



High Impact Practices

Technical Advisory Group Meeting Report

June 20 and 21, 2017

World Health Organization
Avenue Appia 20
Geneva, Switzerland



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Welcome

Ian Askew, World Health Organization (WHO) Director for the Department of Reproductive Health and Research, welcomed members of the High Impact Practices (HIP) Technical Advisory Group (TAG) to its biannual meeting, hosted by WHO. Dr. Askew reminded participants of his active involvement in the HIP development in previous years, and thanked everyone who has contributed to HIP document development for their dedicated efforts, noting the attention to plain language and accessible format appropriate for policy makers and other stakeholders. He noted the importance of linking WHO guidelines and the HIPs to assist programmers in designing and implementing highly effective programs. He also mentioned that the HIPs are now recognized as a major source of information due to the dissemination support of many partner institutions. They continue to be a valuable resource for advocacy, continued learning, and decision-making. Dr. Askew challenged the group to consider the HIP work in the new context created by the Sustainable Development Goals (SDGs), GFF, and other global initiatives that focus more broadly on multi-sectoral action. He concluded his remarks by sharing an update on initial work being done at WHO on developing systems of evaluating evidence on complex interventions for guideline development. This process may support the HIP development process at some future point. Leopold Ouedraogo, from the WHO African Regional Office continued as Chair of the meeting.



Updates

- Shawn Malarcher presented progress on HIP TAG recommendations from 2016. Last year was the first year the TAG began to meet twice a year, as recommended at the June 2016 HIP TAG meeting. The group was overwhelmingly in favor of continuing to meet biannually. As a result, the HIP brief development and review process deliverables will be divided between the two meetings. For example, we will seek to review two briefs in the Fall and two in the Summer rather than all briefs at the June meeting.

Ms. Malarcher reviewed the recommendations from the June 2016 HIP TAG meeting. Most recommendations had been completed or were in process. However, two recommendations had no action over the last year: 1) to continue to discuss the need for derivative products, such as single page summary briefs, to facilitate the use and dissemination of the HIP briefs and to finalize a paper on the standards of evidence for reaching underserved populations. After some discussion, the group agreed to focus the development of derivative products on a standard set of slides to assist dissemination efforts. The TAG agreed to test this approach for a small number of HIPs and discuss its long-term feasibility after we have evidence of its value.

Ms. Malarcher also updated the group on additional products/processes that are underway, including translation of HIP materials to Spanish and French, updating the website, completing the principles statement, working on the male engagement planning guide, and ensuring alignment with family planning goals.

- Nandita Thatte, WHO/Implementing Best Practices (IBP) updated the TAG on the ongoing work of the HIPs Task Team. HIPs are included as one of the tools supported by the IBP Consortium. The IBP is leading the development of a monitoring and evaluation (M&E) survey to gauge use of tools like the HIPs by IBP partners. Nandita shared a number of activities accomplished by the Task Team and discussed potential opportunities moving forward including Family Planning 2020 to co-lead the HIP Task Team with the IBP Secretariat, integrating the HIPs into IBP Track at the International Conference on Family Planning (ICFP) to be held in Rwanda 2018; and planning for regional webinar series in Francophone West Africa (see presentation slides for more details).
- Ellen Eiseman reviewed recommendations and discussions from the Fall HIP TAG and HIP Partner's Meeting. She noted the energy and enthusiasm for the Principles piece. She also noted that decision was made to keep the HIP brief review process as is. Specifically, partner's want the final option to review and approve their endorsement once the briefs are complete.

Theory of Change

Vicky Boydell and Michelle Weinberger presented an update and next steps on guidance for developing a theory of change (TOC) for HIPs briefs on behalf of the small working group (see presentation slides in Appendix C). The proposed guidance and key questions for the TAG’s consideration were shared for review and comment. The group agreed to keep the TOC. They also agreed to call the visual representation in the HIP brief a TOC – as there is more flexibility about how the term is now used – and for the visual representation to be simple, with the detail covered in the text. Additionally, the guidance should specify the key component parts of the TOC, specifically, the barriers, practice(s), intermediate outcomes, and outcome(s). An additional component on ‘context’ should be added to capture assumptions about the contextual conditions that should be in place for the practice to effectively bring about change. The guidance should also specify that the outcome included in the outcome box must be supported by the literature referenced.

Categorization of Current and Future Briefs

Karen Hardee presented progress on evaluating the quality of evidence for “Proven” and “Promising” HIP development (see slides in Appendix C). The objective of the presentation was to clarify the definitions of proven and promising HIP briefs, and to confirm the decision to drop the category of emerging HIPs (see below).

Service Delivery and Social and Behavior Change HIPs are further categorized according to the strength of the evidence base for each practice – proven, promising, and emerging. The darker the color used in the HIP brief, the stronger the evidence base for the practice.	
Proven	Sufficient evidence exists to recommend widespread implementation, provided that there is careful monitoring of coverage, quality, and cost.
Promising	Good evidence exists that these interventions can lead to impact; more research is needed to fully document implementation experience and impact. These interventions should be implemented widely, provided they are carried out in a research context and evaluated for both impact and process.
Emerging	Limited evidence exists to assess impact; these interventions should be implemented within the context of research or an impact evaluation.

