



# IMPLEMENTING BEST PRACTICES IN REPRODUCTIVE HEALTH

## HIGHLIGHTS

*from the Annual Report  
2006*



# 1 — The IBP Consortium - Our value added

*The IBP partners finalized our five year IBP Strategy and Programme of Work during 2006. At the same time the partners restated our vision, goals and objectives and identified the contribution the partnership brings to international reproductive health agenda under the heading of "value added".*

## As a partnership:

We offer a great opportunity for organizations and agencies in the field of reproductive health to identify common activities and work collaboratively to share their expertise, reduce duplication of effort, harmonize approaches and accelerate scaling up.

IBP has grown to involve 26 organizations who have been independently motivated to join the IBP Consortium.

We are not linked by donor funds, but by a commitment to work collaboratively to take to scale effective practices to improve reproductive health.

We offer a forum to create a united voice on key issues and practices that, when applied, will make a tremendous difference to reproductive health programmes at the country level.

We created a vision of using best practices when we changed our focus of activities in 2000 and renamed the partnership the Implementing Best Practices (IBP) Initiative.

Since then the concept of "best practice" has become widespread and accepted by many countries and organizations.

We have started to work with countries and other partnerships to document and share practices that make programmes work.

We work collaboratively to identify how to scale-up proven, effective practices and use change management techniques to strengthen the health system and empower skilled providers to perform more effectively.

We produce joint publications and promote the use of existing materials and tools published by our partners that support proven effective practices.

We aim to harmonize approaches, reduce duplication of effort and unite to address the challenging managerial and technical issues.

We have produced a range of tools including the recent *Guide to Fostering Change to Strengthen and Scale-Up Health Services*. It includes an E-learning module and a CD Rom of managerial tools to support the dissemination and use of these materials in the field.

We believe that there needs to be a reassessment of the manner in which programmes are implemented at the country level. Our approach is not "business as usual" but a constant questioning and reassessment of the effectiveness of what we are doing to support the use of best practices.

We have demonstrated that it is possible to organize effective workshops that result in the formation of collaborative networks at country level by the Ministry of Health and supported by our partners that continue to work together in the longer term to accelerate improving access to and the quality of reproductive health. We help to maintain momentum by providing ongoing support and follow-up to teams that have attended our workshops.

We have brought issues to the table, shared our experience and worked together to seek solutions to problems we need to address to achieve our common goal of improved reproductive health.

We have responded to the challenge of closing the knowledge to practice gap and have explored how knowledge management can help address this problem.

We developed the IBP Knowledge Gateway to support the sharing and exchange of knowledge within and among countries through communities of practice. Within two years it has been adopted as a corporate tool for WHO and supports a global community of over 5000 users from 130 countries who participate in 96 communities of practice.

We have agreed to share the technology supporting the IBP Knowledge Gateway so that other organizations can own and manage their own communities of practice. An example was the launch this year of the Global Alliance for Nursing and Midwifery.

## 2 — Membership, Chair, Meetings, Steering Committee

### New Members

In 2006 the IBP partnership was pleased to welcome four new members, CARE, the CORE Group, the White Ribbon Alliance (WRA), and the Academy for Educational Development (AED), including representatives from the USAID ANE Bureau, ESD Project, and Africa 2010 project.

Discussions have also been held with ExpandNet, a global network of public health professionals and scientists who are sharing their work and experience on scaling-up best practices with the IBP partnership.

### IBP Consortium Chair

IntraHealth accepted the Chair of the IBP Consortium in October 2005, under the leadership of Mr. Pape Gaye, President, IntraHealth International, Inc. Partners agreed to extend the term of office to the Chair to two years.

JHPIEGO has agreed to accept the Chair in 2007 and partners agreed that IPPF should be given the option of first refusal to take over the Chair after JHPIEGO has served its term.

### IBP Consortium Meetings

The IBP partners held two IBP Consortium Meetings in conjunction with major conferences and meetings in June 2006 and October 2006. A report of both meetings has been issued to the partnership.

