COLLABORATING TO ADVANCE NORMATIVE CHANGE FOR ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH

A Global Stakeholder Analysis to Survey the Landscape and Guide Collaboration and Action

USAID FROM THE AMERICAN PEOPLE

Passages

CONTENTS

ACKNOWLEDGMENTS

Passages Project

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EXECUTIVE SUMMARY

OVERVIEW AND PURPOSE

To inform the Passages Project's overall vision and strategy, the Institute for Reproductive Health at Georgetown University conducted a stakeholder analysis consisting of 147 online surveys and 21 in-depth interviews with stakeholders in the sexual and reproductive health and adolescent health fields. The Passages Project is a USAID-funded project (from 2015 to 2020) to foster normative environments that enable young people to use modern family planning and achieve healthy timing of first and subsequent pregnancies through scalable programs. Passages will also build evidence-based programs and services to reach younger adolescents transitioning to puberty to lay the groundwork for their life-long health and well-being.

The stakeholder analysis sought to identify the existing knowledge level and attitudes among stakeholders towards normative interventions and their replication and scale-up, and where information is accessed to inform their work in these areas. The analysis also explored how social norms and scale-up evidence is disseminated and applied by practitioners, and related information needs including theoretical models, measurement and evaluation approaches, and implementation tools. Participating stakeholders represented a wide range of organizations, countries, experience, and backgrounds. The findings contribute to the Passages Project's global leadership vision and strategy, and will assist Passages to effectively address knowledge and evidence needs in the field.

KEY FINDINGS

While findings reveal a range of knowledge, skills, and experience levels among stakeholders, common evidence, information, and resource needs emerged across stakeholder responses. These commonalities provide a platform for Passages engagement over the project's life span, and an action agenda for other organizations and practitioners working within the field of normative change. Of note, generally the availability of information and knowledge levels were greater for the implementation and assessment of normative interventions than for their replication and expansion. Key findings included:

☑ **Information consumption and dissemination preferences**: The majority of stakeholders prefer peer-reviewed literature to guide their work, but point out that published and centralized literature on normative interventions and their scale up is lacking. Stakeholders expressed a need for information tailored and designed to meet the needs of different audiences, such as synthesized, visual pieces for an advocacy and policy audience, and step-by-step process descriptions and details for implementers. Stakeholders highlighted many gaps in published evidence on social norms and scale up of normative interventions, especially regarding effectiveness of normative interventions in improving health outcomes. Stakeholders would also like to learn about what works, what does not, under what circumstances, and in which contexts.

☑ **Theory:** Most stakeholders believe that social norms and scale up of social norm intervention theoretical work is nascent, not well-integrated into behavior change theories, and rarely disseminated in easily digestible formats. The majority of stakeholders self-rated themselves as possessing average knowledge of theory.

☑ **Integrating science into practice:** Stakeholders highlighted the lack of practical, standardized tools to assist with advocacy, design, implementation and evaluation of social norm interventions and their expansion. While the field requires standardization, stakeholders also called for guidance on how to tailor interventions to different contexts and social groups, especially during scale up. Particular evidence gaps relate to specific populations such as very young adolescents.

- ☑ **Knowledge and skills needs**: While a few stakeholders report expert knowledge of social norms and scale up of social norm interventions, the majority report average to low knowledge levels. Stakeholders requested technical assistance, web-based learning/ training opportunities, and in-person expert guidance to improve their knowledge and skills related to theory, implementation (including research and evaluation), and policy advocacy.

- ☑ **Advocacy**: Respondents noted a lack of political will and funding to support scale up of interventions that address normative influences on adolescent health and well- being. However, many stakeholders also stated that they lack the skills and resources (including evidence of the costs of these interventions) to educate donors and local governments on their benefits and to advocate for investment in this area.

- ☑ **Community ownership**: Stakeholders believe community ownership of programs addressing social norms and local change agents are critical for long-term success. In particular, stakeholders mentioned the need for in-country champions and grassroots civil society organizations to spearhead social norm change interventions.

KEY RECOMMENDATIONS

- ☑ **Synthesize current evidence and disseminate through a central information source.** Identify gaps in the evidence base and seek collaboration to share evidence widely and minimize duplicative efforts. Information should be disseminated in various formats—e.g. peer-reviewed articles and policy briefs—and through different media such as webinars and journals.

- ☑ **Convene practitioners to create unified social norms behavior change theories and related concepts.** Theory must also be translated into easy-to-understand and implementable frameworks and concepts.

- ☑ **Convene experts to translate theory into practice by developing research tools, protocols, and instruments**. These should address the tension in the field between the desire for standardized program frameworks and indicators, and the need for tailored approaches appropriate for local context.

- ☑ **Build capacity to undertake social norms work through accessible trainings and toolkits.** Training materials could include modules on theory, implementation practice (including research and evaluation), and policy advocacy. Capacity-building determines the role of in-country champions and civil society groups in advocating for and owning normative change interventions.

- ☑ **Develop a framework for advocacy efforts and advocacy tools**. This framework could include the steps for promoting normative interventions at national policy levels and evidence-based briefs explaining the cost-benefits and cost-savings of investing in promoting pro-social norms.
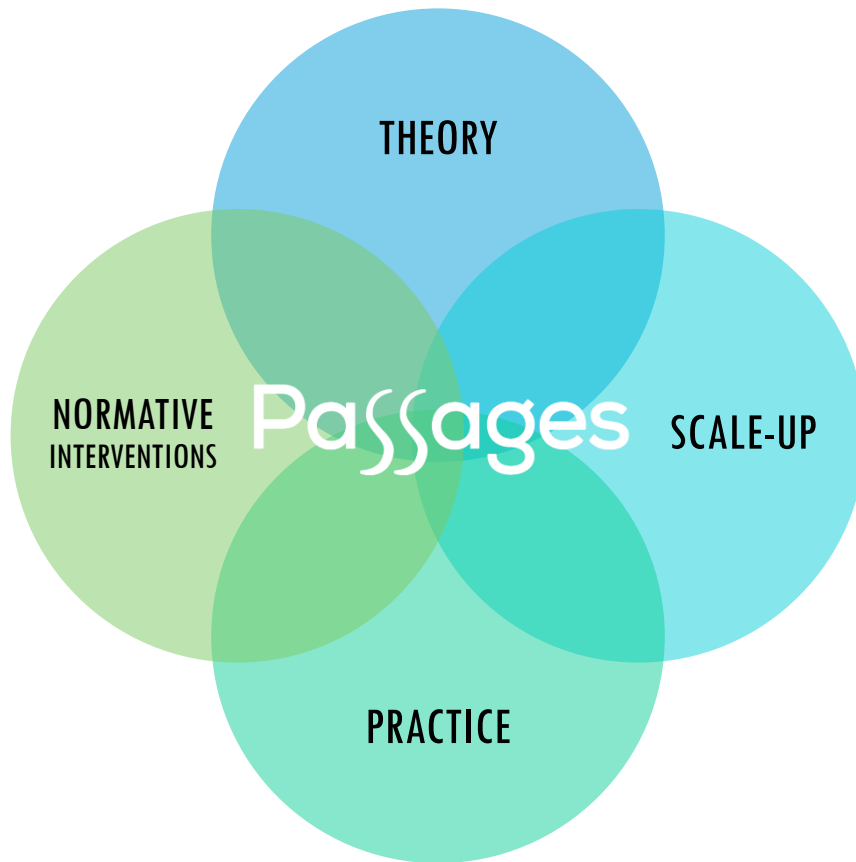
WHY THIS MATTERS: AN INTRODUCTION

PASSAGES' UNIQUE APPROACH

This report was produced by the Institute for Reproductive Health under the Passages Project, a USAID-funded project (from 2015 to 2020) to foster normative environments that enable young people to use modern family planning and achieve healthy timing of first and subsequent pregnancies through scalable programs. Passages will also build evidence-based programs and services to reach younger adolescents transitioning to puberty to lay the groundwork for their life-long health and well-being. Passages will bridge the gap between science and effective policy and practice by: 1) replicating and scaling up social norm interventions and applying implementation science principles to explain what makes interventions effective and sustainable at scale in real world contexts; 2) strengthening in-country capacity to plan, implement, monitor and evaluate the scale-up of effective pilot initiatives to address normative change; and 3) distilling and sharing evidence and sparking dialogue on integration, measurement, and evaluation of normative interventions.

