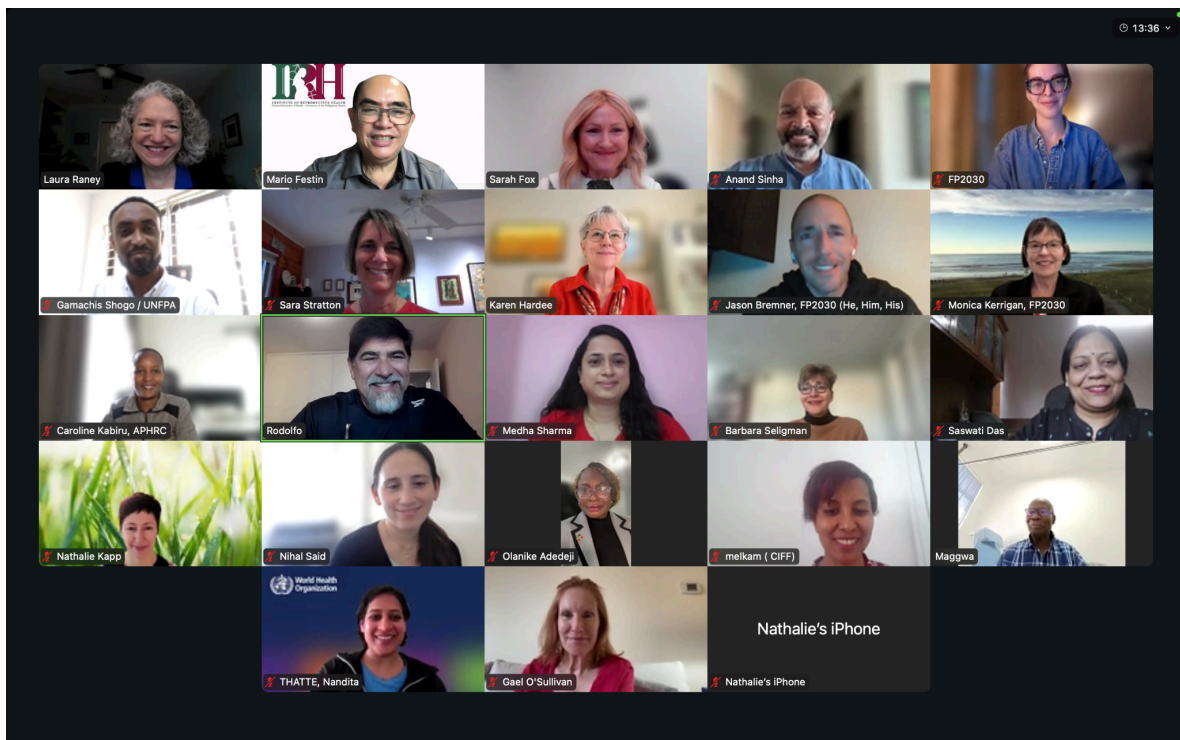


HIP

FAMILY PLANNING HIGH IMPACT PRACTICES



High Impact Practices Technical Advisory Group
Meeting Report March 18 - 20, 2025
Virtual Meeting Hosted by FP2030
Report Prepared by FP2030

HIPs Technical Advisory Group Meeting

Table of Contents

Day 1 - Tuesday, March 18, 2025	3
Opening Remarks	3
Reflections on the Future of Family Planning Meeting	3
Personal Moment of Reflection	4
Current State of HIPs Partnership	4
HIPs Partnership Strategy and Future of HIPs Partnership Discussion	4
Day 2 - Wednesday, March 19, 2025	5
Welcome and Reflections from Day 1	5
Draft Self Care Enhancement Brief	5
Onboarding Sub-Group	7
Reflections on Day 2 and recommendations	8
Day 3 - Thursday, March 20, 2025	8
Welcome and Reflections from Day 2	8
Self Care Enhancement Brief: Finalizing Feedback	9
Gender Sub-Group	11
Criteria for Archiving Briefs Sub-Group	11
Fall Meeting Planning and Co-Chair Discussion	12
Final Reflections, and Closing	13
TAG Recommendations and Next Steps	13
Appendix A: Meeting Agenda	15
Appendix B: List of Participants	19
Appendix C: Presentations	20
Current State of HIPs Partnership	20
The HIPs Partnership: Updating the Strategic Plan	22
Contraceptive Self-Care HIP Enhancement Brief	24
Contraceptive Self-Care Enhancement Brief Discussant Presentation	27
TAG Onboarding	32
Updates from the Gender Sub-Group	37
Criteria to Retire Briefs	41

Day 1 - Tuesday, March 18, 2025

Moderator: Baker Maggwa

Opening Remarks

Baker Maggwa, one of the Technical Advisory Group (TAG) Co-Chairs, welcomed everyone to the meeting. In his opening remarks, he noted that this meeting comes at a challenging time for the field, and recognized our colleagues from USAID, implementing partners, and individuals we serve who are experiencing the impact of the upheaval. In this time, HIPs are needed more than ever before, particularly as there is a need to prioritize and ensure a return on investment as resources shrink. He ended his remarks by noting it is important for the HIPs Partnership to show up at this moment and work through these circumstances.

Reflections on the Future of Family Planning Meeting

TAG members who attended the Future of Family Planning Event in Washington DC, March 12-13 shared some of their reflections on the takeaways from this meeting, and how it impacts the work of the HIPs Partnership. Some key themes that emerged included:

- **Anticipated Funding Loss** - the anticipated loss of USAID funding is compounded by the uncertainty of other bilateral funding moving forward
- **Urgent Need for Domestic Resource Mobilization** - there is a clear need for countries to prioritize domestic funding for FP, building on examples of success (e.g., Guatemala). This also needs to be paired with optimization of advocacy for local funding and philanthropy.
- **Resilience and Reframing the Future** - the presence and energy of youth and continued commitment of individuals at the meeting underlined the importance of shifting from despair to hope, and opportunities this moment provides to move from institution-based approaches to individual champions and decentralized networks.
- **Repositioning FP** - Integration of FP into broader health and development agendas is essential, and provides an opportunity for repackaging tools like HIPs as global public goods for country ownership.
- **Need for Strategic Planning and Coordination** - it will be important to avoid reactive responses, but rather take time to fully understand the impact before designing solutions. The moment calls for strategic thinking to build a new architecture for SRHR in the changing funding and political landscape, and this should be informed by assessments such as those led by FP2030, KFF, RHSC, and Guttmacher.

Personal Moment of Reflection

Maggwa led the participants in a moment of reflection, particularly on the impact of the current shift in funding for international development, global health, and FP/SRHR on their personal lives and work, and what they are seeing in the countries and programs they are supporting.

Current State of HIPs Partnership

Laura Raney, HIPs Secretariat, presented on the current state of the HIPs Partnership, including assessment of impact of current funding on HIPs structure and the HIPs production pipeline. Laura reiterated that the sustainability of the initiative has been strengthened due to the expansion of the HIPs Co-Sponsors Group over the past few years, and the shifting of the Secretariat responsibility from USAID to FP2030 over a year ago. However, there is a clear impact on the work of the Partnership, in terms of funding for production and dissemination of existing and upcoming HIPs products in the short term, the ability of TAG members to continue participation, and the availability of future TAG members to join.

Discussion: The following questions and points were raised in reaction to the HIPs Secretariat presentation:

- Should we recruit new TAG members right now? Instead, it may be worth determining the strategic direction of the HIPs Partnership, and this might impact the kind of people needed in these new seats. The Secretariat noted that the recruitment has been paused until these strategic pivot conversations are completed.
- We will need to root the session on archiving and updating briefs that is slated on this agenda in the realities of the funding shortage for HIPs production.
- It is critical to keep the momentum of the HIPs Partnership while adapting to the moment.

HIPs Partnership Strategy and Future of HIPs Partnership Discussion

Julie Solo, the consultant leading on the HIPs Partnership Strategic Pivot, presented on the findings from Phase 1 of the strategic planning that took place before January 2025, and the next steps to adapt the strategic planning to help the HIPs Partnership identify strategic pivots in the short term. Following the presentation, Julie led the TAG in a guided discussion on articulating the value add of the HIPs Partnership, the target audiences for the HIPs, and the short term priorities of the TAG. The results of this discussion will feed into the broader strategic pivots discussed in the April 28-29 HIPs Co-Sponsor meeting.

