Technical workshop to advance global learning & measurement agendas on improving access to & use of an expanded range of contraceptive methods for adolescents & youth

6-8 March 2018

Washington DC, USA

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Introduction

Rationale

In recent years, the field of adolescent and youth sexual and reproductive health has conducted gap analyses[1,2] and defined broad research priorities.[3] Within this broad area, the field has published research syntheses[4,5,6] defined specific research priorities[7], and initiated multi-country program investments. While some attention has been given to adolescents and youth in national family planning programs, there is still much to be done. Adolescents and youth continue to face numerous barriers to access to and use of an expanded range of contraceptive methods. Specific actions to address barriers to expanded method choice for young people have been identified to include[8]:

1. Improving quality and accessibility of services;
2. Fostering an enabling environment free of stigma and discrimination; and
3. Advocating for changes in policy, regulations and guidelines.

Furthermore, many gaps remain in the measurement and use of adolescent and youth data to inform policies and programs to increase their contraceptive use. These gaps have been categorized as[9]:

1. Measurement and reliability gaps;
2. Analysis and reporting gaps; and
3. Gaps in data use.

Recognizing these barriers to expanded method choice for contraception among young people and the important data gaps for measuring adolescent and youth contraceptive use, representatives from the WHO Department of Reproductive Health and Research (RHR) and Human Reproductive Programme (HRP); Full Access, Full Choice Project; FP2020, and the Expanded Method Choice and Youth Working Group jointly organized a technical workshop to address these issues. The organizing members invited experts on program and measurement to convene and jointly examine the above issues. The meeting included sixty-four participants representing UN agencies, NGOs and international NGOs, academics, governments, and donors.

Objectives

1. To develop a listing of measurement and data needs of countries, and actions stakeholders can take to strengthen data collection through improved indicators and data collection methods, and improved analysis, reporting, and use of data to examine adolescent and youth programs and outcomes.
2. To develop an updated global learning agenda to improve access to and use of an expanded range of contraceptive methods for adolescents and youth.
3. To prioritize evidence and measurement needs, along with key players to implement identified priorities, to improve access to and use of an expanded range of contraceptive methods for adolescents and youth in the short, medium, and long term.

Day 1: Focus on Measurement Needs

The first day of the technical workshop focused on developing a list of measurement and data needs of countries, and actions stakeholders can take to strengthen measurement of adolescent contraception through improved indicators and data collection methods, along with improved analysis, reporting, and use of data. Presenters framed the need for improved measurement, while facilitated small group discussions produced lists of measurement gaps and actions that stakeholders can take to fill them.

Summary of Day 1 presentations

Reflections on the state of global measurement: Adolescent focus
Doris Chou – Medical Officer, WHO

Doris Chou opened the meeting with an overview of the Sustainable Development Goals' (SDG) global indicator framework development and implementation process. Chou described WHO RHR and HRP's experience as the "custodial focal point" for numerous SDG and Global Strategy for Women's, Children's and Adolescents' Health indicators (primarily, Goals 3 and 5), and illustrated the challenges of international comparable reporting. To do so, she described the measurement paradox of "leaving no one behind" at the global level: while the SDG are supposed to be disaggregated by numerous factors (i.e. income, sex, age, race), many countries face constraints to disaggregation (i.e. lack of resources, policies or regulations that prevent data collection by race and/or ethnicity, confidentiality issues). Chou stated that there is a need for more detailed discussion on methodological developments, strategies to strengthen statistical capacity, and mobilization of the resources necessary for additional data production.

Strengthening data on adolescent & youth contraception: Why? So what? For whom?
Venkatraman Chandra-Mouli – Scientist, WHO

Venkatraman Chandra-Mouli began his presentation by asking why there is a need to strengthen data on adolescent and youth contraception. He explained that the adolescent birth rate is a useful indicator, but that it cannot provide a full picture on its own. He added that while the modern contraceptive prevalence rate is a widely used indicator, it is limited due to lack of information on ages 10-14, unmarried adolescents, and boys/men. He argued that the Global Strategy for Women's, Children's and Adolescents' Health has addressed this, to an extent, in that it includes three indicators related to adolescent contraception[a] in its 16 key indicators and three additional relevant indicators[b] in its 34 SDG aligned indicators. However, we need a broader set of indicators on adolescent contraception, framed within the context of adolescents' sexual and reproductive lives. Chandra-Mouli used Ethiopia as a case

[a] Adolescent birth rate (10-14, 15-19) per 1000 women; number of countries with laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education; coverage index of essential health services, including RMNCAH: family planning, antenatal care, skilled birth attendance, breast feeding, immunization, childhood diseases treatment

[b] Percentage of women of reproductive age (15-49) who have their need for family planning satisfied with modern methods; proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care; percentage of women aged 20-24 who were married or in a union before age 15 & before age 18

example to show that data are necessary to inform effective policies and programs, measure progress, and enable accountability at the local, national and global levels.