The main purpose of the June 2006 meeting was to review progress with the implementation of the IBP programme of work and to explore the technical area of scaling up.

The October 2006 meeting focused on planning our next phase of on-going activities and initiating the planning of new activities for the next year's programme of work. Partners invited Richard Kohl, Management Systems International and Ruth Simmons, University of Michigan to share the work they have been engaged in to develop guidelines and support in-country pilot projects scale-up.

### IBP Steering Committee

The IBP Steering Committee deals with issues of governance and has led the detailed revision of the IBP Operating Guidelines and review of the IBP Strategy and Programme of Work.

The IBP Steering Committee has agreed to allow three new partners to participate in the Steering Committee for a maximum of two years each.

The IBP Operating Guidelines were re-drafted in 2006 to reflect further changes in the way in which the partnership is organized and functioning. The final draft will be presented at the next IBP Consortium Meeting scheduled for May 2007, prior to being published on the IBP web site.

A clause has been added to the IBP Operating Guidelines that will enable country partners to become affiliated members of the IBP Consortium for specific time-bound activities.

The IBP Steering Committee has agreed to make a concerted effort to seek funding from foundations to support IBP Consortium activities and to review previous management plans to handle external funding.

Partners have also agreed to support an external review to assess the Consortium's

strengths, weaknesses, value added and how the IBP initiative impacts on organization's activities.

## **USAID, WHO and UNFPA**

USAID has continued to provide strategic inputs, as well as financial support to IBP activities. Through the Public Health Institute's Global Health Fellows Program USAID has continued to provide technical support to the IBP Initiative by seconding one senior adviser to the IBP Secretariat.

WHO Department of Reproductive Health (WHO/RHR) supports the IBP Consortium by housing the IBP Secretariat, providing one senior adviser to the IBP Secretariat, funding and supporting collaborative activities within the Department and with other Departments within WHO.

UNFPA has urged the IBP partners to coordinate their activities through UNFPA's country programme offices. Work with the WHO-UNFPA Strategic Partnership Programme (SPP), the Global Alliance for Nurses and Midwives, and other Communities of Practice provides even greater opportunities to work collaboratively with UNFPA.

## 3 — IBP Task Teams

### IBP Knowledge Sharing Task Team

At the May 2006 IBP Consortium meeting the partners decided to form a new task team focused on identifying synergies and linkages within our knowledge management (KM) strategies and to formulate a collaborative programme of activities designed to accelerate achieving common knowledge management goals. It was agreed to convene a one day meeting tagged onto the October 2006 IBP Consortium meeting. 18 participants from 14 partner agencies attended the meeting on 26<sup>th</sup> October 2006. The outcome of the meeting was a vision statement, a SWOT analysis of our current activities, an analysis of our synergies and possible linkages and a joint programme of work.

### Progress

A user survey of the IBP Knowledge Gateway was undertaken and circulated to all IBP partner agencies.

An IBP Knowledge Gateway Progress Report detailing both IT enhancements and impressive growth in membership was circulated in December 2006.

The following activities were initiated:

- a) Discussions were held with Family Health International to prepare the framework for individual one page advocacy briefs on the work of each partner agency. Each brief will be linked to websites supported by our partners and sign post new and topical information.
- b) Plans were initiated with JHU/CCP/INFO and other partners to prepare for several global discussion forums.
- c) JHU/CCP/INFO met with representatives from CARE and JSI to demonstrate the IBP Knowledge Gateway and discuss how they could create communities of practice for their own projects.
- d) The fourth phase of enhancements to the IBP Knowledge Gateway was completed.

