High Impact Practices
Technical Advisory Group
Meeting Report

November 28th and 29th, 2018

Bill and Melinda Gates Foundation
1300 I Street NW,
Washington, DC
# Table of Contents

Welcome .................................................................................................................................................. 5

Updates ......................................................................................................................................................... 5

Progress in achieving TAG Recommendations from June 2018 Meeting ........................................... 5

IBP Activities and Survey .......................................................................................................................... 6

ICFP and Domestic Public Resource .......................................................................................................... 7

FIGO ............................................................................................................................................................ 7

FP2020 ....................................................................................................................................................... 7

Equity .......................................................................................................................................................... 7

Vouchers Update ......................................................................................................................................... 8

IPC Update .................................................................................................................................................. 8

Review New Concept Notes ....................................................................................................................... 8

Task Sharing (HIP Enhancement) ................................................................................................................ 8

Counseling on contraceptive side effects, myths, and misconceptions (HIP brief) ...................................... 8

Plan for Brief Updates ................................................................................................................................ 9

Postabortion Family Planning Update ....................................................................................................... 9

HIP Promotional Material .......................................................................................................................... 9

Review Dissemination / Promotion Activities .............................................................................................. 10

Rethinking Theory of Change (TOC) ........................................................................................................ 10

Updating Existing Briefs ............................................................................................................................ 10

Supply Chain ............................................................................................................................................. 10

Social Marketing ......................................................................................................................................... 10

SPG for Humanitarian Settings ................................................................................................................... 11

Additional HIP Criteria ............................................................................................................................ 11

HIP TAG Recommendations and Next Steps ........................................................................................... 11

Recommendations for Production and Dissemination Team ..................................................................... 12

Development of new material .................................................................................................................. 12

Review of Vouchers Enhancement ............................................................................................................. 13

Review of Postabortion Family Planning HIP Brief Update .................................................................... 14

Annex A: Agenda ....................................................................................................................................... 15

Annex B: List of Participants ..................................................................................................................... 18

Annex C: Presentations .............................................................................................................................. 19
Technical Advisory Group Meeting Report

Day 1

Welcome
Christine Galavotti briefly welcomed everyone to the Foundation and to the meeting.

Jay Gribble continued as Chair for day one of the meeting.

Updates
Shawn Malarcher reminded the group that they participate as family planning experts to serve in the best interest of the beneficiaries of family planning programs worldwide, not in the interest of donors, NGOs or other development partners. Ms. Malarcher also highlighted that 2020 is coming up very soon, with many conversations happening in a dynamic and changing global development landscape. Ms. Malarcher reminded the group that it has been eight years since the first HIP list was produced and six years since the partners HIP started. Today HIPs are a public good that will help us achieve the vision of ICPD.

Progress in achieving TAG Recommendations from June 2018 Meeting

- The Domestic Public Resource Brief recently launched.
- Search Strategy: We continue to standardize the search strategy and make the results of the literature review more available. This is an effort to make the HIP development process more transparent. We are working to develop a format appropriate for dissemination through the website. Over the next six months we will continue to work with the HIPs Production and Dissemination (P&D) team to figure out how to make that information more accessible. Work in progress.
- HIP materials update: Numerous HIP materials are in various states of progress (Please see Gantt chart below for more details).
- The HIP Partnership has limited capacity and the decision was taken to limit production to no more than four briefs per year. At every TAG meeting, we have an opportunity to move forward two briefs and one other document in addition to the briefs.

Discussion:

- The TAG found the Gantt chart helpful to track progress in material development.
- TAG members noted that as the number of briefs and materials grow, the emphasis on a particular brief is diluted.
- It was also shared that an update is basically a full rewrite, pointing to the efforts of the TAG to improve the content and structure of the briefs.
- The TAG also paused to consider if there is a need to increase existing capacity to update/produce more than four briefs per year. The decision was taken that this would not be feasible or useful at this time.
• Members noted greater engagement of a broader FP group leading to a much better product. Substantive engagement takes time and resources, which include planning meetings, facilitating WHO and UNFPA country level engagement, identifying potential new members and partners taking leadership. For example, UNFPA continues to support the translation of all briefs to French and Spanish. Ms. Malarcher also added that the rigorous process to produce a brief helps to build ownership, consensus, and credibility of the product. In addition, the packaging of the brief also makes a difference, but it requires flexibility to hear feedback from the countries and implement feedback received from many stakeholders. A positive development is that the brief writing process is now much easier and more efficient.

• Ms. Malarcher concluded her update by reflecting on the importance of committed champions for the HIPs. It makes a difference when there are champions facilitating the use of HIPs. This includes TAG members who proactively identify opportunities to get feedback on the HIP work, identify dissemination platforms, and champion the work among their networks.

• Again, members noted the need for more country representation on the TAG. TAG members suggested to utilize IBP regional meetings and FP2020 focal point meetings to identify other potential members. Shawn reminded those present that the coordinating group has a monthly call and potential new members are discussed to invite them to join the TAG. Membership from the field is highly encouraged.

• The TAG recommended review of the TOR at the next meeting to reinforce TAG members’ roles beyond the meetings.

IBP Activities and Survey

Nandita Thatte provided an update on IBP activities that support increased access and dissemination. A number of global webinars on HIPs were delivered. The IBP Global Partners Meeting in London brought together new partners based in Europe and was a key opportunity to showcase the HIPs. At the regional level, the IBP Secretariat participated in the WHO/Euro Meeting in August 2018, led the HIPs panel at FIGO in Rio on October 2018 and the WAHO Good Practices Forum, also in October 2018. For more information on IBP activities, please see presentation. Dr. Thatte mentioned that WHO/IBP has been able to disseminate the HIPs in regions with low presence from USAID implementers, thus amplifying the reach to a wider audience. The Secretariat coordinated the documentation of implementation of the AFCS HIP enhancement in India and Colombia and the implementation of drug shops and pharmacies in Ghana.

A couple of activities currently underway include finalizing the tool linking the WHO guidelines with HIPs and developing SOPs around south to south exchanges, structured around a HIP(s). IBP welcomed 22+ new member organizations in 2018. Through the ICFP track and other IBP activities, the partnership increases regional and country level opportunities to disseminate and share HIPs. Ms. Thatte shared with the group two upcoming IBP activities: IBP Knowledge Exchange Side Event, PMNCH Partners Forum, December 11th 2018, and the IBP Regional Partners Meeting Istanbul, April 9th-11th 2019. In closing, Ms. Thatte shared preliminary results of the IBP midterm evaluation. Related to the HIPs, a couple of findings were shared: (1) A majority of survey respondents indicated that they use the HIPs for expanding personal knowledge; (2) Similar to the 2017 results, a third of respondents identified limited time and resources as the main barriers to utilizing the HIPs. Final results of the survey will be published soon.
ICFP and Domestic Public Resource

Jennie Greaney offered a brief reflection on ICFP 2018 to the TAG. The conference was very successful and well organized; however, the sector seems to be talking to “itself” and the work is being done in isolation. For example, the FBO sector was not fully integrated into the conference and this was a missed opportunity to engage partners we are not generally engaging. On the other hand, there were plenty of key opportunities to distribute HIP materials: youth preconference, parliamentarians’ meeting, IBP track, etc. Jennie also shared that the Ouagadougou Partnership launched a matching fund in partnership with the Gates Foundation, which will match every dollar contributed by other donors. Jennie also recommended to start planning early for the next conference and promote the HIPs as a key resource in the planning of content for the next conference.

FIGO

Ados May updated the group on the Spanish HIP panel organized at FIGO 2018 in Rio de Janeiro. Five partner organizations were part of the panel: PAHO, IBP, RHSC, Pathfinder, and UNFPA. The panel was well attended with more than 50 participants. In addition to the panel, 200 folders in Portuguese and Spanish were distributed at the WHO booth.

FP2020

Martyn Smith provided an update on current FP2020 work. According to a recently released FP2020 report, more women and adolescent girls than ever before are using family planning. As of July 2018, the total number of women and girls using a modern method of contraception in the world’s 69 poorest countries had grown to more than 317 million. Martyn remarked that this is 46 million more users than in 2012, the year FP2020 was launched, an increase that is approximately 30% greater than the historic trend. The most recent focal point regional workshop was held in early October in Nepal for the 13 countries in the Asia region, including participation from Sri Lanka and the Kyrgyz Republic, the latest country commitment-makers. At the regional workshop, focal points, youth representatives, and technical partners had the opportunity to focus in-depth on three thematic areas (youth & adolescents; FP financing; and leadership and political will) as well as learn from each other, and ultimately, identify strategic prioritized actions for the next 18 months that will guide the Secretariat’s engagement with these countries. Martyn also pointed out that FP2020 will start a consultation process for work after 2020. It is planned that this consultation informs next steps. The consultation will end in June 2019 at the Women Deliver Conference. Laura Raney provided an update on the HIP analysis framework. She mentioned that, on average, countries in the francophone region include ~5 HIPs in their country plans. In contrast, countries in the Asia region focus on three HIPs: political will, adolescents, and financing. Laura also shared a number of meetings where HIPs will be featured. The OP meeting will be focusing on HIPs. The spring Anglophone Africa meeting will focus on a few priority areas of HIPs that are of interest to Focal Points and prepare the teams ahead of time. FP2020 will continue to document impact, share lessons learned among countries, and feedback to the HIP process.

