



HIP TAG 2018
November 28-29, 2018

**Bill and Melinda Gates
Foundation**
1300 I Street NW,
Washington, DC



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

November 28th and 29th, 2018

Bill and Melinda Gates Foundation

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Washington, DC



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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 partnership 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:

Updated Briefs	Original publication	Updated
CHWs	2012	2015
mHealth (SBC)	2013	2018
Financing	2014	2018
Postabortion FP	2012	planned 2019
Supply Chain Management	2012	planned 2019
Social Marketing	2013	planned 2019
Enhancements		
mHealth (Systems)	2013	2017
Vouchers	2015	planned 2019
Other		
Health Communication (SBC Chapeau)	2012	2018
Humanitarian Setting SPG		planned 2019

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.
 - SPG for Humanitarian Settings – draft for review available by May 2019, publish by Sept 2019.

- 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.

Annex A: Agenda



Technical Advisory Group Meeting

November 28 and 29, 2018
09:00 – 17:00

AGENDA

BMGF

Oseola McCarty Conference Room
1300 I St NW,
Washington, DC 20005

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

08:30 – 09:00	Arrival
09:00 – 10:30	Opening of Meeting – Welcome Remarks Christine Galavotti Updates <ul style="list-style-type: none">• Progress on HIP TAG recommendations from June 2018, Shawn Malarcher• Reflections from IBP activities and member survey, Nandita Thatte• Reflections from ICFP and Domestic Public Resource, Jennie Greaney• Debrief from FIGO, Rodolfo Gomez• Reflections from FP 2020, Martyn Smith
10:30 – 11:00	Break
11:00 – 12:00	Equity , Karen Hardee (Sara Stratton, Rodolfo Gomez, Venkatraman Chandra-Mouli)
12:00 – 13:00	Lunch
13:00 – 15:00	Vouchers Update <i>HIP Enhancement will focus intermediate effects.</i> <ul style="list-style-type: none">• Authors: Elaine Menotti, Anna MacKay, and Ben Bellows• Discussants – Roy Jacobstein and Maggwa Baker• Gray scale review – Gael O’Sullivan and Mario Festin
15:00 – 15:30	Break
15:30 – 17:30	Update on progress with the IPC brief – Shawn Malarcher Review New Concept Notes

	<ul style="list-style-type: none"> HIP Enhancement – Task Sharing; reviewer Victoria Jennings HIP – Counseling on contraceptive side effects, myths, and misconceptions; reviewer Sara Stratton <p>Plan for brief updates – Shawn Malarcher</p> <ul style="list-style-type: none"> <i>At the Nov 2018 TAG meeting develop plan for brief updates and interim evidence updates.</i>
17:30	Closing, followed by Group Happy Hour

Thursday, November 29th: Alice Payne Merritt, Chair

09:00 – 10:00	Review Recommendations from Day 1 <ul style="list-style-type: none"> Review Recommendations
10:00 – 11:30	Postabortion Family Planning Update <ul style="list-style-type: none"> 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	<p>HIP promotional material - Jay Gribble and Heidi Quinn <i>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.</i></p> <p>Review Dissemination/Promotion activities (web analytics and webinars) – Ados May <i>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.</i></p> <p><i>Explore developing page on “What’s coming for the HIPs...”</i></p>
12:30 – 13:30	Lunch
13:30 – 15:00	<p>Rethinking the TOC – Shawn Malarcher, Maggwa Baker, Michelle Weinberger</p> <p>Updating existing briefs</p> <ul style="list-style-type: none"> Supply Chain – Martyn Smith and Jennie Greaney Social Marketing – Elaine Menotti
15:00 – 15:30	Break

15:30 – 16:30	<p>SPG for Humanitarian Settings, Jennie Greaney</p> <p>Additional HIP Criteria – Norbert Coulibaly, Mario Festin, Chris Galavotti, Karen Hardee, Nandita Thatte, Michelle Weinberger</p> <p><i>Develop a table that includes other criteria of the HIPs (e.g. scalability, cost, etc) Alice to share example on Zika.</i></p>
16:30 – 17:00	<p>Review Recommendations</p> <p>Next Steps and Closing</p>

Annex B: List of Participants

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

Observers	
Sarah Onyango IPPF	Ados May WHO/IBP Initiative
Laura Raney FP 2020	Nandita Thatte WHO/IBP Initiative

Annex C: Presentations


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

	Nov 2018 TAG	Dec 2018- May 2019	June 2019 TAG	July 2019- Oct 2019	Nov 2019 TAG	Dec 2019- May 2020
IPC Brief		Intm Review Publish				
Voucher Enhmt	Review	Publish				
PA FP Brief	Review	Publish				
Humantn SPG		Develop?		Publish?		
SM Brief	Scope	Develop	Review	Publish		
SCM Brief	Scope	Develop	Review	Publish		
?	Select	Lit Search	Scope	Develop	Review	Publish
?	Select	Lit Search	Scope	Develop	Review	Publish