Importantly, Passages seeks to increase evidence and the application of evidence in four domains: theoretical approaches, impactful normative interventions, implementation practice, and scale up of normative approaches. To this end, Passages stands at the nexus of theory and practice, normative interventions and scale up, which the project operationalizes as complementary and mutually reinforcing domains.

This report summarizes findings from a series of in-depth interviews and online surveys with stakeholders working in the global sexual and reproductive health field on the topic of social norms and scale up of normative interventions. Stakeholders represented individuals from missions, donors, international non-governmental organizations, national/local non-governmental organizations, research organizations, governments, and universities among others. The report discusses levels of knowledge, access to information, evidence needs and the application of evidence and knowledge in the area of normative interventions and their expansion (including theory, measurement, and process). The findings will contribute to Passages' global leadership vision and shape its strategy to meet the needs of the field for knowledge and evidence. The Institute for Reproductive Health will repeat the interviews and surveys at the end of the project period to assess the extent to which any changes over time can be attributed to Passages. The report informs and contributes to the field of adolescent sexual and reproductive health and beyond, particularly around research and practice for normative interventions and their scale-up.

THE POWER OF KNOWLEDGE TRANSLATION IN ADDRESSING THE 'KNOW-DO' GAP FOR NORMATIVE CHANGE

This stakeholder analysis provides a catalyst for addressing knowledge gaps around normative change and moving evidence into action. Passages recognizes that researchers, programmers, policymakers, donors and other key stakeholders have varied grasps of the science pertaining to social norms interventions and their replication. This would therefore require greater access to existing evidence and information around these key areas, and guidance for the practical translation of this evidence into implementation, policymaking, and sustainable approaches. Scholars discuss the importance of increasing the understanding of "what works" in health policy and practice—reducing what is sometimes known as the 'know-do' gap—as an urgent need in public health and of growing interest. Applying research evidence leads to high-quality and cost-effective approaches for optimal health outcomes, but the know-do gap often results in that research evidence not being translated into action.

Increasing the uptake of knowledge and resulting action, often referred to as knowledge translation, includes the synthesis, dissemination, exchange, and application of knowledge among stakeholders and its uses to improve health outcomes through evidence-based policy and practice. The Knowledge-to-Action (KTA) framework[1] accounts for this movement of knowledge into action through two different processes—knowledge creation and knowledge action—and provides useful guidance for work on transforming social norms. These two processes "overlap and interact in a cycle of evaluation and refinement over the course of a health program."[2] Important aspects of knowledge translation frameworks such as this one include interrelated processes for creating and synthesizing knowledge, multidirectional and multi-sectoral engagement and exchange at all stages, opportunities for face-to-face collaboration and interactive learning, distributing tools and products, and adapting knowledge to local interventions that successfully address barriers to implementation.

On average, it can take up to 17 years for new research results to be put into practice.[3] Passages seeks to bridge this 'know-do' gap—to ensure that evidence on the scale and sustainability of normative interventions is shared rapidly and widely and that the best known programmatic approaches are implemented in the field.

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[1] Graham, I.D., et al., *Lost in knowledge translation: time for a map?* Journal of Continuing Education in the Health Professions, 2006. 26(1): p. 13-24.

[2] Norton, T., C. Howell, and C. Reynolds, *Exploratory study of the role of knowledge brokers in translating knowledge to action following global maternal and newborn health technical meetings.* Public Health, 2016.

[3] Zoë Slote Morris, Z., Wooding, S., and Grant, J., *The answer is 17 years, what is the question: understanding time lags in translational research.* Journal of the Royal Society of Medicine, 2011. 104: p 510-520

WHAT WE DID: METHODOLOGY

The Institute for Reproductive Health used two different data collection methods: in-depth telephone or in-person interviews and online surveys. The online survey captured a snapshot across a large number of practitioners in the field. The in-depth interviews supplemented the surveys by producing more detailed, rich data from key influencers. Domains for both survey and interviews included: knowledge and attitudes; access to information; dissemination, use and application; information and training needs; and the role of the Passages Project.

☑ SURVEY

The online survey consisted of multiple choice, Likert-scaled, and open-ended questions programmed using Survey Monkey. The Institute for Reproductive Health widely disseminated the survey link to the sexual and reproductive health and adolescent health communities to ensure participation from individuals representing diverse organizations, experience, and backgrounds. Specifically, the survey link was circulated through topical listservs (such as the Implementing Best Practices (IBP) Initiative, Core Group, Interagency Gender Working Group, HIPNet), organizational contacts databases, and through Passages consortium members and USAID. The survey link was available for six weeks and two reminder emails were sent as follow up to the same groups. Surveys were available in French and English. Fully, 146 individuals completed the survey – six of which were completed in French.

To analyze the survey findings, raw data files were exported to excel and reviewed for completeness. Simple descriptive statistics of the responses were produced to summarize the findings for each quantitative question. Where relevant, Likert categories were combined. The number of people who responded to each question was used as the denominator in calculating percentages for each question. A manual content analysis approach was used to analyze the open-ended questions, in which key, repetitive themes and words were coded and then summarized. Direct quotations were chosen to support key themes.

☑ IN-DEPTH INTERVIEWS

The structured interview protocol consisted largely of open-ended questions. Similar to the surveys, interviewees representing a wide range of organizations, experience, and backgrounds were invited to participate. Specifically, Institute for Reproductive Health staff identified a list of "key influencers" with strategic insight on social norms and scale up of normative intervention theory, measurement, and process.

The Institute for Reproductive health staff conducted 21 interviews by telephone or in-person, each lasting approximately 60 minutes. Interviews were predominantly conducted in English (two were conducted in French). Interviewers took notes, including direct quotations, throughout the interviews.

To analyze the interview data, first all interview notes were reviewed for completeness. Subsequently, a master coding document was created, which combined answers across interviews by question. A manual content analysis approach was used in which key, repetitive themes and words were coded and then summarized. Direct quotations were chosen to support key themes.

WHO WE TALKED TO: STAKEHOLDER PROFILES

The table below presents stakeholder characteristics. Stakeholders represent a variety of organizations and agencies from over 40 different countries from North America, Europe, Africa, Asia, and Central/South America. Interviewees in particular were identified to represent a range of thematic areas of work. The majority of participants are from the U.S., followed by Ethiopia and Nigeria. Stakeholders had a range of experience and focused on a wide variety of thematic areas. The majority of stakeholders had not heard about Passages but over a third had heard about the program through conferences, meetings, and colleagues.

CHARACTERISTICS OF PARTICIPATING STAKEHOLDERS		
	Survey respondents (%) (n=146)	Interview participants (%) (n=21)
Years of experience in the field:		
0-5	31	38
5-15	35	25
15+	34	37
Organizational affiliation*:		
Mission	4	5
Donor	13	25
International non-governmental organization	40	20
National non-governmental organization	21	20
Research organization	10	10
Government	12	5
UN agency	5	5
University	6	0
Individual	6	5
Other	9	5
Thematic areas of work**:		
Social norms	4	19
Family planning/ sexual reproductive health	38	33
HIV/AIDS	19	19
Gender	26	29
Youth/adolescents	13	14
Maternal and child health	0	10
Child rights	0	10
Gender-based violence/ interpersonal violence	0	24
Other	0	14
Knowledge of or interaction with Passages:		
Yes	38	37
No	62	63

* Survey data does not round to 100% as respondents could choose up to two options
** Interview data does not round to 100% as participants could list several thematic areas

Source: Institute for Reproductive Health 2016 stakeholder analysis surveys and interviews

WHAT WE DISCOVERED:
KNOWLEDGE AND ATTITUDES

Questions in both the survey and interviews measured stakeholder knowledge levels and asked about their information needs related to social norms and scale up of normative interventions. Specifically, stakeholders were asked about their knowledge on the theory, processes or mechanisms, and measurement or assessment for both social norm intervention implementation, and scale up of normative interventions. We also assessed stakeholders' opinions about the importance of addressing social norms within their work. Passages' work will be informed by these greatest needs, knowledge gaps and stakeholder attitudes related to implementing and scaling up normative interventions.