Data gaps and opportunities for action in meeting the contraceptive needs of adolescents
Jason Bremner – Director of Data and Performance Management, FP2020

Jason Bremner centered his presentation on the Global Adolescent Data Statement[9] that was generated in the leadup to the 2017 London FP2020 Summit. Bremner described gaps related to challenges of measuring sexual activity and reproductive health for all adolescents, such as the exclusion of unmarried women from surveys, reluctance of adolescents to report sexual activity in household surveys, and the unreliability of data on age/sex of clients in HMIS. He described gaps related to the ways we use or don't use the data that are available (i.e. limits on how we define "unmarried and sexually active"; lack of disaggregation between married and unmarried adolescents). Bremner described gaps related to the ways that we define indicators and ways that data are analyzed and reported (i.e. few global and national indicators used for decision making focus on the specific needs of adolescents; limited efforts to establish an effective and agreed-upon set of indicators for ASRH). Bremner concluded by providing a point-of-departure with longer term recommendations: 1) collect data on SRH among all adolescents in all countries; 2) improve HMIS systems' abilities to collect age and sex-disaggregated data; and 3) establish an international working group to agree upon a wider and more effective set of adolescent specific indicators. Bremner also provided a point-of-departure for shorter term recommendations: 1) report disaggregated data whenever possible by age, sex, and marital status; 2) use existing data sources creatively to better understand reporting of sexual activity and contraceptive use among adolescents; 3) examine the definition of "unmarried and sexually active" and determine the benefits and implications of changes to the definitions; and 4) improve data sharing for data sources that include adolescents and youth.

Framing the data use needs: How are data currently analyzed, reported, and used?
Emily Sonneveldt – Director, Track20 Project at Avenir Health

Emily Sonneveldt opened by describing that since the start of FP2020 in 2012, there has been a big shift in how data are used for family planning at the global and country levels; we have annual estimates of key family planning indicators; countries are producing these numbers directly, using new tools and methodologies; and countries are holding annual meetings to review data, discuss progress, and identify priority areas. However, the lack of similar progress for adolescent data has meant that discussion of program gaps for adolescent contraceptive use has not been a main topic among annual progress reviews. Sonneveldt described that the current focus on adolescent data is on understanding the dynamics of growth in mCPR and unmet need among adolescents and youth; identifying opportunities for new indicators among adolescents and youth; and leveraging innovative use of existing data and data from non-traditional sources. Sonneveldt showed the utility of opportunity briefs (i.e., technical reports developed by Track20 on adolescents by country) and provided examples of several creative analyses of existing data on adolescent contraceptive use, such as levels of adolescent/youth growth compared to met/unmet need and the distribution of adolescents by marital status and sexual activity.

Measuring contraceptive use in early and later adolescence

Kerry MacQuarrie – Technical Specialist, The DHS Program

Kerry MacQuarrie provided an overview of a recent USAID analysis of contraceptive use from DHS data on youth aged 10-19. To describe young adolescents' experiences, they leveraged retrospective data from persons ages 15-24 including stand-alone questions (i.e. "how old were you…?") and longitudinal schedules (i.e. contraceptive calendar, birth histories). MacQuarrie concluded that it is possible to leverage retrospective data from DHS surveys to describe young adolescents' experiences, that contraceptive use – like most behaviors that DHS measures – does not emerge in early adolescence, and that calendar data likely detects first use of contraception. MacQuarrie also described data considerations and limitations (i.e. retrospective measures differ from "current use" indicators, quality based on temporality, difficulty of calculation of unmet need) and areas for further research (i.e. finer disaggregation, early contraceptive experiences, overlay with other life events, and comparison with existing indicators by method dominance).

Group work on indicators & data collection methods

Two sessions of group work were organized in the afternoon.

In the first session, participants self-selected into small groups focusing on five themes related to indicators and data collection methods:

1) Data & indicators for measuring the sexual & reproductive lives of adolescents/youth (ages 15-19);
2) Data for measuring the sexual & reproductive lives of young adolescents/youth (ages 10-14);
3) Adolescent/youth data in HMIS & the private sector;
4) Opportunities for new & creative indicators & data sources &/or collection methods; and
5) Data for measuring policies & programs.

Facilitators were given prompts to guide the small group discussions. Representatives from the small groups then presented the groups' key discussion points in plenary.

Data & indicators for measuring the sexual & reproductive lives of adolescents/youth (ages 15-19)

This group raised five key points related to data and indicators on adolescent sexual and reproductive health, with a focus on contraception: 1) the need to consider carefully the definition of "sex" and sexual activity; 2) that skip patterns related to sexual activity (or time since) in questionnaires may reduce response rates among adolescents/young people who have infrequent sex and that this can be corrected by dropping such skip patterns. It was also noted that this will help to capture sporadic use of EC or condom among young people; 3) new questions could be added on pregnancy intentions and contraceptive use; and 4) the need to consider biases in household data collection strategies; and 5) there are issues in comparability between data sources such as DHS, PMA2020, MICS, etc.

Data for measuring the sexual & reproductive lives of young adolescents (ages 10-14)

The group began by noting that data sources (both cross-sectional and longitudinal) are currently available (i.e. GEAS, GSHS). They noted challenges including legal restrictions, social barriers, and

misreporting among this age group. They listed action items (i.e. improve understanding of sexual activity in this age group, improve training of data collection teams working with this age group, employ strategies to increase privacy, and create community understanding and support). The group also noted that retrospective analysis is a useful method. Lastly, the group listed priority issues, such as the importance of collecting information about sexual awareness/preparedness and sexual initiation, and exploring the possible utility of service statistics from selected providers, who are assured protection.

Adolescent/youth data in HMIS & the private sector

The group began by noting a need for reflection on how to make sure use of HMIS and private sector data is a streamlined, optimized process. They recommended that private sector data also be disaggregated (although they did not specify by whom), and that stakeholders should consider service delivery perspectives in this process. Some participants in the group noted that disaggregation would be difficult to do; others said that there are successful experiences in doing this (i.e. countries like Tanzania and organizations like Marie Stopes International).