HIP REFLECTIONS: WHAT HAVE WE LEARNED SO FAR

- GREATER ENGAGEMENT, INVESTMENT, OWNERSHIP OF PARTNERS MAKES FOR A BETTER PRODUCT**
- TRANSPARENT, RIGOROUS PROCESSES BUILDS CREDIBILITY**

SUBSTANTIVE ENGAGEMENT TAKES TIME AND RESOURCES

PROCESSES REQUIRE MANAGEMENT AND RESOURCES



CON'T

- **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 HARDEE, GAE O'SULLIVAN, ANAND SINHA

- REVISED THE SCOPE – EXCLUDE GROUP-BASED IPC
- RERAN THE LIT SEARCH
- RE-GROUP INTERVENTIONS

IPC EVIDENCE

Multiple counseling session	Adanikin, 2013 et al.	positive
Counseling plus pamphlet	Saeed 2008	positive
Male Engagement	Daniele 2018	positive
Follow-up support	Hameed 2016	positive
High Quality	Dehlendorf	positive
Method information index	forthcoming	positive

IPC EVIDENCE

Intensive counseling	Modesto 2014	NSS
Expert counseling	Smith 2002 (multiple countries)	NSS
Male engagement	El-Khoury 2016; Tilahun 2015; Lundgren 2005; Lemani 2017; Assaf 2018	NSS
Multi counseling sessions	Vural 2016	NSS
Counseling plus follow-up	Ayiasi 2015	NSS

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

Updated Briefs	Original publication	Updated
CHWs	2012	2015
mHealth (SBC)	2013	2018
Financing	2014	2018
Postabortion FP	2012	planned 2019
Supply Chain Management	2012	planned 2019
Social Marketing	2013	planned 2019
Enhancements		
mHealth (Systems)	2013	2017
Vouchers	2015	planned 2019
Other		
Health Communication (SBC Chapeau)	2012	2018
Humanitarian Setting SPG		planned 2019

WHAT DO WE PRIORITIZE?

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

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 CON'T

- 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 CON'T

- CONTINUE WORKING ON EQUITY ANALYSIS TO DEFINE EQUITY FOR FAMILY PLANNING, CONSIDERING USE AND/OR ACCESS.
 - CONSIDER % DEMAND SATISFIED
 - WORK 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 PRACTICE AND WHAT INTERVENTION RESEARCH IS AVAILABLE.
- MOVE FORWARD WITH UPDATES FOR THE DRUG SHOP AND FP/IMZ BRIEFS.

DAY 1 RECOMMENDATIONS VOUCHER BRIEF

- THE TAG RECOMMENDS PUBLISHING THE BRIEF AS A "HIP ENHANCEMENT" REVISIONS.
- ADD DEFINITION OF VOUCHER IN THE BACKGROUND SECTION

"VOUCHERS ARE A FINANCING MECHANISM AND PROGRAMMATIC TOOL INTENDED TO IMPROVE EQUITABLE ACCESS AND INCREASE USE 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
- 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 ILLUSTRATIVE EXAMPLES, ORGANIZE 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 "WHEN DO VOUCHERS MAKE SENSE" CONSIDERATIONS (TEXT BOX) VOUCHER PROGRAMS WORK BEST WHERE

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. REGULAR, SUPPORTED SUPERVISION OF COMMUNITY LEVEL DISTRIBUTION IS ESSENTIAL AND CAN BE CHALLENGING. **CONSIDER INNOVATIVE APPROACHES USING DIGITAL TECHNOLOGIES WHERE APPROPRIATE.**

CON'T

- CLARIFY BULLET ON SBC (ALICE, GAE, 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, GAE)

- **INCLUDE CITATIONS ABOUT COST AS A BARRIER (MAGNITUDE)**
- **OTHER DISADVANTAGED GROUPS (UNMARRIED WOMEN)?**
- **CHANGE TITLE: USE THE HIP TEXT**