Equity

Karen Hardee and Sara Stratton presented on the genesis of the equity work related to the HIPs, including an extensive discussion on the definition of equity, the nexus to the HIPs work, which beyond being a founding principle of the HIPs, could also be supported by developing a planning guide. Given that there are different understandings of what equity means (economic, population-based, etc.), Dr.
Hardee suggested the development of a guidance paper and a planning guide. The TAG recommended moving forward by anchoring the topic with a guidance paper and reviewing progress during the June 2019 meeting. (For more information, please see presentation).

**Voucher Brief Update**

Elaine Menotti, one of the Vouchers’ authors, opened the discussion by reminding the group that the original document had been published in 2015 as an emerging service delivery HIP. As part of the update process, the authors recommended the brief be published as an enhancement rather than under the service delivery HIPs. The team felt vouchers fit the definition of enhancement: “A HIP enhancement is a tool or approach that is not a standalone practice, but it is often used in conjunction with HIPs to maximize the impact of HIP implementation or increase the reach and access for specific audiences. The intended purpose and impact of enhancements are focused and, therefore the evidence-based and impact of an enhancement is subjected to different standards than a HIP.”

**IPC Brief Development and Interim Review**

Ms. Malarcher provided an update on the IPC brief. The Interim Review Group formed at the June 2018 TAG meeting revised the scope of the brief to exclude group-based IPC and regroup interventions. The literature search was rerun. The authors will continue to engage with the interim review group to refine inclusion and exclusion criteria and scope, and adapt the content accordingly. Ms. Malarcher clarified that the brief will not go through an additional review/comment period. (Please see presentation for more details).

**Review New Concept Notes**

**Task Sharing (HIP Enhancement)**

Victoria Jennings led the discussion on the concept note:

- Given that there is a great deal of evidence on task sharing, the purpose of developing HIP material should be clarified. What is the barrier to implementation/institutionalization?
- Also, more thought should be given to defining the “practice”. Task sharing is a policy.
- Does the WHO guideline on task sharing meet the need? If not, why?

**Counseling on contraceptive side effects, myths, and misconceptions (HIP brief)**

Sara Stratton facilitated the discussion on the concept note. The TAG noted a number of questions for clarification.

- Further clarification of the “practice” is needed.
- Some discussion is required to understand how this brief links with or overlaps with the IPC brief.
- A better understanding of the problem statement would be helpful.
Plan for Brief Updates

The TAG discussed prioritization of brief updates. Please see table below:

<table>
<thead>
<tr>
<th>Updated Briefs</th>
<th>Original publication</th>
<th>Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHWs</td>
<td>2012</td>
<td>2015</td>
</tr>
<tr>
<td>mHealth (SBC)</td>
<td>2013</td>
<td>2018</td>
</tr>
<tr>
<td>Financing</td>
<td>2014</td>
<td>2018</td>
</tr>
<tr>
<td>Postabortion FP</td>
<td>2012 planned 2019</td>
<td></td>
</tr>
<tr>
<td>Supply Chain Management</td>
<td>2012 planned 2019</td>
<td></td>
</tr>
<tr>
<td>Social Marketing</td>
<td>2013 planned 2019</td>
<td></td>
</tr>
<tr>
<td><strong>Enhancements</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>mHealth (Systems)</td>
<td>2013</td>
<td>2017</td>
</tr>
<tr>
<td>Vouchers</td>
<td>2015 planned 2019</td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Communication (SBC Chapeau)</td>
<td>2012</td>
<td>2018</td>
</tr>
<tr>
<td>Humanitarian Setting SPG</td>
<td></td>
<td>planned 2019</td>
</tr>
</tbody>
</table>

The TAG was concerned about the number of delays in production and products in process. The group recommended moving forward with only one additional update for 2019 and to focus on finalizing current material and completing the two outstanding overview documents for service delivery and the enabling environment.

Day 2

Alice Payne Merritt chaired Day 2 of the TAG meeting and reviewed the recommendations from Day 1.

Postabortion Family Planning Brief Update

Erin Mielke led the discussion on the update for PA FP brief. Ms. Mielke noted that the updated brief continues to focus on facility-based postabortion care despite increasing access through non-clinical settings. There continues to be a lack of evidence and programming to inform postabortion approaches appropriate in these settings. For a full list of recommendations for the update, please see the TAG Recommendations Section.

HIP Promotional Material

Jay Gribble reported to the TAG that he had created a version of a video for a brief. He had a conversation with the HIPs P&D Team to better understand where and how such a product could be hosted on the HIPs website. The idea of having a video explaining each HIP was discussed in the June 2018 TAG meeting. After discussion with the P&D team, it was decided this product could be helpful but
it is important to consider all the pieces that need to come together to make it happen. These include: champions willing to produce videos; translation; ability of the P&D team to support the creation of a product that is consistent across the board and of high production value.

**Review Dissemination / Promotion Activities**

Ados May provided an update on dissemination and promotion, on behalf of the HIPs P&D Team. Please see presentation for further details. Highlights:

- Updated website is driving higher traffic
- Traffic continues to be mostly from North America
- About 30% of visitors use a mobile device to access the website

The TAG further recommended considering translation of a number of HIPs into Russian to make them available in Central Asian countries and also exploring the possibility of creating tweets in languages other than English.

**Rethinking Theory of Change (TOC)**

The TOC continues to be a hotly debated section of the Briefs with high variability across briefs. Creating a standard TOC is difficult because not all the HIPs are the same. The Group discussed various options. Ultimately, the TAG recommended moving toward a simplified version of the TOC (see PAFP brief) as field-based colleagues felt this version would be most helpful for our target audience.

**Updating Existing Briefs**

**Supply Chain**

Martyn Smith and Jennie Greaney shared with the TAG progress on the update/rewrite of the SC brief. The TAG suggested that Supply Chain Strengthening rather than Management might be a more accurate title for the brief update. In addition, the TAG encouraged the authors to use less jargon and stressed the importance of articulating the concept to the right audience. Please see presentation for further details.

**Social Marketing**

Elaine Menotti shared with the group the status of the proposed update for this brief. She mentioned that SC shares space with SBC and SD and will try to link in the brief. For example Drug Shops and Community Health Workers are outlets used by social marketing, thus it would be important to try and link those practices in the brief. The TAG provided a number of suggestions:

- Reference total market approach: according to missions, programs have evolved to address current market conditions
- The brief will address several models including social enterprise, but keeping in mind what evidence exists on the models proposed
- Consider the future of the practice given how rapid change is happening in this field
- Consider different funding paths: donor, private, other
- Consider including SM of services
- Focus on the audience and what the key messages and challenges are: for example, there is an expectation from the donor community of cost recovery and reaching the poorest of the poor, which remains a major challenge for implementers

**SPG for Humanitarian Settings**

Jennie Greaney updated the TAG on ongoing efforts to develop a strategic planning guide for FP in Humanitarian Settings. In June 2018 the TAG recommended developing the SPG to address FP in humanitarian contexts. Jennie shared that next steps are to convene experts in January 2019 to agree on outline and content. It is envisioned that a draft will be ready for review in May 2019.

**Additional HIP Criteria**

The TAG suggested to continue working to develop a table that includes other criteria such as cost and scalability. Christine Galavotti will organize a call with members of the TAG to move this work forward.

**HIP TAG Recommendations and Next Steps**

- As part of the development process for the updated Supply Chain Management (Martyn Smith and Jennie Greaney) and the Social Marketing (Shawn Malarcher) briefs, TAG members will seek mechanisms to strengthen identification/engagement of champions to support dissemination and utilization efforts once briefs are launched.
- Continue revisions on IPC brief. (Interim Review Group)
- Incorporate positive country examples in HIP briefs as possible. Include recommended indicators when there has already been agreement on measures among the field. (e.g. FP 2020 indicators or in the case of PAFP)
- Explore opportunities to show HIPs as a key resource within the FP2020 accountability framework. (Martyn Smith, Laura Raney)
- Continue refinement and support for the FP 2020 HIPs analysis. Report finding to the HIP TAG for consideration in prioritizing and refining HIP work. (Laura Raney)
- Continue clarifying expectation for the Theory of Change including alignment across brief and guidance to authors on the structure.
- Continue working on equity analysis to define equity for family planning, considering use and/or access. As a first priority clarify definition and measurement of equity for family planning. Consider using percent demand satisfied as a key indicator. In addition to working on a discussion paper to define key concepts, the group should consider developing a Strategic Planning Guide. The group was asked to provide an update on work at the June TAG meeting. (Equity Working Group)
- The TAG requests clear deadlines be set for non-brief HIP material, such as SPGs, overview documents, etc. The following are tentative dates to be confirmed with writing teams.
• Service Delivery Overview - draft for review available by May 2019, publish by Sept 2019.