Opportunities for new & creative indicators & data sources &/or collection methods

The group began by noting that we are not currently measuring a number of pertinent issues, including parity, fertility awareness and intentions, drivers of method choice, and how adolescents conceptualize and understand sexual activity. They listed opportunities for new and creative data collection methods, such as data collection by young people or Peace Corp volunteers and others in the field (for hard to reach regions) using tablets, mobile phone surveys, and Google Analytics. They specified that identification of safe spaces for adolescents is critical for capturing honest information.

Data for measuring policies & programs

The group began by noting that while policies are the foundation for meeting the contraceptive needs of adolescents, they are not sufficient on their own. They also noted that there may be strong contradictions between policies and laws. Additionally, they noted the need to link policy and program measurement with behavior and clinical outcomes. With regards to priority policy indicators, they highlighted restrictions to access, guarantees of information and service provision (i.e. comprehensive sexuality education, full range of methods), and human and financial resource allocation. With regards to existing data sources, the group mentioned published policies, costed implementation plans, and budgets.

Group work on data analysis, reporting, & use

In the second group work session, participants self-selected into small groups focusing on three themes related to data analysis, reporting and use:

1) Analysis of data on the sexual & reproductive lives of unmarried adolescents/youth;
2) Creative analysis of existing data; and
3) Strategies to support increased use of data on adolescents/youth by decision-makers.

Additionally, a fourth group discussed prioritization of existing indicators to establish a recommended set that countries should track. Facilitators were given prompts to guide the small group discussions. Representatives from the small groups then presented the groups' key discussion points in plenary.

Analysis of data on the sexual & reproductive lives of unmarried adolescents/youth

The group began by noting that there are many challenges related to measuring contraceptive need and use among unmarried adolescents/youth (i.e. social resistance to discussing sexual activity with unmarried adolescents/youth). They raised the question of whether stakeholders should consider all unmarried adolescents potentially in need of contraception to prevent unintended pregnancy, as opposed to all married and/or sexually active adolescents. They reached consensus that it may be useful to extend definitions (i.e. report on the percentage of adolescents who have had sexual activity in the last year) to get a realistic picture of sexual behavior among adolescents.

Creative analysis of existing data

The group listed potentially interesting combinations of data: service statistics with commodities/stock-out data, stock-out data with discontinuation or adolescent births, girls/women's information with their partner/parents' information, and public-sector data with commercial/private sector data from various sources, including manufacturing/imports. They noted under-utilized existing data, such as internet/mobile phone analytics, geospatial data from DHS, commercial/private sector data, non-traditional surveys, and client perspectives of services. The group ended by noting that resource constraints remain a limiting factor.

Strategies to support increased use of data on adolescents/youth by decision-makers

The group noted that Track20 country comparisons may provide a useful opportunity to stimulate healthy competition between countries. The group said that stakeholders can leverage greater momentum around adolescence (i.e. related to the demographic dividend) and need to better understand the strategies that some countries are deploying to be ahead of their peers. The group discussed the importance of using different data at different levels depending on what is being advocated for.

Prioritization of existing indicators to establish a recommended set that countries should track

Through a consensus exercise, the group generated a priority list of indicators that countries should track.

- *For sexual activity and its context*, this includes interpregnancy intervals.
- *For contraceptive use and its context*, this includes use of contraception (and method) including at sexual initiation, post-partum/post-abortion contraception, and access to contraception (location of service provision, available method mix, provider trained and supported to provide full range of methods).
- *For pregnancy/childbearing and its context*, this includes age at first birth, adolescent birth rate, and fertility intentions.

For laws and policies, this includes existence of a law/policy on provision of contraception, and provider knowledge/awareness of relevant laws/policies.

List of prioritized measurement needs

Measurement needs for adolescent/youth contraception: Synthesis & next steps[c]
Marina Plesons – Consultant, WHO; Venkatraman Chandra-Mouli – Scientist, WHO; Jason Bremner – Director of Data and Performance Management, FP2020

The meeting organizers reviewed the small groups' reports alongside feedback from plenary discussions and generated a short list of priority measurement needs and action items for adolescent/youth contraception.

For data collection:

- Identify opportunities to develop and test new indicators on ASRH (with a focus on contraception) and/or phrasing/placement of questions (including skip patterns) to gather information on indicators. Call attention to forthcoming DHS study on the impact of field worker characteristics on respondents and identify implications for data collection with adolescents/youth.
- Identify opportunities to collect data or analyze non-traditional data sources for those not captured through current household data collection (institutions, displaced, very young adolescents, etc).
- Generate lessons learned on creative, new data collection methods, where they are useful, and how they can complement other data sources.

For indicators:

- Convene a small group for structured discussion on indicators that countries can use to monitor progress at national and subnational levels.
- Recommend to SRHR community, including FP2020 PME Working Group, a smaller set of critical indicators for adolescent and youth to analyze and present at upcoming global forums.

For analysis and reporting:

- Identify and share experiences and recommendations from countries (i.e. Tanzania) and organizations (i.e. Marie Stopes International) on capturing age disaggregation in HMIS data.
- Convene donors to discuss structures and platform for data sharing (i.e. the Girl Center).

