ADVANCING **PROVIDER BEHAVIOR CHANGE** PROGRAMMING

THIS RESEARCH AND LEARNING AGENDA HIGHLIGHTS:

- The importance of addressing provider behavior to improve behavioral and health outcomes.

- Gaps in the existing evidence base for provider behavior change programming.

- The priority research and learning questions and the consensus-driven process used to derive them.

- The roles of key stakeholders for putting the learning agenda into action.

Service providers play a fundamental role in health promotion and disease prevention, care, and overall well-being of their clients and communities. Effective client-provider interaction is pivotal for consistent demand and uptake of health services. Evidence shows that poor client-provider interactions can have a negative influence on use of health care. For example, unsatisfactory interactions with health care providers, such as lack of respectful care, can discourage future choices to deliver a child at a facility, seek prompt care, or ask important questions.[1] The quality of client-provider interaction can be influenced by the type or setting of provider (community-based, facility-based, private), their knowledge, attitudes, and biases, as well as social norms and structural factors like privacy and confidentiality.

Various approaches such as training, supportive supervision, and financial incentives have been used to address these factors with mixed results. For example, a randomized evaluation in Nigeria found that use of a supervisory checklist for facility-based providers resulted in improvements in provider knowledge of malaria and appropriate prescription practices.[2] However, supportive supervision was not significantly associated with correct prescription by providers in other studies in Tanzania[3] and Malawi.[4] Providers' personal biases can also discourage the use of particular medical interventions especially among certain populations (for instance, intrauterine devices for nulliparous women). A

study in Tanzania found that providers who had negative attitudes about premarital adolescent sexuality were less willing to prescribe oral pre-exposure prophylaxis for HIV prevention to unmarried adolescents.[5] In urban Kenya, a study found that private providers, in particular, imposed restrictions on the kinds of family planning methods women were provided, based on their parity, marital status, and partner consent.[6]

To be effective, provider behavior change (PBC) interventions must address underlying attitudes, motivations, values, biases, and other more normative factors that drive behavior during the patient encounter (see Box). Although there are examples of innovative and effective ways to influence provider behavior, opportunities exist to explore and expand the knowledge base.[7,8] For instance, knowledge gaps remain in measuring provider attitudes and biases and their contribution to client-patient interactions; characterizing how facility-level, community, and professional norms influence provider behaviors; and evaluating the effectiveness of non-communication-based approaches to enhancing provider motivation or performance.[9,10]

BOX. What Are Provider Behavior Change (PBC) Interventions?

PBC interventions go beyond clinical training and support (e.g. technical job aids), seek to positively influence provider behavior to improve the quality of services, enhance client experiences, increase demand for services, and increase uptake of commodities or adoption of healthier behaviors.

Service delivery partners and SBC practitioners have jointly identified **four key factors that influence provider behaviors**:

1. **Internal Motivation and Attitudes**—Providers are sufficiently rewarded for their work and hold attitudes, beliefs, and norms that support quality care.
2. **Expectation**—Providers understand the performance expected and what is considered quality care.
3. **Opportunity**—Providers have the environment and resources necessary to do their jobs.
4. **Ability**—Providers have the skills and knowledge needed to carry out the tasks in their scopes of work and feel confident in their abilities.

Source: Sherard, Donna, et al. 2013. *Provider Behavior Change Implementation Kit.* Baltimore, MD: Johns Hopkins University.

A RESEARCH AND LEARNING AGENDA TO FILL EVIDENCE GAPS

To help address these important evidence gaps, Breakthrough RESEARCH worked in partnership with a range of social and behavior change (SBC) and service delivery partners to generate a research and learning agenda that includes a core set of consensus-driven, prioritized implementation science questions related to PBC. Implementation science is particularly well-suited to the challenges of PBC as it is meant to assess interventions taking place in "real world" contexts and factor in various social, structural, economic, and political realities from multiple perspectives. Implementation science research also examines both the process of implementation, as well as the results of implementation. It has an explicit focus on how to introduce potential solutions into a health system or how to promote their large-scale use and sustainability.[11]

This consensus-driven agenda is particularly important given that PBC is a critical point of intersection between service delivery and SBC. By promoting and answering the questions in this research and learning agenda, current and future investments can be maximized to achieve the best possible health outcomes.