### Advocacy Activities and Materials

- a) The IBP advocacy brochure was produced in English and French.
- b) Participant and Facilitator Performance Improvement Manuals were revised.
- c) A draft of the new IBP website was prepared and is under review.
- d) A user survey of the IBP Knowledge Gateway was undertaken and results published on the IBP Knowledge Gateway.
- e) A user survey of the GANM was undertaken and prepared for publication on the IBP Knowledge Gateway.
- f) IBP presentations were shared through the IBP Consortium online library



## Leading Change Task Team - IBP/MAQ Guide to Fostering Change to Strengthen and Scale-Up Health Services

The Task Team reviewed and finalized the guide and a CD-ROM tool kit of related tools to support the implementation and use of the "Guide". In addition, Management Sciences for Health (MSH) has worked with partners to prepare and field test an IBP/MAQ E-learning module. Task team members have supported the initial field testing of components of the "Guide" in Jharkhand State, India. The following materials will be finalized for publication the first quarter of 2007 and plans will be made to start introducing the guide at the regional and country level.

- Guide to Fostering Change to Strengthen and Scale-Up Health Services
- E-Learning Module on Fostering Change
- CD-ROM Tool Kit of Managerial Tools

## Event Calendar and Bibliography of Published Materials and Tools

IBP partners maintain an Events Calendar on the IBP Knowledge Gateway and have contributed to the publication of a weekly e-bulletin that summarizes new publications and articles of interest published by our partners or in peer review journals.

## Global Alliance for Nursing and Midwifery Communities of Practice (GANM)

IBP partners including WHO/RHR, JHU/CCP, JHPIEGO; Public Health Institute (PHI), and Academy for Educational Development (AED) worked with the JHU School of Nursing, seven WHO nursing and midwifery collaborating centres, WHO/Department Knowledge Communities and Strategies and WHO/Department of Nursing and Midwifery to establish the Global Alliance for Nursing and Midwifery (GANM) communities of

practice. GANM was launched on September 11, 2006 by Her Royal Highness Princess Muna Al Hussain of Jordan, through a seven country video conference involving 150 nursing and midwifery leaders from around the World. The video conference was web cast and followed by a four week global on-line discussion forum involving **1,100 users from 104 countries. 47% of participants were from middle to less economically developed countries.**

Five topic-specific Communities of Practice were formed after the on-line global discussion including a Spanish Community focused on Making Pregnancy Safer. To support this active community the IBP Secretariat agreed to include a Spanish facility in the next phase of enhancements to the IBP Knowledge Gateway.

## International Conferences

The IBP Secretariat attended the annual meeting of the WHO Nursing and Midwifery Collaborating Centres, October 2006, to demonstrate the IBP/ECS Knowledge Gateway and discuss how the 37 WHO Collaborating Centres could become more engaged in supporting the GANM.

IBP Members also attend international conferences to promote collaboration and knowledge sharing approaches, such as at a meeting of the Society of Obstetricians and Gynaecologists of Nigeria (SOGON).

IBP partners submitted abstracts and supported a panel discussion on "Closing the Knowledge to Practice Gap" at the 33<sup>rd</sup> Annual Meeting of the American Public Health Association (APHA) in December 2005.

The IBP Secretariat worked with "Reseau en Afrique Francophone pour Telemedicine,(RAFT) and IntraHealth to develop telemedicine sessions which engaged participants from ten West African countries in a virtual discussion on improved reproductive health.

## **On-line Global Discussion Forums**

The IBP Knowledge Gateway has also served as the electronic platform for six virtual discussion forums, which reached over 2,300 participants from 105 countries. The purpose of these forums is to provide opportunities for synergy between sharing best practices in reproductive health and exchanging country-based and personal experiences. Forum topics have included:

*Youth Forum on Pregnancy Prevention in a Time of HIV/AIDS* (2005), which engaged 640 people from 82 countries;

*The Female Condom: Accelerating Access and Use* (2005) which engaged 350 people from 30 countries;

*Client and Provider Perspectives on Integration of Family Planning Counselling and HIV/AIDS Services* (May 2006) held after 4-site videoconference and involving 477 people from 58 countries. A follow-up videoconference took place in 2007 linking five sites. It was followed by a forum involving 500 participants;

*Leadership for Action: The contribution of nursing and midwifery to health and achievement of the Millennium Development Goals* (2006), organized by GANM. Engaged over 1,100 people from 105 countries, after a videoconference on the same topic linking seven sites;

*Postpartum Family Planning Global Forum on LAM and the Transition to Other Modern Methods* (2007). Involved 190 people from 36 countries.