Conclusion & Next Steps for Measurement Needs

WHO will work closely with FP2020; Full Access, Full Choice; E2A and other partners to identify and use opportunities to address the identified action items, conduct scoping reviews of existing evidence and activities, convene a small group for structured discussions on indicators, disseminate learnings, and – where possible – develop recommendations for improved measurement of adolescent contraception, framed within the context of their sexual and reproductive lives. The meeting organizers will also

[c] This presentation took place on the morning of Day 3 but is presented here as a summary of Day 1.

leverage the enthusiasm and consensus in the meeting to initiate discussions with donors to discuss structures for improved data sharing.

Day 2: Focus on Learning Needs

The second and third days of the technical workshop focused on developing and prioritizing an updated global learning agenda for expanded method choice for adolescents and youth. Presenters framed the need for an updated learning agenda, while facilitated small group discussions produced numerous and varied learning questions that were then prioritized in the final plenary session.

Summary of Day 2 presentations

Importance of expanded method choice to global and country-level FP goals and the role of evidence in shifting policy and programs

Gwyn Hainsworth – Senior Program Officer for Adolescents and Youth Family Planning, Bill & Melinda Gates Foundation

Gwyn Hainsworth began her presentation by discussing Satvika Chalasani's[d] planned topic of how expanded method choice fits within the SDG and a rights-based perspective on adolescent contraception. Hainsworth's presentation reviewed the need for expanded method choice for youth by demonstrating high unmet need and high rates of rapid, repeat pregnancy among adolescents and youth. She outlined barriers to adolescent and youth expanded method choice, such as policy restrictions and myths and misconceptions. She framed the need for expanded method choice in relation to global and country goals that were announced at the 2017 London Summit and within BMGF's family planning strategy. Subsequent discussion included the need to better understand how many methods adolescents and youth want to be presented with during a family planning counseling session and how best to ensure programs are gender synchronized while also maintaining a rights-based approach.

Importance of Importance of holistic programming for young people

Patricia MacDonald – Senior Technical Advisor, USAID

Patricia MacDonald displayed A360's "Regional Insights and Design Opportunities: A Socio-Ecological Model" graphic to reiterate the power of data visualization and present various barriers to expanded method choice for adolescents and youth. She continued with a presentation on E2A's "Lifestages Framework" and stressed the importance of supporting the health, including reproductive health, of young first-time mothers at each life stage and identifying the influencers, such as sexual partners and peers, and social norms that impact their decisions. She presented on YouthPower, a USAID project that includes teaching soft skills to youth, and how life planning can be utilized to influence reproductive health outcomes. MacDonald summarized her presentation by emphasizing that USAID is invested in data utilization through the High Impact Practices (HIP) project. Participant discussion centered on the role of counselors in adolescent decision making on family planning and how best to tailor and measure the impact of those interactions.

Framing our approach

Ilene Speizer – Project Director, Full Access, Full Choice

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[d] Satvika Chalasani from UNFPA was unable to attend due to an illness in her family.

Ilene Speizer framed the activities for days two and three of the technical workshop. She situated the workshop activities within the larger goal of increasing the global evidence base for expanded method choice for adolescents and youth. While presenting on the workshop objective of generating global learning agenda questions, she urged participants to frame their ideas within a continuum of learning questions from formative questions to questions that address wide-scale adoption, and to consider questions within a short, medium, and long-term timeframe.

Brief introduction to learning themes
Fariyal Fikree – Senior Research Advisor, Evidence to Action (E2A)

Fariyal Fikree presented three themes for expanded method choice for young people based on prior review of research and programs[10]: 1) Advocating for changes in policy, regulations, and guidelines; 2) Fostering an enabling environment free of stigma and discrimination; 3) Improving the quality and accessibility of services to ensure full access, full choice across public and private service delivery points. She detailed various program interventions, areas of programmatic concern, and the current evidence base. She presented the example of E2A's assessment of provision of LARCs in Ethiopia's youth-friendly clinics. In conclusion, she presented the eight learning themes that would guide the process of crafting an action-oriented, evidence-based learning agenda:

- Expanding method choice
- Post pregnancy family planning
- Quality and availability at service delivery points
- Young people's needs and choices
- Client satisfaction and acceptability
- Program strategies and replication/scale-up
- Outcome measurements
- Policy barriers

Review of current programs and research on expanded method choice

In advance of the meeting, individual organization were requested to prepare a slide that reviewed key program and research activities for each of their projects relevant to expanded method choice for adolescents and youth. Representatives from 15 international organizations presented on a total of 31 projects in plenary. Meeting organizers maintained a 'living wall' to sort project activities according to the overall learning themes and generate a running list of available data sources. The 'living wall' was present throughout the rest of the meeting and was referenced during discussions and group work.

Completing this exercise in advance of the technical workshop allowed the meeting organizers to tailor the learning themes to areas that were not currently being addressed by any organizations. In addition, meeting organizers compiled a list of organizations with ongoing or newly funded projects since 2015 focused on expanded method choice for adolescents and youth (see Appendix IV). Reviewing these projects in plenary enabled participants to reflect on current and planned work for expanding method choice for adolescents and youth.

Group work on learning themes

Two sessions of group work were organized in the afternoon. In the first session, participants self-selected into small groups focusing on three themes:

1) Quality and availability at service delivery points;
2) Post pregnancy family planning; and
3) Client satisfaction and acceptability.