Updated February 2017

The modified Gray Scale was presented. The potential use of the Grey Scale was demonstrated using the HIPs on community health workers and on drug shops and pharmacies as promising practices. For post abortion care, evidence was considered “strong” if it had support of at least 2 Gray I, II, or IIIa studies and/or 5 Gray IIIb, IV, or V studies (see the presentation in Appendix C).

Type	Strength of evidence (modified from Gray, 1997)
I	Strong evidence from at least one systematic review of multiple well designed, randomized controlled trials.
II	Strong evidence from at least one properly designed, randomized controlled trial of appropriate size.
IIIa	Evidence from well-designed trials/studies without randomization that include a control group (e.g. quasi-experimental, matched case-control studies, pre-post with control group)
IIIb	Evidence from well-designed trials/studies without randomization that do not include a control group (e.g. single group pre-post without, cohort, time series/interrupted time series)
IV	Evidence from well-designed, non-experimental studies from more than one center or research group.
V	Opinions of respected authorities , based on clinical evidence, descriptive studies or reports of expert committees.

Based on comparisons of evidence for proven and promising brief topics, non-significant results tend not get published in types I, II, and III, but may be included in types IIIb, IV and V. Key questions were raised about what it would take for a promising practice to become proven, what percentage of evidence would be sufficient in a certain category, and what is the difference between what works and what is promising.

The TAG has to determine what limitations make sense moving forward. The findings of the studies, not just the number of studies is another dimension to be added to the assessment. The TAG will consider evidence of no effect, desired effect, or undesired effect as well as the strength of effect. Next, we should consider studies that examine values and preferences. The TAG also discussed that there are different types of studies that address the same questions but probably do not have the same results. That is where the level of evidence comes in. If the evidence across different types of studies is consistent, without methodology issues, then we can consider that strong evidence. The TAG concluded that the Gray Scale looks like a reasonable system for assessing the evidence used to determine what is proven versus what is promising. The group also noted that we currently do not categorize enhancements and enabling environment briefs. In addition, the group discussed the need to consider another way to determine proven/promising, concluding that the briefs, in many cases, are not based on systematic reviews, are not intended to be comprehensive, and do not always include all relevant studies. Doing this type of grading suggests that we consider all the studies.

For practices where a systematic review has not been done, the TAG recommends considering the WHO guideline development process, which allows for a greater range of evidence—while still holding randomly controlled trials as the gold standard. The WHO guideline committee considers the highest level of evidence available to make a recommendation. Consistency of findings across the levels of evidence makes a recommendation stronger. The TAG also highlighted the importance of scale, quality of program data, and geography. With regard to the latter, countries that do not

see their experience in the evidence are less likely to consider the recommendation.

Refining Language of Categories

Jay Gribble, Alice Payne Merritt, and John Pile each presented the suggested revised language for the HIPs categories to reflect the evolution to the HIP work. There was discussion about using the terms “family planning” and/or “contraception.” Family planning captures outcomes beyond contraceptive use, including proximal determinants, whereas contraception resonates better with adolescent audiences. The consensus was to include both terms. The group also discussed limiting the enabling environment category to health systems issues, and not include social structures and norms. In this case, social structures and norms would be considered under the social and behavior change (SBC) category, an example is the Educating Girls HIP. After much discussion, the description of each category was re-drafted and the TAG agreed to let a small group finalize the language in follow-up to the meeting.

- Enabling Environment: Interrelated factors that impact the capacity of the health system to provide family planning information and services
- SBC: Approaches that influence knowledge, beliefs, behaviors, and social norms that directly and indirectly affect the adoption of family planning and continued contraceptive use
- Service Delivery: Practices in the organization and provision of service delivery that directly affect the availability, access, acceptability, and quality of family planning services and continued contraceptive use

Review Concept Notes

Rodolfo Gomez discussed the Interpersonal Communication concept note and expressed concerns about the scope of the work. The group agreed that the concept note is a key component of the earlier Health Communication Brief that has been revised. Although the current scope of the concept note is broad, the group felt that the evidence would help to focus the content. The evidence can be presented to the TAG in the Fall where the content can be distilled.

Suzanne Serruya discussed the Free Family Planning Services concept note. The concept note recommended developing the topic as an emerging practice brief since the current evidence is limited. However, this category has been removed, so this option is no longer available. Additionally, because of complex attempts to address demand-side financing, it is hard to see what the brief would focus on. With that said, the group did agree that financial barriers (and other opportunity costs for the marginalized) was a critical issue and needed to be included in somewhere within the HIPs collection. This will be explored further during development of the financial brief(s).

Haingo Rabearimony discussed the Digital Health for Social and Behavior Change concept note. This is the sister piece to the Digital Health for Health Systems brief, as part of the revision of the mHealth brief. Because there was a lot of overlap with voucher brief, it was agreed to remove the

voucher evidence from this concept note and develop the other areas.