Overall, the findings indicate that stakeholders report a good understanding of the theoretical basis of addressing social norms and on scale up theory (see Figure 1). The understanding of social norms theory was found to be greater than scale up theory. Knowledge development remains important in both these areas, however, with few stakeholders reporting expert knowledge and a sizeable number of stakeholders reporting little to no knowledge of social norms theory (18 percent) and of scale up of social norm intervention theory (28 percent).
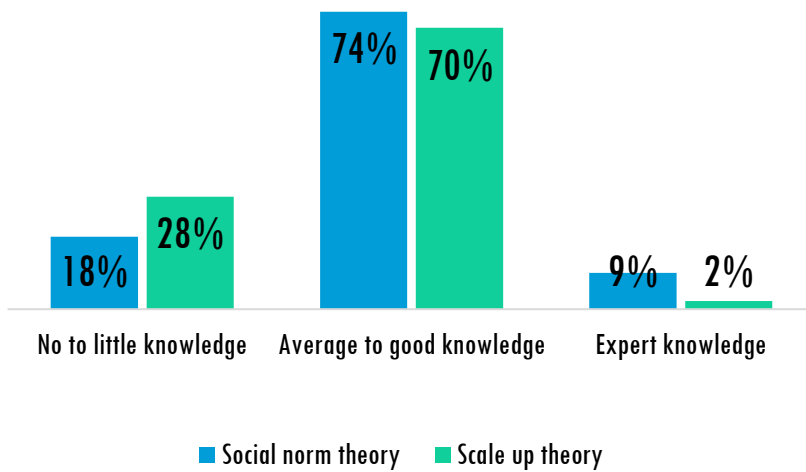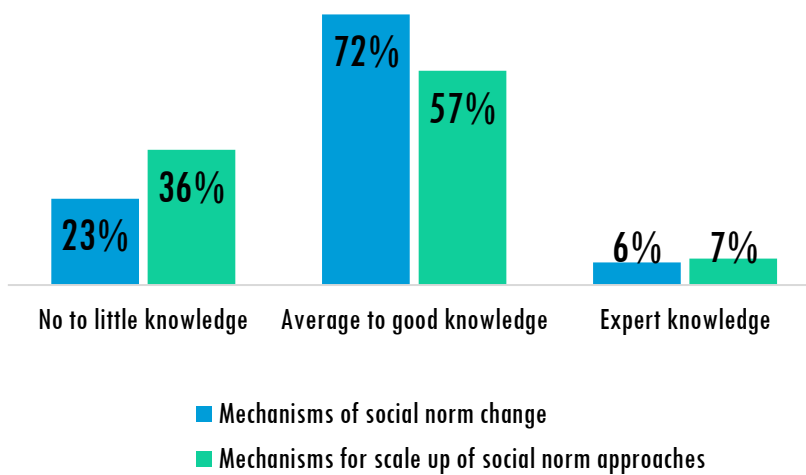
Figure 1 | Self-rated theory knowledge levels

Social norm theory ■ Scale up theory ■

- No to little knowledge: 18%, 28%
- Average to good knowledge: 74%, 70%
- Expert knowledge: 9%, 2%

Figure 2 | Self-rated knowledge levels of social norm and scale up of social norm change mechanisms

Mechanisms of social norm change ■
Mechanisms for scale up of social norm approaches ■

- No to little knowledge: 23%, 36%
- Average to good knowledge: 72%, 57%
- Expert knowledge: 6%, 7%

Note: May not sum to 100% due to rounding errors

Figure 3 | Self-rated knowledge levels on the assessment of social norm change interventions

- No to little knowledge: 29%
- Average to good knowledge: 63%
- Expert knowledge: 8%
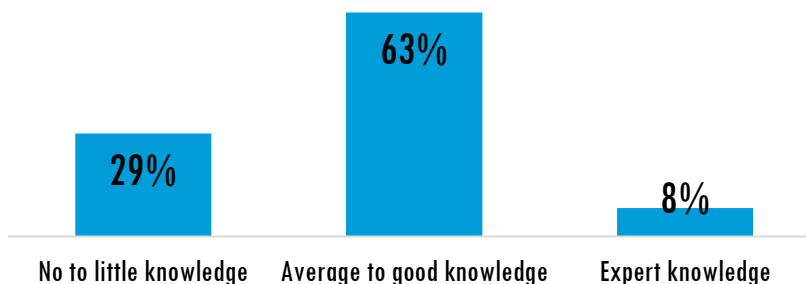
Several stakeholders expressed a preference for a broad approach towards theoretical models within work on social norms and scale-up, with particular reference made to utilizing the Theory of Planned Behavior and the Socioecological Model. Many called for guidance on how to apply theory to program implementation. Comments from participants relating to this area included:

"[social norms theory] is an area of continuous learning."
| IN-DEPTH INTERVIEW PARTICIPANT

"It's important to fully understand how we apply the theories to our work and to know better what works and how it works. It's the practice part that is difficult – how to actually operationalize it."
| IN-DEPTH INTERVIEW PARTICIPANT

"[I'm] not familiar with any scale-up theories [theories relating to the scale-up of normative interventions]."
| SURVEY RESPONDENT

The majority of stakeholders report some knowledge of the processes (or mechanisms) to implement normative interventions and to scale them up (see Figure 2). However, reflecting the findings on theory, stakeholders are less knowledgeable about scale-up mechanisms (36 percent) compared to the process of social norms change (23 percent). The findings reveal a need to increase understanding around the processes for both areas.

Stakeholders made a number of statements reflecting their uncertainty regarding the processes employed to transform social norms.

Comments included:

> *"[I have] no specific mechanisms or processes in mind. It's been a day-to-day approach to ensure that any norms that affect behavior are included in programming."*
> | IN-DEPTH INTERVIEW PARTICIPANT

> *"We talk a lot about getting from A to B, not the how to."*
> | IN-DEPTH INTERVIEW PARTICIPANT

> *"[It] would be helpful to know more [about social norms processes]."*
> | IN-DEPTH INTERVIEW PARTICIPANT

Findings on the knowledge levels among stakeholders on how to assess or measure the effect or impact of social norms interventions follow a similar trend as above. The majority of stakeholders report some knowledge, but there is room for improvement (see Figure 3).[4]

Comments from stakeholders highlighted these knowledge gaps on how to assess the effectiveness of interventions which address social norms, as well as gaps in understanding on the assessment of intervention scale-up.

> *"It is difficult to measure social norm change."*
> | IN-DEPTH INTERVIEW PARTICIPANT

> *"This is the big challenge. Understanding how to measure change."*
> | IN-DEPTH INTERVIEW PARTICIPANT

> *"[I'm] not even sure what measurement of scale-up of social norm change would look like."*
> | IN-DEPTH INTERVIEW PARTICIPANT

Figure 4 | Importance of addressing social norms within programs, activities, or funding

- Low importance
- Neutral
- Important
- Essential

3%
9%
23%
65%
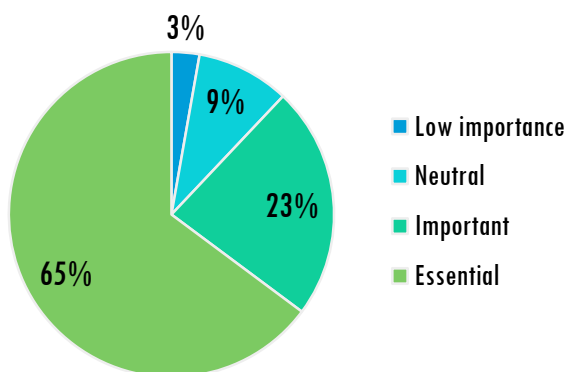
Importance of addressing social norms

While knowledge levels varied from uninformed to expert, most stakeholders believe that addressing social norms within their programs, activities, and funding is important. Fully 65 percent of survey participants reported that a focus on social norms is essential to their work on health and development, whereas 23 percent felt it important (see Figure 4). A small number reported neutral opinions on the topic, and only three percent believe addressing social norms holds low importance in their programming, activities, and funding.