• Enabling Environment - draft for review available by August 2019, publish by Jan 2020.

• The TAG requests all concept notes include rationale to explain what gap exists that the proposed HIP material will address.

• The TAG request further development of a tool that would help map HIPs to key FP outcomes. (Erin Mielke, Maggwa Baker, Michelle Weinberger, Roy Jacobstein, Shawn Malarcher)

• The TAG encourages continued work to develop a table that includes other criteria of the HIPs (e.g., scalability, cost, etc). Chris Galavotti agreed to take the lead in organizing a call. (Norbert Coulibaly, Mario Festin, Chris Galavotti, Karen Hardee, Nandita Thatte, Michelle Weinberger)

**Recommendations for Production and Dissemination Team**

• Update HIP TAG webpage. (Shawn Malarcher)

• Continue work to make literature search information, including gray scale analysis, available on the website. (Shawn and P&D Team)

• Engage with ICFP planning to identify opportunities to strengthen utilization of the HIPs. (Jennie Greaney, Nandita Thatte, Ados May, Laura Raney)

• The TAG requests the P&D team explore options for linking to existing materials such as WHO guidelines and the review on side effects (PATH). Authors will be asked to identify key materials for this purpose. (Ados May and Laura Raney)

• The TAG requests the P&D team explore options to make the overview documents more visible on the website. (Ados May and Laura Raney)

• The TAG encourages further discussion of translation of HIP materials into Russian, as appropriate (UNFPA). As a next step, Jennie Greaney will connect with the P&D team to discuss logistics and identify priorities. (Jennie Greaney, Nandita Thatte, Ados May, Laura Raney)

• The P&D team should explore the potential to translate tweets into other languages. (Ados May and Laura Raney)

**Development of new material**

• Task sharing concept note: The TAG requests further clarification to determine the value and use of a new HIP document. The TAG requests the Task Sharing Working Group to clarify the issue or gap they want to address with HIP materials. (John Stanback)

• Counseling on contraceptive side effects, myths, and misconceptions concept note: The TAG noted considerable overlap between the concept note and the brief on Interpersonal Communication currently under development. The TAG requests the interim review group working on revising the IPC brief consider how issues included in the concept note are currently reflected in the brief, and if some of the issues highlighted in the concept note need/could be strengthened in the existing IPC brief. In addition, the TAG requests the authors clarify the practice and describe the evidence base
available for determining if the practice is effective on impacting HIP criteria – e.g. contraceptive use, fertility, scale, cost, etc.

- The TAG prioritized updating the Drug Shop brief (writing team to be determined) and developing overview documents for Service Delivery (Erin Mielke, Mario Festin, and Maggwa Baker) and the Enabling Environment (Jay Gribble, Sara Stratton, and Martyn Smith).

- The TAG appreciated the work of the writing team in developing ideas for the updated Supply Chain Management Brief. The proposed practice definition is quite broad and the team is likely to have significant challenges in developing a brief with such a broad scope (e.g., IPC experience). The TAG strongly recommends further thought in narrowing the focus and using simplified language and concepts appropriate for the target audience for the HIPs – policy makers, non-supply chain experts.

- The TAG appreciated the work of the writing team in developing ideas for the updated Social Marketing Brief. The TAG agrees with the general direction and encourages the group to consider articulating the expectation of programs beyond donor support and how to measure successful implementation. Consider using the simplified TOC adopted for the PA FP Brief.

**Review of Vouchers Enhancement**

The TAG recognizes that vouchers are a tool most often used in conjunction with HIPs (e.g. social franchising, immediate postpartum, etc.) and therefore recommends publishing the brief as a “HIP Enhancement” with the following revisions:

- Change title: “Family Planning Vouchers: A Tool to Boost Method Access and Choice”
- Add the physical attributes to the definition of voucher in the background section.
- Add demand generation to Figure 1 and correct and clarify bidirectionality of arrows.
- Clarify that the HIPs and Enhancements have different standards of evidence (add to standard language on Enhancements).
- Review use of “financial” barriers and “cost” barriers. Align as appropriate.
- Strengthen section on using vouchers to address stigma.
- Use Uganda PMA 2018 data on reaching the poor (% of demand satisfied).
- Clarify “non-monetary barriers” in tips.
- Refine table with illustrative examples, organize by category (SBC, SD).
- Delete reference to direction of NSS results. (John, Michelle)
- Move discussion of cost and management burdens earlier in brief.
- Delete from first bullet in Tips section: “Remuneration should motivate distributors to do their job well;”.
- Clarify bullet on SBC: Voucher promotion and distribution should build on local SBC efforts and help beneficiaries overcome non-financial barriers. (Alice Payne Merritt, Gael O’Sullivan, Chris Galavotti)
- Add removals to reference on voluntary choice.
- Add country example (e.g., India) where vouchers have been supported with public sector funds and/or used as a bridge to UHC.
• Add research question on cost. Consider other significant gaps in the evidence-base. (John Stanback, Maggwa Baker, Mario Festin, Gael O'Sullivan)

**Review of Postabortion Family Planning HIP Brief Update**

The TAG appreciates the updates and revisions to the PA FP HIP Brief. The TAG approved publication of the updated Brief as a Service Delivery Proven HIP with the following revisions:

- Include stronger reference to the legality of abortion and implications for stigma and inhibiting care-seeking behavior in the background section.
- Figure 1, change title “Countries that have invested in strengthening PA FP”.
- Clarify reference to “review of 550 studies”; only a small set were focused on PA FP.
- Include the range of impact from quasi-experimental design.
- Tips – providing it at the time of treatment.
- Referral with the private sector/
- Make more explicit that this practice and the evidence focuses on facility-based.
- Clarify that we use “subsequent abortion” as a proxy measure for unintended pregnancy to avoid negative intonation and stigma.
- Use the simplified version of the Theory of Change.
- Clarify age disaggregation should be captured as binary such as “<20 or 20+”.

**Next Meeting**

The next TAG Meeting will take place on June 12-13, 2019, hosted by WHO, Geneva.
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, November 28: Jay Gribble, Chair

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 – 09:00</td>
<td>Arrival</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td>Opening of Meeting – Welcome Remarks</td>
</tr>
<tr>
<td></td>
<td>Christine Galavotti</td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td>Break</td>
</tr>
<tr>
<td>11:00 – 12:00</td>
<td>Equity, Karen Hardee (Sara Stratton, Rodolfo Gomez, Venkatraman Chandra-Mouli)</td>
</tr>
<tr>
<td>12:00 – 13:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>13:00 – 15:00</td>
<td>Vouchers Update</td>
</tr>
<tr>
<td></td>
<td><em>HIP Enhancement will focus intermediate effects.</em></td>
</tr>
<tr>
<td></td>
<td><em>Authors: Elaine Menotti, Anna MacKay, and Ben Bellows</em></td>
</tr>
<tr>
<td></td>
<td><em>Discussants – Roy Jacobstein and Maggwa Baker</em></td>
</tr>
<tr>
<td></td>
<td><em>Gray scale review – Gael O’Sullivan and Mario Festin</em></td>
</tr>
<tr>
<td>15:00 – 15:30</td>
<td>Break</td>
</tr>
<tr>
<td>15:30 – 17:30</td>
<td>Update on progress with the IPC brief – Shawn Malarcher</td>
</tr>
<tr>
<td></td>
<td>Review New Concept Notes</td>
</tr>
</tbody>
</table>
Thursday, November 29th: Alice Payne Merritt, Chair

09:00 – 10:00
- Review Recommendations from Day 1
  - Review Recommendations

10:00 – 11:30
- Postabortion Family Planning Update
  - Authors – Erin Mielke
  - Discussant – John Stanback and Michelle Weinberger
  - Gray Scale Review – Chris Galavotti and Anand Sinha

11:30 – 12:00
- Break

12:00 – 12:30
- HIP promotional material - Jay Gribble and Heidi Quinn
  Explore the possibility of brief authors providing support for a short video or narrated presentation and content for tweets. Authors for the DPR agreed to develop a test case.

- Review Dissemination/Promotion activities (web analytics and webinars) – Ados May
  Provide website analytics trends disaggregated by language, regions. Also, provide information on dissemination of print material by language. Provide baseline for Spanish and Portuguese use by HIP document prior to FIGO launch. Each HIP brief should include a link to the search strategy.

  Explore developing page on “What’s coming for the HIPs...”

