Cases and Evidence for Sustainable Population-Level Behavior Change

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Introduction

In June 2013, the United States Agency for International Development (USAID), in collaboration with the United Nations Children’s Fund (UNICEF), hosted the Population-Level Behavior Change Evidence Summit for Child Survival and Development. Other collaborating partners included: the National Institute of Mental Health (NIMH), the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), the Centers for Disease Control and Prevention (CDC), the Communication Initiative (CI), and the American Psychological Association (APA).

As a result of the summit, global child survival and development partners issued a clarion call to unleash the power of science and evidence to shift social norms and drive sustainable behaviors for child survival, early child development, and well-being for generations to come. The 2013 Evidence Summit aimed to help forge a framework for knowledge sharing and filling the gaps around population-level behavior change for child survival and development. Specifically, the summit looked at the following six focal areas for child survival and development to age five:

- Sustainable interventions to promote and support behavior changes required for and by families, mothers, and other caregivers to accelerate reductions in under-five mortality and optimize healthy and protective child development;
- Effective means to facilitate and empower communities to organize and advocate for interventions to achieve behavior and social changes that are needed to accelerate reductions in under-five mortality and optimize healthy and protective child development;
- Effective and sustainable health systems and policy supports which produce behavior and social changes for and by primary caregivers, families, and communities that are needed to accelerate reductions in under-five mortality and optimize healthy and protective child development;
- Effective and sustainable interventions that focus on gender dynamics as a means to promote and support behavior and social change that is needed to accelerate reductions in under-five mortality and optimize healthy and protective child development;
- Effective and sustainable interventions that address stigma and discrimination as a means to promote and support behavior and social change that is needed to accelerate reductions in under-five mortality and optimize healthy and protective child development; and
- Effective and sustainable interventions that utilize advances in science and technology to promote and support behavior and social changes that are needed to accelerate reductions in under-five mortality and optimize healthy and protective child development.

This commentary will discuss the evidence summit process, the importance of sustainable behavior change in ending preventable child deaths and encouraging healthy development, and how a Total Market Approach (TMA) could help support this effort.
Background

A year before the evidence summit, in June 2012, the world had committed to accelerate action on child survival. This global movement to end preventable child deaths is now called A Promise Renewed. Since then, over 175 governments and over 400 civil society, faith-based, and private sector organizations have reaffirmed their shared commitment to scale up progress on child survival.2,3

Global progress in reducing child deaths since 1990, in fact, has been significant. The global rate of under-five mortality has roughly halved, from 90 deaths per 1,000 live births in 1990 to 48 per 1,000 in 2012.2 The estimated annual number of under-five deaths has fallen from 12.6 million to 6.6 million over the same period.2 Most of the 6.6 million under-five deaths in 2012 were from preventable causes such as pneumonia, diarrhea, or malaria; approximately 44% of deaths in children under 5 years of age occurred during the neonatal period.2

A Promise Renewed provides a roadmap for bringing an end to preventable child death.4 The accomplishment of this goal requires service improvements, timely availability of commodities, good data and monitoring to focus and strengthen programs, and sustained population-level behavior change. These changes in behavior impact both maternal and child health. They depend on healthy timing and spacing of pregnancy, nutritional choices, seeking appropriate care, accessing and utilizing services, and practicing preventive health care.

Today, many of the necessary behaviors for healthy children lag despite the existence of evidence-based, life-saving interventions. Only 39% of infants less than 6 months old are exclusively breastfed.5 Only 31% of children with suspected pneumonia receive inexpensive antibiotics.4 Only 35% of children with diarrhea receive oral rehydration therapy, and only 63% of children use any form of hygienic sanitation.5

Recommendations from the summit looked at evidence-based interventions to address these gaps. The recommendations included, for example, counseling to promote breastfeeding practices and community-based breastfeeding support groups, especially for young mothers and those under stress. Recommendations also included one-on-one or group communication about the benefits of correct and sustained handwashing by caretakers and toddlers after using the latrine and before preparing and eating food, which can drastically reduce mortality and morbidity among children under the age of five. The outcomes of the summit are being translated into practical tools for caregivers, families, and communities on how best to care for their children.