Comments from stakeholders reflected their belief in the critical importance of addressing social norms within health and development programs, activities and funding. Many respondents emphasized that social norms significantly influence health behaviors, especially those related to family planning, and they are often a barrier preventing programs from meeting their objectives. Some stakeholders expressed the view that addressing normative behaviors was the most important approach to create health behavior change.

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[4] Note that the knowledge question on assessment within the survey only asked about the assessment of normative interventions, not assessment of scale up.

"It is essential – people change their outlook if they critically think about their actions meaningfully every day."
| IN-DEPTH INTERVIEW PARTICIPANT

"This [social norms] is the underpinning of all activities. Especially when looking at health behaviors. Health behaviors are so deeply embedded in social rules that govern them."
| IN-DEPTH INTERVIEW PARTICIPANT

"Most important [to address social norms within your programs] – because you might have the information and will but whatever is prevailing within your peers and community will be the strongest elements."
| IN-DEPTH INTERVIEW PARTICIPANT

Stakeholders were asked to rank the importance of a range of strategies in terms of their importance for promoting sexual and reproductive health, including addressing social and normative barriers as well as more mainstream approaches. The findings demonstrate (see Table 2) that removing social and normative barriers is the most important strategy for the majority of participants (57 percent), followed by improving family planning service delivery (39 percent) and expanding access to a range of family planning methods (37 percent). However, 32 percent ranked addressing social and normative barriers to family planning as the least important goal.

Table 2	Importance of different strategies to promote and address sexual and reproductive health		
	Most important (%)	Somewhat important (%)	Least important (%)
Expand access to a wide range of family planning methods	37	26	37
Improve family planning service delivery	39	29	32
Increase family planning services awareness	34	20	45
Address normative family planning barriers	57	10	32
Sexual and reproductive health policy and advocacy	32	15	54

Some stakeholders mentioned that while a focus on social norms is critically important, currently it is only included in their work implicitly.

"[Social norms] is extremely important… [but] more implicitly weaved into the work…[I] wish there were resources to do more explicit work on social norms."
| IN-DEPTH INTERVIEW PARTICIPANT

"It's incredibly important. It's implicit, but it isn't always written out and explored within a project explicitly as needed."
| IN-DEPTH INTERVIEW PARTICIPANT

In summary, the findings illustrate that most stakeholders have some knowledge about the theory, practice and evaluation of normative interventions and their scale up. Knowledge of theory and implementation of normative interventions is somewhat stronger than knowledge of scale up theory and implementation. The majority of stakeholders believe that addressing social norms is an important component of health behavior change interventions. However, a sizable portion of stakeholders rank the importance of addressing social norms as least important to their work, suggesting more information and advocacy is needed on the benefits of norm change approaches to improving health outcomes.

WHAT WE DISCOVERED:
ACCESS TO INFORMATION

Stakeholders were asked a series of questions about where they access information and evidence to inform their work both in general and in relation to social norm interventions and their scale up. Passages will use this information to prioritize communication channels to meet the needs of stakeholders.

While in general[5], most stakeholders access information through peer-reviewed journals, they typically use a variety of information sources to inform their work (see Box 1). Comments included:

"[I] use a combined approach – start with the scientific literature, peer-reviewed, [then] move to grey literature, reports etc."
| IN-DEPTH INTERVIEW PARTICIPANT

"Hard literature first and then move onto the programmatic examples."
| IN-DEPTH INTERVIEW PARTICIPANT

Box 1: General information sources
- Internet searches
- Program documentation, i.e. evaluation or quarterly reports
- Internal organizational databases and libraries
- Online clearinghouses, i.e. K4Health
- Specific project websites
- Listservs
- DHS data
- Connecting with experts in the field
- Community input (monitoring reports, research, intervention design)

Stakeholders often prioritize information from their own organization's resources before turning to resources produced by other implementing partners, grantees and donor organizations. This approach helps to ensure that information adheres to institutional policy and practice guidelines. Other stakeholders prioritize local or regional information within information searches to ground their work in the particular local context and data, or to narrow the search in widely published fields, such as gender.

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[5] Only interviewees were asked where they access information when looking for evidence (in general) to inform their work.

Stakeholders also access evidence and information through informal channels such as communication with their colleagues, partner organizations, or experts known to be working in the specific area of interest. Stakeholders regard networking as a valuable way to access information on topics with scarce published literature. Internal dialogue is often facilitated by specific organizational communication channels, such as:

- Basecamp, a cloud-based sharing software
- USAID: "Health Communications Capacity Collaborative"; myusaid
- Project Concern International: "Chatter platform"

Further, stakeholders mentioned working groups, study meetings, and technical consultations as useful platforms for accessing new information and sharing evidence (Figure 6). Generally, stakeholders are choosing multiple channels and sources to access and gather information, including about social norm interventions and their scale up (Figure 7).

Figure 6 | Perceived usefulness of different information sources on social norm change & scale-up

Source	%
Listservs	34
Social media	39
White papers	45
Policy briefs	55
Data summaries/ infographics	61
Factsheets	61
Webinars/ e-learning	61
Program briefs	68
In-person technical meetings	71
Peer-reviewed literature	76
Tools e.g. study protocols	76

% stakeholders who selected information source as useful or very useful
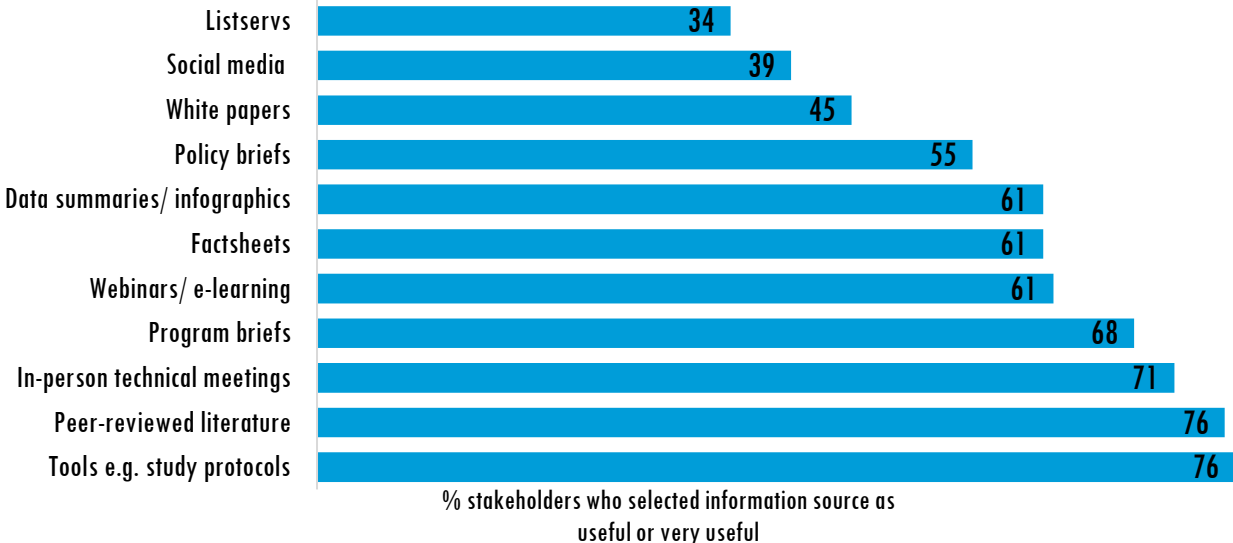
Figure 7 | Information accessed by stakeholders on social norms and scale-up