12:30 – 13:30
- Lunch

13:30 – 15:00
- Rethinking the TOC – Shawn Malarcher, Maggwa Baker, Michelle Weinberger

- Updating existing briefs
  - Supply Chain – Martyn Smith and Jennie Greaney
  - Social Marketing – Elaine Menotti

15:00 – 15:30
- Break
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:30 – 16:30</td>
<td><strong>SPG for Humanitarian Settings</strong>, Jennie Greaney</td>
</tr>
<tr>
<td></td>
<td><strong>Additional HIP Criteria</strong> – Norbert Coulibaly, Mario Festin, Chris Galavotti, Karen Hardee, Nandita Thatte, Michelle Weinberger</td>
</tr>
<tr>
<td></td>
<td><em>Develop a table that includes other criteria of the HIPs (e.g. scalability, cost, etc) Alice to share example on Zika.</em></td>
</tr>
</tbody>
</table>
| 16:30 – 17:00 | **Review Recommendations**  
Next Steps and Closing **|
### Annex B: List of Participants

#### Attending TAG Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hashina Begum</td>
<td>UNFPA</td>
</tr>
<tr>
<td>Christine Gallavotti</td>
<td>BMGF</td>
</tr>
<tr>
<td>Jay Gribble</td>
<td>Palladium</td>
</tr>
<tr>
<td>Roy Jacobstein</td>
<td>Intrahealth</td>
</tr>
<tr>
<td>Baker Maggwa</td>
<td>USAID</td>
</tr>
<tr>
<td>Elaine Menotti</td>
<td>USAID</td>
</tr>
<tr>
<td>Erin Mielke</td>
<td>USAID</td>
</tr>
<tr>
<td>Anand Sinha</td>
<td>Packard Foundation India</td>
</tr>
<tr>
<td>John Stanback</td>
<td>FHI 360</td>
</tr>
<tr>
<td>Michelle Weinberger</td>
<td>Avenir Health</td>
</tr>
<tr>
<td>Mario Festin</td>
<td>WHO</td>
</tr>
<tr>
<td>Jennie Greaney</td>
<td>UNFPA</td>
</tr>
<tr>
<td>Karen Hardee</td>
<td>Hardee Associates</td>
</tr>
<tr>
<td>Victoria Jennings</td>
<td>Institute for Reproductive Health</td>
</tr>
<tr>
<td>Shawn Malarcher</td>
<td>USAID</td>
</tr>
<tr>
<td>Alice Payne Merritt</td>
<td>JHU-CCP</td>
</tr>
<tr>
<td>Gael O'Sullivan</td>
<td>Georgetown University</td>
</tr>
<tr>
<td>Martyn Smith</td>
<td>FP 2020</td>
</tr>
<tr>
<td>Sara Stratton</td>
<td>Palladium</td>
</tr>
</tbody>
</table>

#### Observers

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Onyango</td>
<td>IPPF</td>
</tr>
<tr>
<td>Laura Raney</td>
<td>FP 2020</td>
</tr>
<tr>
<td>Ados May</td>
<td>WHO/IBP Initiative</td>
</tr>
<tr>
<td>Nandita Thatte</td>
<td>WHO/IBP Initiative</td>
</tr>
</tbody>
</table>
HIGH IMPACT PRACTICES
TECHNICAL ADVISORY GROUP
NOVEMBER 28 AND 29, 2018
SHAWN MALARCHER

WHY ARE WE HERE?

DOMESTIC PUBLIC RESOURCE BRIEF LAUNCHED

“EACH HIP BRIEF SHOULD INCLUDE A LINK TO THE SEARCH STRATEGY.”
...A WORK IN PROGRESS

HIP MATERIAL GANTT CHART

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IPC Brief</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voucher</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA PP Brief</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humans SPG</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SM-Brief</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDM-Brief</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IPC Brief: Review, Publish
Voucher: Review, Publish
PA PP Brief: Review, Publish
Humans: Develop, Publish
SM-Brief: Scope, Develop, Review, Publish
SDM-Brief: Scope, Develop, Review, Publish
?
?

HIP REFLECTIONS: WHAT HAVE WE LEARNED SO FAR

• GREATER ENGAGEMENT, INVESTMENT, OWNERSHIP OF PARTNERS MAKES FOR A BETTER PRODUCT
  SUBSTANTIVE ENGAGEMENT TAKES TIME AND RESOURCES
• TRANSPARENT, RIGOROUS PROCESSES BUILDS CREDIBILITY
  PROCESSES REQUIRE MANAGEMENT AND RESOURCES
• Packaging and dissemination make a difference for how HIPS are understood and used by target audiences.

   Requires flexibility and attention to continual improvement.

• Briefs are easier to write, the development process is more efficient, and better utilized when the scope is focused, practice clearly defined (e.g., free of jargon).

• Briefs do better when they have committed champions to facilitate dissemination and utilization.

IPC UPDATE: SINCE JUNE

INTERIM REVIEW GROUP: CHRISTINE GALAVOTTI, VENKATRAMAN CHANDRA-MOULI, ALICE PAYNE MERRITT, VICTORIA JENNINGS, MARIO FESTIN, KAREN HARDIE, GAIL O’SULLIVAN, ANAND SINHA

• Revised the scope – Exclude group-based IPC
• Re-run the lit search
• Re-group interventions

IPC EVIDENCE

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple counseling session</td>
<td>Adankin, 2013 et al.</td>
</tr>
<tr>
<td>Counseling plus pamphlet</td>
<td>Saeed 2008</td>
</tr>
<tr>
<td>Male Engagement</td>
<td>Darteke 2018</td>
</tr>
<tr>
<td>Follow-up support</td>
<td>Hameed 2016</td>
</tr>
<tr>
<td>High Quality</td>
<td>Dehlendorf</td>
</tr>
<tr>
<td>Method information index</td>
<td>forthcoming</td>
</tr>
<tr>
<td>Intensive counseling</td>
<td>Madeira 2014</td>
</tr>
<tr>
<td>Expert counseling</td>
<td>Smith 2002 (multiple countries)</td>
</tr>
<tr>
<td>Male engagement</td>
<td>El-Khobary 2016; Tithuat 2015; Lundgren 2005; Lemor 2017; Assaf 2018</td>
</tr>
<tr>
<td>Multicultural sessions</td>
<td>Vural 2016</td>
</tr>
<tr>
<td>Counseling plus follow-up</td>
<td>Ayisal 2015</td>
</tr>
</tbody>
</table>

CONCLUSION IN PROGRESS

Individual and small group clinic-based information and counselling, along with follow-up, is effective in promoting the desired behaviour, as is a series of intensive group sessions. Peer education (adolescents) has limited effects. (Chandra)

NEXT STEPS

• Continue to engage with the interim review group to refine inclusion and exclusion criteria and scope
• Revert to the authors to focus the brief based of refined scope
• Brief will not go through any additional review/comment period
### Updating Hip Materials

<table>
<thead>
<tr>
<th>Updated Briefs</th>
<th>Original Publication</th>
<th>Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHWs</td>
<td>2012</td>
<td>2015</td>
</tr>
<tr>
<td>mHealth [SBC]</td>
<td>2013</td>
<td>2018</td>
</tr>
<tr>
<td>Financing</td>
<td>2014</td>
<td>2018</td>
</tr>
<tr>
<td>Postabortion FP</td>
<td>2012 planned</td>
<td>2019</td>
</tr>
<tr>
<td>Supply Chain Management</td>
<td>2012 planned</td>
<td>2019</td>
</tr>
<tr>
<td>Social Marketing</td>
<td>2013 planned</td>
<td>2019</td>
</tr>
<tr>
<td>Enhancements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mHealth (Systems)</td>
<td>2013</td>
<td>2017</td>
</tr>
<tr>
<td>Vouchers</td>
<td>2015 planned</td>
<td>2019</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Communication [SBC Chapeau]</td>
<td>2012</td>
<td>2018</td>
</tr>
<tr>
<td>Humanitarian Setting SPG</td>
<td>planned</td>
<td>2019</td>
</tr>
</tbody>
</table>

### What Do We Prioritize?

<table>
<thead>
<tr>
<th>Brief</th>
<th>Published Year</th>
<th>New Evidence</th>
<th>Interested Author</th>
<th>Priority for Countries</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Shops &amp; Pharmacies</td>
<td>2012</td>
<td>?</td>
<td>?</td>
<td>?</td>
<td>These authors note between one and two items above as key priority.</td>
</tr>
<tr>
<td>FP &amp; Immunization</td>
<td>2013</td>
<td>?</td>
<td>?</td>
<td>?</td>
<td></td>
</tr>
<tr>
<td>saline</td>
<td>2013</td>
<td>?</td>
<td>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Outreach</td>
<td>2014</td>
<td>?</td>
<td>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation CVD</td>
<td>2015</td>
<td>?</td>
<td>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introducing Commitment</td>
<td>2016</td>
<td>?</td>
<td>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender &amp; Managers</td>
<td>2017</td>
<td>?</td>
<td>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>2018</td>
<td>?</td>
<td>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile</td>
<td>2019</td>
<td>?</td>
<td>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Franchising</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vouchers</td>
<td>2019</td>
<td>?</td>
<td>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humanitarian Setting SPG</td>
<td>planned</td>
<td>2019</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Day 1 Recommendations

