



**HIP TAG 2018**  
**June 13-14, 2018**

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



## High Impact Practices

### Technical Advisory Group Meeting Report

June 13th and 14th, 2018



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# Technical Advisory Group Meeting Report

## Day 1

### Welcome

Ian Askew, Director for the Department of Reproductive Health and Research, and James Kiarie, Coordinator Human Reproduction, RHR/WHO, welcomed members of the HIP Technical Advisory Group to its biannual meeting, hosted by WHO for the third year. Dr. Askew highlighted the importance of HIPs (High Impact Practices for Family Planning) as key resources that complement WHO's normative guidance. Dr. Askew further elaborated on the contributions that the HIPs can make to the impact of WHO at the country level, by providing evidence summaries of service delivery approaches that have been proven by research and so should be considered by countries.

Achieving measurable impact in countries is a critical shift in WHO's strategy, and being able to provide countries with evidence-based interventions through the HIPs will be extremely helpful for WHO. Dr. Askew also asked the TAG to consider how WHO's country offices could more actively be engaged in not only promoting access to contraception and other SRH services, especially through national UHC efforts, but also in ensuring that HIPs are widely known and used by ministries of health and other key implementing partners. Members in the audience asked Dr. Askew to share the department's current priorities, which he summarized as:

- Ensuring access to effective contraception for all people wanting to use it continues to be front and center for WHO's work on reproductive health.
- WHO is becoming more "political", in the sense of advocating that health for all is a human right.
- The Department's work embraces the SDG goal to "leave no one behind" by explicitly seeking to ensure that those living in the most vulnerable situations can have access.
- The Department has recently recruited a full-time Infertility Advisor and is in the process of recruiting an Advisor to focus on health systems strengthening.
- WHO continues to focus on developing products that can be used by countries for normative guidance, but with an increasing emphasis on ensuring that these products are both used by countries and have an impact on the health of women and girls.

Dr. James Kiarie highlighted the work the department has done in analyzing best practices on task sharing in family planning in 8 of 9 Ouagadougou partnership countries using the WHO's guide for identifying and documenting best practices in family planning programs.

Jennie Greaney, UNFPA, continued as Chair of the meeting.

### Updates

#### Briefs

Shawn Malarcher shared progress updates on HIP briefs and other material developments (see presentation).

- Two new briefs were recently published: [Social Franchising](#) and [Digital Health for SBC](#), both Promising Practices.
- The “to do list” for HIP materials include planning guides in financing and family planning in humanitarian settings. We also hope to develop a chapeau piece similar to the one available for social and behavior change for Service Delivery and the Enabling Environment.

## Website

- The Briefs page has incorporated the graphic in the header section to indicate to users that all HIP categories are equally important.
- The [SBC chapeau piece](#) is available through this page as well. When a website user hovers over the SBC section of the graphic, the mouseover help text displays: “View overview document.”
- New Evidence: We are looking for ways to keep the HIPs up-to-date on a more regular timeframe (between full updates of the brief). As new research comes out, we are exploring ways to present that [new evidence](#) on the website. While keeping the webpage version identical to the downloadable file, there is an updated table of evidence for the [Family Planning and Immunization Integration HIP](#) available online.
- HIP Overview Video: The updated English and French version of the HIPs video was recently launched. It is available on the HIPs website and on K4Health’s YouTube channel. The video provides an overview and orientation of what HIPs are, how they are selected, examples of specific HIPs, and what can be found on the website.
- New Folders: The Production and Dissemination Team is working on new folders in a tri-fold design to hold the growing number of HIP briefs. The front cover will have the translated text of High Impact Practices in Family Planning in French, Spanish, and Portuguese.
- Website Analytics: Traffic to the updated website has increased significantly since the launch in late June 2017. Activity for downloads has decreased, which was expected as one of the aims of the updated website was to allow users to view and search content directly from the webpages. Visitors to the site are located in the following top five countries: 1. US, 2. India, 3. Nigeria, 4. UK, 5. Kenya. The top most accessed pages/content on the updated website since launch in late June of last year are: the home page, the briefs page, and the AFCS brief.

The TAG congratulated work on the new HIP website and appreciated data on increased visits to the sites. The TAG also noted that the [sustainability paper](#) is not as visible. The team is working with the developer to make this document more visible. While visitor traffic to service delivery briefs is high, the enabling environment briefs have not seen much traffic. It was noted that we spend less time promoting these briefs and there have been less focus on them. The TAG and others need to think about ways to better promote this HIP category.

## IBP HIPs Task Team

Nandita Thatte, WHO/IBP, updated the TAG on the ongoing work of the HIPs Task Team. IBP and FP 2020 continue to produce a very successful [webinar series](#) in English (SD) and Spanish (EE). Currently, a webinar series is planned to promote the four recently published briefs and planning guides to run to the end of 2018. IBP is planning a Francophone series with the OP. In addition, IBP is using the [WHO Documentation Guide](#) to document HIP implementation. Currently, teams are working on documenting Drug Shops in Ghana and Tanzania and AFCS in India (youth led; in progress) and in Colombia (being finalized). In terms of global conference opportunities to promote the HIPs, a panel composed of PAHO,

IBP, UNFPA, and the RHSC will be presented at FIGO 2018. HIPs have been integrated into the IBP Track at ICFP. The IBP Global London will feature the HIP Collaboration, website, and tools. The HIPs Task Team and IBP Secretariat have been working on a HIP and WHO Guidelines Matrix Tool to facilitate use of WHO guidelines with practical interventions (HIPs). The matrix is currently going through the review process at WHO. We are again planning a joint HIP/IBP Partners Meeting in fall of 2018 in Washington, DC. (Please see presentation for more details).

The TAG encourages IBP to seek opportunities to make HIP implementation case studies available to the public.

## **Standards of Evidence**

Karen Hardee and Mario Festin presented on behalf of the working group (Please see Annex C: Presentations for more details).

## **Search Strategy**

In November 2017, the TAG recommended review of the search strategy used by authors to ensure the briefs capture the full range of evidence available. The team (Karen, Maggwa, Michelle, and Mario) reviewed the literature search strategy for the HIP briefs and provided a summary on the current process and made recommendations for improvements (See Annex C: Presentations for more details). The team presented eight recommendations:

1. Search strategy for the reference literature materials be prepared for each HIP document;
2. Databases where the searches were made would be described to include both peer-reviewed and grey literature;
3. The MESH terms and/or key terms would be described and listed;
4. Criteria for including articles would be identified a priori;
5. For each included article, a short description would be included in table format;
6. For excluded articles, the reasons for exclusion would be mentioned, either as a figure or in table format;
7. The search strategy mentioned in the HIP document and available as an online annex to the document; and
8. Who ran the search and when could be mentioned as part of methodology.

The TAG agreed that the search strategy could be made available through the website. The TAG also mentioned that it seemed like only the most recent evidence is included, but it was clarified that only happens with brief updates. Inclusion decisions are based on the breadth and depth of the evidence-base, practice-specific concerns, quality, and completeness. In the past, it was decided to include everything when there was not much evidence available. For briefs with an abundance of evidence and supporting studies, authors focus on findings from reviews, seminal studies, and evidence that addresses practice specific concerns. Finally, the TAG reminded the team that evidence and studies produced in Spanish should also be included in the review.

## Update on Gray Scale Template

Karen Hardee reminded the group that the HIP TAG had recommended in November 2017 to develop Gray Scale tables for each new and revised brief. These tables will be used in TAG deliberations to inform categorization recommendations. A small group worked on finalizing the Gray Scale template and reviewed the HIP criteria to ensure alignment and identify areas that need further clarification. The template will be used when preparing new briefs and when updating existing ones. (See below)

From 2017 TAG: Review the HIP criteria to ensure alignment and identify areas that need further clarification	
Gray Scale is a useful addition to the criteria for designating proven or promising HIPs	
<ul style="list-style-type: none"><li>• Can show the strength of evidence</li><li>• No strict rules for how many studies of what type would indicate “proven” vs. “promising,” but rather use evidence mapping to inform discussions</li></ul>	
Service Delivery and Social and Behavior Change HIPs are further categorized according to the strength of the evidence base for each practice – proven or promising. 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.

The TAG reflected that while the gray scale review focuses on one specific criteria of the HIPs—typically impact on contraceptive use—other criteria are equally important, including scalability, cost, and generalizability. The TAG suggested exploring ways to summarize findings of these other issues to ensure balanced consideration of practices.