OUTCOME MEASURES CURRENTLY IN PRACTICE

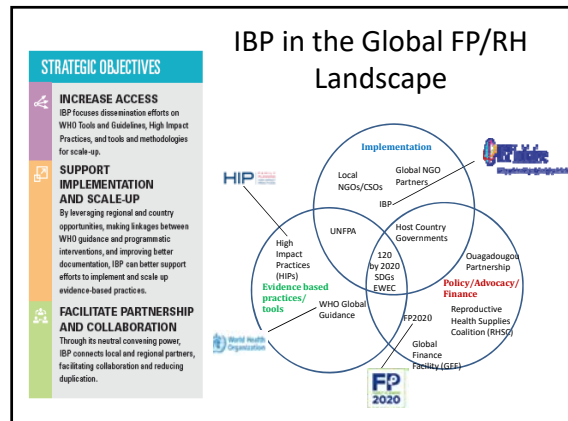
HIP	FP 2020 indicator
Supply Chain Management	10. Percentage of facilities stocked out, by method offered, on the day of assessment
Domestic Public Resources	12. Annual expenditure on family planning from government domestic budget
Interpersonal Communication	14. Method Information Index
HIP	HMIS
Postabortion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

Problem/Barriers	Inputs	Outcomes (HIPs)	Proximate Determinants	Impact
	Enhancements (vouchers, digital technologies) QOC improvements Training	What needs to changes in order to increase mCPR? <ul style="list-style-type: none"> • Needs to be measurable through routine systems 	Modern contraceptive use, delay of marriage, birth spacing, or breast feeding.	unintended pregnancy and fertility

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

Topic	Attended live	Viewed recording	Viewed on YouTube	Totals
Immunization and FP	163	33	72	268
Vouchers	96	29	40	165
Financing Spanish	46	42	14	102
Male engagement	181	135	51	367
Digital Health SBC	155	64	22	221
Social Franchising	102	18	50	170

- 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

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

Barriers to Use of HIP Materials

Sample n=48	HIP Evidence Briefs	HIP Strategic Planning Guides
Limited Staff Capacity	20%	22%
Limited Time	17%	20%
Limited Financial Resources	15%	13%
Not enough copies	13%	15%
Not relevant to program needs	11%	11%

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

PERCEPTION

There are of course other meetings, groups and communities of practice out there, but I feel that IBP has a history and a clout. It has influence, and it is meaningful. The connection to WHO and the successful and long history that IBP has – that really contributes to the events being high level. (5)

The connection to WHO has an immediate name recognition. You can mention WHO practically to anyone anywhere and they know what it is, while they may not know of a particular university or non-profit. And because WHO develops normative guidance, conducts research and evaluates and disseminates recommendations, it is paid attention to, and has wide endorsement. That connection to WHO helps people feel confident in that what is being done through IBP is credible. (5)

IBP definitely has a long history, and a longer history than many of the other networks. It makes me believe that IBP has more members. Just the sheer number of people to potentially connect with, is a reason in itself for why IBP is valuable. (1)

The fact that the secretariat is hosted at WHO gives IBP a unique position. It really gives credibility and brings organizations to this network, and gives access to organizations that you would not expect to have access to. (7)

As I was telling the French development agency AFD about the benefits of connecting with IBP, I put forward different benefits I saw with IBP. When I told them that IBP was run by WHO, I did not have to put forward any more arguments. (7)

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

SHARING

The regional partner meeting in London was the best thing about our IBP membership in the past year. The technical content and the opportunities for network and exchange with a variety of organizations, were excellent.

The highlight of this year was the regional meeting in London was a small, effective meeting that allowed for diverse networking and substantive content discussions. I was able to connect to various organizations and think about how we as a small NGO could learn, share and partner with other organizations.

There have been times when we have been in the position of questioning whether we would be able to attend an IBP meeting due to practical reasons. But the thought of not participating in a partners meeting – it just felt bad for all of us in the team. We know that we would be missing out on one of the most important opportunities to connect with our partners in this field. An IBP meeting is one that you really don't want to miss. (5)

I most appreciated the London meeting, which focused on highlighting resources from different partners as well as sharing unique digital platform tools. The face to face engagement in the London meeting was extremely valuable.

I attended my first partners meeting and enjoyed the content and opportunity to exchange. I was impressed by the breadth and the experience and opportunities to share.

70% of respondents have exchanged information/resources with other stakeholders via IBP organized meetings in the past 12 months.

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

SHARING

To work towards a principle of knowledge sharing, rather than informing. It is not about creating silos or dominances of certain organizations. It is very participatory and open to different kinds of

Even if a colleague is not a part of my organization, they would become "thinking partners" with which we could share ideas. That was very important for us! (2)

IBP has created opportunities to have conversations with other stakeholders in specific geographical areas. (2)

We organized an event around the report on SRHR by the Lancet-Guttmacher Commission. We shared content and outcomes and IBP used that in the discussions in their event. IBP then reported back to us, which in turn was used in our newsletter to our members, as part of knowledge sharing of what is happening and how we are supporting in taking the discussions around the report forward.