*Strategic Communication for Behavior Change Globally: The Power of the Media* (2007).

## **WHO/AFRO/USAID-led initiative to Re-position Family Planning in Africa**

The IBP Secretariat supported by IBP partners has worked with WHO/AFRO, USAID, Academy for Educational Development (AED) and the Population Reference Bureau (PRB) to develop a set of advocacy materials to support the Repositioning of Family Planning in Africa. The tool is under review and will be finalized for pilot testing in early 2007.

## **Scaling-up Discussion Group**

Partner support by Population Council agreed to work on the identification of 20 questions that could be used either for a prospective and/or retrospective analysis of scaling-up projects. The outcome of this analysis will be used to identify factors that will contribute to successfully scaling-up proven effective practices. All parties noted that in order to undertake this activity additional funding would be required.

## **Programmatic Exchange: Community-Based Programmes and Service Package for Community-Based Workers**

WHO/RHR IBP Secretariat, WHO/RHR Social Science Team, USAID, The Population Council, FHI, IntraHealth and other partners working in the African region formed a planning team to support the organization of a workshop designed to bring together teams from five countries involved in implementing community-based reproductive health programmes in Africa. Our goal is to develop long-term relationships with in-country managers, researchers, and policy-makers in order to:

- a) Facilitate exchange and documentation of country experiences;
- b) Build capacity in the area of monitoring and evaluation; and,
- c) Support the application of social science and operations research methods.



## Family Planning: A Global Handbook for Providers

WHO/RHR worked in partnership with Johns Hopkins Bloomberg School of Public Health, Center for Communication Program (JHU/CCP) and over 20 reproductive health international organizations and agencies to prepare this handbook. IBP partners participated either individually or collectively in the development of this handbook and are committed to supporting its dissemination and use once it is published.

## Discussions with AED Africa 2010 Project

Dr Olewole, the director of Africa's Health in 2010 Project (Africa 2010), made a presentation at the October 2006 IBP Consortium meeting. The project has similar goals to the IBP Initiative and complimentary activities, particularly in relation to supporting the identification and scaling-up of effective practices. Africa 2010, through its parent organization, AED, will join the IBP partnership. USAID and the IBP Secretariat will hold further discussions to identify activities that can be incorporated into the IBP Programme of Work.

## Essential Medicines

At the October meeting, the IBP Secretariat introduced to partners the work that is being undertaken by the Secretariat in collaboration with PATH and the WHO Department of Medicines Policy and Standard (WHO/PSM) on a "Quality Medicines for Reproductive Health Project". Partners were introduced to recent publications.

*The Interagency List for Reproductive Health Medicines 2006* was published as a joint publication with WHO, World Bank, UNFPA, PSI, PATH; JSI and IPPF, June 2006.

([http://www.who.int/reproductive-health/publications/essential\\_medicines/](http://www.who.int/reproductive-health/publications/essential_medicines/)) This is a subset of the 14<sup>th</sup> WHO

Model list of Essential Medicines, published June 2006. The information in WHO Essential List of Medicines, the WHO Model Formulary (WMF) was updated for the WMF 2006 edition.

*"Essential Medicines for Reproductive Health: Guiding Principles for Their Inclusion on National Lists"* published, PATH, WHO, UNFPA, June 2006. [http://www.who.int/medicines/publications/EssMeds\\_RHealth.pdf](http://www.who.int/medicines/publications/EssMeds_RHealth.pdf)

*16 Policy Briefs on selected Reproductive Health Essential Medicines* prepared by WHO/PSM and WHO/RHR are included as an appendix in the *"Essential Medicines for Reproductive Health: Guiding Principles for Their Inclusion on National Lists"*. The briefs serve as examples of the rationale and evidence needed to help policymakers and decision-makers act as advocates for the inclusion of these medicines in national essential medicine lists and budgets.