## Criteria for a High Impact Practice vs Enhancement

The TAG continued to discuss what distinguishes “practices” and “enhancements”. This distinction continues to be problematic for the TAG and for users of HIP material. Criteria for HIPs are clearly articulated in HIP documents. Practices are expected to have population-level effects on mCPR, fertility, or other impact measures specified in overview documents. Enhancements are tools or approaches that apply or are used in conjunction with HIPs to address needs of a particular population group or address a specific barrier. The TAG will continue discussing and refining this issue.

## Review Domestic, Public Resources Brief

Sarah Fox and Tom Fagan, authors of the brief, provided an overview of the document. Anand Sinha and Alice Payne Merritt served as the discussants. The TAG made the following recommendations to further clarify some concepts and strengthen the brief:



- Suggested revision for first sentence: “Achieving sustainability of voluntary family planning programs requires strong national capacity to implement and manage programs, including the capacity to mobilize and expend financial resources that they require.”;
- Cite the original source Moreland 2006 is attached—page 58—Senegal at \$6.22;
- Paragraph 1. “Other critical components of a family planning program” rather than ancillary, include training;
- Look for opportunities throughout the brief to emphasize the importance of subnational budgeting, e.g. strategic documents (Tips);
- Reframe statements on out of pocket expense. Consider affordability, over reliance, exacerbate inequity;
- Advocacy section: add multiple engagements, target Minister of Finance, identify key decision-makers and what will influence them, engagement with media and civil society (accountability);
- Take out “Craft messages that are most aligned with public interest” and specific reference to communication channels (FP insurance scheme);
- Add donor conditionality to the problem statement in TOC;
- Reframe text on examples referring to financing for commodities. Emphasize that commodity purchase is insufficient (need comprehensive approach);
- Page 2 referencing Nigeria, 2017 reference 4 million (also reference the 56 million in IDA loans mentioned in Nigeria revitalized 2017 commitment);
- Page 3 Reference New RHSC March 2018 report (new report 2018 gives an updated gap);
- Kaiser Family Foundation trend 2014/2015/2016 gives further information on donor financing trends (additional reference);
- Page 4 Indonesia think about referencing district level commitments for FP as per country’s 2017 revitalized commitment, remove Congo;
- Kenya all 47 counties have committed to a budget line for FP by 2020 as per Kenya 2017 commitment (double check national level figure);
- Ghana, pilot for rollout of NHIS under Act 852 is starting in 6 districts. Martyn to provide more details;
- Page 4 Guatemala example needs to include information an alcohol tax;
- Page 4 task shifting refer to WHO guideline on task sharing;
- Financial hardships for the poor, also include adolescents;
- Tools – Consider providing specific reference to resources on the micro site;
- Nandita to provide reference from West Africa (pooled resources);
- Martyn provided suggestions for emphasizing reporting and tracking government expenditures and has sent Sarah an email on this; and
- Consider order of the examples.

## **Review Interpersonal Communication**

Joan Kraft, Heather Hancock, and Caitlin Thistle presented on the document. Vicky Boydell and Norbert Coulibaly were the discussants. The TAG appreciated the large and difficult task of synthesizing such a large and diverse body of evidence. The TAG felt that the scope of the brief was too large resulting in a brief that was difficult to follow. The scope of the brief also made drawing clear conclusions challenging.

The TAG requested further refinement of the scope in order to facilitate clear messaging about what the practice is and what we know about its impact. Specifically, the TAG recommended refining the scope of the brief to one-to-one IPC. This will remove studies and discussion related to group-based IPC.

The TAG agreed that a small group of TAG members could serve as an interim review group to facilitate review of revisions and expedite publication.

## Day 2

### Review of Day One

Rodolfo Gomez chaired the second day of the meeting.

## Humanitarian Settings

Jennie Greaney presented an update on work for FP programming on humanitarian settings. (Please see presentation for more information). After submission of a concept note on this topic, the TAG decided that the topic did not fit a HIP and wanted to consider if some other type of document might be useful. First, a small group was tasked with exploring the need and opportunities for such a document. A Strategic Planning Guide seems the best fit for this work. Currently there are a number of tools that could support the drafting of a planning guide on this topic:

- MISP revision is nearing completion – MISP likely to be included in the Sphere Handbook. (RH Kits updated per MISP)
- IAWG Field Guide
- WHO evidence brief: Improving family planning service delivery in humanitarian crises
- Key outcomes WHO technical meetings (September 2017 & June 2018)
- MEC app for humanitarian settings

A Strategic Planning Guide for Family Planning in Humanitarian Settings could provide country-level actors and stakeholders with a decision-making tool to encourage deliberate, thoughtful processes for determining the role that FP should play before, during, and after an emergency. Jennie will coordinate a call with potential writers to identify next steps in putting together the guide.

## Translation Updates

Rodolfo Gomez updated the TAG on the dissemination activities in Spanish and Portuguese. Two panels titled *High Impact Practices in Family Planning. What Is New?* were submitted to FIGO for a session in Spanish and a session in Portuguese. Only the Spanish panel was accepted. Rodolfo and Ados have finalized the panel composition, which will include representatives from UNFPA/LACRO, IBP, PAHO, and RHSC. Rodolfo will moderate the panel. HIP folders in Spanish and Portuguese will be distributed throughout the congress. (See presentation).

PAHO-CLAP continues supporting the Portuguese translations with the view to launch a Portuguese webinar series in collaboration with the Brazilian Ministry of Health. However, this has been put on hold pending personnel changes at the Ministry and upcoming elections in the country.

## Equity

Sara Stratton presented on the work related to measuring the effects of interventions in equity. A small group met prior to June and discussions are ongoing for this work. The group continues to have difficulty making progress due to competing priorities.

## Advocacy Presentations

In order to facilitate dissemination and use of the HIP materials, the TAG recommended developing a short slide set for each brief. Jay Gribble distributed a presentation example on [Domestic Public Financing](#) (please see presentation). A smaller group, including IBP and the HIPs PD group, will identify a few HIPs and develop a prototype.

## Review of the TAG TORs

Mario Festin presented on the revised TORs and based on feedback from the TAG will incorporate and recirculate for discussion at the next TAG meeting in November 2018.

## Linking HIPs with WHO Guidelines, CIPs, FP Goals and other resources

- Nandita Thatte provided an update on progress finalizing the WHO Guidelines-HIPs Matrix Tool (please see presentation). Matrix Tool has been submitted to WHO Document Review Committee and if accepted, it will be a WHO tool. The TAG suggested to revisit detailed links within each category/description and explore an online version that would allow for more links and information to be included. The IBP Secretariat will engage TAG members to provide feedback and finalize tool.
- Martyn Smith presented on the HIPs Strategic Analysis which maps country priority investments using the HIPs as a framework. This analysis is based on: FP2020 commitment, costed implantation plan, and the 18-month Country Action Plan. The goal is to help FP2020 countries to use evidence to prioritize their investments and make them more impactful. The analysis was prepared and presented it for the 15 Francophone countries for Regional FPW held in Cameroon in March 2018. A similar analysis will be prepared and utilized at the Asia Focal Point Meeting scheduled in the fall in Kathmandu, Nepal. Martyn also presented on the CIPs and FP Goals coordination work currently underway to support better alignment between HIPs, Costed Implementation Plans and FP Goals. The initial focus of the working group is Integration & maintenance/sustainability investments, aiming at improving coordination across tools (e.g., messaging, presentation, and development of additional HIPs). For more information, please see presentation.

## Updating existing briefs

The TAG discussed updating the voucher, postabortion FP, and social marketing briefs. The voucher brief is already underway and was prioritized at an earlier meeting when the “emerging” category of briefs

was eliminated. This brief will be reviewed in the Nov 2018 TAG meeting. The postabortion care brief update has also begun and this brief is the oldest. Social marketing will be considered when the TAG is considering additional updates.