Mario Festin discussed the Comprehensive Sexuality Education brief. While the brief provided compelling evidence, the group was felt that there are already several existing reviews of the evidence and a UNESCO revision of the CSE guidance, including a review of the evidence that a HIP brief would be duplicative.

Ellen Eiseman discussed the Family Planning in Humanitarian Settings concept note. This is a population not a practice so not suited to be a brief. In addition, the note clearly stated there was no evidence, which would prevent its development into a brief. The group agreed on the urgency to provide support on this area, recognizing the demand from partners on who work in humanitarian settings and the need to widened the focus from long-acting reversible contraceptives (LARCs) and develop strategic planning guidance.

Shawn Malarcher discussed the Invest in Facility-based Private Sector Providers to Expand Access to LARCs and Permanent Methods (PMs) concept note. The concept note did not outline practices, but rather specific stakeholders and methods. The group agreed that there was considerable overlap between the topic and the existing Social Franchising and Financing briefs.

Review Immediate Postpartum Family Planning Brief

Laura Raney and Anne Pfitzer, authors of the Immediate Postpartum Family Planning (IPPPF) brief provided an overview of the document. Tamar Chitashvili and Jennie Greaney served as discussants. The main points of the discussion included the small number of studies, the age of the international postpartum study work, and concerns about the potential for coercion during study implementation. The brief includes surprisingly few studies, given the attention and focus of this work. First, the authors dropped all studies that reported single method uptake only – this was reviewed and agreed to at the TAG at the Fall meeting. The group felt that the exclusion of these studies under represented the magnitude of impact and did not reflect the underlying principle of good programming – to offer a wide range of methods. The small number of studies on multiple methods may also likely linked to a lack of focus in this area for the last decade and ongoing studies that include recently changed WHO guidelines are not yet available. The small number of studies available also means that significant weight is given to the international postpartum study implemented in the 1960s and 1970s. The group debated the relevance of these studies, given their age, and decided that the studies were still relevant as the context of integration – in this case facility delivery – had not changed substantially since then and that the results likely still hold true. Finally, concern was raised about the potential for coercion in implementing this practice. Delivery is a time when women are most vulnerable, and there have been instances where contraceptives have been administered without full and informed consent. The group explored options to support

implementation of this practice, of which much will depend on support and assistance given beyond the HIP brief.

The TAG provided the following recommendations to further strengthen the briefs:

- Look for stronger references for increases in facility delivery, such as gray literature from the United Nations Children’s Fund (UNICEF)
- Strengthen language on the quality of counselling and importance of informed choice
- Include data from older studies, if possible, and caveats on magnitude of impact
- On page 3, clarify that you are using unpublished data
- The study from Egypt does not meet definition of IPPFP and should be removed
- Include “facility-based” in the HIP definition
- Replace method figure with a table listing methods, and order by effectiveness
- Delete cost data
- Include a reference to limitations in background section
- Link to WHO guidelines
- Replace Figure 2 with statistics on rate of immediate postpartum use
- Include in TIPS (near reference to men) reminder of opportunities in the later postpartum period.
- Soften the language on antenatal care

Review Digital Health for Health Systems Brief

Trinity Zan and Peggy D’Adamo, authors of the brief, provided a brief overview of the Digital Health for Health Systems brief. Gael O’Sullivan and Sara Stratton served as the discussants. Much of the discussion focused on the framing of the brief to reflect the various levels to which digital technologies are applied. The group explored alternative approaches to the TOC. The group decided that the typical TOC did not work for this brief. Instead, the group agreed that an illustration demonstrating the topic’s connection with HIPs might work better. Additionally, the group agreed that the organization of content could be improved.

The TAG provided the following recommendations to further strengthen the brief:

- Align definition of digital health with applications described (Gael)
- Include language on building capacity and providing support for people to use data in the Tips section
- Link to the Supply Chain brief
- References should be provided in the correct format
- Replace the TOC with a graphic depicting the link between HIPs and digital health applications
- Acknowledge the difference in digital health applications in the framing (Sarah Fox and Gael)
- Clarify the key messages (Gael)

- Change headings to focus on the direct effect of digital health (Sarah Fox)
- Change financing to “leveraging mobile money,” so it more appropriately represents the application, and drop reference to donors in that paragraph
- Mobile money should follow the discussion of provider capacity, and be aligned throughout the brief

Review Mass Media Brief

Joan Kraft and Hope Hempstone, authors of the brief, provided a brief overview. Venkatraman Chandra-Mouli and Martyn Smith served as discussants. Much of the discussion related to ways to further strengthen the HIP brief. Specifically, suggestions were made on focusing the TIPs section on specific mass media programming and simplifying language in the rationale and impact sections. The TAG made recommendations to further strengthen the brief:

- Review the Hutchison paper for relevant cost effectiveness data
- Provide additional detail on studies that showed no effect to explain why there was no effect, and extract any lessons learned
- Provide information about who is not typically reached by mass media
- Determine if there is any evidence on sustained effects
- The Tips section includes general information of SBC programming; the group suggested including more specifics on mass media programming, such as working with advertising agencies, developing campaign steps, and tailoring messaging to fit channels, as not every message works in print, TV, or radio
- Link to the Social Franchise brief, since many of the studies involved social franchising
- Adjusted odds ratios are not well understood by our key audience and should be converted to plain language
- Print should be included in background section as part of the definition
- Change social media to digital health for consistency
- Remove quotes from effective
- Justification for cost in the Tips section is that mass media is designed to reach large audiences

Updating Existing Briefs

Financing

The area of financing in development has evolved quite a lot since this brief was drafted. Given the focus of this issue in current programming, an update would be helpful and timely. A number of specific recommendations were made, such as unpacking issues like budget line items and allocation of funds, including information on the Total Market Approach, and considering a theory of change. Examples should be broadened and updated to reflect current financing work.