In the second session, participants selected from the following three themes:

1) Expanding method choice;
2) Young people's needs and choices; and
3) Program strategies and replication/scale-up.

Facilitators were given prompts to guide the small group discussions and tips for encouraging participants in developing learning agenda questions. Representatives from the small groups presented a list of their learning agenda questions in plenary prior to closing the day.

Day 3: Prioritization of Learning Needs

Summary of Day 3 presentation

What information is needed to advocate for change at policy and program level

Cate Lane – Senior Technical Advisor for Adolescent and Youth Sexual and Reproductive Health, Pathfinder International

Cate Lane reminded the audience that programs will have to tailor interventions for specific situations and audiences. She urged the group to utilize the evidence that is available to inform the way forward. She presented Population Reference Bureau's (PRB) Youth Family Planning Policy Scorecard[e] as a tool that has effectively incorporated the evidence base to guide advocacy efforts.

Group work on policy & measuring outcomes & reporting back

Participants self-selected into small groups focusing on the following themes:

1) Policy barriers and
2) Outcome measurement.

Facilitators in the policy barriers groups utilized the PRB Youth Family Planning Policy Scorecard to guide their conversations. Representatives from the small groups presented a prioritized list of their learning agenda questions in plenary.

[e] The Population Reference Bureau Youth Family Planning Policy Scorecard compares the most effective policies and program interventions across 16 countries to encourage removal of harmful policies and development of positive policies and programs.

Prioritization of Learning Needs

Criteria for prioritization

Lisa Calhoun – Deputy Director, Full Access, Full Choice

Lisa Calhoun introduced the prioritization exercise that would guide the learning agenda development. She presented on the criteria for prioritization which included: appropriateness and clarity; importance; answerability and feasibility; impact on policy and programs; implementation; and equity. She requested participants prioritize learning questions according to the timeframe for answering each question: short-term (questions that can be addressed now or in the next 1-3 years), medium-term (learning questions that can be addressed by forthcoming data or ongoing projects in the next 3 – 5 years), and long term (learning questions that require new projects, primary data collection, or will not be available for some time, e.g., five or more years). She encouraged participants to also brainstorm who is best to answer the learning questions within time and resource constraints.

Group work on prioritization

Participants were requested to self-select into six thematic groups, review and discuss the list of learning questions, and then prioritize according to the timeframe for answering each question. Representatives from each small group presented in plenary on their prioritized learning agenda questions for each timeframe.

Identification of next steps for key players to address learning priorities in short, medium, and long term

Shawn Malarcher – Senior Advisor on Utilization of Best Practices, USAID

Shawn Malarcher led a prioritization exercise in plenary. The list of prioritized short, medium, and long-term learning agenda questions from earlier group work (see Appendix III) was circulated among attendees who were instructed to vote by standing up for their top two questions in each section (e.g., short, medium, or long-term). This interactive exercise prompted discussion on the learning agenda questions and demonstrated consensus among attendees for the prioritized learning agenda questions.

List of prioritized learning questions

Before voting began, the group decided that the following question would supersede all learning agenda questions:

1) How do we define and measure expanded method choice, or choice around contraception, particularly for adolescents and youth?

The group then identified the top-two learning questions in the short-term, medium-term, and long-term horizons.

Short Term:

1) Understanding who is influential (e.g., parents, peers, community members, service providers, etc.) at affecting adolescent and youth adoption and continuation of a family planning method and how does this differ across the young person's life course? How do we intervene programmatically to shift negative community norms at the household, community, and

provider levels that pose as barriers to adolescents and youth uptake and continued use of modern contraception?
2) What is the link between expanded method choice and adolescent and youth outcomes such as uptake, discontinuation and switching?

Medium Term:

1) What are the influencing factors- facilitators (e.g., social norms, champions, cultural factors) and barriers (e.g., FP stigma)- that influence the timing of postpartum or post-abortion family planning uptake and method selection among post-pregnancy adolescents and youth?
2) What can we learn from a "pathway" to method choice for adolescents and youth? What drives family planning decisions? What makes an adolescent girl/youth choose a specific method?

Long Term:

1) What features of service delivery points and/or providers are attractive and important to young people when seeking contraceptive advice and services? And how does this influence method choice?
2) When young people design services, how are they changed? When young people are involved in program design, what is prioritized and how does this lead to improved method choice?

Conclusion & Next Steps for Learning Needs

The Full Access, Full Choice Project will utilize secondary data to answer a small number of specific prioritized questions from the short-term list. They also will work with other BMGF-funded investments to incorporate questions into Measurement, Learning, and Evaluation (MLE) plans to create data to answer additional prioritized questions in the medium-term. Participants were encouraged to identify which of the prioritized learning agenda questions they can answer with their current or future projects. The technical workshop organizers will work in conjunction with the global community to build upon the enthusiasm of the technical workshop to identify key players who can answer the longer list of learning agenda questions. The organizers are also willing to continue to maintain the list and incorporate updates as they are obtained from other organizations working to support expanded method choice for adolescents and youth.