Source	%
White papers	18
Data summaries/ infographics	24
Listservs	25
Social media	27
Policy briefs	38
Webinars/ e-learning	42
Factsheets	46
Project websites	47
Tools e.g. study protocols	47
Program briefs	49
In-person technical meetings	55
Peer-reviewed literature	68
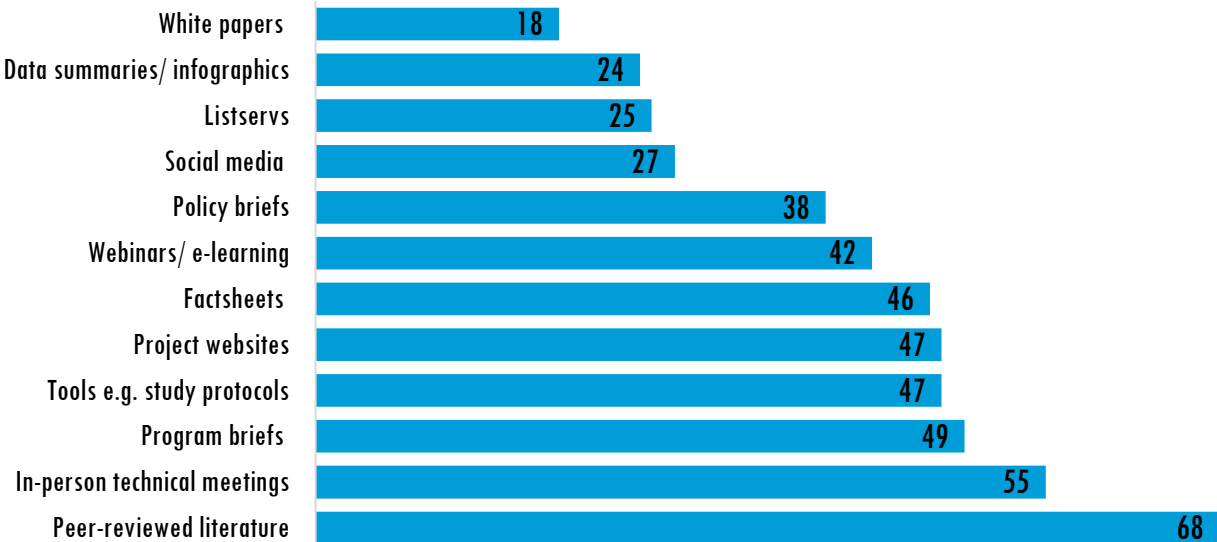
Looking ahead, stakeholders would like to continue accessing information on social norms and scale up through multiple mechanisms (see Figure 7). However, stakeholders perceive practical tools, such as study protocols and data collection forms, peer-reviewed literature, and in-person technical meetings as most useful sources. Program briefs, webinars and e-learning, and data summaries were also very popular.

A sizable number of stakeholders expressed uncertainty in how to access social norms information and what the most reliable information sources are. As a result, this group of stakeholders relied more heavily on listservs, contacting experts in the field, and informal dialogue (see Box 2).

Box 2: Sources of information on social norms

Direct sources of information:
- Think tanks, such as Overseas Development Institute
- Academic institutions, including Institute for Reproductive Health, London School of Hygiene and Tropical Medicine, University of Pennsylvania and Institute of Development Studies
- Individuals, such as Gerry Mackie and Christina Bicchieri
- Projects, such as Passages, EMERGE Series
- Johns Hopkins Center for Communication Programs
- NGOs, such as International Planned Parenthood Federation, Promundo and Social Science Research Council
- Reports, including State of the World's Mothers (Save the Children),
State of the World's Children (UNICEF),
State of the World's Fathers (Promundo)

Listservs with a social norms focus:
- Interagency Gender Working Group
- Global Women's Institute
- Prevention Updates (AIDsFREE project)

"Go to the people you know. Getting the good information is sometimes dependent on building the relationships."
| IN-DEPTH INTERVIEW PARTICIPANT

"I go to leading practitioners in the field, people I know who is working on this. Those in social psychology."
| IN-DEPTH INTERVIEW PARTICIPANT

"Sometimes in the social norms space you need to do the research yourself. Go and ask people who are working somewhere."
| IN-DEPTH INTERVIEW PARTICIPANT

Some stakeholders expressed even greater uncertainty regarding where to access information on scale up of social norm interventions. A handful pointed to specific organizations or resources to find information on scale up, such as International Center for Research on Women, Population Services International, and ExpandNet.

"[I] Haven't found much information on social norms scale-up...People [are] still debating what is scale."
| IN-DEPTH INTERVIEW PARTICIPANT

Overall, findings reveal a tension between a preference for peer-reviewed journal articles, but a lack of peer-reviewed literature on the topic. In the absence of peer-reviewed articles, stakeholders relied on the grey literature without a framework for evaluating the value of the work. In response, some stakeholders called for greater efforts to publish articles in peer-reviewed articles. Others suggested a new approach to assess the value of grey literature.

"If only published literature becomes the gold standard for all our work, we are missing a lot of grey literature that can't be included. [There's] a lot of value of grey literature, but it doesn't always rise to the level of acceptance internationally. What is the evidence we need for saying something is an evidence-based best practice, or high impact best practice?"
| IN-DEPTH INTERVIEW PARTICIPANT

Interviewees highlighted various other challenges to accessing evidence about normative interventions and their expansion, including:

- Lack of time to read complex information on social norms
- Out-dated materials that do not capture new information in this rapidly evolving field
- De-centralized information scattered across diverse disciplines

"[The] reproductive health field is still thinking about it in extremely old fashioned way. We may know there are newer ways of thinking, but [we] don't know where that information is."
| IN-DEPTH INTERVIEW PARTICIPANT

"Some of the work being done by fields that are very different than we normally have access to (social physiology, political science)…Social norms evidence is all over the place, so we have to be broad in our search."
| IN-DEPTH INTERVIEW PARTICIPANT

Findings illustrate that stakeholders use a continuum of sources to access information and evidence on social norms approaches and their scale up, from peer-reviewed to grey literature, as well as informal communication with colleagues. While stakeholders use a multi-layered approach to locating information, peer-reviewed literature is typically the preferred information source. Stakeholders mentioned several challenges to accessing information and characterized the evidence-base in this area as scattered and lacking in rigor. Stakeholders also expressed an interest in short briefs, practical tools, and opportunities for knowledge and skills building through online and in-person meetings.

WHAT WE DISCOVERED:
DISSEMINATION, USE, AND APPLICATION OF INFORMATION

The survey included a series of questions about information dissemination and knowledge application. Specifically, stakeholders were asked how they share evidence and information with their colleagues and with the wider global community. Stakeholders were also asked how they apply social norms and scale up of social norm intervention knowledge in their work, and how new evidence in this area would support their work. Findings will inform Passages information dissemination platforms and guide production and dissemination on topics relevant to the needs of the field.

When asked how they share information with others, most stakeholders reported that they use informal mechanisms for sharing new evidence with their colleagues, most commonly email followed by meetings. Meetings take many forms from regular weekly team meetings, monthly thematic working groups and larger conference style events and networking opportunities. Other communication channels include regional networks, brown bags, blogs, and YouTube videos. A handful of stakeholders stated that their organization has a knowledge management staff member, or strategic communications plan, dedicated to disseminating new evidence. Many stakeholders cited time constraints as a barrier to sharing knowledge.