## Recommendations and Next Steps

- Provide website analytics disaggregated over time by language, regions. Also, provide information on dissemination of print material by language. Provide baseline by topic for Spanish and Portuguese use prior to FIGO launch.
- Decision: The current [“Family Planning Financing Roadmap”](#) largely covers issues that would be covered in a HIP decision-making guide.
- At the Nov 2018 TAG meeting, develop plan for brief updates and interim evidence updates. Shawn to provide information on publication date and expectation of level of new evidence.
- Each HIP brief should include a link to the search strategy.
- Develop a table that includes other criteria of the HIPs (e.g. scalability, cost, etc.) (volunteers – Chris, Karen, Mario, Nandita, Norbert, Michelle). Alice to share example on Zika.
- HIP Enhancement will focus on intermediate effects.
- The TAG recommends proceeding with a Strategic Planning Guide on family planning in humanitarian settings. Suggestions for Expert Group – Jen (FP 2020), Jennie (UNFPA), Rajat (WHO), Robyn (IPPF), Janet Meyers, Save the Children, Katherine Church, Lulu (WHO), and Sarah Rich (Women’s Refugee Commission).
- Explore developing page on “What’s coming for the HIPs...”
- Mario will circulate the HIP TAG TOR for review.
- Sara will continue organizing the Equity Working Group. The next step is to review the literature search in July and explore the possibility of WHO/RHR providing leadership for this work.
- Explore the possibility of brief authors providing support for a narrated presentation, perhaps using whiteboard and content for tweets.
- The TAG recommended focusing the update brief on vouchers on intermediate effects and position as a “HIP Enhancement”.
- If the literature search on postabortion family planning identifies a large number of studies, consider presenting the most rigorous studies as part of the impact section. It was agreed to revisit RCTs with focus in use of FP after abortion, including an analysis of post Medical Abortion process, focusing on the trials that only deal with training, considering continuation as asset. We need to focus in the right research question to evaluate the literature search.

## Revisions for Domestic, Public Resources

- Suggested revision for first sentence: “Achieving sustainability of voluntary family planning programs requires strong national capacity to implement and manage programs, including the capacity to mobilize and expend financial resources that they require.”
- Use Guttmacher number on why FP is a ‘best-buy’
- Para 1. “Other critical components of a family planning program” rather than ancillary, include training

- Look for opportunities throughout the brief to emphasize the importance of subnational budgeting, e.g. strategic documents (Tips)
- Reframe statements on out of pocket expense. Consider affordability, over reliance, exacerbate inequity
- Advocacy section: add multiple engagements, target Minister of Finance, and identify key decision-makers and what issues are important to them and who influences them. Engagement with media and civil society (accountability) if possible. Also possibly link to AFP [Advocacy Tool](#)
- Take out “Craft messages that are most aligned with public interest” and specific reference to communication channels (FP insurance scheme)
- Add donor conditionality to the problem statement in TOC
- Reframe text on examples referring to financing for commodities, recognizing that the reason this is emphasized is that it is more visible in national budgets. Emphasize that commodity financing is insufficient (need comprehensive approach)
- Page 2 referencing Nigeria<sup>1</sup>, 2017 reference 4 million (also reference the 56 million in IDA loans mentioned in Nigeria revitalized 2017 commitment)
- Page 3 Reference New RHSC March 2018 report (new report 2018 gives an updated gap)
- Kaiser Family Foundation trend 2014/2015/2016 gives further information on donor financing trends (additional reference)
- Page 4 Indonesia think about referencing district level commitments for FP as per country’s 2017 revitalized commitment, remove DRC
- Kenya all 47 counties have committed to a budget line for FP by 2020 as per Kenya 2017 commitment (double check national level figure)<sup>2</sup>
- Ghana, pilot for rollout of NHIS under Act 852 is starting in 6 districts. Ask Martyn for more details
- Page 4 Guatemala example needs to include information an alcohol tax and social accountability (Ados to provide case study)
- Page 4 task shifting add reference to WHO guidelines on task sharing (OPTIMIZE , Postabortion Contraception and Family Planning)
- Financial hardships for the poor, also include adolescents
- Tools – Consider providing specific reference to resources on the CIP micro site
- Nandita to provide reference from West Africa (pooled resources) (Done)
- Martyn provided suggestions for emphasizing reporting and tracking government expenditures and has sent Sarah an email on this
- Is there logic to the order of examples on budget allocation?
- Jennie to send alternative loan examples

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<sup>1</sup> As per 2017 commitment: The Federal Ministry of Health (FMOH) obtained approval from the Federal Executive Council to renew the Memorandum of Understanding with UNFPA which will ensure provision of US\$4mil annually from 2017 to 2020 for procurement of contraceptives for the public sector (an increase from the US\$3 mil committed from 2011 to 2014). 2. The Federal Ministry of Health commits to ensuring disbursement of US\$56 mil to the states through the IDA loans and Global Financing Facility from 2017 to 2020. The FMOH is working with state governments, donors and other stakeholders program including health insurance programs through the Basic Health Care Provision Fund to make family planning expenses by households to be reimbursable in the public and private sectors.

<sup>2</sup> As per 2017 Commitment: 47 Counties will have costed implementation plans by 2020 (this will have specific goals and strategies for adolescents) Funds are allocated for FP program at national level- specifically - maintain domestic financing for family planning commodities as per the allocation in 2016/17 fiscal year of \$7 million for the next two years and then to be doubled thereafter, this will have tracked annually. Family planning to be implemented fully under the NHIF Linda Mama program by end of 2018. All 47 counties to have a FP budget line by 2020.

## Recommendations for IPC

Refine the scope to one-on-one counseling and revise the brief accordingly. An interim review group will provide feedback on progress.

### **Next Meeting**

The next meeting will be held November 28-29, 2018 in Washington, DC at the Bill and Melinda Gates Foundation.

## Annex A: Agenda



# AGENDA

World Health Organization  
Geneva, Switzerland

## Technical Advisory Group Meeting

June 13 and June 14, 2018

09:00 – 17:00 Room M205, WHO HQ Batiment M

### 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.

### Wednesday, June 13<sup>th</sup>: Jennie Greaney, Chair

08:30 – 09:00	Arrival
09:00 – 10:30	<p><b>Opening of Meeting – Welcome Remarks</b></p> <ul style="list-style-type: none"><li>• Ian Askew, Director RHR/WHO</li><li>• James Kiarie, Coordinator Human Reproduction, RHR/WHO</li></ul> <p><b>Updates</b></p> <ul style="list-style-type: none"><li>• Progress on HIP brief and other material developments, Shawn Malarcher<ul style="list-style-type: none"><li>• Recommendation from Nov 2017 HIP TAG Meeting: <i>The TAG congratulated work on the new HIP website and appreciated data on increased visits to the sites.</i></li></ul></li><li>• IBP Task Team, Nandita Thatte<ul style="list-style-type: none"><li>• Recommendation from Nov 2017 HIP TAG Meeting: <i>The TAG encourages IBP to seek opportunities to make HIP implementation case studies available to the public.</i></li></ul></li></ul>
10:30 – 11:00	Break
11:00 – 12:00	<p><b>Standards of Evidence</b>, Karen Hardee <i>Working group Karen Hardee, Mario Festin, Michelle Weinberger, and Maggwa Baker</i></p> <ul style="list-style-type: none"><li>• Search Strategy<ul style="list-style-type: none"><li>➤ Recommendation from Nov 2017 HIP TAG Meeting: <i>The TAG would like to review the search strategy used by authors to ensure the briefs capture the full range of evidence available.</i></li><li>➤ Next Steps: <i>Maggwa Baker will organize a call with Karen Hardee and Mario Festin in order to review the literature search strategy for the HIP briefs. At the next TAG meeting, they will provide a summary on the current process and make recommendations for improvements.</i></li></ul></li><li>• Update on Gray Scale template</li></ul>