Social Marketing

The group agreed that social marketing is an important practice and that new information may now

be available to include in the brief. Also, consideration should be given to where this practice fits within the HIP framework.

The group felt that the Voucher brief requires a more urgent update, given the decision to eliminate the emerging category. The group suggested that the Voucher brief update should be done in conjunction with the Financing brief, and may require some reorganizing of information.

Next Meeting

The next meeting will be held **November 29 and 30, 2017** at Chemonics office in Washington, DC.

Recommendations and Next Steps

- The TAG would appreciate additional detail on how and what HIP materials are being used. The TAG would also like website-use statistics along with any other known qualitative information from the secretariat presented at the Fall 2017 HIP TAG meeting.
- In order to facilitate dissemination and utilization of the HIP materials, the TAG recommends developing a short slide set for briefs to assist visitors to the HIPS website to disseminate the HIPS more easily and increase the understanding and integrity of the briefs. The joint sponsors will identify a few briefs to test the need and use of such slide sets.
- The TAG recommends further work to finalize the recommendations for measuring effects of interventions on equity. Rodolfo Gomez, John Pile, Sara Stratton, Suzanne Serruya, and Venkatraman Chandra-Mouli volunteered to finalize the existing document with assistance from Ian Askew.
- The Pan American Health Organization El Centro Latino Americano de Perinatología (PAHO-CLAP) has agreed to translate all HIP briefs into Portuguese.
- Due to the confusion between the “evidence summaries” (practices that have insufficient evidence to meet the HIP criteria) and the “emerging” category (limited evidence exists to assess impact; these interventions should be implemented within the context of research or an impact evaluation), the TAG recommends eliminating the “emerging” category.
- In order to better inform HIP brief deliberations, the TAG is exploring ways of providing additional detail on the quality of evidence not currently included in the HIP briefs. The TAG recommends testing use of the Gray Scale for this purpose. Tables will be created based on application of the Gray Scale classification to the impact section only, including level of evidence, geographic representation, scale of implementation, and result. Tables will be developed for the Social Franchise, Mass Media, and IPPFP briefs.
- A small group of TAG members provided suggestions for standardizing inclusion of the TOC. Consensus was made to keep the TOC simple and add a context column. Development of the TOC will remain flexible to ensure it is relevant to the specific practice. The group developed guidance for authors, which will be adapted based on the TAG discussions and included in the overall HIP brief development guidance.

- The TAG reviewed category (enabling environment, service delivery, and social and behaviour change) definitions included in the HIP list. There was insufficient time to finalize the language. Jay Gribble, Shawn Malarcher, Alice Payne Merritt, John Pile, Nandita Thatte, and Michelle Weinberger will review feedback and finalize language for the categories.
- The TAG recommends Interpersonal Communication and Digital Health for Clients move forward as potential HIP briefs. The TAG would like to review the scope for Interpersonal Communication at the Fall meeting before further development.
- While the concept note on Family Planning in Humanitarian Crisis Settings does not represent a “practice” as typically defined in the HIP work, the TAG recognizes the importance and urgency of this issue. The TAG recommends exploring developing the concept note as a “Strategic Planning Guide.” Ellen Eiseman, Loulou Kobeissi, John Pile, Heidi Quinn, and Nandita Thatte volunteered to help work on developing this concept.
- Update of the Financing brief to include new evidence. Consider restructuring the brief to best reflect current thinking in this area. Scope of the brief should be considered along with the planned update of the Voucher brief. Jay Gribble and Sarah Fox will develop a proposed scope for the brief(s). Their proposal will be reviewed at the Fall TAG meeting.
- Update of the Voucher brief (see above). Consider expanding the brief to cover other important demand-side financing mechanisms.