Day 2 - Wednesday, March 19, 2025

Moderator: HIPs Secretariat

Welcome and Reflections from Day 1

Maggwa welcomed everyone back for the second day of virtual meetings, and provided reflections from the day one discussions on strategy and the future of the HIPs Partnership. He noted that while this is a time of loss, it is also a time of opportunity to think creatively how to position FP as contributing to other areas beyond the health sector. There is a need for both stronger and new coalitions to reduce reliance on foreign aid for countries, bring in new funders, strengthen domestic financing, and integrate FP with other services for sustainability. The HIPs play a critical role at the moment, and there may be a need to redesign or rethink some of the existing content.

Draft Self Care Enhancement Brief

Members of the Contraceptive Self Care Technical Expert Group (TEG) joined the meeting to present on the draft Self Care HIP Enhancement Brief that was shared with the TAG ahead of the meeting for their review. Members of the TEG on the call included Megan Christofield, Holly Burke, Andrea Ferrand, and Sarah Onyango. Megan led the presentation which included the following highlights:

- The TEG got quite a lot of feedback through the public comment period, which was encouraging. Major areas of feedback from the public comment period included:
 - **Background** – Inclusion of additional self-care methods, socio-cultural influences, economic barriers, and regulatory concerns.
 - **Tips** – Practical considerations, including provider training, disposal issues, and community engagement.
 - **Indicators** – Discussion on improving monitoring, disaggregation by age, and tracking self-care adoption.
 - **Theory of Change** – Suggestions related to system inefficiencies, health worker shortages, and strengthening service integration.
 - **Priority Research Questions** – Concerns about provider bias, pharmacists' role, and willingness to support self-care users.
 - **Impact** – Discussion on cost, time savings, and potential financial implications.
 - **Tools** – Suggestions for adding more references and self-care implementation guides.
 - **Other** – General feedback about language adjustments, inclusivity of men, and formatting issues.

After the presentation from the TEG, the TAG raised a few questions for discussion with the TEG members. The discussion focused on the following topics:

- *Private Sector* - There was discussion on the importance of the inclusion of the private sector in the brief, given the WHO building blocks. The TEG noted that the private sector is woven

throughout, with precision. There was an effort to balance the reality that when you make things available in the private sector you put the cost on the user, and ensuring that self care is not only accessible if you can pay for it. The draft brief takes into account product availability, quality products and addressing counterfeits, and provider behavior.

- *Discontinuation Rate* - A question was raised on whether there was any evidence on discontinuation rate associated with lack of community support. The TEG noted that there has been research on covert use, and that some people will get trained to be self injectors, but then leave the product with the provider and self inject with the provider.
- *Timeliness of the Brief* - There was recognition that this brief is more important now than ever, and that it would be good to call out this moment in history and put it in context, both around the shifts in financing for health and in the wake of a global pandemic. The TEG noted that there is reference to vulnerability but not specifically to COVID or USAID, and the importance of making sure the brief is focused on control over contraceptive use, not self-injection specifically. There was consensus that the framing of self care as cost effective for the system and the users, particularly in a context where there may be shortages of providers, is more timely than ever and should be strengthened.
- *Reproductive Empowerment* - The lack of reference to gender, contraceptive decision-making, and reproductive coercion in this draft was highlighted. The TEG noted that with the exception of condoms, there is little hard evidence on the linkage between reproductive empowerment and self-care. This is a priority research question in the draft. A study on coercion of ECP is cited in the draft and could be brought out more strongly.

After this discussion, the TAG thanked the TEG for their work, and proceeded to have an internal discussion on the presentation and the draft brief. As discussants for this brief, Gael O’Sullivan and Caroline Kabiru walked the TAG through a presentation overviewing the brief, with overall comments including:

- Overall the draft does a good job of articulating the importance of self-care and how to integrate self-care into the health system.
- Recommendation to tease out lessons learned from the COVID-19 pandemic, and strengthen reference to the current climate and challenges the field of FP and global health is facing.
- There is a need to cut some content, as the draft is 1.5 pages over length, and so the TAG should consider what to cut as well as what to strengthen.
- Further detailed feedback can be found in the slides at the end of this report.

Following Gael and Caroline’s presentation, the TAG discussed their feedback to the TEG. In addition to the above points, the discussion touched on the following feedback:

- *How to talk about impact* - Because this is a HIP Enhancement brief, there is a need to soften the framing around impact, as an enhancement brief does not have the same requirements around evidence of impact as a HIP brief. Additionally, including a search strategy would be helpful to show that while the majority of evidence in the literature is around self-injection, this brief is more broadly focused on contraceptive self-care.

- *Treatment of humanitarian and fragile contexts, including pandemics* - As raised with the TEG, there needs to be more explicit calling out of self care in humanitarian and fragile settings, including pulling out evidence from COVID-19.
- *Gaps in research* - In general, it is interesting that there is not more evidence on self care particularly around the pandemic. As barriers to contraceptive self care beyond self-injection are reduced, the research becomes more challenging, but there may be a need to do a final scan of studies on FP in COVID-19 to make sure this brief captures this key aspect. Additionally, a search strategy would help to clarify whether gaps around reproductive coercion are because of the search terms, or because of broader gaps in the existing evidence and research that can be highlighted in the priority research questions.

After this discussion, the TAG agreed to move forward with finalizing the brief, but to revisit the feedback to align on overarching comments to give the TEG on Day 3.

Onboarding Sub-Group

Jay Gribble, Karen Hardee, Sarah Fox, Sara Stratton, and Medha Sharma presented the work of the sub-group focused on establishing an onboarding process for new members joining the Technical Advisory Group. This included a virtual brainstorming session on key content areas and modes to deliver onboarding information and materials. Key highlights from the session include:

- *Reflections on past onboarding experiences*: Many TAG members don't remember a formal onboarding process, and those that joined in the earlier years noted that because every meeting was in person, it was easier to jump in. In the early days, the institutional memory sat with a few people which was relied on more than a formalized onboarding process or documents. Some mentioned having an onboarding call with Shawn Malarcher, Maria Carrasco, or Laura Raney, and that this was helpful to have a broad understanding of what the TAG does. Most agreed that a more formalized onboarding process is needed, and that without one it takes a few meetings to be in "listening mode" before being able to meaningfully contribute.
- *Suggestions on key content to include in onboarding*: Key areas that the group suggested to include in a more formal onboarding included:
 - **TAG roles, responsibilities, and expectations** - including how the TAG relates to the rest of the HIPs Partnership including the Secretariat, SEG, Co-Sponsors. This also should include the "unspoken" norms about good citizenship on the TAG, including expectations on how to participate meaningfully during meetings and between meetings, i.e. on sub-groups.
 - **HIPs evidence criteria tool and process** - including how to review the evidence base, what evidence is considered in the criteria tool, and how to review concept notes and briefs with evidence in mind. This was highlighted as a gap for existing TAG members as well, and a suggestion was made to have at least one person on the TAG in charge of being the institutional memory/expert on this tool.
 - **Parameters for each HIP product** - including distinctions between all the HIPs products (briefs, enhancement briefs, SPGs, papers), and what the guidance is for each of these types of products. TAG members should have a deeper understanding of this than the public at large.

- *Onboarding process:* The mode is critical to delivering this information to new members, particularly since there will be a large wave of new members in the future. This means that it will be important to have a strong onboarding process so half of the group does not feel they are able to meaningfully participate in the first few meetings. Ideas that were discussed include:
 - **Engagement with “TAG alumni”** - there was a desire to explore how to engage TAG members who roll off, through exit interviews and/or other regular engagement to benefit from their knowledge and experience (i.e., TAG member emeritus). Some TAG members also raised concern about the existing roll off schedule for TAG members, given the time of upheaval in the field of FP and global health.
 - **Webinars versus mentorship model:** The subgroup suggested delivering the onboarding information through a series of webinars/calls for new members led by the Secretariat, as well as a mentorship model pairing new members with existing members. TAG members noted that a formal mentorship model may be too time intensive, and suggested changing the terminology to “buddy” rather than “mentor” to remove the hierarchical relationship. Another option discussed was having an informal “drop in” session before or after a TAG meeting to allow new members to ask questions of a panel of more long-running TAG members. Finally, there was agreement to focus the buddy system to a check in before and after the TAG meetings, and to pair buddies with new members not based on areas of technical expertise, but rather to provide more general support.