Collaboration on joint activities or products in the past 12 months

COLLABORATING

62%

of respondents co-developed products or collaborated in joint activities related to FP/RH with another IBP member organization *

88% did this once or a few times per year.**

This year's highlight was to work with stakeholders to collaboratively develop the Family Planning Handbook, and to share the handbook with IBP members at the Asia regional meeting in India. It was a collaborative effort, played to the strengths of each partner, and showcased a valuable new resource to participants. We launched the handbook with a presentation and a fun activity, and we also obtained feedback from participants on ways to disseminate the handbook more effectively.

Ways of collaborating with other IBP members in the P12M	
(n= 40)	Type of collaboration (out of those who collaborated)
Meetings and events	
Participated in panels	60%
Participated in joint webinars	53%
Co-hosted meetings on technical topics	50%
Collaborated on conference events/tracks	43%
Advocacy	
Collaborated on advocacy activities	45%
Products	
Co-developed guidelines, tools or other products	30%
Co-developed research publications	18%
Service provision	
Collaborated in providing FP/RH services	23%
Trainings	
Collaborated on developing trainings	15%

Awareness of IBP Promoted Products

AWA-REN
ESS

Awareness of IBP promoted products		
	Total Sample (n=75)	Global HQ Representatives (small base size, n=47)
MEC	47%	45%
FP Handbook	47%	51%
HIPS Evidence Briefs	51%	53%
HIPS Strategic Planning Guides	55%	55%
Consolidated guideline on SRHR/ HIV	68%	66%
Ensuring HR in the provision of contraceptive info/services	52%	53%
Optimizing health worker roles through task shifting	51%	55%
Programming Strategies for postpartum FP	53%	62%
TRP	52%	62%
Guide to identifying and documenting BP in FP	49%	51%

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.

USE

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.


Way in which products were used (out of those using the product in the P12M)		
(small base sizes, n= 17 – 48)	Expanded my personal knowledge	General resource
MEC	70%	73%
FP Handbook	79%	83%
HIPS Evidence Briefs	80%	68%
HIPS Strategic Planning Guides	76%	79%
Programming Strategies for postpartum FP	76%	59%
TRP	67%	67%
Consolidated guideline on SRHR/ HIV	62%	46%
Ensuring HR in the provision of contraceptive info/services	65%	65%
Optimizing health worker roles through task shifting	67%	58%






Debrief from FIGO
28th November 2018

Ados V May, IBP Initiative



Prácticas de Alto Impacto en
Planificación Familiar
IBP llevando las PAI por el mundo






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



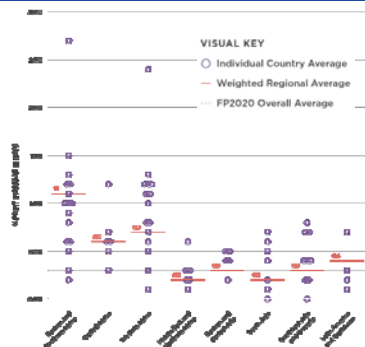


Other highlights

- 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

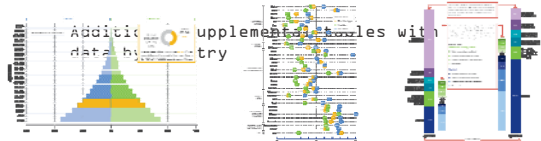
ANNUAL MCPR GROWTH BY REGION



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)

SOURCES

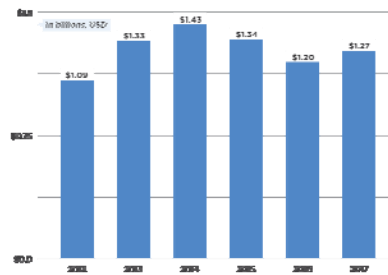
WHO/SHA: System of Health Accounts prepared by national consultants in collaboration with the World Health Organization

UNFPA/UNICEF: United Nations Population Fund and Netherlands Interdisciplinary Demographic Institute Resource Tracking Project on Family Planning Expenditures

FPISA: Family Planning Spending Assessments conducted by national consultants in collaboration with Track20