Summary of Changes for Approved Briefs

The TAG concluded that IPPFP represents a proven service delivery HIP. The TAG recommends publication and promotion, with the following revisions:

- Look for stronger reference for increases in facility delivery, such as gray literature from UNICEF
- Strengthen language on quality of counselling and importance of informed choice
- Include data from older studies, if possible, and caveats on magnitude of impact
- On page 3, clarify that you are using unpublished data
- The study from Egypt does not meet definition of IPPFP and should be removed
- Include “facility-based” in the HIP definition
- Replace method figure with a table listing methods, and order by effectiveness
- Delete cost data
- Include reference to limiting in background section
- Link to WHO guidelines
- Replace Figure 2 with statistics on rate of immediate postpartum use
- Include in TIPS (near reference to men) reminder of opportunities in the later postpartum period
- Soften the language on antenatal care

The TAG concluded that Digital Health for Health Systems represents an important enhancement to

HIPs for family planning programs. The TAG recommends publication and promotion as a “HIP enhancement,” with the following revisions:

- Align definition of digital health with applications described (Gael)
- Include language on building capacity and providing support for people to use data in the Tips section
- Link to Supply Chain brief
- References should be provided in the correct format
- Replace the TOC with a graphic depicting the link between HIPs and digital health applications
- Acknowledge the difference in digital health applications in the framing (Sarah Fox and Gael)
- Clarify the key messages (Gael)
- Change headings to focus on the direct effect of digital health (Sarah Fox)
- Change financing to “leveraging mobile money” so it more appropriately represents the application, and drop reference to donors in that paragraph
- Mobile money should follow discussion of provider capacity and be aligned throughout the brief

The TAG concluded that Mass Media represents a proven SBC HIP. The TAG recommends publication and promotion, with the following revisions:

- Review the Hutchison paper for relevant cost effectiveness data
- Provide additional detail on studies that showed no effect to explain why there was no effect, and extract any lessons learned
- Provide information about who is not typically reached by mass media
- Determine if there is any evidence on sustained effects
- The Tips section includes general information of SBC programming; the group suggested including more specifics on mass media programming, such as working with advertising agencies, developing campaign steps, and tailoring messaging to fit channels, as not every message works in print, TV, or radio
- Link to Social Franchise brief, since many of the studies involved social franchising
- Adjusted odds ratios are not well understood by our key audience and should be converted to plain language
- Print should be included in background section as part of the definition
- Change social media to digital health for consistency
- Remove quotes from effective
- Justification for cost in the Tips section is that mass media is designed to reach large audiences



Technical Advisory Group Meeting

June 20 and June 21, 2017

09:00 – 17:00

World Health Organization
Geneva, Switzerland
M105

Objectives

- Review draft HIP briefs and make recommendations regarding the strength and consistency of the evidence and adherence to the HIP criteria.
- Continue to refine HIP process and identify priority activities.
- Prioritize no more than 2 themes for evidence briefs.

Tuesday, June 20th : Leopold Ouedraogo

08:30 – 09:00	Arrival
09:00 – 10:30	<p>Opening of Meeting – Welcome Remarks</p> <ul style="list-style-type: none"> • Ian Askew, Director RHR/WHO • James Kiarie, Coordinator Human Reproduction, RHR/WHO <p>Updates</p> <ul style="list-style-type: none"> • Progress on HIP TAG recommendations from 2016, Shawn Malarcher • IBP Task Team, Nandita Thatte • Partner's Meeting, Ellen Eiseman
10:30 – 11:30	<p>Theory of Change</p> <ul style="list-style-type: none"> • Update on progress and next steps – Vicky Boydell and Michelle Weinberger
11:30 – 13:00	Lunch
13:00 – 14:00	<p>Categorization of current and future briefs</p> <p>Karen Hardee will call in for this session</p> <ul style="list-style-type: none"> • Should we retain “emerging practice” as a classification? • How do we distinguish between proven, promising, and emerging?
14:00 – 15:30	<p>Review Immediate Postpartum Family Planning Brief</p> <p>Authors - Laura Raney and Anne Pfitzer Discussants – Tamar Chitashvili and Jennie Greaney</p> <ul style="list-style-type: none"> • <i>Does the evidence as reflected in the brief meet the HIP criteria?</i> • <i>Categorize practice based on the strength and consistency of the evidence-base. (Proven, Promising, Emerging)</i> • <i>What additional evidence, if any is needed?</i>
15:30 – 16:00	Break
16:00 – 17:30	<p>Review Digital Health for Health Systems Brief</p> <p>Authors – Trinity Zan and Peggy D'Adamo Discussant –Gael O'Sullivan and Sara Stratton</p> <ul style="list-style-type: none"> • <i>Does the evidence as reflected in the brief meet the HIP criteria?</i> • <i>If appropriate, categorize practice based on the strength and consistency of the evidence-base. (Proven, Promising, Emerging)</i> • <i>What additional evidence, if any is needed?</i>