Appendix

I. List of participants

First/Given Name	Last/Surname Name	Organization	Email Address
Bridgit	Adamou	UNC MEASURE Evaluation	adamou@email.unc.edu
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II. Final agenda

DAY 1: Tuesday, March 6 – Focus on Measurement Needs	
TIME	**AGENDA**
8:30 – 9:00am	*Arrival and breakfast; Opening of meeting*
9:00 – 9:40am	Framing the meeting: What is the place of adolescent and youth contraception in the MDG and SDG agendas? in plenary *(Doris Chou and V. Chandra-Mouli, WHO)*
9:40 – 10:40am	Framing the indicator and data collection method needs: What indicators and data collection methods are currently used to inform global and country-level decision making on adolescent contraception? in plenary *(Jason Bremner, FP2020, and V. Chandra-Mouli, WHO)*
10:40 – 11:00am	Break
11:00 – 12:30pm	Group work on filling gaps in indicators/data collection methods, followed by feedback in plenary
12:30-1:30pm	Lunch
1:30 – 2:15pm	Framing the data use needs: How are data currently analyzed, reported, and used? in plenary *(Emily Sonneveldt, Avenir Health)*
2:15 – 3:15pm	Group work on ways to improve ways data are analyzed, reported and used, followed by feedback in plenary
3:15-3:30pm	Break
3:30 – 5:00pm	Discussion on (a) what actions will be taken to develop and test new indicators and data collection methods; and (b) what actions will be taken to develop guidance on ways to analyze, report, and use data, in plenary
5:00 – 5:30pm	Review of decisions made, in plenary

DAY 2: Wednesday, March 7 – Focus on Learning Needs	
TIME	**AGENDA**
8:30 – 9:00am	Arrival and breakfast
9:00 – 9:30am	Welcome, introductions, and objectives
9:30 – 9:45am	Expanded method choice: how does it fit within the SDGs and within a rights-based perspective, in plenary *(Satvika Chalasani, UNFPA)*
9:45 – 10:15am	Importance of expanded method choice to global and country-level FP goals and the role of evidence in shifting policy and programs, in plenary *(Gwyn Hainsworth, BMGF)*
10:15 – 10:30am	Importance of holistic programming for young people, in plenary *(Patricia MacDonald, USAID)*
10:30 – 11:00am	Break
11:00 – 11:15am	Framing our approach, in plenary *(Ilene Speizer, UNC/Full Access, Full Choice (FAFC))*
11:15 – 11:35am	Brief introduction to learning themes, in plenary *(Fariyal Fikree, E2A)* *1. Improving quality and accessibility of services* *2. Fostering an enabling environment free of stigma and discrimination* *3. Advocating for changes in policy, regulations and guidelines*
11:35 – 1:00pm	Review of current programs and research on expanded method choice, followed by discussion, in plenary
1:00 – 2:00pm	Lunch
2:00 – 3:00pm	Small group discussions on learning themes

3:00 – 3:15pm	Refresh and change groups
3:15 – 4:15pm	Small group discussions on learning themes
4:15 – 5:15pm	Feedback from small group discussions, in plenary
5:15pm	Close for day

DAY 3: Thursday, March 8 – Prioritization of Needs	
TIME	**AGENDA**
8:30 – 9:00am	Arrival and breakfast
9:00 – 9:30 am	Measurement indicator priorities *(Jason Bremner, FP2020, and V. Chandra-Mouli, WHO)*
9:30 – 10:00 am	Facilitated discussion of priorities (*Mengistu Asanke, Pathfinder Ethiopia*)
10:00 – 10:10am	What information is needed to advocate for change at policy and program level, in plenary *(Catherine Lane, Pathfinder International)*
10:10 – 10:30 am	Break
10:30 – 11:30am	Small group discussions on advocacy priorities and outcome measurement
11:30 – 12:00pm	Feedback from small group discussions, in plenary
12:00 – 1:00pm	Lunch
1:00 – 1:20pm	Criteria for prioritization followed by discussion, in plenary *(Lisa Calhoun, UNC/FAFC)*
1:20 – 2:20pm	Small group discussions of learning priorities
2:20 – 3:10pm	Feedback from small group discussions on learning priorities, in plenary
3:10 – 3:30pm	Break
3:30 – 4:30pm	Identification of next steps for key players to address learning priorities in short, medium, and long term, in plenary (*Shawn Malarcher, USAID*)

III. Full list of short, medium, & long-term learning questions

Short Term:

- Are there examples of projects that are focusing on quality of family planning services at non-traditional service outlets such as drug shops, pharmacies, etc.? Are there examples of programs specific to reaching young people?
- Is there a difference between public and private providers in terms of access to expanded method choice for adolescents and youth?
- Is provider behavior (which may lead to bias toward adolescent and youth access to FP) linked to competence or values and could these be corrected through training?
- What is the effect of ANC-based PPFP counseling on immediate post-partum method choice? Focus on women receiving ANC counseling (disaggregated by: counseling setting [group counseling, individual counseling], counselor type, dosing, frequency, timing during pregnancy when a decision was made on choice of method, age) what was the immediate PP uptake for facility-based births. What methods offered, decision prior to birth (if there was one), and/or method they leave with after birth?
- How do we define and measure expanded method choice, or choice around contraception, particularly for adolescents and youth?
- What is the link between expanded method choice and adolescent/youth outcomes such as uptake, discontinuation and switching?
- Where do young people get or want information on method choices and related factors (reproductive biology)?
- Does non-condom contraceptive method use inhibit/prevent a young women from asking male partners to use a condom for STI/HIV protection? What about a woman-controlled female condom?
- What resonates with adolescents with respect to jointly avoiding STIs and pregnancy? How do young people balance dual protection and method choice? When young people take up another FP method besides condom, are they maintaining the condom use or not?
- Understanding who is influential (e.g., parents, peers, community members, service providers, etc.) at affecting adolescent and youth adoption and continuation of a family planning method and how does this differ across the young person's life course? How do we intervene programmatically to shift negative community norms at the household, community, and provider levels that pose as barriers to adolescents and youth uptake and continued use of modern contraception?
- What are the external influences and influencers to youth method choice? Specifically, do adolescents actually prefer short-acting methods or are other options not readily available/accessible? Who are the influencers for young people to go to pharmacies or drug shops? Are there social levers that we can influence?
- In what ways do existing workplace interventions expand method choice for adolescents and youth?
- Do voucher programs increase method choice for adolescents and youth?