COUNTRY	ESTIMATE	YEAR	SOURCE
Algeria	2010/2011	2010	WHO/SHA
Angola	2010/2011	2010	WHO/SHA
Bhutan	2010/2011	2010	WHO/SHA
Burkina Faso	2010/2011	2010	WHO/SHA
Burundi	2010/2011	2010	WHO/SHA
Cameroon	2010/2011	2010	WHO/SHA
Chad	2010/2011	2010	WHO/SHA
Cote d'Ivoire	2010/2011	2010	WHO/SHA
Dominican Republic	2010/2011	2010	WHO/SHA
Egypt	2010/2011	2010	WHO/SHA
El Salvador	2010/2011	2010	WHO/SHA
Guatemala	2010/2011	2010	WHO/SHA
Honduras	2010/2011	2010	WHO/SHA
Kenya	2010/2011	2010	WHO/SHA
Madagascar	2010/2011	2010	WHO/SHA
Mali	2010/2011	2010	WHO/SHA
Morocco	2010/2011	2010	WHO/SHA
Niger	2010/2011	2010	WHO/SHA
Nigeria	2010/2011	2010	WHO/SHA
Rwanda	2010/2011	2010	WHO/SHA
Senegal	2010/2011	2010	WHO/SHA
Sierra Leone	2010/2011	2010	WHO/SHA
Tanzania	2010/2011	2010	WHO/SHA
Togo	2010/2011	2010	WHO/SHA
Tunisia	2010/2011	2010	WHO/SHA
Zambia	2010/2011	2010	WHO/SHA

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



SOURCE: Kaiser Family Foundation analyses of data from donor governments and OECD CRS database.

DISTRIBUTION OF FAMILY PLANNING EXPENDITURES IN 19 FP2020 COUNTRIES BY SOURCE OF FUNDS, 2016



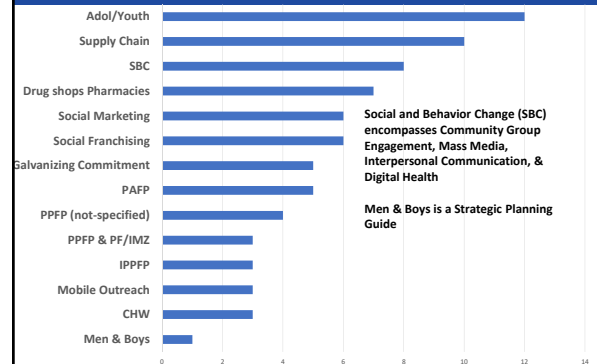
HIPs ANALYSIS
Laura Raney, HIPs Advisor, FP2020

HIPs ANALYSIS FRAMEWORK & FP2020 FPMs

High Impact Practices (HIPs)	FP2020 Commitment	Costed Implementation Plan (CIP)	FP2020 Country Action Plan	Track20 data
Service Delivery				
Social & Behavior Change				
Enabling Environment				

Goal: Assist help FP2020 countries to use evidence to prioritize their investments and make them more impactful.

IMPACT: 14 HIPs INCLUDED IN FRANCOPHONE COUNTRIES



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 of 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 HOUGHTALING, 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



Overview

Founding Principles of High Impact Practices (HIP) in Family Planning

Family planning programs are designed to help individuals and couples exercise their rights to choose the timing and spacing of pregnancies, to obtain the information and services necessary to put this right into practice and to be treated in a respectful manner regardless of their characteristics. To this end, programs should strive to incorporate the following principles in the implementation and expansion of high impact practices.

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

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

Choice of contraceptive: make available and accessible the widest possible range of contraceptives, adapted to the level of services.

Client centered approach: create a safe and non-judgmental environment that respects and recognizes clients' reproductive intentions (timing, spacing or limiting pregnancies), lifestyle and life goals.

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

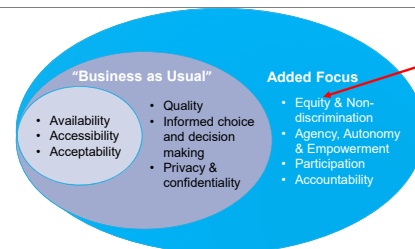
Continuity of care: build and maintain client support systems through uninterrupted supply of contraceptives and other related products, integrated services throughout the reproductive life cycle, friendly guidance and follow-up of patients.

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

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

Equity: strive to identify and understand the social, ethnic, linguistic, geographic, 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



Source: Modified from Bakamjian et al., 2017.

Health Equity

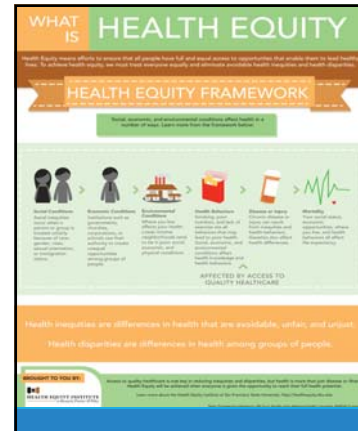
The principle underlying a commitment to reduce—and, ultimately, eliminate—disparities in health and in its determinants, including social determinants.

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.