17:30	Closing and Reception
Wednesday, June 21: Heidi Quinn, Chair	
08:00 – 08:30	Arrival
08:30 – 10:00	Review Recommendations from Day 1 <ul style="list-style-type: none"> • Comments and Reflections • Review Recommendations
10:00 – 10:30	Refining language <p>After each TAG meeting the HIP list is revised according to the decisions taken, after the fall 2016 meeting the HIP list went through a significant restructuring/revision to address feedback we've received and reflect the evolution to the HIP work. We received feedback on the draft that the description of the 3 categories could be improved. We've asks specific TAG members to propose specific edits.</p> <ul style="list-style-type: none"> • Enabling Environment – Jay Gribble • Social and Behavior Change – Alice Payne Merritt • Service Delivery – John Pile
10:30 – 11:00	Break
11:00 – 12:30	Review Concept Notes <ul style="list-style-type: none"> • Interpersonal Communication - Discussant Rodolfo Gomez • Free FP services - Discussant Suzanne Serruya • Digital Health for Social and Behavior Change - Discussant Haingo Rabearimonly • Comprehensive Sexuality Education - Discussant Mario Festin • FP in Humanitarian Settings - Discussant Ellen Eiseman • Invest in facility based private sector providers to expand access to LARCs and PMs - Discussant Shawn Malarcher
12:30 – 14:00	Lunch
14:00 – 15:00	Review Mass Media Brief <p>Authors - Joan Kraft and Hope Hempstone Discussants – Venkatraman Chandra-Mouli and Martyn Smith</p> <ul style="list-style-type: none"> • <i>Does the evidence as reflected in the brief meet the HIP criteria?</i> • <i>Categorize practice based on the strength and consistency of the evidence-base. (Proven, Promising, Emerging)</i> • <i>What additional evidence, if any is needed?</i>
15:00 – 15:30	Break
15:30 – 16:30	Updating existing briefs <ul style="list-style-type: none"> • Financing – Discussant Sarah Fox • Social Marketing – Discussant Victoria Jennings
16:30 – 17:00	Review Recommendations Next Steps and Closing

Appendix B: List of Participants

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Appendix C: Presentation Slides

WHO/IBP HIP Task Team

HIP TAG Meeting
Tuesday June 20th 2017



What have we learned?

- Field based input to strengthen implementation and inform new research

"How do you balance promoting a particular brand or product at the same time as promoting informed free choice?" (Italy)

Have you seen the impact of social marketing, specifically for LARCS? How should the strategy differ for these methods?

If there is IUD insertion or removal service through mobile outreach, how do you ensure any infection prevention issues? (Turkey)

How do you handle the human resource shortages to run a three days outreach, don't you deprive the static sites? (Kenya)

Supporting the HIPs through IBP

- HIPs included as key tool in 2016-2020 IBP Strategy and M&E Plan
- Strengthened link between WHO Guidelines, Tools and Resources and HIPs
- Joint HIP/IBP Partners Meeting

- Expand reach to new partners and organizations
- Opportunities to use WHO Guidelines to strengthen HIPs
- Collective effort of IBP Partners
- Country level activities need additional support



Illustrative Activities

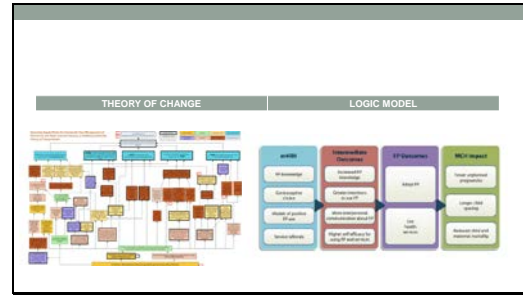
- Global
 - HIP Development (translations; updated list; reviews; website)
 - HIP Dissemination (Webinar Series; IBP Global Meetings; Partner outreach)
- Regional
 - WAHO Good Practice Forum Pre-Conference featuring Adolescent HIPs
 - UNFPA/West Africa Regional Office Dissemination of HIPs
 - WHO/AFRO and WAHO supported workshop on Task Sharing
 - FP2020 Regional Focal Point Meeting in Asia
 - LAC webinars with RHSC focused on enabling environment HIPs
- Country
 - Country Level Dissemination through IBP Partners
 - Case Studies/Documentation

Upcoming Opportunities and Moving Forward

- FP2020 to co-lead HIP Task Team with IBP Secretariat
- M&E Baseline Survey and Monitoring Tool
- Integrating HIPs into IBP Track at ICFP Rwanda 2018
- Regional Webinar Series in Francophone West Africa
- Further engagement with other platforms working on providing regional/country support
- Opportunities to improve documentation

GUIDANCE ON DEVELOPING A THEORY OF CHANGE FOR HIPS BRIEF

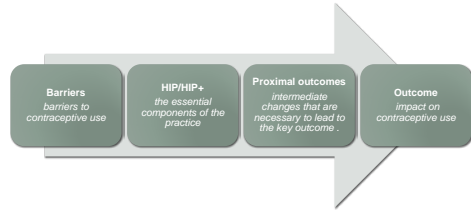
Michelle Weinberger and Vicky boydell



Theory of change



What the draft guidance says



Existing theory of changes in the HIPS Briefs

Proposal for harmonized language	Barriers	High Impact Practice (or a Enhancement?)	Changes (social and behavior OR, service delivery)	Benefits (can specify to whom)	Outcomes (do we want to create a pre-set list of outcomes?)
Mass Media for Social and Behavior Change	Barriers	High Impact Practice	Social Changes	Individual Changes	Outcomes
Social Framing	Barriers	Intervention	Service Delivery Change	Benefits	Outcome
Immediate Postpartum FP	Barriers	High Impact Practice	Service Delivery Changes	Benefits for Post-Partum Women	Outcomes
CHWs	Barriers	High Impact Practice	Service Delivery Change	Benefits	Outcomes
Vouchers	Problem	Practice Innovation	Behavior Change	Output	Result
Adolescent Friendly Services	Barriers	High-Impact Practice	Service Delivery Changes	Benefits for Adolescents	Outcomes
Community Engagement/Economic Empowerment	Barriers	High-Impact Practice	Family and Social Changes	Individual Changes	Outcomes

Elements of ToC

Generated from the reviewed evidence.

