoing" minor brief updates?
  - Should we also save retired versions of briefs in this page?
  - If so, we could index them by title and publication date.
  - If not, we could just save the version after a "major" update (rather than versions with minor updates).

**HIP** FAMILY PLANNING HIGHER IMPACT PRACTICES

## Brief standard paragraph

- Should we delete standard paragraph from updated briefs?
  - Offering Family Planning (FP) services to postpartum women through infant-child immunization contacts is one of several promising "high-impact practices" (HIPs) in FP identified by the HIP Technical Advisory Group. A promising practice has limited evidence, with more information needed to fully document implementation experience and impact. The advisory group recommends promising practices be promoted widely provided that they are implemented within the context of research and are carefully evaluated in terms of both impact and process (HIP, 2013).

**HIP** FAMILY PLANNING HIGHER IMPACT PRACTICES

## Ultimate outcomes

- What are the ultimate outcomes to include in the evidence section?
- Typically, we have used increase in mCPR. However, in the drug shops brief, there are other outcomes such as enhancing accessibility for certain groups, etc.