

High Impact Practices Partners' Meeting Report

October 27, 2015

PATH

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HIP Meeting Notes

Welcome

Clarissa Lord Brundage and Jane Hutchings gave welcoming remarks and introduced Carolyn Curtis as the facilitator for the day.

Roles and Responsibilities of the Endorsing Organizations and HIP Brief Development

Shawn Malarcher gave an overview of a document distributed prior to the meeting which outlined the structure of the HIP work and expectations for endorsing organizations. See Appendix C. Two significant changes were suggested.

First, partners will have an opportunity to propose concepts for new HIPs. In this process, Partners will submit a concept note for review by the HIP TAG. The HIP TAG will review all concept notes and propose no more than 2 per year be developed into evidence briefs. Briefs are then reviewed by the TAG for consideration as a HIP. Selected concept notes are not an assurance of HIP status.

There will be a call with the HIP partners to discuss, likely in February, 2016. Concept note guidance will be provided prior to the call. Participants pointed out that development of a new HIP is costly, so it's important to plan prioritization of new HIPs and identify donors to support development.

The second proposed change, is the nomination of new HIP TAG members during the HIP Partner's Meeting. New membership is based on availability and technical fit for the TAG. Nominations were taken and the following individuals were identified as potential HIP TAG members:

- Anne Pfitzer
- Douglas Huber
- Heidi Quin
- Jim Shelton
- Michelle Weinberger
- Placid Tatsoba

Identification of individuals to serve on the TAG will be taken up by the Co-Sponsors, USAID, WHO, UNFPA, and IPPF. Decisions will be based on standing in the international community, technical expertise fit with the composition of the TAG (ability to address a particular gap in technical expertise), and willingness to serve.

Vision for the HIP work

Baker Maggwa moderated a session capturing the vision for the HIPs by various partners who currently support the initiative, including Anne Hirschey (USAID), Monica Kerrigan (FP2020), James Kiarie (WHO), and Jagdish Upadhyay (UNFPA).

Panelists identified common barriers facing countries such as bringing HIPs to scale, the quality of implementation at scale, and the time and resources needed to institutionalize change.

Monica Kerrigan emphasized the importance of embedding HIPs in the Cost Implementation Plan Process to help countries set reasonable goals. We need hold stakeholders responsible for the commitments they make.

Ann Hirschey talked about the role the HIPs can play in influencing change. Ms. Hirschey reflected on her experience of implementing a HIP at the regional level which was then adopted at the national level. This process can be important to help inform the adaptation needed to make HIPs work in specific context.

Mr. Upadhyay talked about how the HIPs are particularly useful for middle income countries which receive little strategic and technical assistance. The HIP briefs help these countries stay abreast of the latest evidence and advancements in family planning.

Dr. Kiarie noted the overwhelming and constant flow of evidence which bombards decision makers. The HIP work helps prioritize and focus their efforts more effectively. This work also helps us identify the gaps in our knowledge base.

On the question of how to support countries in their utilization efforts, participants emphasized the need to go beyond pilots. Countries are implementing HIPs but the work is fragmented. We need to utilize public and private channels and use combinations of HIPs to drive demand. Monitoring and implementation research is needed to ensure the quality of implementation and “sharpen” the HIPs.

Suggestions from participants:

- Consider dissemination of HIPs in academic environments
- WHO is well placed to serve as a neutral environment and leverage IBP to get HIPs in a more neutral space where they can be discussed and implemented at country level
- Provide technical support
- Implement assessments.
- Harness the IBP membership 45 members at the country level to talk about IBP and the HIPs
- UNFPA can help bring all partners together to support ministries
- Use the HIPs to support Global Financing Facility proposals
- WHO can get the HIPs into a space for countries to take up irrespective of funding source and how can we get into policy discussion
- FP2020 would like to co-sponsor a webinar to disseminate the material on adolescents

HIP TAG Report

Roy Jacobstein provided a debrief from the HIP TAG meeting held in New York in June. Dr. Jacobstein noted the HIP TAG continues to struggle with difficult questions such as:

- *What is evidence measurement?*
- *What is knowledge?*
- *Enabling environment—what is the evidence or actual practice?*
- *Who is underserved?*

In addition to providing a peer review process for the HIP briefs, the TAG meetings create a safe space

for collaboration and discussion of difficult issues.

