



Implementing Best Practices Initiative

What is the Initiative?

Implementing Best Practices (IBP) is an initiative begun in 1999 to enhance the ability of countries to identify and apply evidence-based and other demonstrated practices that improve the quality and delivery of reproductive health services. The World Health Organization Department of Reproductive Health (WHO/RHR) initiated the programme¹, and it was quickly joined by several partner organizations and agencies, including the U.S. Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the International Planned Parenthood Federation (IPPF), and 14 other organizations (see *IBP Consortium* members below). A key role for the *Implementing Best Practices (IBP) Initiative* is to identify and facilitate synergies that can improve value for money spent in the effort to improve reproductive health services. Focus is placed on helping local governments enhance programmes and maximize available resources through participation in a network operating at country, regional, and global levels, promoting harmonized approaches and sharing experiences, tools, and lessons learned.

An important priority of the *IBP Initiative* is to engage reproductive health professionals with interactive mechanisms that will facilitate multi-level exchange of information and knowledge. Evidence-based tools and materials will be available for adaptation and application, and successful practices will be also be solicited for review, classification, and sharing.

What Purpose Does the IBP Initiative Serve?

The *IBP Initiative* was developed to meet an important need: getting evidence-based standards, norms, guidelines, and proven practices into the hands of policy makers, programme managers, and providers. Examples of this include:

- ? Medical Eligibility Criteria for Contraceptive Use
- ? Selected Practice Recommendations for Contraceptive Use
- ? WHO Essential Care Practice Guidelines
- ? Decision Making Tool for Family Planning Clients and Providers

In addition, the *IBP Initiative* will facilitate the documentation, review, and sharing of effective practices that have proven successful in specific countries. The desired effect is that these materials be *used*. Through a transfer of skills, processes, tools, materials, and experiences, the *IBP Initiative* aims to shorten the learning curve and accelerate the improvement of reproductive health services. Expertise and assistance in the actual application or adaptation of those materials can be facilitated through the member organizations of the *IBP Consortium*.

The *IBP Initiative* is geared to take evidence-based practices into action in a highly interactive and country-focused approach, and to highlight other practices that might

¹ *Implementing Best Practices* was initially called the DAU (Dissemination, Adaptation, Utilization) Process



Implementing Best Practices Initiative

assist in programme implementation. Countries participating in the *IBP Initiative* assess their needs and have easy access to an array of tools, materials, and approaches, and consultations with other countries or agencies having specific expertise.

What are Key Features of the IBP Initiative?

Key features of the *IBP Initiative* include: 1) getting together people and organizations who are involved in implementation of reproductive health programmes to harmonize approaches and reduce duplication of effort; 2) encouraging the development of realistic, coordinated plans for interventions, which include how to address barriers to change and other challenges; 3) establishing a programme of “mentorship,” cooperation, and follow up provided by international agencies to the country teams to address identified reproductive health needs and to help minimize barriers to the team’s achievement of their goals; and 4) providing a communication system for information and knowledge sharing among those involved.

The *Initiative* is designed to promote change, encourage innovation, and foster shared learning and information exchange to manage new and existing knowledge. The *IBP Initiative* is built on several building blocks, including its WHO predecessor programme (DAU), the USAID Maximizing Access and Quality (MAQ) Initiative, the Quality Assurance Project, the Client-oriented Provider Efficiency Services Project (COPE) and the Performance Improvement Initiative. A review of how people learn performed by the Cochrane Effective Practice and Organization Group also helped to frame the approach.

What Organizations are Involved in the IBP Initiative?

A formal Consortium has been established to implement the *IBP Initiative*. Each member organization is committed to collaboration and more effective programmatic implementation and has agreed to champion the use of best practices. Each organization shares the costs and responsibility for the *IBP Initiative*.

Partners in the *IBP Consortium* include:

Centre for African Family Studies/Kenya (CAFS) ? EngenderHealth ? Family Health International (FHI) ? Innovative Technologies for Health Care Delivery (INTRAH)/PRIME ? Institute for Reproductive Health - Georgetown University ? IPPF ? JHPIEGO ? Johns Hopkins Bloomberg School of Public Health Center for Communication Programs ? Management Sciences for Health (MSH) and Advance Africa ? Partners in Population and Development ? Pathfinder International and Catalyst Consortium ? Program in Appropriate Technology in Health (PATH) ? Public Health Institute (PHI) ? Regional Centre for Quality of Health, Makerere University/Uganda UNFPA ? USAID ? University Research Co., LLC. Quality Assurance Project ? WHO/RHR



Implementing Best Practices Initiative

What is the IBP Process?

The *IBP Initiative* is usually launched at a regional conference, attended by persons from government and non-government organizations involved in reproductive health. During the conference, participants are exposed to evidence-based best practices and practical experience, training, materials and technology at a “Mini-University,” a “Technology Café,” and an information-sharing event. Plenary sessions focus on leadership, change management, continuous process improvement, and the performance improvement process. Small group work supports the development of plans of action for participants to apply, back at their work sites, some of the best practices to which they were exposed during the conference. One organization from the *IBP Consortium* is assigned to serve in a mentorship role to assist the in-country team in mobilizing resources and achieving their goals.

Though still in development stages, this follow-up programme is anticipated to provide long-term support and help remove barriers to success that so often preclude the achievement of the desired results in implementing improved health services. A Web-based communication system, also presently under development, will apply knowledge management techniques to help bring both tacit and explicit knowledge into action. Country teams can communicate through the Web-based system with other communities of practice, such as other country teams, *IBP Consortium* members, and task teams working on specific topics. Virtual workspaces will provide opportunities for on-line meetings and information exchange. This system will be piloted at the upcoming *IBP Initiative* launch in India in September 2003.

Countries with *IBP Initiative* programmes underway include China, Egypt, and India. Other countries have also participated in these conferences, such as Jordan, Nepal, and Turkey. The *IBP Initiative* will be launched in several African countries, starting in early 2004.