Terms of Reference to develop a
Statement on Digital Health Interventions (DHI)
by IPPF's International Medical Advisory Panel (IMAP)

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Key Reviewers: IMAP members, IPPF staff

Background

According to the 2019 WHO's Recommendations on Digital Interventions for Health System Strengthening[1], the term digital health often called eHealth is defined as "*the use of information and communications technology in support of health and health-related fields*". This term encompasses Mobile health (mHealth) defined as the use of mobile wireless technologies for public health, as well as other emerging areas such as the use of advanced computing sciences in 'big data', genomics and artificial intelligence for health. Digital Health Interventions (DHI) can be classified into different groups based on the digital channel used (mobile applications, web pages, SMS, social media), the digital content involved (clinical services, information, education, communication) and the primary target user (clients/beneficiaries, service providers, health system managers….). The interaction between these three elements results in a variety of DHI including **interventions for the delivery of health services**, health promotion and education activities, **interventions for healthcare providers** to support them as they deliver health services, i**nterventions for health system or resource managers** to support managerial functions related to supply chain management, health financing, human resource management and i**nterventions for data services which includes** a wide range of activities related to data collection, management, use, and exchange of health information and data. DHI can then be an umbrella term for a variety of health interventions with any digital component across the life cycle of an intervention, project or programme. DHIs especially in the context of COVID-19 have provided an opportunity for SRH service providers, clients and beneficiaries to expand the reach and access to SRH services and education[2]. The recently published WHO SMART Guidelines and Digital Adaptation Kits (DAKs) that are intended to systematize and accelerate the consistent application of recommended, life-saving interventions in the digital age would be key foundational resources to inform this work[3].

Advances in DHI for the sexual and reproductive health service delivery and care have been documented with the start of the COVID-19 pandemic. The urgency to respond to the threat of women losing access to contraception, the increased incidence of gender-based violence and the lack of access to safe abortion care as well as young people being deprived from the right and ability to access sexuality education and life skills learning motivated many DHI innovations across the world especially in Low and Middle Income Settings (LMIS). As a result, many IPPF Member Associations increased their use of DHI across various service delivery areas and programmatic interventions. Examples compiled by IPPF COVID-19 task force on DHI adaptations and innovations include telehealth for self-managed abortion and post abortion care, using hotlines and social media for sexual and reproductive

[1] https://www.who.int/reproductivehealth/publications/digital-interventions-health-system-strengthening/en/
[2] https://www.ippf.org/resource/innovating-provide-abortion-care-during-covid-19
[3] https://www.who.int/publications/i/item/9789240029743; https://www.who.int/teams/digital-health-and-innovation/smart-guidelines

health counselling including HIV and specialized assistance for SGBV including case management, referral, counselling and outreach, facilitating sexuality education trainings for schools and peer educators online through the use of web platforms, social media and mobile applications.[4] These adaptations were complemented by face to face service delivery, advocacy and mentorship to increase the efficacy of the intervention, expand access to these online services. Another innovative approach to DHI included complementing these models with social enterprises such in Aruba where DHI facilitated the set-up of an online contraceptive store to deliver contraceptives on demand[5].

As we embark on the third year of the pandemic, we need evidence-informed guidance for Member Associations to assess the viability of maintaining the digital innovations for SRH. This guidance is expected to support them address some of the barriers that emerged while using DHI around issues of person-centredness both for the service providers and the clients, access at the time of digital and gender divides, the effectiveness of reaching clients with SRH services digitally while maintaining quality of care, the affordability of DHI and costing of DHI services, the impact of DHI on behavior change around SRH issues, and the engagement of clients with such interventions. In addition there is a need to better strengthen our measurement tools of DHI interventions to be able to d impact of these interventions. These measurement tools could include adaptations of existing tools used to measure SRH service delivery and could also include innovative methods to be able to critically assess the gains and lessons learned from using DHI for SRH service delivery during the COVID-19 pandemic.

Key Questions for the IMAP statement:

- What are the agreed on principles and criteria of defining DHI and their processes?
- Based on the available evidence, what can IPPF Member Associations do to maintain the standards of delivery and measure quality of care for SRH services and programmatic interventions provided remotely in the context of DHIs?
- Can we adapt existing validated quality of care tools for DHIs? What is needed to ensure that this adaptation is meaningful and addresses the nuanced challenges around DHI such as safeguarding risks, duty of care, inclusivity and engagement?
- How to ensure that clients accessing DHI are receiving comprehensive care? What are the best practices in to ensure that DHIs are complementing the comprehensive service package for SRH provided in-person at service delivery points?