	<ul style="list-style-type: none"> <li>➤ Recommendation from Nov 2017 HIP TAG Meeting: <i>Develop Gray Scale tables for each new and revised brief. These tables will be used in TAG deliberations to inform categorization recommendations.</i></li> <li>➤ Next Steps: <i>Prior to the next TAG meeting, Karen Hardee will organize a call with Michelle Weinberger, Roy Jacobstein, and Maggwa Baker to finalize the Gray Scale template and review the HIP criteria to ensure alignment and identify areas that need further clarification. Authors of the vouchers and interpersonal communication briefs will complete the Gray Scale template. In addition, Michelle Weinberger, Mario Festin, and Jennie Greaney will prepare the Gray Scale template for interpersonal communication.</i></li> <li>• Criteria for a <i>High Impact Practice vs Enhancement</i></li> </ul>
<b>12:00 – 13:30</b>	<b>Lunch</b>
<b>13:30 – 15:00</b>	<b>Domestic, Public Resources</b> <ul style="list-style-type: none"> <li>• Authors: Tom Fagan and Sarah Fox</li> <li>• Discussants – Anand Sinha and Alice Payne Merritt</li> </ul>
<b>15:00 – 15:30</b>	<b>Break</b>
<b>15:30 – 17:30</b>	<b>Interpersonal Communication</b> <ul style="list-style-type: none"> <li>• Joan Kraft, Heather Hancock, Caitlin Thistle</li> <li>• Discussant – Vicky Boydell and Norbert Coulibaly</li> <li>• Gray Scale Review - Michelle Weinberger, Mario Festin, Jennie Greaney, and Gael O'Sullivan</li> </ul>
<b>17:30</b>	<b>Closing, followed by Reception and Group Dinner</b>



## Thursday, June 14th: Rodolfo Gomez, Chair

08:00 – 08:30	Arrival
08:30 – 10:00	<b>Review Recommendations from Day 1</b> <ul style="list-style-type: none"><li>• Comments and Reflections,</li><li>• Review Recommendations</li></ul>
10:00 – 10:30	<ul style="list-style-type: none"><li>• Humanitarian Settings, Jennie Greaney<ul style="list-style-type: none"><li>➤ Recommendation from Nov 2017 HIP TAG Meeting: <i>The TAG recommends continued discussion on developing HIP-related materials focused on family planning programming in humanitarian settings.</i></li><li>➤ Next Steps: <i>Mario Festin, Paata Chikvaidze, Jennie Greaney, Hashina Begum, Nandita Thatte, Heidi Quinn, Loulou Kobeissi will continue to monitor the situation and update at the next HIP TAG meeting</i></li></ul></li></ul>
10:30 – 11:00	Break
11:00 – 12:30	<ul style="list-style-type: none"><li>• Translation Updates, Rodolfo Gomez and Jennie Greaney<ul style="list-style-type: none"><li>➤ Recommendation from Nov 2017 HIP TAG Meeting: <i>PAHO's Centro Latinoamericano de Perinatología (CLAP) will coordinate a launch of the HIPs in Portuguese, including Lusophone Africa where possible.</i></li><li>➤ Next Steps: <i>Rodolfo Gomez will be the contact point regarding organizing HIPs sessions at the October 14-19, 2018, FIGO conference in Brazil in Spanish and Portuguese. We will explore ways that the HIP partners and IBP in particular can support this effort. As a first step, Spanish/Portuguese HIP TAG members including Alice Payne Merritt, Elaine Menotti, Victoria Jennings, and Ellen Eiseman agreed to be tentative speakers in the preliminary session outline submitted and brainstormed other possible speakers to confirm subsequently.</i></li></ul></li><li>• Equity, Sara Stratton<ul style="list-style-type: none"><li>➤ Recommendation from Nov 2017 HIP TAG Meeting: <i>The TAG recommends further work to finalize the recommendations for measuring effects of interventions on equity.</i></li><li>➤ Next Steps: <i>Sara Stratton will organize a call in early 2018 with those interested in working on finalizing this paper. This working group consists of, but is not limited to, the following individuals: Rodolfo Gomez, John Pile, Suzanne Serruya, Chandra-Mouli Venkatraman, and Ian Askew.</i></li></ul></li><li>• Advocacy presentations, Jay Gribble and Heidi Quinn<ul style="list-style-type: none"><li>➤ Recommendation from Nov 2017 HIP TAG Meeting: <i>In order to facilitate dissemination and use of the HIP materials, the TAG recommends developing a short slide set for each brief.</i></li><li>➤ Next Steps: <i>With assistance from IBP, the joint sponsors will identify a few briefs and develop a prototype. A small working group of interested individuals will be identified from among the HIP partners to further develop this work. Jay Gribble has agreed to assist with this work.</i></li></ul></li></ul>

	<ul style="list-style-type: none"> <li>• TOR reviewed, Mario Festin <ul style="list-style-type: none"> <li>➤ Recommendation from Nov 2017 HIP TAG Meeting: The TAG appreciated the opportunity to review the Terms of Reference for membership. The group recommended making information on new members available to the TAG prior to the meetings and several specific recommendations on the TOR. Next Steps: Mario Festin will incorporate feedback from the TAG and recirculate for discussion at the next HIP TAG meeting.</li> </ul> </li> </ul>
<b>12:30 – 14:00</b>	<b>Lunch</b>
<b>14:00 – 15:00</b>	<b>Linking HIPs with WHO Guidelines, CIPs, FP Goals and other resources</b> <ul style="list-style-type: none"> <li>• Nandita Thatte, linking with WHO guidelines and tools <ul style="list-style-type: none"> <li>➤ Recommendation from Nov 2017 HIP TAG Meeting: We encourage and support continued work on linking the HIPs to WHO guidelines.</li> <li>➤ Next Steps: We will invite the IBP Secretariat to present on progress at the next HIP TAG meeting. TAG members would be willing to provide input for this work. A draft report can be circulated to TAG members for review prior to the June TAG meeting.</li> </ul> </li> <li>• Martyn Smith, FP2020 Update: HIPs analysis and linking with CIPs and FP Goals</li> </ul>
<b>15:00 – 15:30</b>	<b>Break</b>
<b>15:30 – 16:30</b>	<b>Updating existing briefs</b> <ul style="list-style-type: none"> <li>• Vouchers</li> <li>• Post abortion FP</li> <li>• Social Marketing <ul style="list-style-type: none"> <li>➤ Recommendation from Nov 2017 HIP TAG Meeting: With the expectation that new data on implementing immediate postpartum family planning will be available in the coming months, the TAG would like to review the need for updating the brief in the near future.</li> </ul> </li> </ul>
<b>16:30 – 17:00</b>	<b>Review Recommendations</b> <b>Next Steps and Closing - Mario Festin</b>



## Annex B: List of Participants

**Ian ASKEW**

World Health Organization

**Victoria BOYDELL**

IPPF

**Venkatraman CHANDRA MOULI**

WHO/AGH

**Norbert COULIBALY**

UNFPA, West & Central Africa Region

**Ellen EISEMAN**

Chemonics

**Mario FESTIN**

World Health Organization

**Sarah FOX**

Options Consultancy Services Ltd

**Christine GALAVOTTI**

Bill & Melinda Gates Foundation

**Rodolfo GOMEZ PONCE DE LEON**

WHO/PAHO

**Jennie GREANEY**

UNFPA

**Jay GRIBBLE**

The Palladium Group

**Karen HARDEE**

Population Council

**Roy JACOBSTEIN**

IntraHealth International

**Victoria JENNINGS**

IRH- Georgetown

**James KIARIE**

World Health Organization

**Ados Velez MAY**

IBP Initiative Secretariat

**Shawn MALARCHER**

USAID

**Natalie MAURER**

World Health Organization

**Alice Payne MERRITT**

JHU-CCP

**Gael O'SULLIVAN**

Georgetown University

**Heidi QUINN**

IPPF

**Haingo RABEARIMONJY**

IPPF Africa Region

**Anand SINHA**

The David and Lucile Packard Foundation

**Martyn SMITH**

FP2020

**Sara STRATTON**

The Palladium Group

**Nandita THATTE**

World Health Organization

## Annex C: Presentations

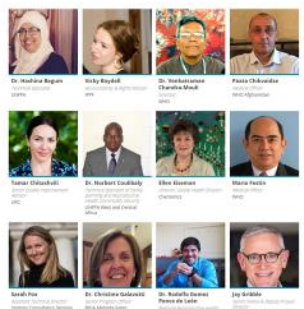
*The only thing that permits human beings to collaborate with one another in a truly open-ended way is their willingness to have their beliefs modified by new facts. Only openness to evidence and argument will secure a common world for us.*

-Sam Harris

## Website Updates



## Our responsibility it great...



## Website Updates

**TABLE 01: view Updated Evidence**

Selected findings from studies on integration of family planning with routine childhood immunization services

COUNTRY (TOTAL SAMPLE SIZE)	CONTRACEPTIVE USE	EFFECT ON IMMUNIZATION UTILIZATION	REFERENCE
Ghana (N=2763)	NSSC	Not measured	(Vance et al., 2013)
Philippines (N=3767)	+	Analysis underway	(Herrin et al., 2012)
Rwanda (N=1654)	+	NSSC	(FHI 360, 2012b)
Togo (N=2161)	+	NSSC	(Kunzinger & Aghazadeh, 1994)
Zambia (N=6219)	NSSC	Not measured	(Vance et al., 2013)