- How does being a country with supportive policies toward adolescent access to and use of FP (e.g., no parental or spousal consent requirements) impact outcomes? And how can this information be used to inform other countries policy environments?
- Which settings are ripe for change of policy toward adolescent and youth family planning method use or which places do we need to lay low and let things happen?
- What are the gaps between strong policy environments for youth friendly family planning (and access to a full range of methods) provision and implementation (two indicators from the scorecard)?
- What is the link between public perception and policy change and what role do young people need to play to affect policies supportive of youth expanded access to FP?

Medium Term:

- Is the Method Mix Index (MII) correlated with discontinuation, and switching? Are there differences in MII between public and private facilities?
- What is the role of contact centres, such as MSI’s, in assisting adolescents with expanded selection of methods?
- What are the influencing factors- facilitators (e.g., social norms, champions, cultural factors) and barriers (e.g., FP stigma)- that influence the timing of postpartum or post-abortion family planning uptake and method selection among post-pregnancy adolescents and youth?
- What is the effect of postabortion care FP counseling (disaggregated by content, quality, and counselor type, setting) on the immediate uptake and choice of an FP method among adolescents and youth?
- What can we learn from a "pathway" to method choice for adolescents and youth? What drives family planning decisions? What makes an adolescent girl/youth choose a specific method?
- Do the current terms and language especially family planning and contraceptive method nomenclature: long acting contraceptives (LARC) affect method choice among adolescents?
- Is menstrual hygiene management and amenorrhea relevant for method choice and discontinuation, particularly for adolescents and youth?
- What are the side effects that affect contraceptive choices? How does ensuring comprehensive counseling about what to expect affect young people's choices and use patterns?
- Are programs that include CHWs (a Community Group Engagement component or peer education or other community-led activities) more effective at increasing contraceptive choice for adolescents compared to programs that don't include CHWs?
- Do we have indicators, methodologies, and tools to meaningfully measure client satisfaction?
- What are the most effective channels and tools to collect from and share data from adolescents and youth around preferences, needs, aspirations that relate to expanded method choice?
- What is the linkage between service satisfaction with method satisfaction among young people? How does client satisfaction with service delivery influence continuation of effective modern method contraception among adolescents and youth?

Long Term

- What are the characteristics of quality counselling with regards to adolescents and youth, and what is retained by the client and does that drive behavior? If classic quality counselling is not enough, what do you do about it to change it?
- Where do adolescents and youth want to get information and services? How many points of contact do adolescent and young adult girls need before they will take up services?
- What is the nature and extent of the relationship between the range of choices offered and adolescent/youth client satisfaction and acceptability?
- What features of service delivery channels and/or providers are attractive and important to young people when seeking contraceptive advice and services? And how does this influence method choice?
- When young people design services, how are they changed? When young people are involved in program design, what is prioritized and how does this lead to improved method choice?
- Reproductive life planning/decision making: How do adolescents make decisions? When adolescents do life planning/reproductive health planning, does that change the method they would seek? How does life planning influence method choice?

IV. Review of previous/ongoing projects on expanded method choice for adolescents/youth

Project Name	Main Partner Organization	Years	Countries
All-In-One Contraceptive Injections – Making Self-Injection A Reality	Concept Foundation, Crown Agents, DKT International, FHI360, JSI, Marie Stopes International, PATH, Pfizer, UNFPA	2014 - 2021	Global - Started in Niger, Burkina Faso, Senegal, Uganda
Expand FP Project*	EngenderHealth	2013-present	Uganda, DRC, Tanzania
Agir pour la Planification Familiale (AgirPF)	EngenderHealth	2013-2018	Burkina Faso, Cote d'Ivoire, Mauritania, Niger and Togo
Visayas Health*	EngenderHealth	2014-2018	Philippines
Ensuring Rights to Empower Adolescents in Bihar, India*	EngenderHealth	2017-2018	India
Girls Attaining Transformation and Empowerment (GATE) Project*	Family Health Option Kenya	2016-2018	Kenya
*APC Malawi- RCT of home- and self-injection of DMPA-SC in Malawi	FHI 360, JSI	2012-2019 (APC); 2014-2017 (Malawi Study)	Malawi
Learning about Expanded Access and Potential of the LNG-IUS (LEAP LNG-IUS) Initiative*	FHI 360, PSI, Society for Family Health Nigeria and Zambia, WCG	2017-2019	Kenya, Nigeria, Zambia
Afya Uzazi*	FHI360	2016-2021	Kenya
Choice4Change	Government of Kenya, IPAS, Marie Stopes International, UNFPA	2015 - 2018	Kenya
Promoting Adolescents' Engagment, Knowledge and Health (PANKH)	International Center for Research on Women	2014-2018	India
She Knows Best	International Rescue Committee	Pilot study: Mar-Dec 2017	DRC
Sauti Project*	Jhpiego	Five years	Tanzania
PPFP Demonstration Project*	Jhpiego	Two years	Uganda and Ghana
Mindanao Health*	Jhpiego	Five years	Philippines
Global Early Adolescent Study*	Johns Hopkins Bloomberg School of Public Health	2014-Present	Belgium, Bolivia, Burkina Faso, China, DRC, Ecuador, Egypt, India, Indonesia, Kenya, Malawi, Nigeria, South Africa, USA, Vietnam
Health Communication Capacity Collaborative (HC3)	Johns Hopkins Center for Communication Programs	2012-2017	Zimbabwe, Egypt, Madagascar, Ivory Coast, Nepal, Swaziland, South Africa, Tanzania