- **Develop Mechanisms to Strengthen Identification/Engagement of Champions for Hip Briefs. (Volunteers)**
- **Update Hip Tag Webpage (Shawn)**
- **Continue work to make lit search information, including gray scale analysis available on the website. (Shawn and P&D Team)**
- **Continue revisions on IPC Brief. (Interim Review Group)**

### Day 1 Recommendations Cont'

- **Incorporate positive country examples in Hip Briefs as possible.**
- **Engage with ICFP planning to identify opportunities to strengthen utilization of the Hips. (Jennie, Nandita, ADOS)**
- **Explore opportunities to promote Hips as a key resources for the FP2020 outcome track (Martyn, Laura)**
- **Continue refinement and support for the FP 2020 Hips analysis. Report finding to the Hip Tag for consideration in prioritizing and refining Hip work**

### Day 1 Recommendations

- **Develop MECHANISMS TO STRENGTHEN IDENTIFICATION/ENGAGEMENT OF CHAMPIONS FOR HIP BRIEFS. (VOLUNTEERS)**
- **Update HIP TAG WEBPAGE (SHAWN)**
- **Continue work to make lit search information, including gray scale analysis available on the website. (SHAWN AND P&D TEAM)**
- **Continue revisions on IPC BRIEF. (INTERIM REVIEW GROUP)**

### Day 1 Recommendations Cont'

- **Continue working on equity analysis to define equity for family planning, considering use and/or access.**
- **Consider % demand satisfied**
- **Move toward SPG on equity, moving beyond wealth**
- **Provide update at June meeting**
- **Task sharing concept note: Ask working group to clarify the issue or gap they want to address with HIP MATERIALS (John S)**
- **Side effects: After refining the IPC brief, revisit the possibility of incorporating concepts. If not, ask authors to clarify the possibility of incorporating concepts. If not, ask authors to clarify the practice and what intervention research is available.**
- **Move forward with updates for the drug shop and PF/IMZ briefs.**

### Day 1 Recommendations Cont'

- **The Tag recommends publishing the brief as a “HIP ENHANCEMENT” revision.**
- **Add definition of voucher in the background section: VOUCHERS ARE A FINANCING MECHANISM AND PROGRAMMED TO IMPROVE ACCESS AND ENHANCE UTILIZATION OF KEY HEALTH PRODUCTS AND HEALTH SERVICES (ENSOR, 2005).**
- **Figure 1: Add demand generation: clarify bidirectionality of arrows.**
- **Clarify that the hips and enhancements have different standards of evidence (add to standard language on enhancements).**
- **Change “financial” barriers to “cost” barriers.**
- **Refine section on using vouchers to address stigma.**
- **Liberia/Ghana PMA 2018 data on reaching the poor (% of demand satisfied).**
- **Clarify “non-monetary barriers” in TIPS.**
- **Refine illustrative examples, organized by category (SBC, SD).**
- **Delete reference to direction of NSS results (John, Michelle).**
- **Move cost and management higher up, acknowledge that management is very expensive.**
- **Add “why do we have briefs?” considerations (text box): Voucher Programs Worth Best Value.**
VOUCHER PROGRAMS WORK BEST WHERE:

• Financial barriers restrict access to contraceptives among a specific underserved client group.
• There is at least one, but optimally more, providers with the capacity to provide contraceptive services, particularly LARCs and PMS.
• Eligible clients can be effectively identified and reached.
• Capacity and commitment of resources exists to build a management system.

FACTORS CONTRIBUTING TO FAILURE OF VOUCHER PROGRAMS:

• Provider reimbursement is not set appropriately.
• Providers are not reimbursed in a timely manner.
• Definition of what is included in the voucher service package is imprecise.
• Ability to verify service delivery is limited.

TIPS FOCUS ON WHAT TO DO NOT HOW TO DO IT

• Invest in voucher distribution. Voucher distribution involves identifying members of the client population in a way that is cost-effective, respectful of beneficiary confidentiality and needs, and timely for the beneficiary. Consider leveraging existing community structures, such as community health workers (CHWs). This is particularly important for youth who may face social barriers to accessing services and adopting contraception. Remuneration should motivate distributors to do their job well; it should not incentivize promotion of particular contraceptives over others. Distributors need to be adequately trained using a client-centered approach that supports voluntary choice. Consider innovative approaches using digital technologies where appropriate.

CONT’

• Clarify bullet on SBC (Alice, Gael, Chris)

Voucher promotion and distribution should build on local SBC efforts and help beneficiaries overcome non-financial barriers
• Add removals to reference on voluntary choice.
• Add country example (e.g. India) where vouchers have been supported with public sector funds and/or used as a bridge to UHC
• Research questions – cost, # (John S, Maggwa, Mario, Gael)

OUTCOME MEASURES CURRENTLY IN PRACTICE

<table>
<thead>
<tr>
<th>Problem/Barrier</th>
<th>Inputs</th>
<th>Outcomes (HIP)</th>
<th>Proximate Determinants</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement</td>
<td>Enhancements (vouchers, digital technologies) QOC Improvements Training</td>
<td>What needs to change in order to increase mCPR? Needs to be measurable through routine systems Modern contraceptive use, delay of marriage, birth spacing, or breast feeding.</td>
<td>Modern contraceptive use, delay of marriage, birth spacing, or breast feeding.</td>
<td>Unintended pregnancy and fertility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIP FP 2020 indicator</th>
<th>Problem/Barrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply Chain Management</td>
<td>10. Percentage of facilities stocked out, by method offered, on the day of assessment</td>
</tr>
<tr>
<td>Domestic Public Resources</td>
<td>12. Annual expenditure on family planning from government domestic budget</td>
</tr>
<tr>
<td>Interpersonal Communication</td>
<td>14. Method Information Index</td>
</tr>
<tr>
<td>IPTS</td>
<td>20</td>
</tr>
<tr>
<td>Postabortion FP</td>
<td>Percentage of postabortion clients who were counseled on return to fertility and contraceptive options (disagg by age). Percentage of PAC clients who leave the facility with a modern contraceptive (disaggregated by methods, age).</td>
</tr>
<tr>
<td>Immediate post partum FP</td>
<td>Percentage of women delivering, who were counseled on return to fertility and contraceptive options (disagg by age). Percentage of women delivering, who leave the facility with a modern contraceptive (disaggregated by methods, age).</td>
</tr>
<tr>
<td></td>
<td>Total # of Studies</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Systematic Review of RCT</td>
<td></td>
</tr>
<tr>
<td>Systematic Review of non-RCT</td>
<td></td>
</tr>
<tr>
<td>RCT</td>
<td></td>
</tr>
<tr>
<td>Control with pre/post (non-randomized/randomized)</td>
<td>11</td>
</tr>
<tr>
<td>Control with post only (non-randomized)</td>
<td>10</td>
</tr>
<tr>
<td>Pre/post no control</td>
<td></td>
</tr>
<tr>
<td>Routine/program data</td>
<td></td>
</tr>
<tr>
<td>Other Rigidous Design</td>
<td></td>
</tr>
<tr>
<td>Other Non-Rigorous Design</td>
<td></td>
</tr>
<tr>
<td>Qualitative</td>
<td></td>
</tr>
<tr>
<td>Total Studies</td>
<td>8</td>
</tr>
</tbody>
</table>

50% 50% 0% 0% 0%
IBP Reflections on support to High Impact Practices in FP (HIPs)

IBP Secretariat
November 2018
HIP TAG Meeting

Objective 1: Increase Access and Dissemination

- **Global**
  - Webinars on HIPs
  - IBP Global Partners Meeting in London
    - Partner Workshops (i.e. IPPF)

- **Regional**
  - WHO/Euro (August 2018)
  - FIGO in Latin America (Oct 2018)
  - WAHO Good Practice Forum (Oct 2018)

Objective 2: Support to Implementation

- Documentation Stories Implementing HIPs (in progress/drafts)
  - AFCS in India
  - Drug Shops in Ghana
  - AFCS in Colombia

- Interactive Workshops/Knowledge Cafes to better support use

- Development of Matrix Tool approved by WHO and in development

- Support to Implementation Research Call around FP Provision in Drug Shops

- Development of SoPs around South to South Learning Exchanges in partnership with WHO Accelerate Project

Objective 3: Strengthened Partnership

- IBP has welcomed 22+ new Member Organizations
  - Global, European Based, Local

- Increased regional and country level opportunities to disseminate and share HIPs
  - IBP Knowledge Exchange Side Event, PMNCH Partners Forum, December 11th 2018
  - IBP Regional Partners Meeting Istanbul, April 9th–11th 2019
  - SBCC Francophone Summit in Cote d'Ivoire, February 2019
  - WHO Regional Opportunities