> *"[We are a] small organization – passing it along by email. Have water cooler conversations. Sometimes conversations and meetings are more in-depth, but it's difficult at time [sic]. It would be great to have retreats to devote to this new learning."*
> | IN-DEPTH INTERVIEW PARTICIPANT

In contrast, stakeholders rarely cited email as a dissemination tool to the global community. Rather, stakeholders most often post findings or reports to organizational or community of practice websites. Stakeholders also frequently use listservs and social media tools such as blogs, Facebook posts, and tweets to disseminate information widely. Also mentioned, but less frequently, are conference presentations and webinars. Finally, many stakeholders stated that they disseminate their work to government departments, donors and through donor or implementing partner channels.

Of note, publishing in peer-reviewed journals is not a common method of sharing information, although some stakeholders emphasized that it is important to do so. Stakeholders explained the difficulty in both designing and implementing publishable evaluation studies and finding the time to write an article for journal submission.

"Get your results in the peer reviewed journals. [It's the] best way to influence USAID."
| IN-DEPTH INTERVIEW PARTICIPANT

"[I] rarely have time to publish in peer review journals. As a result, lots of work ends up in only annual reports."
| IN-DEPTH INTERVIEW PARTICIPANT

Finally, several stakeholders cited the lack of centralized information as a barrier to information access and called for a central clearinghouse. Stakeholders suggested that evidence is needed not only on what worked well, but also what did not work. Some interviewees felt that competition between organizations may be driving hesitancy to share findings.

"There are a lot of organizations working in this space but the information isn't centralized."
| IN-DEPTH INTERVIEW PARTICIPANT

"Honest assessments of what didn't work (or had unintended effects) and why."
| SURVEY RESPONDENT

"In the field we need to be better about committing to share information. [We] need to let go of a projects findings and share more… to allow for critical engagement."
| IN-DEPTH INTERVIEW PARTICIPANT

Stakeholders were found to apply social norms evidence in a variety of ways, including: to design programs, shape research (especially developing indicators and measures), advocate for resources, and promote collaboration. See Figure 8 below. Donors use evidence to guide their investment decisions.

Figure 8 | Application & use of social norms evidence
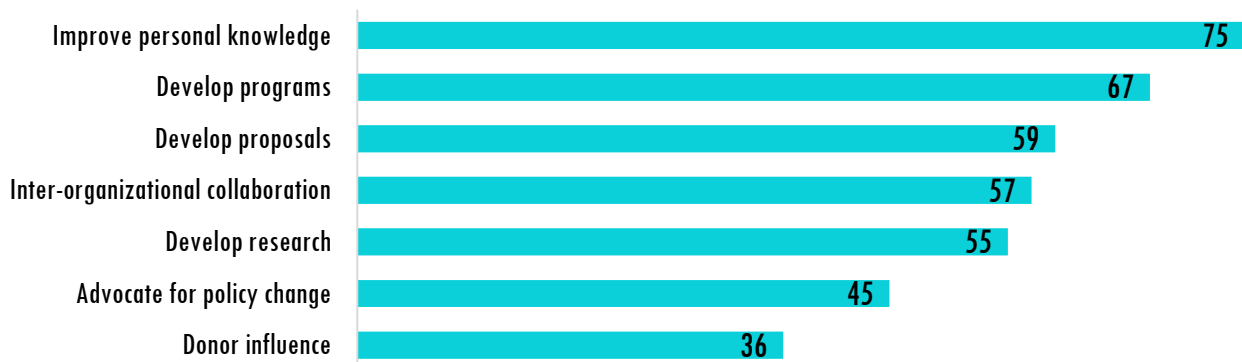

Improve personal knowledge	75
Develop programs	67
Develop proposals	59
Inter-organizational collaboration	57
Develop research	55
Advocate for policy change	45
Donor influence	36

Figure 9 | Application and use of scale up of normative intervention evidence

Category	Value
Develop programs	63
Improve personal knowledge	56
Inter-organizational collaboration	54
Develop proposals	47
Advocate for policy change	46
Develop research	41
Donor influence	32

Stakeholders also use evidence on the influence of social norms to engage government in policy level change, to encourage donors to prioritize this area, and for reflection and discussion with colleagues, which implies they find the influence of norms to be critically important to their work and desire to troubleshoot and integrate learnings.

> *"New information on social norms stimulates internal dialogue and regional conversations."*
> | IN-DEPTH INTERVIEW PARTICIPANT

Stakeholders generally use information on scale up of normative interventions in similar ways as social norms evidence (see Figure 9).

However, many stakeholders expressed uncertainty in how to apply information about scaling up normative interventions, with little experience doing so. Stakeholders described scale up of social norm interventions as a nascent field with little widely disseminated or applicable evidence.

> *"[I] haven't applied information on social norms scale-up. [I] don't feel there is much scale-up information available."*
> | IN-DEPTH INTERVIEW PARTICIPANT

> *"Scale-up in general is to be discovered."*
> | IN-DEPTH INTERVIEW PARTICIPANT

> *"Unknown. This is still a big question. [We] need to know more about what it means to scale up social norm approaches."*
> | IN-DEPTH INTERVIEW PARTICIPANT

Stakeholders would apply new evidence on social norms and scale up of social norm interventions throughout the project cycle including research, project design, evaluation, implementation, and advocacy.

> *"Evidence is key and successful relevant interventions will inform the design of new approaches."*
> | SURVEY RESPONDENT

> *"[Evidence] could inform program development and provide evidence for successful approaches to reproduce in different contexts"*
> | IN-DEPTH INTERVIEW PARTICIPANT

> *"It would inform the design of an effective program going to scale and could inform the evaluation/research methodology used."*
> | SURVEY RESPONDENT

Stakeholders felt strongly that evidence on normative interventions and their expansion would help them demonstrate the benefits—especially cost savings—of these approaches to local governments and donors.

In doing so, stakeholders would advocate for policy change and funding to support scale up of normative interventions. Donors would similarly use new evidence, especially on cost-savings, to help demonstrate the benefits of investing in normative interventions. Stakeholders cautioned that the evidence must be packaged in a compelling way for different audiences and disseminated widely using various mechanisms.

Donors were concerned that complex program ideas may be overlooked and recommended that new evidence should aim to simplify programs.

> *"How evidence is packaged to really show what is in it for the government in terms of public sector savings. Packaging evidence in a way that is compelling."*
> | IN-DEPTH INTERVIEW PARTICIPANT

> *"Evidence would be used to convince policy makers and local leaders to support campaigns and programs aimed at addressing such issues."*
> | SURVEY RESPONDENT

> *"Try to sell things simply…some policy makers want to know that something isn't difficult to take to scale, Implementers want straight forward concepts."*
> | IN-DEPTH INTERVIEW PARTICIPANT

Overall, findings suggest that stakeholders use email to share information with colleagues and more formal communication channels when disseminating to the wider, global audiences. Stakeholders acknowledged the importance of disseminating information in the peer-reviewed literature, but recognized the challenges of doing so. Findings also demonstrate that stakeholders apply information throughout the program cycle. Responses indicate that new evidence would predominantly assist stakeholders in the areas of implementation, policy advocacy, research, and proposal development.

WHAT WE DISCOVERED:
INFORMATION AND TRAINING NEEDS

Stakeholders were asked in what areas of social norms and scale up of normative interventions they would like to develop their knowledge and skills. They were also asked to identify the greatest evidence gaps within these areas. Passages will use this information to develop learning opportunities for stakeholders and to direct research towards filling the evidence gaps.

Stakeholders highlighted several common areas for professional knowledge and skills development related to social norms and scale up of normative interventions including: theory; definitions; practical application and tools; and policy advocacy for social norms and scale up to local and regional governments.

In addition to learning more about social norm interventions, stakeholders are also interested in understanding the process of change, not only effectiveness, and called for a greater focus on documenting implementation processes. Stakeholders further called for efforts to determine how social norms fit into existing behavior change theories and requested information about social norms concepts and theoretical constructs. In particular, they noted the need for conceptual clarification, especially between norms and attitudes. Stakeholders would also like to see evidence on the relative influence of social norms compared to other factors at the individual (e.g. knowledge and attitudes) as well as structural levels (e.g. geographical access, economics/income), and expressed a desire for greater evidence on the influence of different types of social norms on health behavior change (such as injunctive norms versus subjective norms). Stakeholders cited the absence of evidence demonstrating a causal link between shifts in norms and improved health behaviors as a major gap in the field.