Braveman, P. 2014. "What Are Health Disparities and Health Equity? We Need to Be Clear." Public Health Rep. 2014 Jan-Feb; 129(Suppl 2): 5-8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863701/>

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**.

Whitehead, M and G Dahlgren. 2006. Concepts and principles for tackling social inequities in health: Leveling Up Part 1. Geneva: World Health Organization



Inequities relate to:

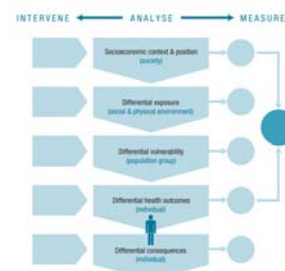
- Economic disadvantage
- Social disadvantage
- Environmental disadvantage

Braveman, Paula. 2014. "What Are Health Disparities and Health Equity? We Need to Be Clear." Public Health Rep. 2014 Jan-Feb; 129(Suppl 2): 5-8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863701/>

Types of Inequity/Disadvantage

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

WHO Priority Public Health Conditions Analytical Framework

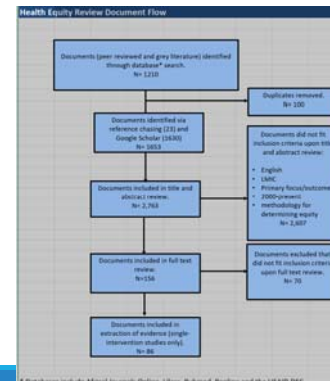


Interventions to promote equity should be based on analysis of health disparities and their causes

Blas, E. and A.S. Kurup. 2010. Equity, social determinants and public health programmes. Geneva: WHO.

Literature Search on Equity

Literature Search on Interventions on Equity



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

* Databases include Medline Journals Online, Litlat, PubMed, Proquest and the USAID DDC.

Among the studies

Equity focus:
Economic = 79
Social = 34
Environmental = 5

FP Studies:
Economic: 8
Social: 2
Environmental: 1
Mostly mixed results on equity

Health Topic:
MNH/MCH = 47
Malaria = 20
Nutrition/Vit A = 11
FP = 9
Not specified = 6
Measles = 5
HIV = 3
Education = 2
Gender = 2
Eye care = 1

Results*
Improved equity = 36
Mixed results = 29
Didn't improve equity = 21
Couldn't classify = 3

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

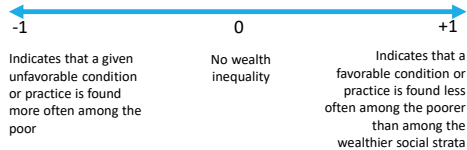
Equity studies on FP

Intervention	Equity focus	FP Outcome and equity result	Region and Country	Reference
Multiple interventions in health systems and SMC, coverage, targeting with subsidies (APPIA +)	Economic	Access and use of FP; equity improved	Kenya	IBTC, 2015
Performance based Financing (PBF) for maternal health care and modern contraceptive use	Economic	Modern contraceptive use; No effect on equity	Burundi	Bonfer et al., 2014
PBF - for ANC, facility-based delivery, modern contraceptive use	Economic	Contraceptive use; Equity results mixed	Rwanda	Priedeman et al., 2013
PBF - Maternal and child immunization scheme by targeted/ non-targeted services	Economic	Contraceptive use; Equity results mixed	Tanzania	Binyaruka et al., 2015
PBF - for MCH services provided (including FP)	Economic	Modern contraceptive use; No effect on equity	Afghanistan	Engineer et al., 2016
Voucher for LARCs	Economic and Social (ed, occup. and age)	LARC increase higher in lower SES and ed	Cambodia	Bajracharya et al., 2016
Social Franchising (SF) - contraceptive services and use (MSI)	Economic and Social (age)	Contraceptive use; Mixed results - not so much for very poor and youngest	17 countries Africa & Asia	Monroe et al., 2015
SF and community midwife with voucher for IUD - continuation	Economic and Environmental	Voucher/ non-voucher similar IUD discount. rates	Pakistan	Hameed et al., 2015
Social Marketing Service Delivery Systems - condom, pill, injectable (MAP Project)	Environmental	equity in coverage across districts	Cambodia	PSI, 2005

Methodologies Used to Assess Equity

Concentration Index (13 studies, 8 in Africa, 5 in Asia)

- Varies between -1 and +1 and measures wealth-related inequality (e.g. in contraceptive use)
- The more the index deviates from zero, the greater the magnitude of the wealth-related inequality.



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

Social

- 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

Two Systematic Reviews on FP

Vouchers (Bellows et al., 2016)

- 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)

- 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

WHO Definition of Non-discrimination (includes Equity)



“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).