## 4 — Country Support Activities

### WHO/AFRO and USAID led Repositioning Family Planning

IBP partners participated in two meetings convened by the WHO African Regional Office, Brazzaville to review and finalize the Family Planning Advocacy Materials for policy makers. These materials will be field tested in 2007.

### Pan African Parliament

Efforts have been made to follow up the proposal to convene a technical meeting tagged on to the next meeting of the Pan African Parliament. Partners have agreed to postpone this activity temporarily.

### Identifying and promoting effective post abortion care activities in West Africa

In March 2006, IBP partners introduced the IBP Initiative to participants from francophone West Africa and agreed to support an assessment of post abortion care (PAC) activities and strategies to assess, document and share effective PAC practices. In 2006, the Population Council was awarded two contracts to assess the Senegal PAC program and subsequently five other PAC programmes in the area. The IBP secretariat will work with Population Council to organize a regional meeting to disseminate and share experience in 2007.

### Ethiopia: "Practices that Make Programs Work"

**Significant follow-up activities have taken place with the Ethiopia IBP team established in conjunction with the 2004 Uganda IBP Launch.** In January, 2006 the IBP Secretariat and USAID worked with the Ethiopian Team to initiate the documentation of a collection of programs addressing reproductive health issues that identified "Practices that Make Programs Work".

The document was endorsed by the Ministry of Health in November 2006. Once it is finalized, the Ministry and the IBP team will support similar meetings at regional level to assist with the dissemination, implementation and scaling-up of the effective practices identified through analyzing the practices that make programmes work.

### Kenya

*See the 2006 Story of the Year in the full annual report*

### Jharkhand, India

CEPDA, India and the WHO/Country Office, supported by the IBP Secretariat, led the IBP follow-up in Jharkhand. In response to the need to implement the National Rural Health Mission (NRHM) plan to decentralize the management of health services to district level, the Secretary of Health for Jharkhand asked IBP partners to assist with developing further the technical expertise and managerial capacity of 130 district managers in Jharkhand.

IBP partners working in Jharkhand (Public Health Institute, IPPF, IntraHealth, CARE, Constella/Futures, UNICEF, USAID, JHPIEGO, EngenderHealth, E2Z, CINI,

EC, and the Packard Foundation) supported a training workshop and made a commitment to support follow-up meetings in each District. UNFPA and the WHO/Country Office prepared a National District Planning Manual introduced during the workshop. The IBP Secretariat adapted a Performance Improvement Facilitator Training Manual and Participant Manual and introduced components of the IBP Fostering Change Guide during the workshop. A facilitator training programme was undertaken prior to the workshop.

## Philippines

JHPIEGO informed partners that through local collaborative efforts the revised National Philippines Clinical Standards Manual on Family Planning has been produced and disseminated.

## Synergies with WHO-UNFPA Strategic Partnership Programme (SPP) and WHO/RHR Strategic Approach

**The IBP Secretariat and partners are working closely with the WHO-UNFPA Strategic Partnership Programme** to enhance the use of evidence-based guidelines and tools produced by WHO/RHR in family planning, maternal and neonatal health and STI prevent and care. Follow-up activities to IBP meetings have been undertaken Zambia, Tanzania, Ethiopia, Uganda, and India. IBP members have also supported SPP activities in Benin, Nigeria, South Africa and Sudan.

In Benin, the country team is planning to adapt the Ethiopia experience of documenting and sharing "practices that make programmes work" in 2007.

IBP partners supported an IBP/SPP regional meeting in Ethiopia in 2006. This meeting engaged representatives from seven countries in a review of progress and sharing of lessons learned.