> *"We are not finding big differences between the influence of social norms and attitudes in terms of influencing behaviors. [We] need more science on the impact of changing social norms on behavior."*
> | IN-DEPTH INTERVIEW PARTICIPANT

"We are not finding big differences between the influence of social norms and attitudes in terms of influencing behaviors. [We] need more science on the impact of changing social norms on behavior."
| IN-DEPTH INTERVIEW PARTICIPANT

"Documentation of the feedback loops between individual and social change; and between behavior change and attitude/norm change – these are multi-directional interactions, not one way."
| SURVEY RESPONDENT

"What is the evidence that social norms are the basis for behavior change? We don't know if they are the most important driver...we need this to be able to change policies."
| IN-DEPTH INTERVIEW PARTICIPANT

Stakeholders called for the development of practical, standardized tools that would enable practitioners to apply state-of-the-art normative science within their work. Such tools could generate consensus across organizations around a standard set of social norms definitions and operational terms, and include measurement methodologies research guidelines and costing approaches, among other areas. Several stakeholders stated they would like an evaluation approach that could be applied in a short period of time with limited resources.

"The measurement side. To truly understand what you can measure in a short period of time in a project."
| IN-DEPTH INTERVIEW PARTICIPANT

"How our tools capture change, without having to do a massive or rigorous evaluation. Faster and less expensive way."
| IN-DEPTH INTERVIEW PARTICIPANT

Stakeholders would like guidance on the practical steps of scaling up normative interventions. Several emphasized that scale up of programs which address social norms should be a consideration from the beginning of any project. In addition, there appeared to be limited information about scale-up theory and a lack of clarity around defining 'scale-up sustainability.' Many stakeholders requested

guidelines for applying social norms interventions that seek to target various age and cultural groups, especially multi-ethnic communities, adolescents, very young adolescents, and girls. They also requested information regarding how to expand normative interventions in different contexts, while retaining their fidelity.

"To find a way to effectively operationalize all the theoretical work being done in the field. How to adapt that into tools to be implemented in a variety of contexts/ countries."
| IN-DEPTH INTERVIEW PARTICIPANT

"Need generalizable strategies that we can use across communities but tweak and tailor accordingly to different communities."
| IN-DEPTH INTERVIEW PARTICIPANT

"More research is needed to understand what works and what does not work to contain the quality of normative interventions when engaging in scale up."
| IN-DEPTH INTERVIEW PARTICIPANT

Generalizability of programs for scale-up was a common concern; some stakeholders felt that the field should stop developing "boutique" interventions that have high costs, low impact, and lack scalability to differing contexts. Others pointed out the importance of careful adaptation of programs—something that is not always accomplished. Moreover, social norm approaches require consideration for cultural context and therefore are often not generalizable. It was also noted to consider the difference between the costs of developing an intervention and costs over time, and to judge interventions in terms of sustainability of income rather than sustained program activities.

Stakeholders viewed a lack of political will as a barrier to funding social norms and scale up of social norm programs. To this end, stakeholders requested not only evidence on the cost-benefits of these interventions, but also training on how to market and advocate scale up to local governments, ministries, and donors.

"How to present proof of concept to policy makers in a strategic and influential way."
| SURVEY RESPONDENT

"How do you make sure the evidence gets into country work plans and strategies? Whom do you speak to?"
| IN-DEPTH INTERVIEW PARTICIPANT

Several interviewees recommended learning from the institutionalization of a gender-focused approach to health programming in recent years. From a donor perspective, the growth in health programs with a gender focus flowed from institutional policy changes that influenced program standards. For example, all USAID Missions are now required to include gender analysis in their request for proposals. Extending gender analysis to a social norms assessment, encompassing gender, could similarly institutionalize a social norms approach to global health programming.

"Social norms approaches need to be written into Mission health strategies."
| IN-DEPTH INTERVIEW PARTICIPANT

"Scale-up takes a long time, and requires resources and patience. Donors are moving away from long-term engagement, as noted, which is a challenge. We need to advocate for greater investment in scale-up."
| IN-DEPTH INTERVIEW PARTICIPANT

"Donor investments in doing these consistently and scaling-up doesn't seem to be there….there is some other trigger point to get donor attention."
| IN-DEPTH INTERVIEW PARTICIPANT

Several stakeholders called for the development of skilled civil society organizations to advocate for expansion of normative interventions. Local ownership is important to grounding an intervention in the normative environment, but also ensuring long-term sustainability. Stakeholders expressed the belief that this could only be achieved through active participation of grassroots civil society organizations. However, in many developing world contexts, civil society is nascent. This echoes calls to ground social norms in the local context using community participatory approaches. Indeed, some stakeholders called for the social norms field to apply lessons from community mobilization efforts.

"[It's] important to support developing active civil society in our work. Many countries don't have vibrant civil society to advocate for needed resources for programming…in some of the poorest and neediest countries, active civil society organizations don't exist."
| IN-DEPTH INTERVIEW PARTICIPANT

"Many donors don't give core funding to [grassroots] organizations; increasingly being able to access core funds is therefore a challenge for small grassroots organizations. Those of us in this sector should do more to support local civil society development, and giving them the tools to advocate for norm change."
| IN-DEPTH INTERVIEW PARTICIPANT

"How to address them from a culturally relevant, inclusive perspective. I don't believe behavior change interventions or interventions around social norms can be effective without community ownership."
| SURVEY RESPONDENT

To meet these varied information and training needs, several stakeholders called for a cadre of trained researchers and practitioners to provide technical assistance in all facets of normative change programming and evaluation.

"Finding researchers who understand how to conduct social norm change research [is a challenge]."
| IN-DEPTH INTERVIEW PARTICIPANT

"We need some sort of social norm practitioners."
| IN-DEPTH INTERVIEW PARTICIPANT

"Develop a cadre of people…a group of local professionals in countries who are part of the local research…[we] need internal change agents."
| IN-DEPTH INTERVIEW PARTICIPANT

The findings reveal many gaps in the evidence base and highlight areas for knowledge and skills development. Broadly defined, these fall into both theoretical (guiding theory, theoretical concepts and their operationalization) and practical (the tools and steps to implement and evaluate a social norms project, and to advocate for norms programming).

WHAT WE DISCOVERED:
ROLE OF THE PASSAGES PROJECT

To understand how the Passages project can support the diverse group of public health and public policy professionals working in adolescent sexual and reproductive health, stakeholders were asked how Passages could contribute to their work. Findings fell into two broad areas: disseminating evidence and developing a community of practice.

Overwhelmingly, stakeholders requested that Passages share social norm intervention and scale up information. Stakeholders are keen to hear about the lessons learned from Passages, including what works and what does not. Stakeholders request that Passages disseminates both the evidence produced through Passages interventions and lessons learned and best practices from the field in general. Stakeholders cautioned not to "reinvent the wheel", but rather to compile and disseminate existing evidence.

> *"Sharing the results of the interviews, sharing as much information as possible."*
> | IN-DEPTH INTERVIEW PARTICIPANT

Secondly, stakeholders viewed an important role of Passages as facilitating inter-organizational learning and collaboration. In this regard, Passages is well-positioned to convene disparate groups and individuals through technical meetings, working groups, and online collaborations. For many stakeholders, this amounts to developing a social norms community of practice.