Putting the HIPs to Use: Update on Global and Regional Activities

Ados May and Claire Cole presented on activities at the global and regional level that promote, disseminate and in the case of selected countries, document the implementation experience of HIPs by Cooperating Agencies and IBP partners. The IBP HIPs Task Team has led an effort to harness presence and reach of IBP to disseminate HIPs and in some cases, when possible, document HIP implementation in selected countries. In some cases, team members have integrated HIPs promotion and dissemination, where other IBP tools are disseminated and promoted, such as the Training Resource Package and Fostering Change (Tanzania). During the IBP June meeting in Addis, and the WAHO meeting in Ouagadougou, for many members based in the field, particularly in these regions, it was the first time many have heard of the HIPs. In conceptualizing the IBP Addis meeting, the organizers used the HIPs list and the briefs as the organizing principle for IBP regional meeting. At the same time, other activities have attracted a large number of participants to learn more about the HIPs, such as the IBP webinars series, which is proving to be an effective vehicle to keep members in the field informed, engaged and active. IBP is contributing to expansion/deepening of in-country understanding of HIPs in a variety of ways, including through the generation of the HIPs' implementation landscape analyses. These analyses (currently in production for Tanzania, Mozambique, and Guatemala) document the implementation experience of HIPs from the perspective of implementers, and help to flesh out the facilitators, challenges, and opportunities posed to full optimization of HIPs in implementation. HIPs have become an integral tool in the package of tools promoted by IBP.

HIP Decision-Making Tool

Shawn Malarcher gave a brief update on a "decision-making" tool that was developed after our last HIP Partner's meeting. A small group developed a prototype which was similar to a tool already developed by the groups' work on the Costed Implementation Plans (CIP). This is a very simple cross tab with key considerations for implementers. Based on discussions this group will work with experts from the CIP group to incorporate a few minor changes. We will get additional feedback from the IBP session on planned for the International Conference on Family Planning.

Michelle Weinberger presented on the decision making tool being developed by Avenir. This tool is based on modeling effects on contraceptive use based on population coverage and impact data.

Levers in the model:

1. Access interventions
2. Demand (strategic behavior change communication)
3. Policy

Discussion:

- The model currently is unable to predict the effect of the changes to the MEC on postpartum use of implants.
- Currently the model does not include a costing component. Although there are plans to incorporate this in the future.
- The model is intended to spark a conversation with partners about opportunities and trade-offs.

- Will the model separate communication channels/methods? Will it estimate the synergistic or dose effect?
- Are there estimates for the basic or essential packages of services? As countries undergo health care reform. UCH in terms of High Impact practices?
- Have you run the program to see if it will predict increase in countries where there has been big scale up of programs?
- The model is currently unable to segment populations.

Brief Updates

Briefs that will be updated in the next few months are Health Communications, Post Abortion Family Planning and mHealth.

Kim Ashburn and Reena Shukla presented on the Economic Empowerment brief. Kate Plourde and Joan Kraft presented on the Community Engagement brief.

Website Updates, analytics and Twitter

Caitlin Thistle and Debbie Dickson presented on the HIP social media strategy and website. The website (www.fphighimpactpractices.org) has been translated into French, Portuguese, & Spanish. The external review process has been completed for Spanish. A reviewer has been identified for the French content and a Portuguese reviewer is needed. The launch of the updated website will take place by ICFP in November, 2015. HIPs are also represented well on Twitter; endorsing organizations tweet regularly with #HIPs4FP. A Twitter feed of #HIPs4FP activity has been added to the website homepage. Some analytics:

- HIP website visits- 14% Africa; 13% Asia; 57% North America
- 7,600+ downloads of HIP Briefs (95% were English)
- Visits from Twitter outpace Facebook 6 to 1
- HIP Blog— 5 stories currently
- 79 Projects on HIP map—20 countries

Next Steps and Wrap up

Clarissa Lord Brundage closed the meeting with a recap of the main take away points from the meeting:

- We all own the HIPs--HIP partners need to be equally committed to drafting, disseminating, etc.
- HIPs need to be adapted to country context and feasibility needs to be assessed
- There needs to be country ownership in adopting and implementing the HIPs
- There are strategic relationships between HIPs--this came out in the case study by Pathfinder and throughout the morning panel
- There was a lot of interest and excitement in the decision-making tools -- Avenir's model and the CIP prioritization tool. These two tools are complementary
- The HIP framework discussion focused on the need to define the problem (why do we need a new framework? What is the purpose?) and need to define the critical path for HIP use
- HIPs cannot be all things to all people--what can the HIPs do best?

Appendix A



HIP Partners Meeting

October 27, 2015

9:00 – 17:00

AGENDA

PATH

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Objectives

- Update on HIP work to date and identify priority work for 2016
- Clarify roles and responsibilities of HIPs as part of larger FP context
- Discuss new HIP Briefs and finalize process for developing new HIP briefs