NSSC: No statistically significant change  
+ indicates statistically significant positive change at the 01 level or higher

Why is this practice important?  
What is the impact?  
How to do it: Tips from implementation experience  
Tools and Resources  
References  
Suggested Citation  
Acknowledgments  
CONTACT

## Progress on recommendations from November 2017 Meeting

### New Briefs

- Social Franchising
- Digital Health for SBC



## Website Updates

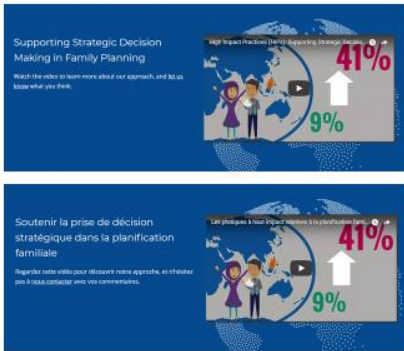
**Family Planning and Immunization Integration: Updated Impact Data**

TABLE 1A. PERCENTAGE OF WOMEN ATTENDING ROUTINE CHILDHOOD IMMUNIZATION SERVICE WHO LEAVE THE FACILITY WITH A MODERN CONTRACEPTIVE METHOD, BEFORE AND AFTER FAMILY PLANNING WAS SYSTEMATICALLY OFFERED AS PART OF ROUTINE IMMUNIZATION CARE (UPDATED MARCH 1, 2018)

COUNTRY	BASELINE	ENDLINE	Difference in difference <sup>1</sup>	Change in AICE services	Full objective
Ghana	Intervention: 846 (22.8%) Control: 891 (27.7%)	Intervention: 482 (24.8%) Control: 891 (27.7%)	1.3 p	Not reported	58.0 (3.0) 45.0 (3.0)
Liberia	Intervention: NA Control: 1238 (8.4%)	Intervention: NA Control: 1238 (8.4%)	NA	No negative effects	12.0 (0.0) 45.0 (3.0)
Nepal	Intervention: NA Control: 2348 (37%)	Intervention: NA Control: 2348 (37%)	NA	No negative effects	50.0 (0.0) 45.0 (3.0)
Philippines	Intervention: 181 (27%) Control: 301 (28%)	Intervention: 275 (28%) Control: 301 (28%)	0.3 p	Not reported	50.0 (0.0) 45.0 (3.0)
Rwanda	Intervention: 423 (49.7%) Control: 433 (58.8%)	Intervention: 429 (57.7%) Control: 423 (57.7%)	13.0 p	No negative effects	20.0 (0.0) 45.0 (3.0)
Zambia	Intervention: 1555 (41.8%) Control: 2091 (32.5%)	Intervention: 962 (40.8%) Control: 1992 (32.5%)	4.3 p	Not reported	50.0 (0.0) 45.0 (3.0)

<sup>1</sup> Difference in AICE rates & the change in contraceptive use in the intervention group minus the change in contraceptive use in the control group. This is a baseline-to-endline comparison.

## Content Updates



## Website Traffic

Most Visited Pages	
1. Home page	9. HIPs List
2. Briefs page	10. Mobile Outreach HIP Brief
3. Adolescent-Friendly Contraceptive Services HIP Enhancement	11. Mass Media HIP Brief
4. Engaging Men & Boys Planning Guide	12. Drug Shops HIP Brief
5. Immediate PPF HIP Brief	13. Digital Health for Systems HIP Enhancement
6. Community Health Workers HIP Brief	14. FP & Immunization Integration HIP Brief
7. Planning Guides page	15. Postabortion FP HIP Brief
8. Overview page	16. Social Marketing HIP Brief

## Content Updates



## To Do List:

- Planning Guides
  - Financing?
  - FP in humanitarian settings?
- "Chapeau"
  - Service Delivery
  - Enabling Environment?

## Website Traffic

June 29, 2017 – May 30, 2018	
Users	17,855 (76% increase from prior year)
Visits	28,690 (83% increase from prior year)
Pageviews	60,797 (84% increase from prior year)
Downloads	6,569 (9% decrease from prior year)

Top Countries		
1. United States	8. Philippines	15. Australia
2. India	9. Pakistan	16. Bangladesh
3. Nigeria	10. Tanzania	17. Zambia
4. United Kingdom	11. Ghana	18. Nepal
5. Kenya	12. Canada	19. Malawi
6. Uganda	13. Azerbaijan	20. Switzerland
7. Ethiopia	14. South Africa	21. France

## To Do List:

- Planning Guides
  - Financing?
  - FP in humanitarian settings?
- "Chapeau"
  - Service Delivery
  - Enabling Environment?

## Update on IBP HIP Task Team

- **Webinar Series**
  - Series with FP2020 on the new HIPs
  - Francophone Series with OP
- **Documentation/Case Studies**
  - WHO Documentation Guide as a Template
    - Drug Shops in Ghana and TZ (planning; in progress)
    - AFCS in Delhi, India (youth led; in progress)
    - AFCS in Colombia (being finalized)
- **Conferences/Meetings**
  - FIGO: HIP Panel; UNFPA, WHO, RHSC, IBP
  - ICFP: HIPs integrated into IBP Track
  - IBP India: HIP dissemination; Input on Matrix;
  - IBP London: HIP Collaboration; HIP Website; Task Team
- **HIP and WHO Guidelines Matrix Tool**
- **M&E HIP Dissemination and Use**
- **HIP Task Team Meeting—Thursday July 12<sup>th</sup> 2-4pm, Washington DC**
- **HIP Partners Meeting—Fall 2018**



**HIP** FAMILY PLANNING HIGH-IMPACT PRACTICES

**IBP Initiative**  
Scaling up what works in family planning/reproductive health

## Standards of Evidence Group

Karen Hardee and Mario Festin

HIP TAG Meeting  
Geneva, Switzerland, June 2018

## Search Strategy

### ➤ Recommendation:

- The TAG would like to review the search strategy used by authors to ensure the briefs capture the full range of evidence available

### ➤ Next Steps:

- Review the literature search strategy for the HIP briefs
- Provide a summary on the current process and make recommendations for improvements

## Outline

- Search Strategy
- Update on Gray Scale template
- Criteria for a High Impact Practice vs Enhancement

## Search Strategy: Social Marketing

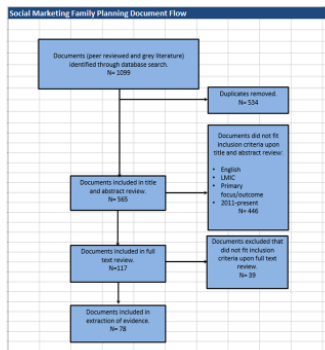
Excel file with 4 pages: Terms, Search, Document Flow and Evidence

TERMS		
Social Marketing		
General parameters: after 2011, English		
Concept	Terms	String
Social marketing	social marketing	"social marketing" OR contraceptive* OR condom OR condoms
Family planning	family planning, contraceptive, contraceptives, contraception, condom, IUD, injectable	"family planning" OR contraceptive* OR condom OR condoms OR IUD OR injectable OR injectables OR implant OR implants OR "reproductive health"
Other health	reproductive health, HIV, AIDS, STI, sexually transmitted infections	OR health OR HIV OR AIDS OR STI OR (sexually transmitted infection*)
Location	developing country, developing nation, low income country, low-income country, emergent nation, transitional country, limited resource country, limited-resource country (country list)	OR developing count* [tiab] OR transitional country [tiab] OR limited resource count* [tiab] OR developing nation* [tiab] OR underdeveloped nation* [tiab] OR emergent nation* [tiab] OR less developed count* [tiab] OR international [tiab] OR global [tiab]
Additional Limits	After 2013, English, no commentary, abstract available for screening	



## Recommendations

1. The search strategy for the reference literature materials be prepared for each HIP document.
2. The databases where the searches were made would be described, to includes both peer-reviewed and grey literature.
3. The MESH terms and/or key terms would be described and listed.
4. The criteria for including articles would be identified a priori (e.g. programmatic research papers are included, commentaries are not included for the evidence part)
5. For each included article, a short description would be included in table format (e.g. part of the evidence page or evidence review template table.
6. For excluded articles, the reasons for exclusion would be mentioned, either as a figure or in table format. (e.g. duplicates, language, date of paper, geographic coverage, etc.)
7. The search strategy would be mentioned in the HIP document and would be available as an online annex to the document. (provide as a link to another document to save on space).
8. Who did and when the search was done could be mentioned as part of methodology.