- Mid Term Assessment to measure partnership along with use of resources
**Use of HIP materials**

<table>
<thead>
<tr>
<th>Sample n=48</th>
<th>HIP Evidence Brief</th>
<th>HIP Strategic/Planning Guides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand Personal Knowledge</td>
<td>80%</td>
<td>76%</td>
</tr>
<tr>
<td>General Resource</td>
<td>68%</td>
<td>79%</td>
</tr>
<tr>
<td>Develop Technical Proposals</td>
<td>40%</td>
<td>29%</td>
</tr>
<tr>
<td>Prioritize Interventions</td>
<td>38%</td>
<td>38%</td>
</tr>
<tr>
<td>In Service Training</td>
<td>35%</td>
<td>38%</td>
</tr>
<tr>
<td>Improve Quality</td>
<td>35%</td>
<td>38%</td>
</tr>
<tr>
<td>Internal Education</td>
<td>35%</td>
<td>32%</td>
</tr>
<tr>
<td>Develop Country Strategies</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td>Develop Policies</td>
<td>5%</td>
<td>6%</td>
</tr>
</tbody>
</table>

**Barriers to Use of HIP Materials**

<table>
<thead>
<tr>
<th>Sample n=48</th>
<th>HIP Evidence Briefs</th>
<th>HIP Strategic/Planning Guides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited Staff Capacity</td>
<td>20%</td>
<td>22%</td>
</tr>
<tr>
<td>Limited Time</td>
<td>17%</td>
<td>20%</td>
</tr>
<tr>
<td>Limited Financial Resources</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>Not enough copies</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>Not relevant to program needs</td>
<td>11%</td>
<td>11%</td>
</tr>
</tbody>
</table>

**IBP’s connection to WHO gives credibility and is viewed as a unique feature**

There is one of course other meetings, ethics and communications of practice out there, but there is IBP has a history and a reach. It has influence of IBP means credibility. The connection to WHO and the successful and long history that IBP has – that really contributes to the events being high level.

**IBP organized meetings are a crucial component for both knowledge sharing and networking.** These reasons, regional partners meetings are viewed as one of the most valuable aspects of membership.

**Members stress that knowledge sharing, within IBP is not a one way communication, but a dialogue in which partners share, learn, give and take**

In our precedents to a previous principle of knowledge sharing, rather than allowing. It is not about creating a one time data collection or a series of organizations. It is a very participatory and open to diverse levels of engagement. As I was telling the French development agency AID about the benefits of connecting with IBP, I put forward different diversity. Now with IBP, I told them that IBP was not just IBP, it did not have to put forward any arguments.

**Collaboration on joint activities or products in the past 12 months**

Of respondents co-developed products or collaborated in joint activities related to FP/RH with another HIP member

<table>
<thead>
<tr>
<th>Ways of collaborating with other HIP members in the 12 months</th>
<th>Of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-person and events</td>
<td>88%</td>
</tr>
<tr>
<td>Participated in joint encounters</td>
<td>54%</td>
</tr>
<tr>
<td>Co-hosted meetings/technical topics</td>
<td>54%</td>
</tr>
<tr>
<td>Collaborated on conference events/track</td>
<td>48%</td>
</tr>
<tr>
<td>Co-developed guidelines, tools, or other products</td>
<td>58%</td>
</tr>
<tr>
<td>Co-developed research publications</td>
<td>58%</td>
</tr>
<tr>
<td>Collaborated in providing FP/RH services</td>
<td>22%</td>
</tr>
<tr>
<td>Collaborated in developing trainings</td>
<td>19%</td>
</tr>
</tbody>
</table>
**Awareness of IBP Promoted Products**

<table>
<thead>
<tr>
<th>MEC</th>
<th>Total Sample (n=75)</th>
<th>Global HQ Representatives (small base size, n=47)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FP Handbook</td>
<td>47%</td>
<td>45%</td>
</tr>
<tr>
<td>HIPS Evidence Briefs</td>
<td>51%</td>
<td>53%</td>
</tr>
<tr>
<td>HIPS Strategic Planning Guides</td>
<td>55%</td>
<td>55%</td>
</tr>
<tr>
<td>Consolidated guideline on SRHR/HIV</td>
<td>68%</td>
<td>66%</td>
</tr>
<tr>
<td>Ensuring HR in the provision of contraceptive info/services</td>
<td>52%</td>
<td>53%</td>
</tr>
<tr>
<td>Programming Strategies for postpartum FP</td>
<td>51%</td>
<td>55%</td>
</tr>
<tr>
<td>TRP</td>
<td>52%</td>
<td>62%</td>
</tr>
<tr>
<td>Guide to identifying and documenting BP in FP</td>
<td>49%</td>
<td>51%</td>
</tr>
</tbody>
</table>

**The IBP promoted products are used for a variety of purposes. Most commonly, products are used as a general resource or for expanding one's knowledge.**

This is especially true for MEC, FP Handbook, HIPS, TRP (and to some extent Programming Strategies for postpartum FP) – about 70-80% of those who used these products used them as general resources or for expanding one's knowledge.
Debrief from FIGO
28th November 2018
Ados V May, IBP Initiative

HIPs Panel at FIGO

1. HIP TAG submitted abstract to present on the HIPs in Spanish and Portuguese
2. Panel was accepted for Spanish language track
3. Five organizations presented:
   - PAHO
   - RHSC
   - Pathfinder International
   - UNFPA
   - IBP Initiative

FIGO by the numbers

1. 5 organizations
2. 4 countries where presenters come from
3. 55-60 participants
4. 4 HIPs topics presented
5. 200 folders in Spanish and Portuguese distributed at WHO booth and at the session
6. 1100 postcards in SP, EN and FR

Other highlights

- Met with DKT Brasil
- Visited the offices of Promundo Brasil
- RHSC ForoLAC requested 30 folders for regional meeting in Colombia
- PAHO finalized Portuguese translations of HIPs and webpage in PT launched shortly after
FP2020 RECENT FOCAL POINT WORKSHOPS

Anglophone Focal Point Workshop
Lilongwe, Malawi
October 2017

Francophone Countries Focal Point Workshop
Yaoundé, Cameroon
March 2018

Asia Focal Point Workshop
Kathmandu, Nepal
October 2018

Looking Beyond 2020

With 2020 approaching fast, the FP2020 community is at a pivotal moment.

Our goal date is in view and we're pushing forward into the final two years.

At the same time, we're starting to look ahead to what comes next.

What happens after
ANNUAL MCPR GROWTH BY REGION

SPECIAL ANALYSIS - ADOLESCENT AND YOUTH DATA

Special analysis provides overview of adolescent and youth data organized around three key themes:
- Demographics of adolescent and youth cohorts
- Age and sequence of key life events
- Sexual activity, contraceptive use, and unmet need

DOMESTIC GOVERNMENT EXPENDITURES ON FAMILY PLANNING (CORE INDICATOR 12)

DONOR GOVERNMENT BILATERAL ASSISTANCE FOR FAMILY PLANNING, FY 2012-FY 2017

DISTRIBUTION OF FAMILY PLANNING EXPENDITURES IN 69 FP2020 COUNTRIES BY SOURCE OF FUNDS, 2016

HIPs ANALYSIS
Laura Raney, HIPs Advisor, FP2020
Goal: Assist help FP2020 countries to use evidence to prioritize their investments and make them more impactful.

**HIPs Analysis Framework & FP2020 FPWs**

<table>
<thead>
<tr>
<th>High Impact Practices (HIPs)</th>
<th>FP2020 Commitment</th>
<th>Coded Implementation Plan (CIP)</th>
<th>FP2020 Country Action Plan</th>
<th>Track20 data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social &amp; Behavior Change</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enabling Environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Impact: 14 HIPs included in Francophone Countries**

- Adolescents (Ad/Youth)
- Supply Chain
- Social Change (SBC)
- Drug shops Pharmacies
- Social Marketing
- Social Franchising
- Catalyzing Commitment
- IPPP
- IPPP (not specified)
- IPPP & PF/MZ
- IPPP
- Mobile Outreach
- CHW
- Men & Boys

**HIPs Analysis**

- Asia Focal Point Workshop – FPs chose areas of focus and HIPs Analysis provided for each of 3 focus areas

  *The HIPs analysis very much contributed to the increased desire to include the HIPs in proposed activities. The categorization of interventions per component was very useful, leading to revisiting some of our interventions and revising some of our strategies as a result of the analysis. – Focal Point from the Philippines*

**HIPs Analysis Impact Example – Burundi**

- HIPs analysis provided a mapping of who was doing what, where they were not doing HIPs, what was realistic to do, and to coordinate among the FPs focal points who could do what.

- For adolescents, the analysis and color coding helped underscore that married and non-married are different audiences, and importance of providing service delivery (public & private sector) along with CSE.