Reflections on Day 2 and recommendations

Laura Raney, HIPs Secretariat, reflected on the day’s discussions, including the rich conversation on the draft Self Care HIP Enhancement Brief. Laura noted that the Secretariat will pull together the recommendations from today’s discussion to review and finalize what will go to the TEG tomorrow. She also thanked the group for great discussion around strengthening the onboarding package and process for new members, and noted that the Secretariat will work with the Onboarding sub-group to move it forward based on the input and ideas shared today.

Day 3 - Thursday, March 20, 2025

Moderator: Sarah Fox

Welcome and Reflections from Day 2

Sarah Fox, the moderator for Day 3, shared reflections from Day 2 discussions. She noted that the draft Self-Care HIP Enhancement Brief was strong, but could be updated to reflect the current situation and evidence from the pandemic, along with some strong editing. For the onboarding discussion, she noted that there is still uncertainty in terms of the timing for bringing on new TAG members given the strategic

pivot conversations, but that it is still critical to ensure that when new members join there is a strong process and package to ensure they can jump in to provide substantive input.

Self Care Enhancement Brief: Finalizing Feedback

Laura Raney and Rachel Templeton, HIPs Secretariat, walked the TAG through slides summarizing the key points of feedback from Day 2 on the Self Care Enhancement Brief. After discussion on some key points that required alignment across the group and some that required more detail, the TAG agreed to move forward with the below overarching feedback to the TAG, along with detailed comments in the draft brief for consideration:

- General Comments - overall a strong brief
 - Please do an overall edit to cut down on repetition and clarity on terms (advancing SRHR self care, contraceptives, FP products, etc) - see document for suggested clarity edits. Areas to cut: shorten and tighten background. Shorten tips/include links to details. Use TOC language for consistency in brief.
 - Add the title, as this contains only the heading. Please think of a slightly different framing as this is too broad, “integrating self-care into **all aspects** of FP” See suggestion in document.
 - Please include a search strategy to help clarify your extensive work to ensure that this is not an enhancement brief on self-injection, showing how hard it was to find good citations from other methods. (see Vouchers, Digital Health to support FP Providers, and ARCS, for examples)
- Overall Brief Structure
 - Background/How can this practice enhance HIPs/What is the Impact
 - Please clarify the definition of self-care and add a citation. See comments in document: move up examples now on page 2.
 - Call this moment in history out in the brief. Update to highlight how important self-care is given the current context.
 - Strengthen how the brief discusses cost effectiveness, and how self care has potential to eliminate burden on the health system given shortage of providers.
 - Strengthen linkage between the barriers and perceived risks and program examples that successfully successful interventions that mitigate those barriers in the text, i.e., Uganda program in a box
 - Please add COVID-specific information (you have 2 references). See comments - Karen provided references. IPPF will share reports with lessons learned during pandemic, including innovating with use of self-care across various settings. Some is abortion self-care but outcomes could be taken from that. See comments and citations from Nihal.
 - Please incorporate gender and research around reproductive coercion (including the citation you mentioned). You may have to scan the literature on covert contraceptive use.
 - Please include information on the importance and influence of self-care to contraceptive decision making. Cite literature and call for research if none. DHS data on SDG 5.6.1. Part of the overall conversation on gender. See comment in document (Nihal).

- Move the section “What is the impact” (page 5) up into the introduction. Soften the reference to impact in the first sentence (HIP Enhancements don’t include impact; it has a specific context for the TAG referring to evidence - Proven/Promising).
- Clarify information on condoms - brief says you did not include this in the search but box conflicts. Reduce the text or add in a footnote.
- Question about quality assurance around use and do no harm - are there best practices that we want to call out specifically? Are there “do no harm” considerations or flags around unintended consequences of operating in this way?
- SBC linkages - strengthen as more supply-side focused. See comment (Sara and Caroline - Table 1).
- Figure 1 - see comment (Caroline)
- Theory of Change - Figure 2
 - Outcomes listed are broadly linked to impact but are in a different order and using slightly different language. Please explicitly link it and use the same points the way the evidence is laid out in the brief. See comments.
 - Call out health emergencies or pandemic situations/political shifts that reference moments in time.
 - Nice section on how self-care enhances HIP implementation. Note digital health briefs may be archived.
- How to do it: Tips from Implementation Experience
 - Change the title of the first tip “institutionalize self care interventions” to align with text about policy and governance. Link more explicitly to the health systems. Consider using the icons that the Adolescent HIP enhancement uses to clarify - see comments; could help tighten and give less repetition.
 - Create a subtitle for the tip on humanitarian settings so it is a separate section and highlights this important point better
 - Make less dense and more easily digestible
- Implementation Measurement and Indicators
 - We’d like an opportunity for some data and measurement experts to review the new indicator (FP2030 Data team). Please see the text for their recommendations and use these.
 - Priority Research Questions - see comments for suggestions.

Gender Sub-Group

Medha Sharma and Nihal Said presented on behalf of the sub-group working on reviewing the UNFPA findings from their gender review of the HIPs products, and making recommendations to the TAG on priority HIPs products for updating with a gender lens, internal processes to strengthen, and next steps to take them forward.

Rachel Templeton, HIPs Secretariat, started by sharing some context on why this sub-group was formed, including reminding the TAG that they rejected a concept for a Gender SPG in the July 2024 meeting, but requested a call with UNFPA to hear more about their gender review of the HIPs. Out of this presentation and paper, the sub-group was formed to review and move the recommendations forward. Medha and Nihal then shared that the subgroup identified four products that are a priority for updating with a

gender lens in order to shift them from gender neutral to gender transformative, when resources are available: post-abortion family planning, promoting healthy couples' communication, engaging men and boys, and creating equitable access to high-quality family planning information and services. The subgroup also recommended updating the principles page to make it more gender-transformative and language-focused. The TAG discussed the resource constraints due to the loss of USAID funding and the need for a future strategy for the HIPs partnership to help guide the decisions on where to allocate resources to update briefs.

The TAG also discussed recommendations for incorporating gender considerations more explicitly into HIP processes and products. They agree to focus on reviewing and updating existing guidance for brief writers to include stronger gender emphasis, rather than creating entirely new processes. This includes potentially revising scoring criteria and linking to relevant external resources. The group emphasized the need for clear, specific guidance that is family planning-focused. The sub-group requested for additional volunteers to join the subgroup working on reviewing and updating the guidance based on this discussion.

Criteria for Archiving Briefs Sub-Group

Laura Raney, Sara Stratton and Barbara Seligman led a discussion about archiving briefs, based on takeaways from July TAG meeting and recommendations from the sub-group, with the goal of agreeing upon overall criteria and process for archiving briefs moving forward. They began by presenting on the suggested criteria for archiving, which include 1) whether there is growing evidence calling into question the practice as a HIP; 2) the topic doesn't lend itself to a HIP, for example, because the field is changing so quickly or the practices is not as relevant in the present as it was when the particular HIP was identified; 3) the practice evolved/merged into another practice or something else; 4) the age of the brief is >5 years old and the brief isn't in cue for updating; and 5) the number of page view of the HIP brief is minimal.