## Update on Gray Scale template

➤ *Recommendation:*

- Develop Gray Scale tables for each new and revised brief
- These tables will be used in TAG deliberations to inform categorization recommendations.

➤ *Next Steps:*

- Finalize the Gray Scale template, and
- Review the HIP criteria to ensure alignment and identify areas that need further clarification
- Use the template with new/updated briefs (see other sessions)

## Evidence Page

[illegible]

Modified "Gray Scale" – Hierarchy of Evidence from Sir Muir Gray (involved in developing the Cochrane collection), with level III split

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

[illegible]

- Can show the strength of evidence
- No strict rules for how many studies of what type would indicate “proven” vs. “promising,” but rather use evidence mapping to inform discussions

<b>Proven</b>	Sufficient evidence exists to recommend widespread implementation, provided that there is careful monitoring of coverage, quality, and cost.
---------------	--

<b>Promising</b>	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.
------------------	--

Rating	Type of study	Total # studies	# with Positive Significant Results	# with positive results but no significant test	# with mixed results	# with non-significant results	Other
I	Systematic Review of RCT	0	0	0	0	0	0
II	RCT	0	0	0	0	0	0
	Control with pre/post (non randomized/quasi-experimental)	0	0	0	0	0	0
IIa	Control with post only (not randomized)	0	0	0	0	0	0
	Other Rigorous Design (e.g. propensity score matching)	0	0	0	0	0	0
	Systematic Review of non-RCTs (quantitative)	0	0	0	0	0	0
IIb	Pre/post no control	0	0	0	0	0	0
IV	Routine/program data	0	0	0	0	0	0
	Other non-rigorous design	0	0	0	0	0	0
V	Qualitative	0	0	0	0	0	0
	Systematic Review of non-RCTs (qualitative)	0	0	0	0	0	0
n/a	Other/unsure	0	0	0	0	0	0
	Total Studies	0	0	0	0	0	0

- *When presenting the results, it is suggested to show the findings of all relevant articles, not only the positive and significant ones.*
  - This may affect decisions for implementation of recommendations.
- What if findings from higher level types of research methodology are different from lower level methodology – how do we present and interpret findings
  - If only lower level type of evidence is available, do we state that the evidence is not that strong so the recommendation is not strong or would be in defined context?
- In classifying a HIP, what if the evidence for the intervention differs for different population groups or for types of intervention approaches, do we classify some parts of the document as proven and other as promising?
- Tips from implementation also give recommendations – need evidence?

Gray Scale  
Summary for  
Mass Media HIP  
Brief (Proven)

Primary Communication		Type of Study	Total studies	# with Positive Significant Results	# with positive results but no significant test	# with no results	# with non-significant results	Other	
Group	Study Ranking								
I	Systematic Review of RCT	1	1	0	0	0	0	0	
		2	1	0	0	0	0	0	
		3	1	0	0	0	0	0	
		4	1	0	0	0	0	0	
		5	1	0	0	0	0	0	
IIa	Control with [and/without randomization/prospective experimental]	6	0	0	0	0	0	0	
		7	0	0	0	0	0	0	
		8	0	0	0	0	0	0	
		9	0	0	0	0	0	0	
		10	0	0	0	0	0	0	
IIb	Control with and only (not randomized)	11	0	0	0	0	0	0	
		12	0	0	1	2	0	0	
		13	0	0	0	0	0	0	
III	Randomizing design	14	0	0	0	0	0	0	
		15	0	0	0	0	0	0	
		16	0	0	0	0	0	0	
IV	Other Non-Random design	17	0	0	0	0	0	0	
		18	0	0	0	0	0	0	
		19	0	0	0	0	0	0	
V	Qualitative	20	2	0	1	0	0	1	
		21	0	0	0	0	0	0	
Systematic Review of non-RCTs (qualitative)			2	0	1	0	0	1	
Overall/summary									
Total Studies			9	0	2	22%	22%	33%	22%

Main Meta		Type of Study	Total studies	# with Positive Significant Results	# with positive results but no significant test	# with no results	# with non-significant results	Other
Group	Study Ranking							
I	Systematic Review of RCT	1	1	0	0	0	0	0
		2	1	0	0	0	0	0
		3	1	0	0	0	0	0
		4	1	0	0	0	0	0
		5	1	0	0	0	0	0
IIa	Control with [and/without randomization/prospective experimental]	6	12	1	0	0	0	0
		7	1	0	0	0	0	0
		8	1	0	0	0	0	0
		9	0	0	0	0	0	0
		10	0	0	0	0	0	0
IIb	Control with and only (not randomized)	11	12	1	0	0	0	0
		12	0	0	0	0	0	0
		13	0	0	0	0	0	0
III	Randomizing design	14	12	1	0	0	0	0
		15	0	0	0	0	0	0
		16	0	0	0	0	0	0
IV	Other Non-Random design	17	1	0	0	0	1	0
		18	0	0	0	0	0	0
		19	0	0	0	0	0	0
V	Qualitative	20	1	0	0	0	1	0
		21	0	0	0	0	0	0
Systematic Review of non-RCTs (qualitative)			1	0	0	0	1	0
Overall/summary								
Total Studies			15	11	1	5	2	0

- *When presenting the results, it is suggested to show the findings of all relevant articles, not only the positive and significant ones.*
  - This may affect decisions for implementation of recommendations.
- What if findings from higher level types of research methodology are different from lower level methodology – how do we present and interpret findings
  - If only lower level type of evidence is available, do we state that the evidence is not that strong so the recommendation is not strong or would be in defined context?
- In classifying a HIP, what if the evidence for the intervention differs for different population groups or for types of intervention approaches, do we classify some parts of the document as proven and other as promising?
- Tips from implementation also give recommendations – need evidence?







FIGO 2018 / PROGRAMME OVERVIEW									
DATE/TIME	FIGO 2018 WORLD CONGRESS OF OBSTETRICS AND GYNAECOLOGY	FIGO 2018 WORLD CONGRESS OF OBSTETRICS AND GYNAECOLOGY	FIGO 2018 WORLD CONGRESS OF OBSTETRICS AND GYNAECOLOGY	FIGO 2018 WORLD CONGRESS OF OBSTETRICS AND GYNAECOLOGY	FIGO 2018 WORLD CONGRESS OF OBSTETRICS AND GYNAECOLOGY	FIGO 2018 WORLD CONGRESS OF OBSTETRICS AND GYNAECOLOGY	FIGO 2018 WORLD CONGRESS OF OBSTETRICS AND GYNAECOLOGY	FIGO 2018 WORLD CONGRESS OF OBSTETRICS AND GYNAECOLOGY	FIGO 2018 WORLD CONGRESS OF OBSTETRICS AND GYNAECOLOGY
08:00 - 08:30	FIGO Follow								
08:30 - 10:00	Plenary Events	Latin Forum	Maternal Fetal Health	Obstetric Practice (OB)	Sexual Health and Women's Rights	Children and the Public Place	Women's Health Issues and Policy	Responsible for Training Capacity Building & Education and Training Committee	What can we learn from research about reducing maternal mortality? American College of Obstetrics and Gynecology - ACOG
10:00 - 10:30	NETWORKING BREAK								
10:30 - 11:45	Plenary Events								
11:45 - 12:00	Breakfast								
12:00 - 12:30	Maternal Fetal Health								
12:30 - 14:30	LUNCH BREAK - SYMPOSIUM								

## HIP at Rio

**PROPOSED SESSIONS BY: The High Impact Practice Initiative Contraception and Family Planning, WHO, IBP**

**SESSION TITLE: "High impact practices in Family Planning. What is New?"**

An estimated 225 million women in developing regions want to avoid a pregnancy but are using not using a modern method of contraception. By helping women prevent unintended pregnancies, programs can reduce unwanted births and unsafe abortions, and improve maternal and child health. While the majority of married women in Latin American and the Caribbean currently use modern methods of contraception, there remain wide inequalities between sub-populations and high unmet need among adolescents aged 15-19.