Stated succinctly and clearly as possible – details can be explained in greater detail in the text.

Measurable and relate directly to issues addressed by the HIP and outcomes directly affected by the practice

Purpose of TOC

- For authors: A ToC should help to clarify thinking of how the intervention brings about change, challenge their assumptions, and tease out the strengths and weakness of the evidence.
- For the HIPS TAG: A ToC should help to understand what is being implemented, the intermediate changes that need to happen and what are the expected changes.

For discussion

- Language "Theory of Change" versus "Logic Model"
- Links with 'strength of evidence' workstream
- Agree standard language for the categories

Theory of change

- Outcome based causal model that links outcomes and activities
- Explains HOW and WHY the change is expended to happen
- What are the necessary pre-conditions/assumptions.
- More than descriptive; it is explanatory.

Levels of Evidence for Proven and Promising HIPs

Karen Hardee for the Sub-group on Standards of Evidence*
HIP TAG Meeting, Geneva
June 20, 2017

*Sub-group members: Mario Festin, Gael O'Sullivan, Martyn Smith, Maggwa Baker, Michelle Weinberger, with Shawn Malarcher

"Gray Scale" – Hierarchy of Evidence from Sir Muir Gray (involved in developing the Cochrane Collection)

Type	Strength of evidence (modified from Gray, 1997)
I	Strong evidence from at least one systematic review of multiple well designed, randomized controlled trials.
II	Strong evidence from at least one properly designed, randomized controlled trial of appropriate size.
IIIa	Evidence from well-designed trials/studies without randomization that include a control group (e.g. quasi-experimental, matched case-control studies, pre-post with control group)
IIIb	Evidence from well-designed trials/studies without randomization that do not include a control group (e.g. single group pre-post without, cohort, time series/interrupted time series)
IV	Evidence from well-designed, non-experimental studies from more than one center or research group.
V	Opinions of respected authorities , based on clinical evidence, descriptive studies or reports of expert committees.

Gray, J. 1997. Evidence Based Health Care: How to Make Health Policy and Management Decisions. London, UK: Churchill Livingstone.
Gray, J. 2009. Evidence Based Health Care and Public Health: How to Make Decisions About Health Services and Public Health. 3rd Edition, Edinburgh, Scotland: Churchill Livingstone Elsevier.

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Question from November 2016 TAG

- Keep "emerging" category? (**no**)
- Figure out how to be more specific about how we determine "Proven" or "Promising"

Service Delivery and Social and Behavior Change HIPs are further categorized according to the strength of the evidence base for each practice – proven, promising, and emerging. The darker the color used in the HIP brief, the stronger the evidence base for the practice.

Proven	Sufficient evidence exists to recommend widespread implementation, provided that there is careful monitoring of coverage, quality, and cost.
Promising	Good evidence exists that these interventions can lead to impact; more research is needed to fully document implementation experience and impact. These interventions should be implemented widely, provided they are carried out in a research context and evaluated for both impact and process.
Emerging	Limited evidence exists to assess impact; these interventions should be implemented within the context of research or an impact evaluation.

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Progress of the Group

- Agreed that the category "emerging" should be eliminated
- 2013 HIP TAG – reviewed the range of evidence in the existing HIP briefs – large range of types of studies: from systematic reviews, to RCTs to qualitative evidence.
- 2017 HIP TAG – reviewed the evidence in two HIP briefs: Community Health Workers (Proven) and Drug Shops and Pharmacies (Promising) and rated them against the "Gray Scale"

Strength of Evidence in the Impact Section of the 2015 Community Health Workers (CHW) (Proven)

HIP brief impact section and gray scale level of evidence	# of studies per Gray Scale level	Country(s)
I (systematic review)	1	Multi-country
IIIa (experimental with a control group)	6	Sub-Saharan Africa, Madagascar, Ghana, Bangladesh (2), Ethiopia, India
IIIb (experimental with no control group)	8	Afghanistan, Nigeria (2), India (2), DRC, Guatemala, Philippines
IV (non-experimental)	5	Bangladesh, Indonesia, multi-country (2), Ethiopia (2)
V (Expert opinion)	3	Multi-country (3)
Total	23	11 countries, 1 regional, 5 multi-country

Strength of Evidence in the Impact Section of the 2013 Drug Shops and Pharmacies HIP Brief (Promising)

HIP brief impact section and gray scale level of evidence	# of studies per Gray Scale level	Country(s)
IIIa (experimental with a control group)	1	India
IIIb (experimental with no control group)	5	India; Indonesia; Zambia; UK; USA
IV (non-experimental)	4	Global; Kenya; South Africa; Nigeria
V (Expert opinion)	1	Zambia
Total	11	9 countries, 1 global

Questions for the HIP TAG

- Does the Gray Scale look like a reasonable system for assessing the evidence used to determine proven vs. promising?
- If yes:
 - Does only the evidence under the impacts section of the HIP Brief count towards proven/promising designation? (Other sections: Background, Importance, How to Implement)
 - How many studies of strong evidence (I, II, IIIa) would be required for a practice to be designated as proven?
 - What role would geographic spread of the evidence play in designating a practice proven/promising?
 - Could practices that have weaker evidence (IIIb, IV, V) across a wide geographic range be considered proven?
- If no, should the group keep looking for another way to determine proven / promising? Suggestions?