The TAG discussed these criteria, along with the list of potential briefs for archiving. This discussion took place while the TAG recognized that the objectives of this group were set before the shifts in funding, and that given that now many global public goods on FP are no longer available this may need to be revisited. The discussion focused on a few key areas:

- *Terminology* - The TAG agreed to use the term "archiving" instead of "retiring" for briefs.
- *Linking processes for determining when to update* - While this sub-group focused on archiving briefs, the TAG discussed the need to link this with a process to determine when a brief needs to be archived. The TAG suggested adding a column to the analysis that not only has recommendations for archiving, but recommendations for updating.
- *Private Sector briefs* - The FP Vouchers and Social Franchising briefs were identified using the criteria for archiving, but the TAG discussed that there was thought to update the private sector suite of briefs to reflect a healthy markets approach. This was led by USAID, so it needs to be revisited. But there is precedent for briefs to be repackaged, as is what happened with the SBC briefs that were more channel focused that were then reworked to reflect individual, couples, and social norms. In the end the TAG agreed to archive FP Vouchers and Social Franchising briefs.
- *Enabling Environment* - There is a need to pause and reflect on this suite of briefs, to look at the global trends, the way evidence is collected and stories are told in this space versus for service delivery and social and behavior change. Enabling environment is critical, particularly now. However, briefs like the Galvanizing Commitment was published in 2015, and since then there

has been significant progress on UHC, integration of FP in social health insurance, etc, that is not captured in this brief. One option was to update the Enabling Environment chapeau piece rather than each individual brief.

- *Digital Health HIPs* - Discussion that due to the rapidly changing nature of that field, the HIPs initiative might not be the place to get the latest evidence. It may be worth looking at how to link to other platforms and resources. There was discussion that if we archive all of the digital health briefs it will look like the HIPs don't recognize the evidence and importance of digital interventions. The TAG agreed that there is a need to draft a caveat or disclaimer for the digital health briefs to recognize the changing evidence without archiving them.

Fall Meeting Planning and Co-Chair Discussion

Rachel Templeton facilitated a conversation about some key logistics points for the TAG moving forward, including planning for the fall 2025 TAG meeting, identifying co-chairs, and understanding who among the TAG will be able to continue to serve given the overall upheaval in the FP space.

- **Continued participation in the TAG:** Barbara Seligman noted she will not be able to continue serving on the TAG. Jay Gribble noted that participation in the next meeting will depend on whether it is virtual or in person, as travel seems unlikely. The TAG also agreed that there is a need to thank those who have not been able to continue participating in the TAG, including Maria Carrasco, in a more formal way such as through a certificate of appreciation.
- **Timing and mode of Fall TAG meeting:** The TAG discussed options for the TAG meeting, and noted that due to past experiences hybrid meetings are not ideal. There are a few scholarships for TAG travel managed by the Secretariat, but not enough to cover everyone on the TAG. The TAG suggested having an **informal meet up for those at ICFP** and then **scheduling a virtual meeting in October**. The Secretariat will manage finding the best dates for TAG members, recognizing that this may change given the ongoing strategic pivot conversations with the HIPs Co-Sponsors
- **Stakeholder Engagement Group:** Nandita Thatte shared a short presentation on the SEG and updates to their work, noting that the shifts in funding have affected the WHO and the work of IBP, where the stakeholder engagement activities have been integrated. There is some continued funding from UNFPA, but Ados May has had to stop work though he will be continuing to support the Program Implementation sub-track at ICFP. Through staff time, HIPs dissemination will continue, along with continued work to support and continue the work of the WHO Bottleneck Analysis. IBP will continue to work with regional and local civil society organizations to make sure the HIPs are disseminated and showcased as a resource for partners working on the ground.
- **TAG Co-Chairs:** because Chris Galavotti and Baker Maggwa are reaching the end of their tenure as TAG co-chairs, there is a need to identify new co-chairs to take over from them. Medha Sharma volunteered but noted the need to have another chair to work with her and some support from Chris and Maggwa on onboarding to the role. The Secretariat noted they would follow up with the rest of the TAG to identify another co-chair.

Final Reflections, and Closing

Magwa provided closing reflections, thanking TAG members for their participation and commitment. He highlighted the importance of hope and action in moving forward despite challenges. The meeting ended with expressions of gratitude and hopes to meet again in the fall.

TAG Recommendations and Next Steps

TAG Decisions Regarding HIPs Products

- Move forward with the Self Care HIP Enhancement Brief with the TAG comments
- Use the term “archive” for briefs that are retired, and move forward with archiving FP Vouchers and Social Franchising Briefs

General TAG Recommendations and Next Steps

- Onboarding:
 - Secretariat to work with the Onboarding sub-group to build out an onboarding package based on the input from the TAG in this meeting that will be delivered through a series of webinars with new and existing members. This will include more clearly defining TAG expectations and norms, and suggest a path to continuing engagement with TAG alumni as they roll off.
 - Secretariat to work with TAG to identify buddies for incoming TAG members who will be willing to have general support calls with new members before and after TAG meetings. Gael O’Sullivan and Sarah Fox volunteered in the meeting.
 - Secretariat to weave in a “Q&A” session for new members either during or after the next TAG meeting to provide an informal way for new members to ask questions of members who have been on the TAG for a number of years.
- Gender
 - Secretariat to hold the recommendations from the sub-group on briefs to prioritize for updating from a gender lens to be incorporated into any future discussions on which briefs to update as resources become available
 - Gender sub-group to review the current guidance provided to HIPs writers and TEGs to strengthen gender integration and guidance, leveraging existing tools and resources. This may include reviewing the scoring criteria the TAG uses for concepts.
- Archiving and Updating Briefs
 - Secretariat to work with the sub-group to think through how to link up the processes and criteria for archiving and updating briefs, including archiving FP Vouchers and Social Franchising briefs.
 - Sara Stratton to draft disclaimer to be included on the website for the digital health briefs
- Fall TAG meeting: the Secretariat to move forward with scheduling the TAG meeting in October, likely to take place virtually, along with an informal meet up of TAG members at ICFP. The Fall TAG meeting planning will be contingent on HIPs partnership strategic pivot conversations.
- TAG Co-Chairs: Medha Sharma to act as a TAG Co-Chair, and the Secretariat to work with the

TAG to identify another member to serve as Co-Chair.

- Secretariat to work with the TAG to send certificates of appreciation to all who are no longer able to serve on the TAG moving forward.

Appendix A: Meeting Agenda

Technical Advisory Group Meeting

March 18-20, 2025, Zoom

Objectives

- Provide input into the HIPs Partnership Strategy and direction of HIPs Partnership given the current funding and implementation landscape
- Provide integrated and high-quality feedback on draft HIPs products
- Strengthen gender integration across HIPs products and partnership
- Establish protocols and processes to ensure adequate onboarding of new TAG members and continuity of expertise and knowledge
- Set processes to ensure HIP products are relevant and reflect the most up to date evidence

Zoom: <https://unfoundation.zoom.us/j/92725533722>

Meeting ID: 927 2553 3722

Tuesday, March 18, Baker Maggwa, Moderator

08:00 am Washington, DC | 14:00 Geneva/Abuja | 16:00 Nairobi | 18:30 New Delhi - Find time in other time zones [here](#)

Time EST	Agenda Item
07:45 – 08:00	Sign-in to meeting
08:00 – 08:15	Introductions and Agenda Rachel Templeton, HIPs Secretariat
08:15 – 8:45	Personal Moment of Reflection Baker Maggwa, Moderator
8:45 – 9:15	Current State of HIPs Partnership Laura Raney, HIPs Secretariat <i>Present on the current state of the HIPs Partnership, including assessment of impact of current funding on HIPs structure, current HIPs production pipeline, etc. Room for questions and discussion</i>
9:15 – 9:30	Break

9:30 – 11:15	HIPs Partnership Strategy and Future of HIPs Partnership Discussion Julie Solo, Strategy Consultant <i>Share update on the strategic planning process and the key themes and draft strategic priorities that emerged during Phase 1 of strategy development, completed prior to January 2025.</i> <i>Discuss the impact of the current funding and implementation landscape on the HIPs Partnership, and gain input on the added value of the HIPs in this new context, short term priorities for the Partnership, and potential directions for the HIPs Partnership and the work of the TAG moving forward.</i>
11:15 – 11:30	Break
11:30 – 12:00	Recap of the day and recommendations Baker Maggwa

Wednesday, March 19, HIPs Secretariat, Moderator

08:00 am Washington, DC | 14:00 Geneva/Abuja | 16:00 Nairobi | 18:30 New Delhi - Find time in other time zones [here](#)