Family planning programs aim to support individuals and couples in exercising their rights to choose the timing and spacing of their pregnancies, to have the information and services to act on that right, and to be treated respectfully, equally, and without discrimination. **High Impact Practices in Family Planning, also known as HIPs, are a set of evidence-based family planning practices vetted by experts against specific criteria and documented in an easy-to-use format.** Endorsed by more than 25 organizations, HIPs reflect consensus around our current understanding of what works in family planning.

The eight-page HIP briefs can be used for advocacy, strategic planning, program design, exploration of research gaps, to inform policies and guidelines, and to support implementation and will be distributed in Spanish and Portuguese during and after the sessions.

HIPs are categorized as: (1) **Enabling Environment** practices which address systemic barriers, (2) **Service Delivery** practices which improve the availability, accessibility, acceptability, and quality of services, and (3) **Social and Behavior Change** practices which influence knowledge, beliefs, behaviors, and social norms.

The proposed session would first provide an overview of the HIPs and how they can help decision-makers maximize the reach and impact of family planning programs. Then, three presentations would be given on HIPs from each of the three categories listed above. The HIPs covered will be chosen with the Latin American and Caribbean context and the conference participants in mind. Speakers with experience implementing HIPs in the region will be identified to present.

## Two HIP sessions

### Spanish Session:



### Portugues Session:

Session Title:	Chairperson(s) Name, Email, Country:		
High impact practices in Family Planning. What is New?	RODOLFO GÓMEZ PONCE DE LEÓN, <a href="mailto:gomez@paho.org">gomez@paho.org</a> , Uruguay		
Titles of presentations	Individual Speaker's Name	Email address	Country
1. Overview	Rodolfo Ponce de León	<a href="mailto:rodolfo.ponce@paho.org">rodolfo.ponce@paho.org</a>	Uruguay
2. Enabling Environment	Ados Velez May	<a href="mailto:ados.may@paho.org">ados.may@paho.org</a>	USA
3. Service Delivery	James Grillo	<a href="mailto:jgrillo@paho.org">jgrillo@paho.org</a>	USA
4. Social and Behavioral Change	Alice Payne MERRITT	<a href="mailto:alicepayne.merritt@paho.org">alicepayne.merritt@paho.org</a>	USA

Session Title: High Impact Practices in Family Planning. What is New?	Chairperson(s) Name, Email, Country: Nandita Tette <a href="mailto:tette@paho.int">tette@paho.int</a> , Swiss		
Titles of presentations	Individual Speaker's Name	Email address	Country
1. Overview	Nandita Tette	<a href="mailto:tette@paho.int">tette@paho.int</a>	Swiss
2. Enabling Environment	Elen Horowitz	<a href="mailto:elenhorowitz@paho.org">elenhorowitz@paho.org</a>	USA
3. Service Delivery	Rodolfo Gómez Ponce de León	<a href="mailto:gomez@paho.org">gomez@paho.org</a>	Uruguay
4. Social and Behavioral Change	Alice Merritt Payne	<a href="mailto:alicepayne.merritt@paho.org">alicepayne.merritt@paho.org</a>	USA

## "High impact practices in Family Planning. What is New?"



Family planning programs aim to support individuals and couples in exercising their rights to choose the timing and spacing of their pregnancies, to have the information and services to act on that right, and to be treated respectfully, equally, and without discrimination. **High Impact Practices in Family Planning, also known as HIPs, are a set of evidence-based family planning practices vetted by experts against specific criteria and documented in an easy-to-use format.** Endorsed by more than 25 organizations, HIPs reflect consensus around our current understanding of what works in family planning. The eight-page HIP briefs can be used for advocacy, strategic planning, program design, exploration of research gaps, to inform policies and guidelines, and to support implementation. HIPs are categorized as: **Enabling Environment** practices which address systemic barriers, **Service Delivery** practices which improve the availability, accessibility, acceptability, and quality of services, **Social and Behavior Change** practices which influence knowledge, beliefs, behaviors, and social norms and **Enhancements**, practices that can be implemented in conjunction with HIPs to further intensify the impact of the HIPs. The session would first provide an overview of the HIPs and how they can help decision-makers maximize the reach and impact of family planning programs. Then, three presentations would be given on HIPs from the categories listed above. The HIPs covered will be chosen with the Latin American and Caribbean context and the congress participants in mind. Hard copies will be distributed in Spanish and Portuguese during the session.

Session Title:	Chairperson(s) Name, Email, Country: RODOLFO GÓMEZ PONCE DE LEÓN, <a href="mailto:gomez@paho.org">gomez@paho.org</a> , Uruguay		
High impact practices in Family Planning. What is New?			
Titles of individual presentations	Speaker's Name	Email address	Country
Overview	Ados Velez May, IBP Initiative	<a href="mailto:ados.may@paho.org">ados.may@paho.org</a>	United States
Enabling Environment	Milika Olinev, FeroLAC/IBIC	<a href="mailto:mlinev@paho.org">mlinev@paho.org</a>	Peru
Service Delivery	Rodolfo Gómez Ponce de León, PAHO/CLAP	<a href="mailto:gomez@paho.org">Gomez@paho.org</a>	Uruguay
Social and Behavioral Change and HIPs Enhancements	Vicky Camacho, UNFPA/LACRO	<a href="mailto:vcamacho@unfpa.org">vcamacho@unfpa.org</a>	Panama

## Possible distribution of activities

- PAHO Brazil and MoH join launch of the HIP TAG in Portuguese (Webinar) with support from FLASOG and ABRASGO
- Printing HIP for distribution in the conference
- Interviews to MoH officials with good stories during conference
- Open list .....

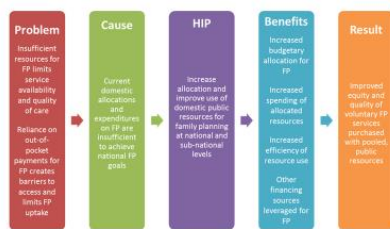
# Domestic Public Financing

A High-Impact Practice for Family Planning  
Summary and Guidance  
2018

## The Practice

- efficient allocation and use of domestic, public financing for voluntary family planning at national and sub-national levels

## Theory of Change



## Impact

- Increased allocation of public revenues to FP
- Increase execution of funds allocated for FP
- Improved efficiency in the use of funds
  - Joint procurement
  - Task sharing
  - Integration
  - Improved coordination
  - Prioritizing high impact, cost-effective interventions
  - Targeting government expenditures/subsidies
  - Engaging private sector
- Leveraging additional financing mechanisms

## Selected Tips

- Include FP in key strategic documents at the national and sub-national level
- Set a realistic number of goals with cost estimates
- Develop a clear understanding of the annual budget cycle
- Invest in advocacy to galvanize commitment to family planning
- Use past spending to build an evidence base
- Increase budget transparency and public participation
- Strengthen public financial management capacity in the health sector
- Advocate for inclusion of FP in formal health insurance schemes

## When this might be relevant

- Discussions around transitioning from donor support
- Achieving FP2020 commitments
- Including FP in UHC

## Update on M&E Member Survey and Linking HIPs and WHO Guidelines



## M&E Plan/IBP Member Survey, 2018

- Knowledge and Use of IBP Supported Tools
  - Access
  - Use
  - Barriers
- Partnership
- Scale Up

### What's New?

- Global Health KM Indicator Database
- Global and Regional Respondents
- Qualitative Component



## IBP Member Survey, 2017: Barriers to Use of IBP Promoted Resources

	Medical Eligibility Criteria	Training Resource Package (TRP)	Programme Strategies for PPPP	Human Rights and Contraceptive Services	Health Worker Roles for Maternal and Newborn Health	High Impact Practices (HIPs)
Difficult to understand/technical language	8.33%	-	-	-	-	-
Not enough copies of the tool	66.67%	20.00%	16.67%	9.09%	10.00%	10.53%
Information not useful	8.33%	-	-	-	-	-
Not in the correct language	25.00%	5.00%	-	18.18%	-	15.79%
Culturally insensitive	4.17%	5.00%	8.33%	9.09%	10.00%	5.26%
Missing information	4.17%	5.00%	-	-	-	-
Limited time and/or resources	33.33%	50.00%	58.33%	63.64%	60.00%	42.11%
Other (please specify)	25.00%	35.00%	33.33%	27.27%	50.00%	47.37%