Purpose

The purpose of this IMAP statement is to provide IPPF member associations with helpful guidance to support the provision of DHI interventions for SRH service delivery based on the available evidence how best to measure and capture DHI outcomes.

Suggested Outline

Length: Ideally 4 pages – maximum six pages.
Target audience: Primarily IPPF Member Associations. Also, other SRH organizations, donors, ministries of health and the broader development community, including WHO, UNFPA and other UN agencies. IMAP Statements have a global reach.
Tone: Evidence-based and technical but accessible, with pointers to further information for those who want more technical detail or link to guidelines and other resources. Please review previous IMAP statements via IPPF's website and use a similar tone/language.

[4] These examples were collated from the IPPF's COVID-19 Case Studies. Link: https://www.ippf.org/covid-19-ippf-innovation-and-best-practice
[5] https://www.ippf.org/stories/pictures-2021-committed-caring-people-wherever-they-are

Purpose: Provide IPPF member associations with helpful guidance to support the provision of DHI interventions for SRH service delivery based on the available evidence on what works in DHI and how best to measure and capture DHI scope and outcomes.
References: The statement would need to have all relevant and up to date references fully cited.
Acknowledgement: The author will be acknowledged (unless you request that this is not the case). All IMAP members and other key reviewers of the statement are also acknowledged in the statement.

Suggested content outline

- Introduction/Background.
- Purpose of the Statement
- Intended audience and stakeholders
- Setting the scene: defining DHI for SRH, the principles of DHI, the transition from in-person models to DHI and the emergence of hybrid models of service delivery and programmatic interventions
- What works on DHI for SRHR across areas of person-centeredness, access, affordability, reach, effectiveness, quality of care, people's engagement and behavior change compared to face-face and other modalities of service delivery and programmatic interventions?
- Review of the available tools to measure DHI interventions from an output, outcome and impact perspective
- Examples from IPPF MAs with DHI for SRHR innovations and adaptations and some of the lessons learned
- Recommendations from IMAP on designing, implementing, sustaining, and scaling up DHI for SRHR across contexts
- References
- Acknowledgements

Process

- The work will include consolidation and a summary of available evidence based on the existing studies conducted by IPPF and partners such as the DHI Landscaping Analysis Study.
- Produce the first draft for internal review by IMAP members and selected IPPF CO, RO and MA staff and programmes.
- Take on board comments/inputs from IMAP, IPPF programme staff and partners to produce a second draft for review by all IMAP members.
- Revise draft to take into account and incorporate comments from IMAP members.
- Produce a final draft to publication-ready quality.

Suggested timeline for production and expected outcomes

- **7 March 2022:** Selection of the consultant/in house expert to lead the draft
- **17 March 2022:** 1st draft statement presented for review and comments by IMAP members, IPPF staff and Programme Directors.
- **24 March 2022:** Feedback on the draft
- **4 April 2022:** Feedback incorporated and revised draft submitted for final review and endorsement by IMAP.
- **12 April 2022:** Final Draft ready for publishing.

About IMAP

- Formed in 1979, the International Medical Advisory Panel (IMAP) is a body of medical scientists and leading experts in the field of Sexual and Reproductive Health and Rights (SRHR).

- IMAP has the mandate to formulate and disseminate recommendations to IPPF and other interested parties regarding best practices in SRHR, based on the best available evidence. This advice is also widely followed by other organisations in the SRHR field.
- IMAP's recommendations are presented as *IMAP Statements* which address issues on all aspects of SRHR, including health systems, biomedical, programmatic, training and service delivery issues.
- IMAP provides timely guidance to IPPF on critical issues and reviews and endorses IPPF's programmatic and medical guidelines.
- According to an independent evaluation carried out in 2014, IMAP is highly valued across the Federation and external partners who acknowledge the continued need for an independent body of programmatic and biomedical experts.
- IMAP contributes to maintaining IPPF's leadership role in SRHR.

IMAP's role

IMAP provides medical and technical advice to IPPF. In summary, IMAP's role is to:

1. Review and endorse IPPF medical standards and guidelines;
2. Identify and respond to priority SRHR issues;
3. Monitor and consolidate new scientific evidence and develop statements;
4. Address questions from IPPF member associations and other key stakeholders;
5. Support IPPF to identify specialist expertise;
6. Act as international communicators of IMAP's recommendations etc.

Interested consultants are advised to send their CV and list of relevant publications to Nihal Said, Senior Technical Advisor, Research and Partnerships at IPPF via email: nsaid@ippf.org by 7 March 2022.