Time EST	Agenda Item
07:45 - 8:00	Sign in to meeting
08:00 - 8:15	Welcome and Agenda Changes Laura Raney and Rachel Templeton Reflections from Day 1 Baker Maggwa
08:15 - 10:00	<u>Draft Self Care Enhancement Brief</u> Presentation: TEG, Megan Christofield, Jane Cover, Andrea Ferrand, Funmi OlaOlorun, Holly Burke, Sarah Onyango, Josselyn Neukom Discussants: Gael O’Sullivan, Caroline Kabiru <i>Clarification questions from TAG, then TEG leaves</i> Include space to verbalize TAG recommendation(s) to be communicated to the TEG and for TAG to confirm
10:00 - 10:15	Break
10:15 - 11:15	Onboarding Sub-Group Presentation: Jay Gribble, Karen Hardee, Sarah Fox, Sara Stratton, Medha Sharma <i>Discuss recommendations from group and determine next steps to take them forward</i>
11:15 – 11:30	Break
11:30 - 12:00	Reflections on Day 2 and recommendations Laura Raney, HIPs Secretariat

Thursday, March 20, Sarah Fox, Moderator

08:00 am Washington, DC | 14:00 Geneva/Abuja | 16:00 Nairobi | 18:30 New Delhi - Find time in other time zones [here](#)

Time EST	Agenda Item
07:45 - 8:00	Sign in to meeting
08:00 - 8:15	Welcome and Reflections from Day 2 Sarah Fox Group Photo Mario
8:15 - 9:15	Self Care Enhancement Brief Feedback Laura Raney and Rachel Templeton, HIPs Secretariat <i>Finalize feedback from day 2 to share with the TEG</i>
9:15 – 10:00	Gender Sub-Group Presentation: Medha Sharma, Nihal Said, Sonja Caffé <i>Discuss recommendations from group on priority HIPs products for updating with gender lens, and internal processes to strengthen, and determine next steps to take them forward</i>
10:00 – 10:15	Break
10:15 – 10:45	Criteria for Archiving Briefs Sub-Group Presentation: Barbara Seligman, Sara Stratton <i>Based on takeaways from July TAG meeting and recommendations from the sub-group, agree upon overall criteria and process for archiving briefs moving forward. Vote for which briefs should be archived at this time.</i>
10:45 – 11:15	Fall Meeting Planning, Co-Chair Discussion, and SEG update HIPs Secretariat, Nandita Thatte <i>Discuss dates and mode for fall TAG meeting. Discuss and choose co-chairs to replace Chris and Maggwa in the next year. Provide a moment for update on SEG.</i>
11:15 – 12:00	Final Reflections and Closing Maggwa

Appendix B: List of Participants

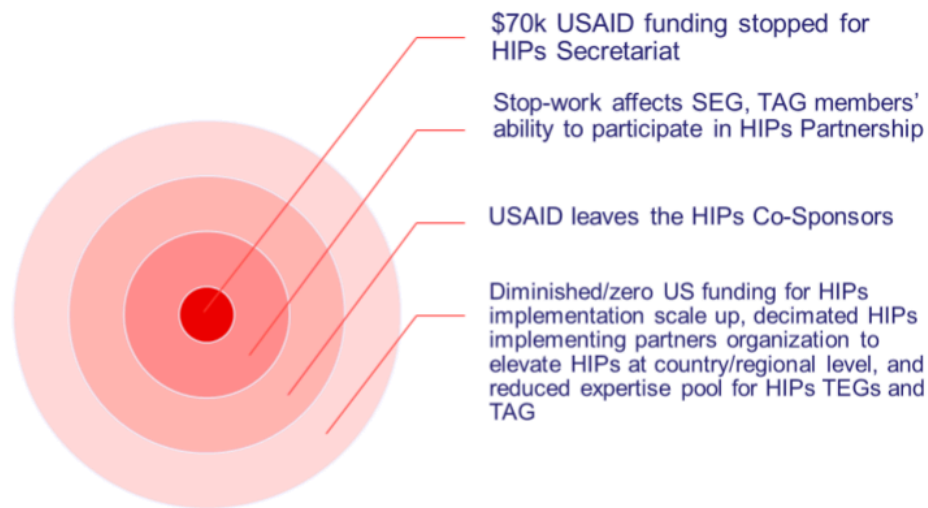
TAG Members	
Name	Country based
Baker Maggwa	Kenya
Barbara Seligman	USA
Caroline Kibiru	Kenya
Gael O'Sullivan	USA
Gamachis Shogo	Sierra Leone
Ginette Hounkanran	Burkina Faso
Jay Gribble	USA
Karen Hardee	USA
Mario Festin	Philippines
Medha Sharma	Nepal
Rodolfo Gomez	USA
Sarah Fox	OptionsUK
Sara Stratton	USA
Saswati Das	India
Observers from the HIPs Co-Sponsors and Secretariat and Guests	
Name	Organization
Anand Sinha	India
James Kiarie	WHO
Jason Bremner	FP2030
Julie Solo	USA
Laura Raney	FP2030
Monica Kerrigan	FP2030
Melkam Teshome-Kassa	CIFF
Mozaam Ali	WHO
Nandita Thatte	WHO
Nathalie Kapp	IPPF
Nihal Saad	IPPF
Olanike Adedji	UNFPA
Rachel Templeton	FP2030

Appendix C: Presentations

Current State of HIPs Partnership



Reverberating impact on HIPs Partnership



Questions and Opportunities

- How can the HIPs Partnership model a way forward in this time of unknowns and upheaval?
- What is the role and value-add of the HIPs to this new world?
- What opportunities does this offer to focus on MOH and civil society as primary audience of the HIPs?
- What does HIPs implementation and scale look like post-USAID? What is the HIPs Partnership's role?
- How do we maintain and expand the expert pool for HIPs without large implementing partners, and how do we use this moment to work more directly with experts and academic institutions in the Global South?
- How do we protect the knowledge base and evidence on what works for FP during this global dismantling?



Immediate Impact and Priorities

Immediate Priorities

- Recruit for 7 new TAG members
- Facilitate March 18-20 virtual TAG meeting
- Finalize and publish Self Care, CHW, Mobile Outreach, and Task Sharing briefs, and HRBA SPG
- Support finalization of HIPs Partnership Strategy
- Finalize and Launch the [HIPs Navigator](#) on website

Impact on immediate work:

- § Finalizing and publishing all products in the pipeline, but only able to fully translate Self Care Enhancement Brief
- § No funding for additional products between now and fall TAG meeting
- § Reduced funding for TAG scholarships for in-person fall meeting
 - TAG recruitment and potential for lack of availability of chosen candidates
 - Existing TAG membership and availability



Strategic Planning

- HIPs Strategic Planning kicked off Fall 2024 - Phase 1
- Phase 2 began February 2025
- Working to build on and adapt the strategic planning process to the current landscape and needs - ensuring HIPs Partnership is future fit
- Importance of TAG input to the process
- April 28-29 Co-Sponsor Meeting to move key decisions forward

The HIPs Partnership: Updating the Strategic Plan



The HIPs Partnership: Updating the Strategic Plan

TAG meeting, March 18, 2025

11



Updating the strategic plan

- From Sept to Dec 2020: discussions to create a HIPs strategic plan with four strategic priorities
- From Jan to March 2022: the HIPs strategic plan was refreshed and a fifth priority was added, leading to the following five priorities:
 - Broaden the audience for HIPs
 - Strengthen the internal structures and processes of HIPs
 - Create a better means of measuring success
 - Increase the inclusivity of HIPs
 - Support HIPs implementation and scale up
- Dec 2023: the co-sponsors agreed on the need to update the strategic plan
- Oct 2024-Jan 2025: Phase 1 included interviews with 30 KIs, document review, and synthesis of key findings
- Phase 2 will include additional consultation and development of a strategic plan, probably with a longer-term vision and a focus on short term priorities given the current environment

12

Conclusions: key themes

- **Shift to more focus on implementation.** What does that mean for the strategy, the structure and the resources?
- **Localization.** The Partnership should be less top down, locally driven, integrate local knowledge, and have a focus on local use and action.
- **Changing environment.** Multiple issues raised by KIs (gender and rights, self-care, youth, climate change). But main issue now is the changing donor environment.
- **Coordination and alignment** are necessary for scale-up, for example what is starting in Nigeria and Ethiopia, achieving more than any group could on their own. Also mapping for measurement and then investing in data systems would require coordination among donors and partners.
- **The value-add of HIPs must be highlighted in the strategy**, focusing on how it is a “global good.” The power of its brand as an important resource for knowledge provides opportunities that can help drive the new strategy. As one KI noted, many people in countries are “*thirsty for evidence that is relevant to them.*” All KIs felt that there is still a need for increasing awareness at country levels.