- HIPs analysis helped CSO advocate for increased resources from government. Piloted activities were HIPs, and the information helped secure financing to take the pilots to scale.

**HIPs Analysis**

- OP meeting focusing on HIPs
- WHO/AFRO regional meetings
- ICFP interactions: Sri Lanka, Sindh Province, Pakistan
- Spring Anglophone Africa - focus on a few priority areas of HIPs that are of interest to Focal Points & provide in advance
- Continue to document impact, share lessons learned among countries, and feedback to the HIP process
Equity - HIP Initiative

KAREN HARDEE, SARA STRATTON, ERIKA HOUHTALING, CHANDRA-MOULI VENKATRAMAN, RODOLPHO GOMEZ, MAGGWA BAKER, IAN ASKEW, AND SHAWN MALARCHER

HIP TAG MEETING, NOVEMBER, 2018

Background

Equity is key in many FP programs; in past TAG has raised questions regarding use of appropriate methods to make these claims

2015 TAG meeting: “Reaching the Underserved” drafted by Sara Stratton, Ian Askew and Maxine Eber

◦ Introduction to the issue
◦ Defining “underserved”
◦ How do we assess whether we are reaching the underserved?
◦ Questions for discussion, and
◦ Briefs related to Increasing Access among Underserved Groups

Favorable response from TAG on paper, with suggestions to move it forward

Current work to complete the paper

Literature search by KMS on measuring program impact on equity – completed

Consultancy to:

◦ Suggest a working definition of “equity” with particular consideration to how it’s measured in FP programs
◦ Review current method used to measure intervention effects on equity and assess based on appropriateness, rigor, and translation for use by decision-makers; and
◦ Suggest optimal research methods for future equity research

Link to WHO’s initiatives on equity (in addition to WHO participation on HIP TAG)

Link to USAID’s broader research agenda

Definitions of Equity

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

Rights and Empowerment Principles for Family Planning

“Business as Usual”

• Availability
• Acceptability

“Added Focus”

• Equity & Non-discrimination
• Agency, Autonomy & Empowerment
• Participation
• Accountability

Source: Modified from Bakamjian et al., 2017.
Health Equity

The principle underlying a commitment to reduce—and, ultimately, eliminate—disparities in health and in its determinants, including social determinants.

Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.


Three distinguishing features, when combined, turn mere variations or differences in health into a social inequity in health. They are systematic, socially produced (and therefore modifiable) and unfair.


Inequities relate to:

- Economic disadvantage
- Social disadvantage
- Environmental disadvantage


Types of Inequity/Disadvantage

<table>
<thead>
<tr>
<th>Economic</th>
<th>Social</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wealth (e.g. wealth quintiles, poverty grading)</td>
<td>Gender (sex)</td>
<td>Geographic location (e.g. rural, remote, slum)</td>
</tr>
<tr>
<td>Education</td>
<td>Age</td>
<td>Race/Ethnicity</td>
</tr>
<tr>
<td>Marital status</td>
<td>Education</td>
<td>Sexual orientation</td>
</tr>
<tr>
<td>Disability</td>
<td>Disability</td>
<td>HIV Status</td>
</tr>
<tr>
<td>Other social</td>
<td>Disability</td>
<td>Disability</td>
</tr>
<tr>
<td>marginalization (e.g. sex workers; day laborers; people in servitude; women in seclusion)</td>
<td>Disability</td>
<td>Disability</td>
</tr>
</tbody>
</table>

WHO Priority Public Health Conditions Analytical Framework

Interventions to promote equity should be based on analysis of health disparities and their causes


Literature Search on Equity

86 single intervention studies (reduced to 82). Some studies covered multiple countries
Among the studies

<table>
<thead>
<tr>
<th>Equity focus</th>
<th>Economic</th>
<th>Social</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP Studies</td>
<td>Economic</td>
<td>Social</td>
<td>Environmental</td>
</tr>
<tr>
<td>Mostly mixed results on equity</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Topic</th>
<th>MNH/MCH</th>
<th>Malaria</th>
<th>Nutrition/Vit A</th>
<th>FP</th>
<th>Not specified</th>
<th>Measles</th>
<th>HIV</th>
<th>Gender</th>
<th>Eye care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic</td>
<td>79</td>
<td>20</td>
<td>11</td>
<td>9</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Social</td>
<td>34</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Results*</th>
<th>Improved equity = 36</th>
<th>Mixed results = 29</th>
<th>Didn’t improve equity = 21</th>
<th>Couldn’t classify = 3</th>
</tr>
</thead>
</table>

*Note: the number of studies (90) reflects some studies that covered multiple countries

**Methodologies Used to Assess Equity**

**Concentration Index** (13 studies, 8 in Africa, 5 in Asia)
- Varies between -1 and +1 and measures wealth-related inequity (e.g., in contraceptive use)
- The more the index deviates from zero, the greater the magnitude of the wealth-related inequality.

-1
0
1

Indicates that a given unfavorable condition or practice is found more often among the poor
No wealth inequality
Indicates that a favorable condition or practice is found less often among the poorer than among the wealthier social strata

[Creanga et al. 2011](http://www.who.int/bulletin/volumes/89/4/10‐083329/en/)

**Other methodologies for economic equity**
- Wealth Quintiles
- Equity ratio (Q5/Q1)
- Coverage ratio
- SES
- Assets (land, possessions, latrine, etc.)
- Women’s education as proxy for SES
- Poverty grading/scoring (for vouchers)
- IMPACT 2 model (MSI for social franchising)

**Methodologies for social and environmental equity**
- Sex/gender differences
- Age differences
- Women’s education
- Educational differences
- Migrants/ethnic minorities/caste/other marginalization
- Changing use of care and addressing barriers
- Coverage of those at risk compared to not at risk
- Child status index
- Nutrition status

**Environmental**
- Distance from the facility (environ)
- Geographic inequity/geographic remoteness

**Equity studies on FP**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Equity focus</th>
<th>FP Outcome and equity results</th>
<th>Region and Country Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple interventions: in health systems and MNH, coverage, targeting with subsidies (APPIA+)</td>
<td>Economic</td>
<td>Access and use of FP; equity improved</td>
<td>Kenya, etc. 2011</td>
</tr>
<tr>
<td>Performance based-financing (PBF) for maternal health care and modern contraceptive use</td>
<td>Economic</td>
<td>Modern contraceptive use; no effect on equity</td>
<td>Burundi, Senegal et al. 2014, Pakistan, 2015</td>
</tr>
<tr>
<td>PBF for ANC, facility-based delivery, modern contraceptive use</td>
<td>Economic</td>
<td>Contraception use, Equity results mixed</td>
<td>Rwanda, Poznanski et al. 2013</td>
</tr>
<tr>
<td>PBF for MCH services provided (including FP)</td>
<td>Economic</td>
<td>No effect on equity</td>
<td>Afghanistan, Senegal et al. 2016</td>
</tr>
<tr>
<td>Voucher for LARCs</td>
<td>Economic and Social (edu, occup. and age)</td>
<td>LARC increase higher in lower SES and ed</td>
<td>Cambodia, Bajracharya et al. 2016</td>
</tr>
<tr>
<td>Social Franchising (SF) – contraceptive services and use (MSI)</td>
<td>Economic and Social (age)</td>
<td>Contraceptive use; Mixed results – not so much for very poor and youngest</td>
<td>17 countries, Africa &amp; Asia, Monroe et al., 2015</td>
</tr>
<tr>
<td>SF and community midwife with voucher</td>
<td>Economic and Environmental</td>
<td>Voucher/ non-voucher similar IUD discount rates</td>
<td>Pakistan, Hameed et al., 2015</td>
</tr>
<tr>
<td>Social Marketing Service Delivery Systems – condom, pill, injectable (MAP Project)</td>
<td>Environmental (equity in coverage across districts)</td>
<td>Inequity in coverage across districts</td>
<td>Cambodia, PSI, 2005</td>
</tr>
</tbody>
</table>

**Two Systematic Reviews on FP**

- [Vouchers (Bellows et al., 2016)](http://www.who.int/bulletin/volumes/89/4/10‐083329/en/)
  - 16 studies includes from 11 countries, found increases in contraceptive use; mixed results on equity
  - 2 RCTs (Gray II)
  - 4 controlled before/after designs (Gray IIIa)
  - 1 Prospective double cohort study (Gray IIIa)
  - 4 before and after (Gray IIIb)
  - 5 cross-sectional studies (Gray IV)

- [Paying for Performance to improve service delivery and FP uptake (Blacklock et al., 2016)](http://www.who.int/bulletin/volumes/89/4/10‐083329/en/)
  - 13 studies, mixed results
  - “Available evidence is inconclusive and limited by the scarcity of studies and by variation in intervention, study design, and outcome measures.”
Some take homes from the literature search

- Few studies on interventions to improve FP equity – mostly assess use rather than access
- FP equity is different than other health areas – what can FP learn from the others?
- Equity improves over time
- Need supply and demand side interventions
- Need implementation science – what aspects of the intervention improve equity

Questions for the TAG

What aspect of equity?
- Access
- Use (that all pop groups use contraception at the same rate)?
- Need or intention?
- Other?
- AAAQ – right to the highest attainable standard of health/SRH:
  - Available – is it there?
  - Accessible – can I get it?
  - Acceptable – will I be treated well (or at least without disrespect and stigma) when I get it?
  - Quality – will I receive quality service?