Nigerian Urban Reproductive Health Initiative	Johns Hopkins Center for Communication Programs	2009 - 2020	Nigeria
Meri Life Meri Choice Project*	MAMTA-Health Institute for Mother and Child	2012-2015	India
Strengthening district health care facilities for improving the sexual reproductive health choices of young married couples*	MAMTA-Health Institute for Mother and Child	2011-2014	India
Future Fab/Choice for Change*	Marie Stopes	2016 - present	Kenya
School-linked outreach*	Marie Stopes	2015-present	Sierra Leone
LARC Campaign*	Marie Stopes	2017-present	Ghana
Promotions in Centres**	Marie Stopes	2015-present	Sierra Leone
In Their Hands	Marie Stopes Kenya	2017 - 2020	Kenya
Nivi: A Digital Marketplace for Family Planning in Kenya	Nivi Inc.; Duke University; Population Council	2014-present	Kenya
DREAMS**	PATH	2013-2021	Kenya
Reproductive Health Literacy and Empowerment Project**	PATH	2017-2018	Uganda
Pilot Introduction/Evaluation of DMPA-SC*	PATH	2013-2018	Burkina Faso, Niger, Senegal, Uganda
Self-Injection Best Practices*	PATH	2017-2019	Uganda
Project Yam Yankre	Pathfinder International	2015-present	Burkina Faso
Impact au Niger*	Pathfinder International	2014 - present	Niger
Integrated Family Health Program (IFHP) and IFHP+	Pathfinder International	2008-2016	Ethiopia
Evidence to Action for Strengthened FP and RH Services for Women and Girls Project (E2A)*	Pathfinder International	2011-2019	Uganda, Togo, Tanzania, Senegal, Nigeria, Niger, Mozambique, Malawi, Kenya, Guinea, Ethiopia, DRC, Côte d'Ivoire, Cameroon, Burundi, Burkina Faso
Beyond Bias*	Pathfinder International	2017-2019	Burkina Faso, Pakistan, Tanzania
Family Planning & Reproductive Health for First-Time Parents in Niger**	Pathfinder International	2015-2018	Niger
Reaching Married Adolescents (RMA)**	Pathfinder International	2014-2018	Niger
Kenyatta University Family Welfare and Counselling Program*	Pathfinder International Kenya	1988-present	Kenya
Youth Peer Provider Model*	Planned Parenthood Global	Ongoing since 1990s	Kenya, Uganda, Burkina Faso, Guatemala, Nicaragua, Peru

Closing the Gap*	Planned Parenthood Global	2012-2014, 2015-2017, 2018-2020	Kenya, Uganda, Burkina Faso
Strengthening Evidence for Programming on Unintended Pregnancy (STEP UP)	Population Council	2011 - 2018	Bangladesh; Ghana; India; Kenya; Senegal
Evidence Project*	Population Council	2015-2017	Ethiopia
Cambodia Worker Health Coalition *	Population Council/Evidence Project	2015-2017	Cambodia
Empowering Evidence-Driven Advocacy	Population Reference Bureau	2017-2020	Burkina Faso, Ethiopia, Kenya, Nigeria, Senegal, Tanzania
Adolescents 360*	PSI	2016-2020	Ethiopia, Nigeria, and Tanzania
Integrated Social Marketing Program	PSI	2013-2017	Madagascar
Support for International Family Planning 2 (SIFPO2)	PSI, International Planned Parenthood Federation, Marie Stopes International	2014-2019	Afghanistan, Bangladesh, Dominican Republic, DRC, El Salvador Ethiopia, Ghana, Guatemala, Haiti, Honduras, India, Ivory Coast, Kenya, Liberia, Madagascar, Malawi, Mozambique, Nepal, Nigeria, Pakistan, Philippines, Rwanda, Senegal, Sudan, Tanzania, Togo, Uganda, Yemen, Zambia
Growing up GREAT Plus*	Save the Children	2018-2021	DRC
Transforming Provider Norms to Increase Youth Access to Contraception*	Save the Children	2017-2019	Kenya
Comprehensive sexuality education and family planning for protection and empowerment of adolescents and women in Malawi*	Save the Children	2016-2020	Malawi
Fertility Awareness for Community Transformation (FACT) in Nepal (PRAGATI)**	Save the Children	2014-2018	Nepal
Adding It Up For Adolescents	The Guttmacher Institute	2015 - 2017	Global (50 Countries)
AcQual II	Tulane University	2014-2018	DRC

*Represent projects that were presented on Day 2 of the Technical Workshop

**Represent projects that were submitted but, due to time constraints, were not presented on Day 2 of the Technical Workshop

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