The work that went into the preparation of the summit was monumental. More than a hundred researchers and practitioners from around the world were consulted to develop the focal questions that would form the backbone of the search for the evidence-base. Thousands of scientific publications were gathered from the peer reviewed literature. The publications were screened for relevance, sifted by focal area and health area, and weighed for strength of outcomes measured before being distributed to the six focal area evidence review teams. A second group of one hundred or so evidence review team members then presented additional evidence from the gray literature and their own professional experiences. Each evidence review team reviewed the documents, weighed their relevance, and, following analysis of the quality of data and conclusions, submitted recommendations
Discussion

Improving Behavior Change and Health Communication Programs
We know that improving child survival requires the promotion of healthy behaviors as well as efforts to address social exclusion, discrimination, and a range of social and behavioral determinants that cut across the life cycle. These determinants are complex. They include structural barriers, financial barriers, individual and collective motivations, social and community norms, policy environments, and cultural systems that can enable or impede individuals and communities to adopt, change, or maintain a health behavior.

The behavior of health service providers is another key component to achieve sustainable improvements in public health and the adoption of existing and new health care practices. Adherence to medications, best practices for prenatal care, following recommendations for immunizations, and using bed nets are examples of areas where knowing better how to change the health behaviors of individuals, families, communities, and health systems would reap enormous rewards and impact the number of preventable deaths.

In the past, sometimes as a result of the lack of funding, or capacity, or other pressures, funders and implementers of behavior change and health communication programs have not always carried out evaluative or outcome research to gauge the impact of programs. As a result, failures were not identified; and consequently, lessons-learned were not collected, analyzed, or used. When programs are designed not on the basis of research and evidence, but on the basis of other factors, such as the funding available or convenience, the fields of behavior change and health communication lose the ability to learn. Without data, planners cannot know what parts did or did not work, or what was the most efficacious mix of media and channels, or what messages were most appropriate. Meanwhile, gaps between knowledge and behavior, the presence of misinformation and misconceptions, and low levels of adoption of basic health behaviors by large sectors of the population continue to bedevil public health programs throughout the developing world. Even countries with sophisticated media markets and significant investments in health communication face these challenges.

Health communication and behavior change programs increasingly are being held to the same standards of evidence of impact as other development investments and interventions. The Evidence Summit continued a robust process of rethinking how best to respond to the question of
impact and effectiveness in a way that can be used by planners and implementers of health programs in aid and development. An increase in quality research and evidence can contribute to both improved program design and better documentation of program impact. These improvements can ultimately lead to iterative improvements in the effectiveness of programs and in impacts upon priority health outcomes.

Total Market Approaches and Sustainability

The leading causes of under-five child deaths include pneumonia, diarrhea, malaria, undernutrition, immunization, lack of exclusive breastfeeding, water and sanitation issues, and HIV/AIDS, including mother-to-child transmission. As mentioned earlier, evidence-based, readily accessible, life-saving interventions exist for several of these causes of death, and many of these interventions include commodities such as amoxicillin, ORS/zinc, bed nets, malaria diagnosis and treatment commodities, food supplements, vaccines, and water purification methods. Some of these commodities have been determined to be underutilized; global and country-level efforts are underway to increase their availability and use. Behavior change in terms of care seeking, adherence to treatment, and provider behavior are necessary, but not sufficient, to reduce mortality if the commodities required are not available or affordable. Addressing supply, access, and appropriate pricing of commodities, in concert with demand generation activities, is critical for successful interventions and improved health outcomes.

A Total Market Approach (TMA) is one way to help ensure that commodities are readily available and affordable, and may help to improve sustainability. There are many definitions of TMA, most of which maintain a strict focus on products. TMA supports a focus on analyzing and utilizing the comparative advantages of commercial, social marketing, NGO, and public sector actors in terms of their competencies and value for money in different market segments, including the poorest. The result of such an approach is that publicly funded projects will work in concert with other sectors to coordinate all contributions and interventions for optimal effect. Instead of focusing on commodities in isolation, this practical approach includes public-private partnerships and the idea of focusing on health services and overall health systems strengthening, which can contribute to the sustainability of markets and health system interventions. Expanding the traditionally products-focused definition of TMA to include both the provision of information and service delivery results in a more comprehensive approach that includes all relevant actors in the health system and, in doing so, takes into account demand-side considerations.

Conclusions

As we continue to make progress in ending preventable child and maternal deaths and ensuring healthy child development, the target populations that remain will inevitably be those that are most difficult to reach. The issue of access may be geographical, structural, financial, cultural, or some combination thereof; regardless, both supply-side and demand-side factors will likely need to be addressed. Figuring out effective, evidence-based, and sustainable ways to reach all populations with information, products, and services will be an increasingly pressing need. Behavior change and the TMA perspective are essential aspects of this effort. Historically, TMA has been viewed more as a supply-side approach focused on coverage and commodity distribution. An expanded focus that includes information and service delivery in TMA naturally incorporates a behavior change perspective that will truly make TMA a total market approach.
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