Conclusions: suggested new strategic priorities, synthesizing KI input

Vision: 'A global family planning (FP) community where FP HIPs are highly valued as global public goods, in demand, adopted, and scaled up by partners, including the public and private sectors, to improve, sustain, and strengthen rights-based FP programs for all.' KIs recommended considering revising this 2022 version to a statement that is framed in a more people-centered way, e.g. People can access contraception in line with their intentions and desires.

Mission: Synthesize, share, and support use of evidence-based practices

Strategic Priorities

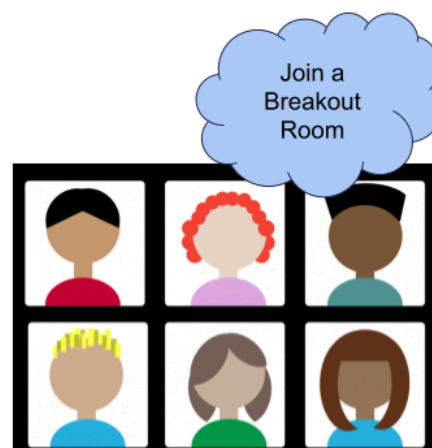
1. **Develop high-quality, evidence-based, accessible, up-to-date and timely knowledge products to inform FP programs** (reduce the time it takes to produce or update a brief, update website, incorporate gender transformative language and perspectives throughout.)
2. **Disseminate knowledge products, with a focus on country-level and peer learning** (e.g. through TWGs)
3. **Catalyze coordinated implementation and scale-up** (strengthening measurement and facilitating funding)
4. **Streamline functioning of the core aspects of the Partnership**, with increased transparency, collaboration, and localized learning and leadership

A key question the strategy needs to address is how to balance resources among the first three priorities: production of knowledge products, dissemination, and supporting implementation.

14

Discussion

- What is the **added value** the HIPs offer to the larger community and our **target audience** in this new context? What is the target audience now?
- If asked by our target audience (i.e. MOH) **“why should I care about the HIPs right now?”** what would our answer be? Are the HIPs currently delivering that?
- What are the **activities we as a partnership should focus on in the short term?** What should start, stop, continue?



15

Contraceptive Self-Care HIP Enhancement Brief

Contraceptive Self-Care HIP Enhancement Brief

Update March 2025

HIP Enhancement Brief | Self-Care for FP

To Be Covered

- What we developed for review
- What we heard
- How we adjusted

What We Developed for Review | Content of Brief

Title | Contraceptive Self-care: Enabling Contraceptive Access and Use By Integrating Self-managed Contraceptive Care Throughout the Health Ecosystem

Organized with the premise that **contraceptive self-care** is the ability of individuals to freely and effectively space, time, and prevent pregnancies in alignment with their fertility preferences, with or without the support of a healthcare provider.

Includes:

- Figure mapping contraceptive self-care onto WHO health system building blocks
- Examples of interventions comprising contraceptive self-care
- Theory of Change for the HIP
- Table of how contraceptive self-care enhances other HIPs
- Addresses “what is the impact?”
- Tips from implementation
- Potential indicators
- Tools and resources

What We Heard | Major Points of Feedback

During the comment period February 5-24th, 2025, we received 59 comments from at least 17 countries, exceeding average numbers.

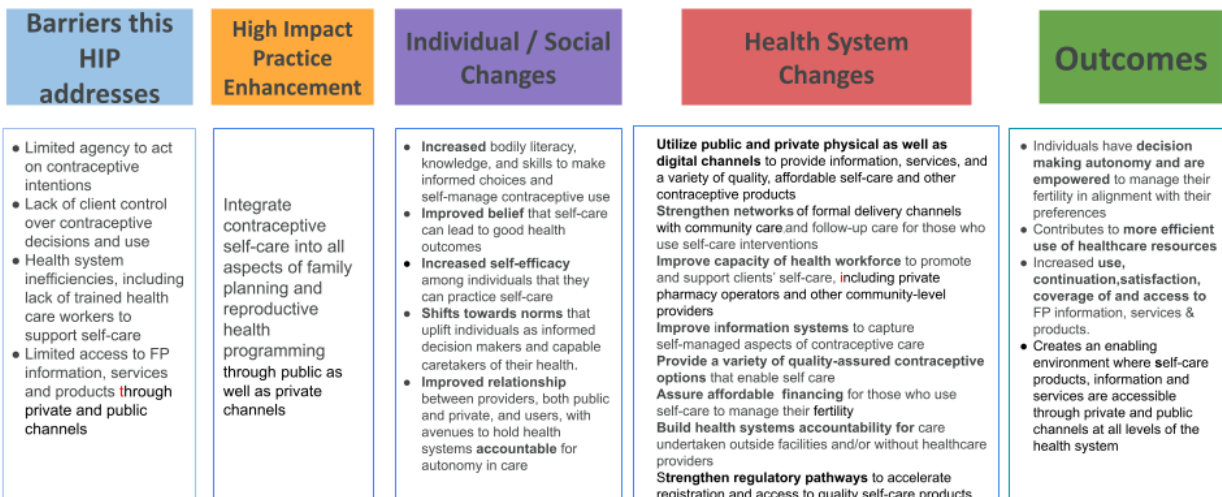
- **Background** – Inclusion of additional self-care methods, socio-cultural influences, economic barriers, regulatory concerns
- **Tips** – Practical considerations, including provider training, disposal issues, and community engagement.
- **Indicators** – Discussion on improving monitoring, disaggregation by age, and tracking self-care adoption.
- **Theory of Change** – Suggestions related to system inefficiencies, health worker shortages, and strengthening service integration.
- **Priority Research Questions** – Concerns about provider bias, pharmacists' role, and willingness to support self-care users.
- **Impact** – Discussion on cost, time savings, and potential financial implications.
- **Tools** – Suggestions for adding more references and self-care implementation guides.
- **Other** – General feedback about language adjustments, inclusivity of men, and formatting issues.

How We Adjusted | Edits Made

1. Additional supporting references were added throughout the brief.
2. The indicator language was updated and an additional indicator (#4) was added.
3. Several resources were added to the Resources and Tools section.
4. An implementation tip on training and one on commodity security were added.
5. Language clarifications and edits were suggested and made throughout the brief.

Pending Edits: We now have probably too many resources listed and will need to reduce the number.

Theory of Change: Contraceptive Self-Care



Contraceptive Self-Care Enhancement Brief Discussant Presentation



Contraceptive Self-Care Enhancement Brief

Caroline Kabiru, Gael O'Sullivan
Discussants
March 19, 2025



Comments - General

- Importance of self-care and tips on how to integrate self-care are clearly articulated
- Tease out lessons learned from pandemic
- Should we reference the current climate?
- Minor edits highlighted in track changes in brief draft
- 1.5 pages over length – what to cut?