Non-discrimination in provision of contraceptive information and services

1.1	Recommend that access to comprehensive contraceptive information and services be provided equally to everyone voluntarily, free of discrimination, coercion or violence (based on individual choice).
1.2	Recommend that laws and policies support programmes to ensure that comprehensive contraceptive information and services are provided to all segments of the population. Special attention should be given to disadvantaged and marginalized populations in their access to these services.

²⁷ General comment No. 20 (Committee on Economic, Social and Cultural Rights, 42nd session): Non-discrimination in economic, social and cultural rights – Article 2, paragraph 2, of the International Covenant on Economic, Social and Cultural Rights (CESCR). Geneva: United Nations Economic and Social Council, 2009 ([http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G09/434/05/PDF/G0943405.pdf](http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G09/434/05/PDF/G0943405.pdf?OpenDocument), accessed 3 October 2013).

FP2020 Definition of Equity

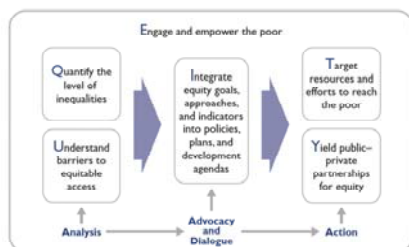
EQUITY AND NON-DISCRIMINATION

Individuals have the ability to access quality, comprehensive contraceptive information and services free from discrimination, coercion and violence.⁹ Quality, accessibility, and availability of contraceptive information and services should not vary by non-medically indicated characteristics, such as age, geographic location, language, ethnicity, disability, HIV status, sexual orientation, wealth, marital or other status.

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

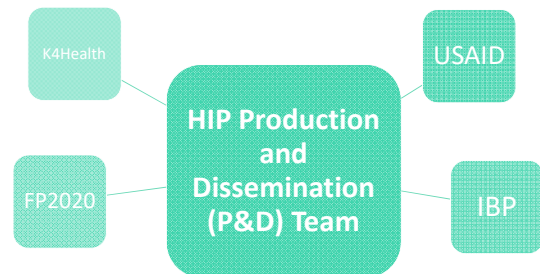


Health Policy Initiative's Equity Framework for Health



http://www.healthpolicyplus.com/archive/hs/pubs/hpi/1271_1_EQUITY_Overview_Poster_FINAL_Sept_2010_acc.pdf

HIP Production and Dissemination (P&D) Team



Members: Caitlin Thistle, Erika Houghtaling, Ados May, Laura Raney, Debbie Dickson, Liz Tully

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

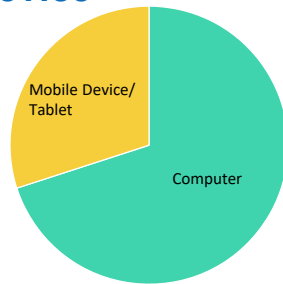
Website Trends by Region

Between Nov 20, 2017 – Nov 20, 2018

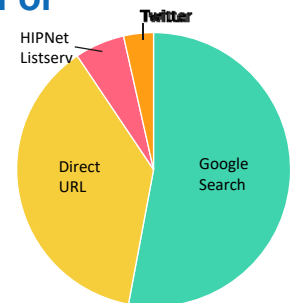
Of the 26,527 users:

Northern America	32%
Eastern Africa	14%
Southern Asia	11%
Western Africa	10%
Europe	8%
Southeast Asia	5%
South America	4%
Western Asia	2%
Central America	2%

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 PPFP
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

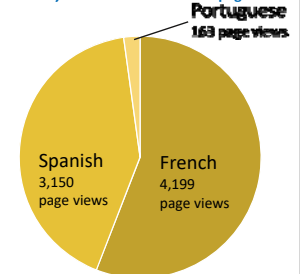
Website Trends by Language

Between Nov 20, 2017 – Nov 20, 2018

Of the 74,523 website page views



Of the 7,512 translated website page views

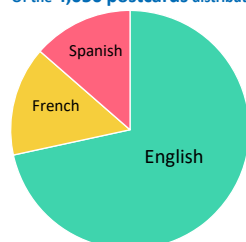


Translated websites launched in 2018:
March (French), August (Spanish), November (Portuguese)