Tuesday, October 27, 2015

	Breakfast
9:00 – 9:15	Welcome Carolyn Curtis, USAID Jane Hutchings, PATH Clarissa Lord Brundage, Bill and Melinda Gates Foundation
9:15 – 9:45	Brief Development and roles of the HIPs Groups Shawn Malarcher, USAID
9:45 – 10:45	Vision for the HIPs work Ann Hirschey, USAID Monica Kerrigan, FP2020 James Kiarie, WHO Jagdish Upadhyay, UNFPA Baker Maggwa, USAID, <i>Moderator</i>
10:45 – 11:15	Break
11:15 – 11:45	HIP TAG Report Roy Jacobstein, IntraHealth
11:45 – 12:15	Putting HIPs to Use — How have HIP materials been used? Global and Regional Activities, Ados May, IBP Secretariat Mozambique Country Case Study, Claire Cole, Pathfinder International
12:15 – 13:15	Lunch
13:15 – 13:45	HIP Decision-Making Tool Overview Shawn Malarcher, USAID Michelle Weinberger, Avenir Health
13:45 – 14:45	Update on Briefs <i>Briefs to be Updated (Health Communications, PAFP, mHealth)</i> <i>Economic Empowerment</i> Kim Ashburn, IRH & Reena Shukla, Joan Kraft, USAID <i>Community Engagement</i> Kate Plourde FHI 360 & Joan Kraft, USAID
14:45 – 15:45	Creating a Framework that works for FP (Small Group work) Nandita Thatte, USAID Joan Kraft, USAID
15:45 – 16:15	Break
16:15 – 16:45	Website updates, web analytics, and Twitter #HIPs4FP Debbie Dickson, K4Health Caitlin Thistle, USAID
16:45 – 17:00	Next Steps and Wrap Up Clarissa Lord Brundage, Bill and Melinda Gates Foundation

Appendix B: Meeting Participants

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Appendix C: Roles and Responsibilities Document

High Impact Practices in family Planning (HIP) Common Vision

The HIPs will maximize investments in a comprehensive family planning strategy and assist family planning programs focus their resources and efforts to ensure they have the broadest reach and greatest impact.

Vision Statement

Global family planning programs are evidence based.

Strategic Objectives

1. Develop a transparent and unbiased system for reviewing and synthesizing knowledge.
 - Establish clear criteria for identifying HIPs.
 - Establish a transparent and inclusive process for reviewing and synthesizing evidence.
2. Support mechanisms that facilitate knowledge sharing.
 - Establish a website with access to critical materials.
 - Develop materials such as evidence briefs, e-learning courses, and toolkit.
 - Facilitate South to South learning.
3. Support collection and documentation of high quality evidence.
 - Strengthen mechanisms to facilitate learning from country programs.
4. Identify critical gaps in knowledge and advocate for research.
 - HIP Briefs used to inform research investments.
5. Support use and implementation of HIPs.
 - Develop and support mechanisms to monitor implementation of HIPs.

Organizational Structure

Secretariat: USAID, UNFPA, WHO/IBP, and IPPF will form a small group to serve as secretariat for the HIP work. Two individuals from each organization will participate in monthly calls in order to:

- Set agendas for annual HIP Partners and Technical Advisory Group (TAG) meeting,
- Ensure coordination among various groups working on HIP activities,
- Select new members for the HIP TAG,
- Provide updates to endorsing organizations regarding ongoing and completed work and activities relevant to the HIP work, and
- Support promotion and outreach of the HIP Partnership as necessary.

Endorsing Partners: Any organization involved in or responsible for work in support of international family planning may serve as an endorsing partner for HIPs.

Each organization is responsible for identifying at least one individual to serve as the Point of Contact (POC) for the HIP work. This/ese individual/s is/are responsible for:

- disseminating information to relevant parties within their organizations;
- connecting key technical staff to relevant HIP work, such as brief development or review;

- coordinating and synthesizing feedback and input in the review process;
- coordinating review and approval of final HIP material for organizational endorsement, as appropriate;
- identifying opportunities for synergistic activities;
- attending annual HIP Partner’s meeting; and
- participating in activities to identify priorities for the HIP Partnership.

Endorsing partner organization that become inactive for over a year will be removed from the endorsing partner list. Inactive is defined as no communication with the HIP Secretariat for more than a year.

Working Groups: The HIP work is facilitated by a number of smaller working groups that serve distinct purpose and function. There are two standing groups:

1. Technical Advisory Group (TAG)

Membership: The TAG is made up of experts in family planning research, program implementation, policy makers and representatives from donor agencies. TAG members are selected based on the following criteria:

- Recognized expertise in international family planning
- Good understanding of research methods and methodologies
- Good understanding of program implementation
- Ability to consider and review evidence from a wide range of subjects
- Ability to prioritize
- Ability to provide an unbiased viewpoint.

Composition of the TAG:

Experience has shown that the TAG benefits from consistency. Therefore when considering participation in future TAG meetings priority is given to standing TAG members. The TAG will have no more than 30 individuals serve at a time this includes five seats set aside for country or regional representation.