### "Other Barriers"

- Limited relevance to programmatic needs
- Lack of alignment with organizational priorities
- Challenges measuring impact at country level
- Need to contextualize for different settings



## Tool to Link Programmatic Practices and Clinical Guidelines: Version 1.0

WHO Guidelines/Recommendations						
	Medical Eligibility Criteria & Informed Choice Recommendation	Family Planning Handbook	Training Resource Package (TRP)	Health Worker Roles for Maternal and Newborn Health	Programme Strategies for PPPP	High Impact Practices (HIPs)
Contraceptive Methods	V	V	V	V	X	V
Family Planning Laws	V	V	V	V	O	V
IP Implementation Information	V	V	V	V	V	V
Mobile Outreach	O	O	O	O	X	V
Health Worker Roles	V	V	V	V	X	V
Social Marketing	X	O	O	O	X	O
Financing	X	O	X	O	O	O
Emergency Contraception	V	V	V	V	V	V
Sexual Frictionality	V	V	V	O	V	V

## Progress To Date: Version 2.0

- Working group in January 2018
- Consultations with IBP Partners in India
- Consultations with WHO Regional Focal Points

WHO Guidelines/Recommendations						
	Medical Eligibility Criteria & Informed Choice Recommendation	Family Planning Handbook	Training Resource Package (TRP)	Health Worker Roles for Maternal and Newborn Health	Programme Strategies for PPPP	High Impact Practices (HIPs)
Contraceptive Methods	Counseling Training	Training	Training	Advocacy Training	Advocacy	Advocacy Counseling
Mobile Outreach	Advocacy Counseling	Advocacy	Training	Advocacy	Advocacy Resource	Advocacy
Health Worker Roles	Counseling Training	Resource	Training	Advocacy	Resource Advocacy	Advocacy
Family Planning Laws	Counseling Training	Resource	Training	Advocacy	Resource Advocacy	Advocacy
Financing, Fast Track	Counseling Training	Resource	Training	Advocacy	Resource Advocacy	Advocacy
IP Implementation Information	Counseling Training	Resource	Training	Advocacy Training	Counseling Advocacy	Advocacy
Financing	Counseling Resource	Resource	Resource	Advocacy Training	Resource	Advocacy
Social Marketing	Counseling Resource	Training	Resource	Training Advocacy	Resource	Advocacy
Sexual Frictionality	Counseling Resource	Resource	Resource	Training	Resource	Advocacy



## Next Steps...

### M&E Member Survey

- Collection planned for Summer 2018
- 13+ Additional IBP Member Organizations
- Identify key informants
- Identify regional/country focal points

### Matrix Tool

- Submitted to WHO Document Review
- Revisit detailed links within each category/description
- Explore online version

## HIPs ANALYSIS & IMPACT + HIPs/CIPs/FP Goals WORK

Martyn Smith, Managing Director, FP2020

13-14 June 2018  
HIP TAG Meeting, Geneva



www.familyplanning2020.org

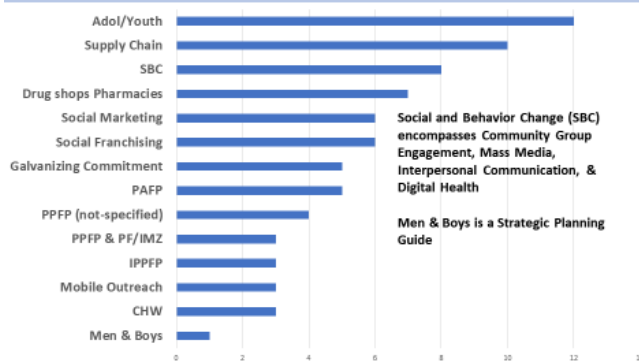
## HIPs STRATEGIC ANALYSIS FRAMEWORK

HIPs	FP2020 Commitment	CIP	Country Action Plan	DHS data	Track 20 data
Service Delivery					
Social & Behavior Change					
Enabling Environment					

## HIPs ANALYSIS

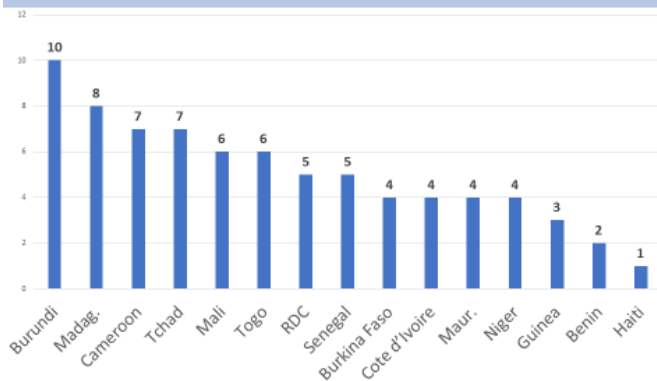
- Key part of Francophone Focal Point Workshop – presented on day 1
- HIPs touched on explicitly and implicitly throughout workshop – PPFP & Supply Chain
- HIPs Advisor engaged with countries during workshop as they worked on Action Plans
- Post-workshop – commented on all Action Plans
- Overall: high level of understanding and utility of HIPs shown in workshop evaluation & final Action Plans

## IMPACT: HIPs TOPICS IN FRANOPHONE COUNTRY ACTION PLANS



MAPPING ANALYSIS OF THE HIGH IMPACT PRACTICES

## IMPACT: NUMBER OF HIPs TOPICS IN COUNTRY ACTION PLANS



MAPPING ANALYSIS OF THE HIGH IMPACT PRACTICES

## HIPs ANALYSIS: LESSONS LEARNED & NEXT STEPS

- Decision-making: Wide range of HIPs represented; need to prioritize
- Francophone process: Direct relationship between engagement and asks re HIPs
- Asia Workshop: Range of countries (S-curve, sub-national), developing new framework for HIPs analysis

## Possible areas for focus for Asia Focal Point Workshop (Oct 1 to 4 in Kathmandu)

- Leadership and Political Will – links to HIPs on Galvanizing Commitment, Leaders and Managers
- Financing, Domestic Resource Mobilisation and Efficiency – links to Domestic, Public Resources HIP
- Youth and Adolescents – links to HIP enhancement and Adolescents Strategic Planning Guide
- SBC as cross-cutting theme for workshop

## HIPs/CIPs/FP Goals

- Always striving to better understand country priorities, to do a better job of supporting those priorities
- Within this agenda need for alignment between HIPs, Costed Implementation Plans and FP Goals is a key part of making this happen
- Meetings have taken place in April and June and will continue in late July

## HIPs/CIPs/FP Goals

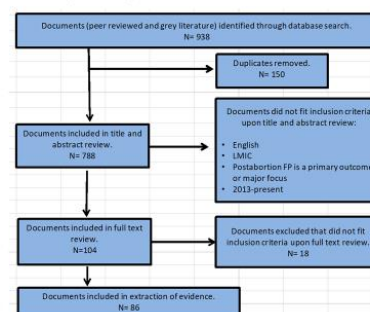
- Considered Tanzania (CIP 2.0 developed using FP Goals) and Liberia (1st CIP just being launched)
- Integration & maintenance/sustainability investments will be our initial focus so we can come to some resolution in terms of improving our coordination across tools (e.g., messaging, presentation, development of additional HIPs, etc.)
- Other potential topics are method introduction/choice, and enabling environment.

## Voucher brief update – TAG review Nov 2018

Modern Contraceptive Prevalence Rate (mCPR) in Communities Before and After Voucher Introduction, Selected Studies

Project area	Cost of voucher	Pre-voucher/unexposed mCPR	Post-voucher / exposed mCPR	Reference
Cambodia	Free	22%	32%	Bajracharya and Bellows, 2014
India (rural Agra)	Free	27%	31%	ITAP, 2012
India (slum Kanpur Nagar)	Free	39%	43%	ITAP, 2012
Kenya (rural and slum)	US\$0.50–\$1.50	Difference between groups was not statistically significant		Obare et al., 2013
Pakistan (rural)	US\$1.25	Difference between groups was not statistically significant		Agha, 2011
Pakistan (rural)	Free	18%	43%	Khurram Azmat et al., 2013

## Post abortion Family Planning Lit Search 2013–March 2018 – TAG review Nov 2018



Social Marketing Lit Search 2011-May 2018 – TAG review June 2019