What is the purpose of the paper for the HIP Initiative? (this will also help define the audience)
- That every HIP brief should include information on equity – can the HIP be equitable? Is there any evidence that the HIP has improved equity?
- What aspect of equity has been improved (e.g. economic equity, social equity, or environmental equity?)
- Programming guidance on incorporating equity into a HIP? What programming can and has led to equity?
- Guidance on methodologies for assessing equity?
- Something else?

What will the paper be?
- A guidance paper on equity – like the sustainability paper. The sustainability paper addressed the following questions:
  1) How is sustainability defined?
  2) What evidence is required to demonstrate a practice is sustainable?
  3) How can HIPs be implemented to increase the potential for sustainability for as long as the practice is relevant for the program?
- A planning guide - like the male engagement or adolescents. These planning guides take readers through steps to developing programs for these groups.

Thank You
Additional Material

"The human rights principle of non-discrimination obliges states to guarantee that human rights are exercised without discrimination of any kind based on race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation" (27).

FP2020 Definition of Equity

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

Health Policy Initiative's Equity Framework for Health

The P&D team
- Provides strategic leadership on the dissemination and utilization of HIPs at global, regional, and national levels
- Extends the global reach of HIPs by producing and publishing HIP products; maintaining the HIP website; coordinating translation of HIP products into French, Portuguese, and Spanish; and disseminating HIP products via multiple channels
- Strategically plans for HIP representation at global and regional conferences and meetings
  - Sometimes that looks like suitcases full of HIP postcards, briefs, or complete folders
  - Other times it involves looking for a place for the HIPs on the agenda

The P&D team
- We developed the short HIP videos so a person can understand the HIPs in just four and a half minutes
- We developed postcards in English and French that highlight upcoming HIP briefs for ICFP
- We re-designed the HIP website which attracts many more people than before, as it is mobile-friendly and the new format was designed for search engine optimization
- We distribute monthly HIP tweets to endorsing organizations

Website traffic increased significantly since last year.
Between Nov 20, 2017 – Nov 20, 2018
- 26,527 users (89% increase from previous period)
- 39,670 sessions (75% increase from previous period)
- 74,523 pageviews (49% increase from previous period)

Top Countries
1. United States
2. India
3. Nigeria
4. Kenya
5. United Kingdom
6. Philippines
7. Ethiopia
8. Uganda
9. Pakistan
10. Tanzania

Website Trends by Region
Between Nov 20, 2017 – Nov 20, 2018
Of the 26,527 users:

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern America</td>
<td>32%</td>
</tr>
<tr>
<td>Eastern Africa</td>
<td>14%</td>
</tr>
<tr>
<td>Southern Asia</td>
<td>11%</td>
</tr>
<tr>
<td>Western Africa</td>
<td>10%</td>
</tr>
<tr>
<td>Europe</td>
<td>8%</td>
</tr>
<tr>
<td>Southeast Asia</td>
<td>5%</td>
</tr>
<tr>
<td>South America</td>
<td>4%</td>
</tr>
<tr>
<td>Western Asia</td>
<td>2%</td>
</tr>
<tr>
<td>Central America</td>
<td>2%</td>
</tr>
</tbody>
</table>
30% of visitors viewed the website on a mobile device or tablet.

77% of referrals come from a Google search or direct URL.

Visitors view the home page and briefs listing page the most.
1. Home page
2. Briefs listing page
3. Engaging Men & Boys
4. Immediate PFP
5. Adolescent Friendly Contraceptive Services
6. Digital Health for SBC
7. Strategic Planning Guides listing page
8. Drug Shops & Pharmacies
9. Social Franchising
10. Mobile Outreach

Website Trends by Language
Between Nov 20, 2017 – Nov 20, 2018

Of the 74,523 website page views
Of the 7,512 translated website page views

Translated websites launched in 2018:
March (French), August (Spanish), November (Portuguese)

Print Material Trends by Language
Between March 2017-November 2018

1,309 Tweets
Between Oct 22 – Nov 20, 2018, the #HIPs4FP resulted in:
80 Participants
1.878M Impressions
HIP/IBP Webinars
Between October 1, 2017 – September 30, 2018

6 webinars conducted

1,293 total views of which 743 were live

Of 743 live views:
20% from Africa
9% from Asia
9% from Latin America and the Caribbean

Website traffic did not increase around major meetings.

HIP Folders distributed increased significantly due to FIGO.

Thank you! Questions?
SUPPLY CHAIN MANAGEMENT HIP UPDATE

Authors
- Julia White, Director, Global FP VAN, RHSC (Overall flow of HIP brief, consistency, ensure final product speaks with one voice)
- Kate Wright, Supply Chain Advisor, UNFPA (Tips from Implementation Experience)
- Prashant Yadav, Strategy Leader-Supply Chain, BMGF (Important of Practice & Impact)

Reviewer
- John Vivalo, PH Advisor, Logistics and Supply Chain, USAID

Work so far
- Calls in September and October. Email exchanges in Nov.
- Consultation with RHSC SSWG in October on what to retain, what can be removed, what should be added

HIP DEFINITION AND ToC

- Old definition: Develop an effective supply chain management system for family planning so that women and men can choose, obtain, and use the contraceptive methods they want throughout their reproductive life
- New definition: Develop and implement family planning supply chain system strengthening strategies, both upstream and downstream, to better support women and men to choose, obtain, and use the contraceptive methods they want throughout their reproductive life.
- Theory of Change: Contemplating a TOC, but are not yet sure. Considering whether we remove the current supply chain/logistics cycle and replace with a simple schematic diagram which shows how the different high impact ideas (visibility, streamlining etc) that will be included in the HIP connect to improve availability and mCPR/outcomes. If we do this well, we may not need a formal ToC

KEY CHANGES TO HIP CONTEMPLATED AT THIS STAGE

- Use of SC maturity model/progression as a grounding concept and discussion of assessment tools for system strengthening. Look at the importance of supply chain process maturity vs. single focus on stockout indicators
- Introduction and focus on the importance of visibility to SC strengthening, importance of last mile visibility and the role of Visibility and Analytics Networks. Define VANS at Global and Country level and discuss the 4 quadrants related to VANS: people (coordination, leadership, governance), process (SC design, roles, SOPs), policy and technology (including tools like LMIS, etc.).
- Consider using the 4 quadrants of people, process, policy and technology as a framework to re-organize the whole document

KEY CHANGES TO HIP CONTEMPLATED AT THIS STAGE (2)

- Consider including select country examples eg how outsourced distribution and data collection in Senegal has contributed to huge increases in availability and CPR
- Include something around how to build accountability in the supply chain- what role do CSOs play, what role does data play, what role does governance play
- Look at short feature on role of private wholesalers and distributors and how they operate agile, higher velocity supply chains
- Consider featuring lessons learned/best practices across public, private, FBOs, SMOs in supply chain management in tips section
Social Marketing: Leveraging the private sector to increase access to and demand for contraceptives at scale

**Barriers**
- Quality contraceptive methods are not available in many private sector outlets
- Lack of brands that meet clients' ability to pay
- Clients have incorrect knowledge and negative perceptions about contraceptive methods or FP practices
- Public sector sources are perceived as inconvenient or not responsive to their needs by some

**Inputs**
- **Use consumer insights to:**
  - **Product:** Introduce/expand access to quality-assured branded/generic contraceptive
  - **Price:** Subsidize the price of the brand to make it affordable
  - **Promotion:** Improve knowledge and perceptions of brands, methods, and practices
  - **Place:** Distribute the branded product widely through pharmaceutical and consumer goods networks

**High Impact Practice**

Leverage marketing principles to understand clients’ preferences and deliver tailored brands, products, and messages using private sector networks

**Outcomes**
- Increased voluntary use of modern contraceptive methods
- Reduction in unintended pregnancies
Strategic Planning Guide - Humanitarian

• June 2018 HIP TAG decision to develop SPG for FP in humanitarian contexts.

Progress & next steps:
• Drafting concept note of the gap that the HIP strategic planning guide would fill
• Convening experts to agree content and SPG outline (January)
• Content development & review (Feb-April)

Proposed participants (so far): expert/writing group

• Kamlesh Giri (CARE)
• Sara Casey (RAISE)
• Robyn Drysdale (IPPF)
• Janet Myers (Save the Children)
• Yann Lacayo (UNFPA)
• Kathryn Church (MSI)
• Sarah Rich (Women’s Refugee Commission)
• Loulou Kobessi (WHO)