Each year a few positions are usually vacant due to scheduling conflicts, retirement, and other considerations. The process for identifying new TAG members will be:

- Endorsing partners may nominate individuals for membership in the TAG. Nominations that are seconded by another endorsing organization will be considered by the HIP Secretariat if a position on the HIP TAG becomes available. These nominations will take place at the annual partners meeting.
- The Secretariat will consider all nominations and past TAG members in good standing when filling vacancies in the HIP TAG. New TAG members will be selected based on balance of technical expertise and organizational affiliation.

Invitation to serve on the TAG is extended to the individual **NOT** the organization. If a TAG member leaves his/her organization, the invitation to serve on the TAG transfers with them regardless of their new position.

Scope of Work:

The TAG is responsible for:

- Reviewing all finalized HIP briefs to ensure the “practice” meets the criteria for HIP as set out by the HIP Partnership (see HIP list);

- Reviewing HIP concept notes in order to prioritize no more than 2 per year for development into briefs;
- Reviewing updated HIP briefs to ensure they continue to meeting HIP criteria and standards of evidence; and
- Refining and improving standards of evidence relevant to family planning programming.

Compensation:

TAG members will be supported by their employer. No additional compensation will be provided to TAG members.

2. IBP Task Team on HIP

IBP has committed to promote the dissemination and use of HIPs and to that end, the consortium convenes a HIP Task Team to develop mechanisms and strategies to disseminate, implement and support scale up of HIPs and share lessons learned about these practices.

Membership:

The Task Team is made up of IBP members with expertise and interest in implementation of FP programs. Organizations include implementers, donor agencies and other partners.

Scope of Work:

The Task Team is responsible for:

- Developing a strategy and plan to support dissemination and implementation of HIPs at regional and country levels
- Providing overall vision and guidance to the IBP consortium on support for dissemination of HIP materials and for implementation of HIPs, in coordination with the HIP TAG
- Providing feedback to the HIP TAG on material, including HIP briefs and website, and evidence/information needed to strengthen implementation
- Providing input and feedback to the HIP TAG during the evidence review and identification process to support identification of priority RH/FP high impact practices
- Tracking progress and identify solutions to challenges in dissemination and implementation of HIPs
- Reporting progress and results to IBP consortium via Knowledge Gateway and IBP meetings

Compensation:

Task Team members are supported by their employer. No additional compensation is provided to Task Team members.

Other groups may be formed on an as needed basis.

Development of HIP Branded Material

Any material developed as part of the one of the HIP supported processes described above may be branded with the HIP logo as long as it includes the following processes:

- Material must be submitted to the Secretariat to determine the appropriate process for review and finalization.
- If deemed appropriate, the Secretariat will be responsible for facilitating distribution to the endorsing partners for comment.
- Final branding decision will be made by the Secretariat based on input from the endorsing partners.

Brief Development

New HIP Brief Development

The themes for the first 12 briefs were identified at the first HIP TAG in 2010. Since that time the HIP processes have become more refined and complex ultimately contributing to a more inclusive and better product. We recognize that there is a need to constantly reexamine our understanding of what works, for whom and in what context as well as to continually refine and improve how we communicate this to the greater family planning community.

Therefore in addition to reviewing and updating existing briefs, the HIP Partnership will consider ideas for new HIPs. The process for new HIP development will be:

1. Ideas for new HIP briefs will be announced at the annual HIP Partners meeting. Any endorsing organization can put forth an idea for a new HIP brief. Partners who put forth ideas must be willing to support the brief development including authorship of the brief. Partners are encouraged to provide constructive feedback on the overall concept and raise concerns. This process is to ensure multiple organizations are not developing briefs on similar concepts and to promote collaboration. The endorsing organization who put forth the idea can decide if they want to continue to the concept phase.
2. Authors of new brief ideas will develop a concept note (see brief development guidance) to be submitted to the TAG for consideration.
3. The TAG will review all concept notes and identify no more than two per year for further development. **NOTE: Approval at the concept phase do not mean that the final brief will be approved as a HIP.**
4. Once a concept note is approved by the TAG, the HIP Secretariat will begin working with the authors to develop the concept into a full brief.
5. The TAG will review and make a determination based on the final HIP brief.

Updating Old Briefs

Ensuring that the HIP briefs reflect current evidence and learning is a priority for the HIP Partners. The following process will be followed to update published briefs.

At least, two briefs will be selected each year for in depth review. The “in depth” review will consist of:

- 1.) Authors or other technical experts will review the brief for updates in terminology and new knowledge;
- 2.) Comments/suggested changes will be solicited from the HIP Endorsing Organizations; and
- 3.) A review of new published literature will be conducted.

Revisions will be reviewed by the HIP Secretariat to determine if a review by the TAG and/or endorsing organizations is necessary. This decision will be made based on the extent and significance of the changes. If revisions are determined substantially change the messaging or focus of the brief a review by the TAG and endorsing organizations will be necessary. If not, endorsements will be transferred to the updated brief without an additional review.