Comments - Background

- Minor edits: Consider merging the section on “What is the Impact of Contraceptive Self-care?” with the background so that the reader has a clear understanding of the value of self-care
- Make clear that the first two paragraphs are defining self-care in general – then contraceptive self-care is defined
- A glossary of key terms would be useful (contraceptive self-care versus contraceptive self-care interventions)
- Figure 1 on the health systems building blocks needs to be referred to in the text and the framing of the text in the boxes should be consistent – some boxes speak to actions that should be taken while others speak to the expected status in relation to the building block
- Minor edits
 - There are several statements that need relevant citations – (e.g., more choice and access through readily available self-care approaches leads to better health [p.1])

3

Comments – Theory of Change

- Including a theory of change is helpful – some amendments to ensure that it outlines the expected changes that would be seen at health systems level on the pathway to the outcomes would be helpful. Currently, the health systems changes are framed as activities
- The WHO framework is very systems oriented and doesn’t focus on the client
- Barriers the HIP addresses – add reference to emergencies like pandemics

4

Comments – How Practice Enhances HIPs

- Table 1 – column 2 needs a self-explanatory header
- Social and Behavior Change – perhaps the role of self-care in enhancing social and behavior change interventions could be framed in terms of its potential to enhance agency to act on contraceptive intentions
- Social and Behavior Change – is there evidence that self-care enhances couple communication and/or strengthens norms?

5

Comments – What is the Impact?

- Consider merging section with the background
- Add discussion about quality assurance considerations (beyond pharmacies). How do we know that we are not causing additional harms?

6

Comments – How to Do It: Implementation Tips

- Section is well-framed
- The implementation measures and indicators could be re-ordered so that those that assess access to self-care information use of self-care methods are grouped together
- In addition to disaggregating indicators by age, source, and method, it may be helpful to include area of residence (rural/urban) and wealth quintile to assess equity
- Add something on safeguarding if we have data
- Are all relevant tools captured, e.g., the costing and financing toolkit seems to be missing

7

Comments – Priority Research Questions

- Given the role of users and clients in co-designing self-care programs it may be worthwhile to include a question on how people understand contraceptive self-care
- Should there be a research question on quality assurance/do no harm?
- Do we need a 'search strategy' section?

8

HIP Principles



Voluntarism - Guarantee clients' decisions are grounded in voluntary action and non-coercion.



Informed Choice - Provide accurate, complete, correct, and comprehensible information so individuals and couples can make informed reproductive health and contraception decisions.



Contraceptive Method Choice - Make the broadest feasible range of contraceptive methods available and accessible, that are appropriate to the level of service.



Client-centered - Create a safe, non-judgmental environment that respects and recognizes client reproductive intentions (delaying, spacing, or limiting pregnancy), lifestyles, and preferences throughout their lives.



High Quality - Ensure availability of safe and high quality contraceptive products and build knowledge, skills, and competencies of care providers for provision of evidence-based family planning information and voluntary services.



Continuity of Care - Build and sustain systems to support clients through an uninterrupted supply of contraceptives and related commodities, integrated services along the reproductive life course where feasible, referral systems, and follow-up care.



Equity - Strive to identify and understand social, ethnic, financial, geographic, age-related, linguistic, and other barriers that may inhibit health seeking behavior and voluntary contraceptive use, and make programmatic adjustments to overcome these disparities.



Gender Equality - Endeavor to be inclusive of women and men by removing barriers to their active engagement and decision-making, recognizing the role of family planning in supporting more equitable power dynamics and healthy relationships.

9

Thank you!

10

TAG Onboarding

Envisioning onboarding of new TAG members



TAG Onboarding Sub-group

Jay Gribble
Karen Hardee
Medha Sharma
Sara Stratton
Sarah Fox

March 2025

Brainstorming: What went well in your onboarding? What could have been different?



What are the things you wish you knew when you first joined?



Here's what this subgroup thought is important to be included in the onboarding session

- Structure of HIP Partnership and where TAG fits
- Role and expectations as a TAG member [Clarify the role of the secretariat and co-sponsors vis-à-vis TAG members and what that means from a decision-making perspective.]
- Evidence criteria and gray scale
- What is a brief, what is an enhancement, what is an SPG, and why do those categories matter?
- How to review TAG briefs, how to review concept notes, etc.
- Guidance for authors, reviewers, discussant for the review process.

What else should the TAG onboarding package definitely include?



Ideas for webinar topics, reinforced by available documents - Additions? Volunteers?

Webinar 1: Overview

- What is a HIP and HIPs Principles
- Structure of HIP Partnership and where TAG fits
- Role and expectations as a TAG member
- What is a brief, what is an enhancement, what is an SPG, and why do those categories matter?
- How to review TAG briefs, how to review concept notes, etc.
- Guidance for TAG members who are discussants

Webinar 2: Evidence criteria & HIP Evidence Scale

Webinar 3: ?

Related Documents:

- [History & Principles Underpinning HIPs](#)
- [Organogram & HIPs Manual](#)
- [TAG Responsibilities](#)
- [HIP List](#), [HIP Development](#), [Guidance for Developing a HIP Brief](#) & [Guidance to Develop a HIP Strategic Planning Guide](#)
- Need to pull together review processes
- Need to pull together discussant
- [Evidence Criteria](#)

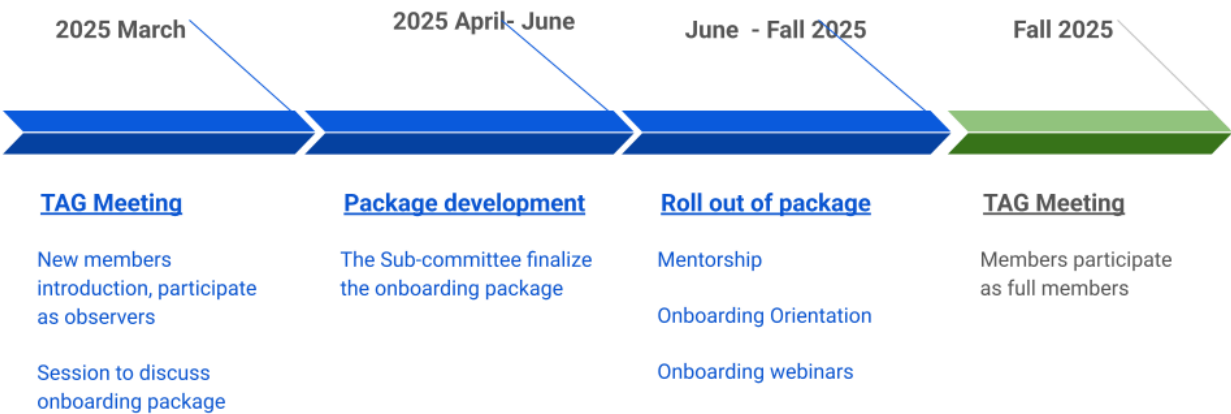


Who would like to volunteer to be a mentor for one of the 7 incoming TAG members?

- Welcome email
- Have at least one call prior to their first TAG meeting
- Share insights
- Check in at the end of the day of the TAG meeting
- Answer questions
- Provide ad-hoc support



The journey ahead..



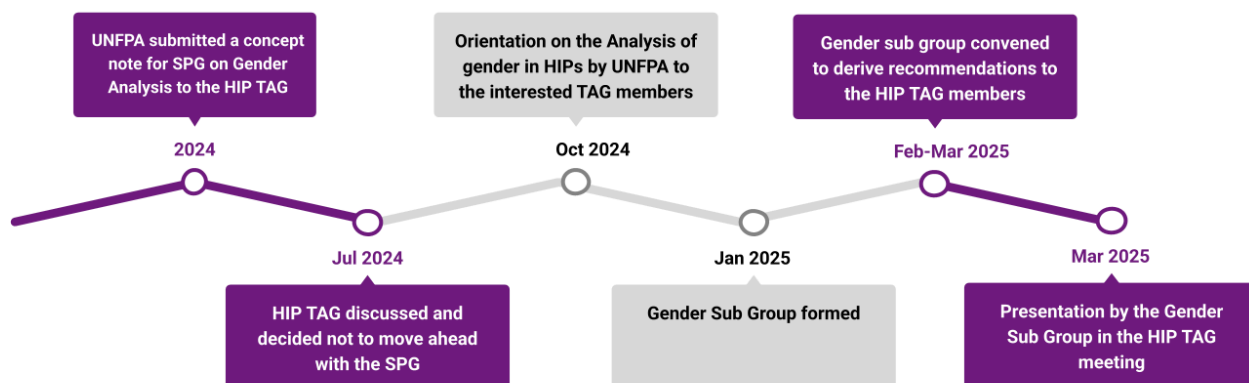
Updates from the Gender Sub-Group



Updates from the Gender Sub-Group

Medha Sharma
Nihal Said
Sonja Caffè

March 20, 2025



Review of Briefs with Gender Lens: Prioritization

- Sub-group reviewed UNFPA report which included review of certain HIPs products and rated each brief on following criteria:
 - Gender responsiveness
 - Urgency and feasibility to update
 - Page viewership
 - Last update date
- Reviewed the recommendation by the TAG during orientation session

