

We expect that reading the full report will be helpful for:

- Those involved in designing, implementing, and evaluating family planning and reproductive health policies
- Individuals and organizations funding or working in international development, specifically in areas related to reproductive health and family planning

Context

In April 2023, GiveWell commissioned Rethink Priorities to research family planning and reproductive health interventions in low- and middle-income countries, with a focus on assessing the evidence supporting identified interventions. Family planning and reproductive health interventions provide individuals and couples with the ability to determine the number, spacing, and timing of their children, and to have the information and means to do so. They also address individuals' reproductive health needs, including the prevention and treatment of reproductive and sexual health problems.

We focused our evidence review on the [Family Planning High Impact Practices List](#), or HIPs, which are a set of family planning practices considered to be the gold standard. HIPs is co-sponsored by organizations including the World Health Organization, United States Agency for International Development, and the Gates Foundation. HIPs publishes a series of evidence overviews aimed at policymakers and implementers called "HIP Briefs." HIP grades a subset of its practices as "proven" or "promising" according to the determined strength of the evidence.

The evidence review mostly focused on "Service Delivery" interventions, the category of HIPs that best aligns with GiveWell's traditional program model. Cost-effectiveness was out of scope.

Research process

During the project, we conducted:

- An evidence review of all eight "Service Delivery" HIPs and one "Enabling Environment" HIP
- Interviews with eight experts, including impact evaluation experts and reproductive health access experts

Based on this research, our final report includes:

- For each of the nine reviewed HIPs: a contextual summary, critical review of the evidence behind them, list of potential grantmaking opportunities, and subjective evaluation of the strength of the evidence
- A list of organizations ranging from Gates Foundation grantees to the WHO/UNFPA system active in the global family planning and reproductive health space

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Final report and key takeaways

Based on the nine HIP briefs that we reviewed, we found:

- In general, intervention effectiveness was overstated. In several cases, interventions classified as “proven” were supported by studies showing mixed outcomes. These studies were either those cited by HIPs or newer studies not included in the briefs. Effect sizes were often smaller than suggested by the language of the HIP briefs, and in some cases, the observed positive impacts on relevant family planning measures could not be directly attributed to an intervention.
- However, the family planning practices HIPs deemed “proven” were evidentially better supported than those deemed “promising.”
- Interventions that attempt to integrate family planning with postpartum or postabortion services seemed more robustly evidence-supported than other similarly “proven” interventions.
- Most intervention/study designs used contraceptive uptake or increased knowledge of family planning as outcomes; only a few measured actual fertility rate. Most studies do not measure durability of effect (and if they do, it is for a couple of years at most).

Regarding the overall picture of evidence on family planning interventions:

- Though it may overstate intervention effectiveness, HIPs is, in our view, still likely among the best resources available for identifying and assessing family planning opportunities. This view was informed by expert input and the strong process by which HIP briefs are drafted — which involves partnerships among important family planning stakeholders and extensive input from technical experts.
- We also identified several alternative resources that could be worth reviewing, including studies in the J-PAL and IPA databases that postdate many of the HIP briefs and a new evidence gap map on sexual and reproductive health that 3ie is currently undertaking.

We also summarized several challenges for impact evaluation in family planning. One important challenge is that individual family planning interventions are often rolled out together with other interventions as a package. This makes testing for the effectiveness of any individual interventions challenging. Family planning interventions could also be particularly context dependent (for example, information programs about contraceptives might not work well in areas that are poorly supplied with contraceptives).