From What Works for Women and Girls (HIV) - Strength of Evidence using Gray Scale and Geographic Spread

What Works	Strongly rated studies (Gray I, II, or IIIa) for at least two countries and/or five weaker studies across multiple settings
Promising	Studies that were strongly rated but in only one setting or a number of weaker studies (IIIb, IV and V) in only one country or region.

See www.whatworksforwomen.org for more detail on methodology.



For PAC: "Evidence was considered "strong" if it had support of at least 2 Gray I, II, or IIIa studies and/or 5 Gray IIIb, IV, or V studies."

Summary of Evidence in the 2013 Drug Shops and Pharmacies HIP Brief (Promising)

HIP Brief section and gray scale level of evidence	# of studies per Gray Scale level	Country(s)
BACKGROUND		
I (Systematic Review)	1	Sub-Saharan Africa
II (RCT)	1	Global
IIIb (exp. no control group)	1	Ghana
IV (non-experimental)	1	Uganda
V (Expert opinion)	1	Multiple countries, Africa
IMPORTANCE		
I	1	Multiple, UK and international
IIIb	2	Nigeria; Tanzania
IV	7	Bangladesh (2); Lao PDR; Nepal; Vietnam; UK; Nigeria
V	4	Cambodia; Tanzania; Uganda; Sub-Saharan Africa
IMPACT		
IIIa (exp with a control group)	1	India
IIIb	5	India; Indonesia; Zambia; UK; USA
IV	4	Global; Kenya; South Africa; Nigeria
V	1	Zambia
HOW TO IMPLEMENT		
IV	1	USA
V	1	Tanzania

Refining the definition of Enabling Environment

- Current definition:
 - Systems or structural interventions which affect factors indirect to contraceptive use
- Challenging phrases
 - Interventions
 - Which affect
 - Factors indirect to
 - Contraceptive use

Current Enabling Environment HIPS

- Proximal Conditions
 - Commitment
 - Policy
 - Financing
- Systems Interventions
 - Leaders Managers
 - Supply chain
- Distal conditions
 - Educating girls

Enabling Environment

- Proposed definition:
 - Interrelated conditions that impact the capacity of the health system to provide family planning information and services
- What I like about this definition:
 - Interrelated conditions
 - Impact
 - Health system
 - FP information and services
- What I don't like
 - Educating girls is further removed from definition

Proposed SBC Definition for HIPS

- Approaches that influence knowledge, beliefs, behaviors and social norms that directly affect the adoption of family planning and continued contraceptive use.

Key Concepts Highlighted

Approaches that influence knowledge, beliefs, behaviors and social norms that directly affect the adoption of family planning and continued contraceptive use.

SBC Definition-tinkering

- Approaches that influence knowledge, beliefs, behaviors and social norms that directly affect **family planning adoption and continued contraceptive use**.
- Approaches that influence knowledge, beliefs, behaviors and social norms that directly affect **contraceptive adoption and continued use**.
- Approaches that influence knowledge, beliefs, behaviors and social norms that directly affect the **adoption of family planning and continued contraceptive use**.

Draft 1/HIPS

- Interventions which directly affect knowledge, attitudes behavior and social norms that influence contraceptive use

From USAID SBC Strategy

- **SBC:** Activities or interventions that seek to change health-seeking behaviors and the social norms that enable them. Such interventions may be grounded in a number of different disciplines, including social and behavior change communication (SBCC), marketing, advocacy, behavioral economics, or human-centered design.
- **SBCC:** The integrated use of a range of communication approaches—mass media; “new” and social media; community-level activities; and interpersonal communication (IPC)—to influence norms and behaviors pertaining to health.

Service Delivery

Proposed Service Delivery Definition for HIPS

Draft 1/HIPs

- Changes in the organization of services which directly affect access, availability, and quality of family planning services

Draft 2/HIPs

- **Practices** in service delivery that directly affect the availability, access, **acceptability**, and quality of family planning services.

- Without sufficient availability, accessibility to services cannot be guaranteed. If they are available and accessible, without acceptability, the services might not be used. When the quality of the service is inadequate individuals and couples may not meet their reproductive health need safely and effectively.

Key Concepts Highlighted

- Practices in service delivery that directly affect the availability, access, acceptability, and quality of family planning services.

Service Delivery Definition-tinkering

- **Interventions, improvements** and practices in service delivery that directly affect the availability, access, acceptability, and quality of family planning services.
- **Interventions, improvements** and practices in service delivery that directly affect the availability, access, acceptability, and quality of family planning services **and continued contraceptive use**.