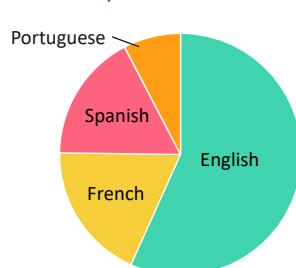
Print Material Trends by Language

Between March 2017-November 2018

Of the 4,050 postcards distributed



Of the 1,516 folders distributed



In the past 6 months, partners have sent



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

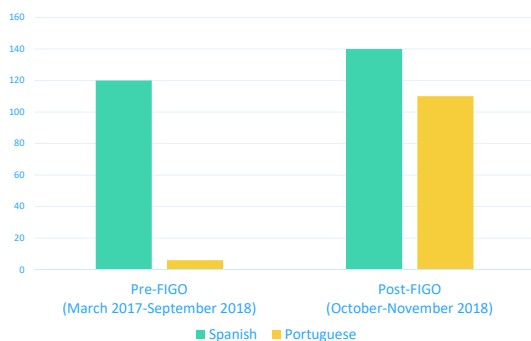
9% from Asia

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

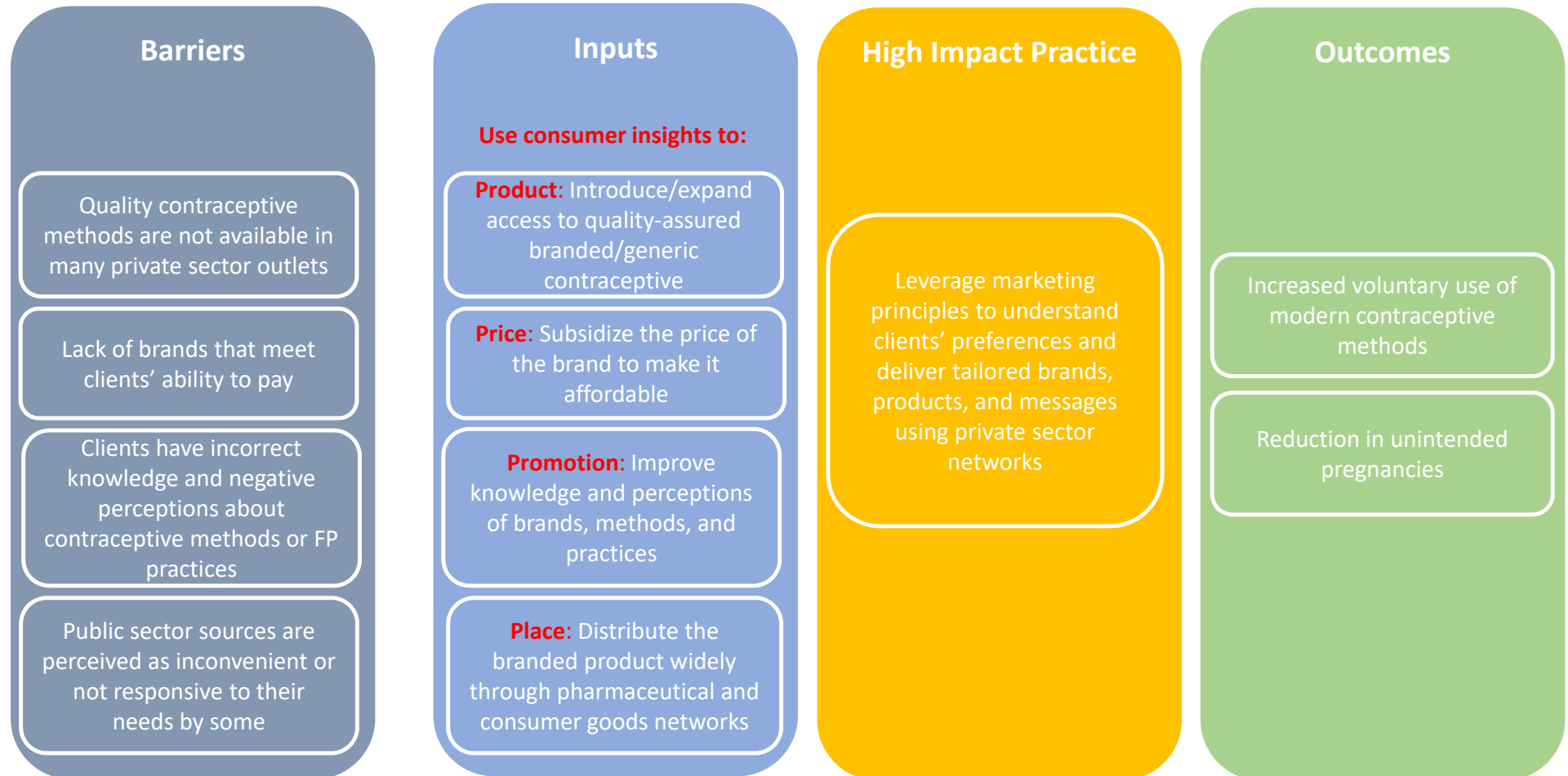
KEY CHANGES TO HIP CONTEMPLATED AT THIS STAGE

- 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



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)

1 1

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)

2