HIPs Product	Category	Year published / updated	Total Page Views (Jun 23 - 24)	Gender responsive score (1-5)	Urgency/ Feasibility	Rationale
Postabortion Family Planning	Service Delivery	2012/ 2019	23,896	2	5	<ul style="list-style-type: none"> - Recognizes linkage between GBV and miscarriage/abortion and calls to address the needs of PAC clients facing gender-based violence in peacetime and humanitarian settings. - Does not mention any strategies to address gender-related barriers to postabortion contraception. - Does not address method choice for covert use in the context of GBV/RC.
Promoting healthy couples' communication to improve reproductive health outcomes	SBC	2022	2,192	2	4	<ul style="list-style-type: none"> - No reference to women's autonomous decision-making despite this being a right. - The TOC has a lot of assumptions including reducing IPV as an outcome with no reference to the relevant evidence informed interventions to achieve this such as reproductive coercion and abuse interventions

HIPs Product	Category	Year published/ updated	Total Page Views (Jun 23 - 24)	Gender responsive score (1-5)	Urgency/ Feasibility	Rationale
Engaging Men and Boys in FP	Service Delivery	2018	2,979	2	4	<ul style="list-style-type: none"> - Men in FP are either partners, users or advocates but nothing about men can be perpetrators of reproductive coercion and restrict women's access to FP which is missing. - They mention inequity in access but not in FP knowledge which is intersectional across age and gender. - No gender analysis conducted and limited reference to 'do no harm'. limited reference to gender transformative programming and interventions to promote joint decision making on FP
Creating equitable access to high-quality family planning information and services	SPG	2021	921	2	4	<ul style="list-style-type: none"> - Even though its an SPG but its a) on equity while it doesn't touch on inequities due to gender in contraceptive access or social norms and; b) that is the theme for ICFP this year and maybe we can look into how to update it to include more intersectional gender and power analysis to identify barriers and opportunities across the socioecological model and form the basis of transformational FP and

Principles Underpinning HIPs

- Not a product but more foundational
- Important that these principles are reviewed to include more nuanced on gender equity (GTA than gender neutral, include intersectionality) to ensure that this a responsibility of actors and not an option.
- Also some of the other principles were driven by one actor and maybe now we need to revisit those (e.g. voluntarism)
- What about adding newer ones such as autonomy, choice, self and collective care

- **Voluntarism** – Guarantee clients' decisions are grounded in voluntary action and non-coercion.
- **Informed Choice** – Provide accurate, complete, correct, and comprehensible information so individuals and couples can make informed reproductive health and contraception decisions
- **Contraceptive Method Choice** – Make the broadest feasible range of contraceptive methods available and accessible, that are appropriate to the level of service.
- **Client-centered** – Create a safe, non-judgmental environment that respects and recognizes client reproductive intentions (delaying, spacing, or limiting pregnancy), lifestyles, and preferences throughout their lives.
- **High Quality** – Ensure availability of safe and high-quality contraceptive products and build knowledge, skills, and competencies of care providers for provision of evidence-based family planning information and voluntary services.
- **Continuity of Care** – Build and sustain systems to support clients through an uninterrupted supply of contraceptives and related commodities, integrated services along the reproductive life course where feasible, referral systems, and follow-up care.
- **Equity** – Strive to identify and understand social, ethnic, financial, geographic, age-related, linguistic, and other barriers that may inhibit health seeking behavior and voluntary contraceptive use and make programmatic adjustments to overcome these disparities.
- **Gender Equity** – Endeavor to be inclusive of women and men by removing barriers to their active engagement and decision-making recognizing the role of family planning in supporting more equitable power dynamics and health relationships.



Recommendations: Internal Processes to Strengthen

- Update the principles
- Prioritize gender expert in the recruitment
- Sub-group on gender within the TAG tasked with reviewing drafts, concepts, etc. with a gender lens
- Revising the existing guidance on writing briefs and SPGs to include stronger emphasis and guidance on gender at the writing stage



Thank you!

Criteria to Retire Briefs

An Update

Sara Stratton and Barbara Seligman
March 2025

Overview

- Why were we talking about retirement in the first place?
- Proposed criteria to retire briefs
- Agree on criteria and Next steps

Why were we talking of retirement in the first place?

- The HIPs were established to highlight a “limited” set of practices
 - At a previous TAG meeting 25 HIP briefs was suggested as an ideal number.
 - The ideal number of HIP briefs has not been set by the TAG.
- Having too many “High Impact Practices” dilutes the original purpose of the HIPs (which was to build consensus and focus on a limited set of HIPs)
 - We cannot keep adding practices and keep a “limited number” of HIPs (in our previous context)
- Technological/environmental changes over time
 - HIP Partnership started in 2010 and is now 15 years old. The FP field has evolved and practices will likely to continue change in the future.
 - Current 2025 context provokes reflection on the number, type of products

In the current environment, we recognize these may change

Updated criteria to retire briefs - 5

1. There is growing evidence calling into question the practice as a HIP
 - a. Based on replicability, scalability and impact
 - b. A rapid review of the new evidence will be needed to establish its strength
 - c. Importance of defining what counts as evidence
2. The topic doesn't lend itself to a HIP, for example, because the field is changing so quickly or the practice is not as relevant in the present as it was when a particular HIP was identified as a HIP
3. The practice evolved/merged into another practice or something else
 - a. An evolution of the practice may have lead to another overarching practice being more relevant for the present time
4. Age of brief is >5 years old and brief isn't in cue for updating
5. The number of page views of the HIP brief is minimal (i.e. less than **1000** in the past year)

If we apply the 5 criteria, these are some briefs that would be archived

Brief (year)	Type	New evidence that calls into question the practice or the suitability of the topic for a HIP.	Not relevant or not scalable across contexts at this time	Practice evolved/merged	Age	Number Views
Galvanizing Commitment (2015)	EE	Growing evidence of importance of context		Devolution? Localization?	10 yrs	535
Family Planning Vouchers (2020)	Enhan.		Possibly	Part of healthy markets approach?	5 yrs	687
Digital Health briefs a) Systems (2017) b) For Providers (2020) c) For SBC (2018)	Enhance Enhance SBC	Practice is evolving so the evidence quickly becomes outdated.		Practice is evolving exponentially.	8 yrs 5 yrs 7 yrs	688 1,887 1,050
Social Franchising (2018)	Serv.Del.		Possibly	Part of healthy markets approach?	7 yrs	783
Educating Girls (2014)	EE		Possibly		11 yrs	3,206
Leading & Managing (2022)	EE		Too broad - other sources		3 yrs	2,314
Community Group Engagement (2016)	SBC				9 yrs	687

Insights

- Updated briefs to be published this year, the Secretariat will include links to the older versions in both the PDFs (design versions) and html (web text).
- Will the new “Navigator” change how HIPs are viewed and number of “hits” per brief?
- Ongoing low views per page may reveal HIP products in areas that are critical but are not getting due attention.
 - Need to balance age of HIP with number of download - newer briefs have fewer downloads
- Lack of government support and financing were cited as key barriers to HIP implementation in the HIP implementation study. Yet briefs related to this topic were among least accessed. Maybe HIPs not best home?
 - Galvanizing commitment
 - Domestic public financing
- There are about 3 EE briefs among the least accessed.
- Do we eventually consider retirement criteria for SPGs?

Agreement on criteria & Next Steps

To finish this task as updated briefs to be finalized & new self-care comes online:

- Do TAG members agree on the 5 criteria?
- Is the term “archive” OK with TAG?

What are specific next steps?