> *"Host a development talk. Opportunity to invite different people – researchers, programs, policy…creating links between research institutions and implementers/programmers."*
> | IN-DEPTH INTERVIEW PARTICIPANT

> *"Become part of a behavior change community of practices…Have technical COPS and working groups."*
> | IN-DEPTH INTERVIEW PARTICIPANT

Next steps for Passages:
Implementing Stakeholder Findings

1. Address information gaps.

☑ How the normative change process occurs, including greater documentation of intervention implementation processes
☑ How social norms fit into behavior change theories and affect behavioral change
☑ Clear, practical definitions of social norm concepts and theoretical constructs
☑ Evidence on the relative influence and costs of social norms interventions compared to other approaches
☑ Scale-up theory and definitions, including the meaning of scale and sustainability when applied to normative approaches

2. Create tools and guidance.

☑ Practical standardized tools including definitions, operational terms, diagnostic processes, measurement methods, costing approaches, and evaluation approaches
☑ How to scale-up normative interventions, while retaining fidelity
☑ Materials to advocate for investment in normative approaches and for policy to support social norms programming

3. Develop knowledge and skills.

☑ Virtual community of practice on normative approaches and related online learning
☑ Practitioner and expert gatherings to advance theory and practice related to normative interventions and their scale-up
☑ In-country champions for normative change to promote community ownership and support long-term change

A WAY FORWARD: **OUR RECOMMENDATIONS**

INFORMATION

KEY FINDINGS

- *Stakeholders prefer peer-reviewed literature to guide their work, but there is a lack of available, centralized published literature on normative interventions and their scale up.*
- *Stakeholders frequently rely on the grey literature without a framework for evaluating its value.*
- *There is a need for multiple types of information dissemination for different consumption purposes and audiences.*
- *There are many gaps in the published evidence on social norms interventions and their scale up, especially that which demonstrates its effectiveness in changing health outcomes.*

Information is needed to guide all aspects of program design, implementation (including measurement and evaluation), policy advocacy, and scale up. Further, stakeholders require information in a variety of formats depending on the audience and purpose. Stakeholders would also like to learn lessons about what works, what does not, under what circumstances, and in which contexts. Some stakeholders felt the evidence may exist, but is poorly disseminated.

RECOMMENDATIONS

- ☑ **Create a centralized clearinghouse of information on social norms or strengthen a social norms focus through existing clearinghouses.** The clearinghouse would serve the dual purposes of: 1) synthesis and dissemination of information, including guidelines for critically reviewing the strengths and weaknesses of evidence; and 2) providing a forum for stakeholder communication and collaboration.
- ☑ **Create a research agenda to fill the evidence gaps.** Catalogue what social norms evidence exists, ongoing initiatives, and in what areas evidence is needed.
- ☑ **Create a culture of dissemination that embraces critical discussion of the evidence.** A culture of dissemination would assess the value of study findings, including studies that produce no change and those that lack the rigor of a randomized controlled trial, including qualitative studies.
- ☑ **Tailor evidence into different formats for different audiences and purposes.** For example, policy briefs to support advocacy efforts.
- ☑ **Learn lessons from other fields, particularly around scale-up.** Consider the lessons learned from other well-published fields such as community empowerment and mobilization, HIV/AIDS, and gender.

THEORY

KEY FINDING

Theoretical work on social norm interventions and their scale up is nascent; it is typically not integrated into existing behavior change theories, and is often not disseminated in easily digestible formats. Consequently, stakeholder knowledge about social norms and their expansion (theory, practical tools, evidence on what works) are areas for growth. Program design and evaluation concepts and measures should be theory-based, but a lack of consensus hinders effective implementation.

RECOMMENDATIONS

☑ **Convene theorists working in the social norms space to create a unified behavior change theory.** The expert group could also produce guidelines on how to integrate social norms into existing behavior change theories.

☑ **Examine existing theories of scale and their norm application.** Clarify what is meant by 'scale' and 'sustainability' in relation to norms, and normative interventions.

☑ **Explain theory in simple terms.** Practitioners in the field need easy-to-understand and apply theoretical frameworks and concepts.

☑ **Create a research agenda to address the theoretical evidence gaps.** Research is needed to understand and isolate: the causal link between social norms and behavior change; the relative effect of social norms compared to other factors, and the relative effect of different types of social norms on health behavior change.

INTEGRATING SCIENCE INTO PRACTICE

KEY FINDING

The social norms field lacks practical, standardized tools to assist with the design, implementation, evaluation and expansion of normative interventions. While the field requires standardization, there is also a need to tailor social norm interventions to different contexts and social groups, especially during scale up. Particular evidence gaps relate to specific populations such as very young adolescents.

RECOMMENDATIONS

• **Convene experts to develop tools to translate theory into practice.** Acknowledge the tension between the need for standardized program frameworks, indicators, and measurement tools and resources tailored to the local context.

• **Develop frameworks, research tools, protocols, and instruments.** Create evidence-based toolkits for implementing conducting and evaluating social norms/scale up work. This would include tools to apply social norms and scale-up theory though rigorous, yet user-friendly, processes.

KNOWLEDGE AND SKILLS NEEDS

KEY FINDING

While a few stakeholders report expert knowledge on social norm interventions and their scale up, most have average to low knowledge levels. Stakeholders requested technical assistance, web-based learning/training opportunities, and in-person expert guidance to improve knowledge and skills related to theories of normative change interventions and scale up, implementation (including research and evaluation), and policy advocacy.

RECOMMENDATIONS

• **Develop and disseminate a social norms and scale-up web-based training course and/or applied toolkit.** The training course could include modules on theory, practice (including research, measurement and evaluation), and advocacy.

• **Issue practice-focused, short briefs.** Not all stakeholders have the time, or desire, to attend in-depth training. Instead, stakeholders would like easy-to-digest briefs to inform their work.

ADVOCACY

KEY FINDING

There is a lack of both political will and resources to support scale up of normative interventions. Many stakeholders stated that they lack the skills and resources (including information on intervention costs and benefits) to educate donors on the benefits of social norms approaches and to advocate for funding.

RECOMMENDATIONS

- **Develop an agenda for advocacy efforts**. The agenda could provide steps for promoting the importance of addressing social norms at policy levels such as ministries and USAID Missions, and building the capacity of advocates.
- **Develop policy briefs**. Evidence-based briefs targeting donors and government with succinct arguments for adopting social norms programming. These briefs should focus on cost-benefits and cost-savings of these interventions.

COMMUNITY OWNERSHIP

KEY FINDING

Stakeholders believe community ownership of interventions to promote pro-social norms and local change agents are critical for long-term success. In particular, stakeholders mentioned the need for in-country champions of normative interventions and to develop grassroots civil society organizations to spearhead social and normative change integration and dialogue.

RECOMMENDATIONS

- **Hold a technical meeting to consider the role of in-country champions**. The meeting could produce recommendations on the role of the champions and related tools and resources to support their work.
- **Convene a technical meeting to review the role of international civil society groups in health behavior change programming**. The review would describe the current state of civil society globally, examples of civil society groups advocating for health programs and policies, and an action agenda for developing civil society.

CONCLUSION: WHAT NEXT?

Overall, the results of this analysis demonstrate widespread support for the implementation of social norm change interventions at scale, with many respondents identifying social norm change as an essential component of adolescent and youth sexual and reproductive health programming. Yet, many stakeholders feel that there is much to be learned and that information about the effectiveness of this approach, consensus on definitions and terminology, relevant theories on social norm change and the scale-up of normative change approaches, implementation guidance, and advocacy tools are severely inadequate. The findings point to an urgent need for new evidence, the development of guidance tools, consensus around theories and definitions, and the synthesis and rapid dissemination of information in a variety of formats suitable for multiple audiences and purposes. As USAID's flagship social norm change project, Passages has an important role to play in ensuring that these knowledge gaps are minimized. The results of this analysis will guide the Passages future research agenda and our efforts to share both the results of our work, and other relevant work in the field. Additionally, Passages will seek opportunities to foster dialogue and learning among key audiences globally. By increasing access to the most up-to-date evidence, we hope to facilitate the implementation of evidence-based practice, and ultimately improve the sexual and reproductive health outcomes of adolescents and youth.