An Iterative, Consensus-Driven Process to Develop the Agenda

This research and learning agenda builds on longstanding investments to improve SBC and is designed to prompt the generation of knowledge needed to focus the global SBC community, development partners, and donors on the most important questions related to improving provider behaviors.
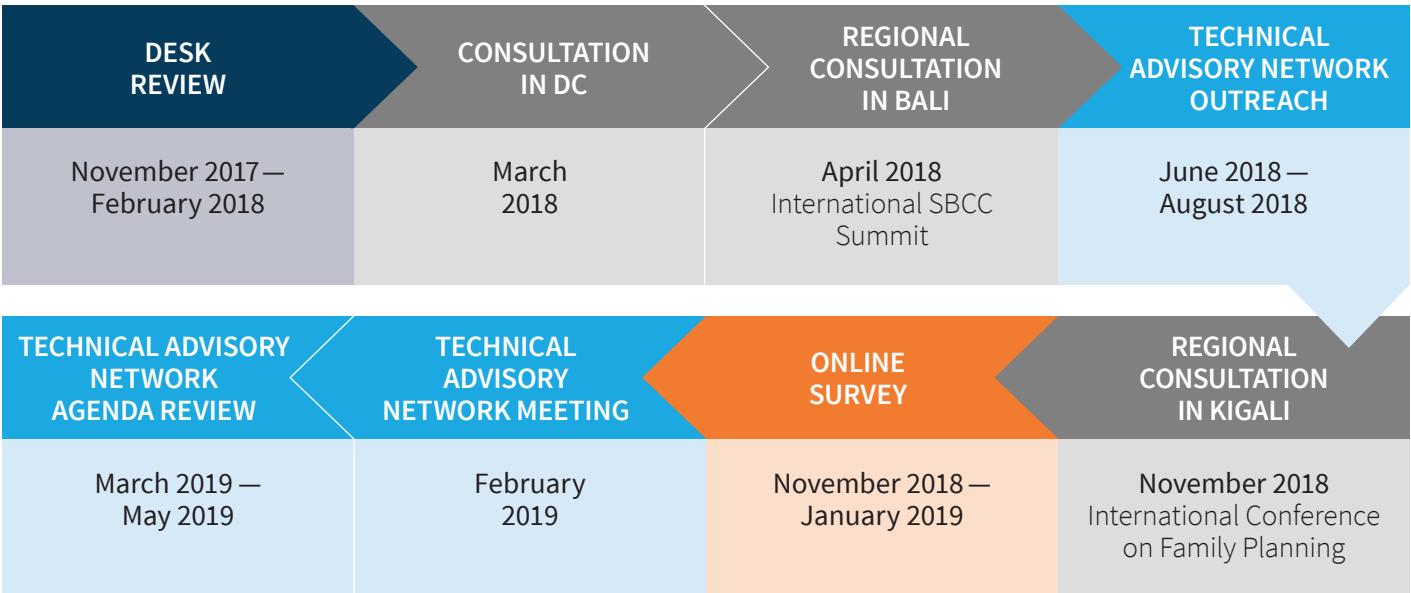
The process of developing this research and learning agenda for PBC was multipronged, iterative, and consensus-driven, involving 190 SBC experts (see Figure 1). We carried out the following key steps during the process:

- Conducted a **desk review of SBC literature** across health topics to identify cross-cutting research knowledge gaps for SBC programming. We compiled and reviewed 160 documents from the peer-reviewed and programmatic literature published between 2012 and 2018, from across lower- and middle-income countries and across a range of health topics. The literature review highlighted common gaps in knowledge across health areas and two programmatic themes in need of particular investigation: integrated SBC and PBC.

- Held **a consultation in Washington, DC** with a group of 31 SBC experts. We gathered their input and generated cross-cutting questions around the gaps identified in the desk review. The experts confirmed the need for greater attention to and research on PBC.

- Engaged 57 SBC experts who were attending the International Social and Behavior Change Communication Summit in Bali, Indonesia, to help us frame the research and learning questions around PBC.

- Established a **network of PBC technical experts** and conducted key informant interviews with a select group of experts to weigh in on our process and provide feedback on the questions generated thus far.

- Held a **regional consultation at the International Conference on Family Planning in Kigali** with 47 family planning and reproductive health practitioners and researchers. At that meeting, program implementers and researchers engaged in a rich dialogue around data and design issues to generate evidence around PBC.

- Conducted an **online survey** through which 55 respondents reviewed and prioritized the research question ideas for PBC. They also had the opportunity to submit additional priority questions.

- Convened a **technical advisory network** including 31 recognized technical experts in PBC research and programming to review the questions prioritized and generated via the survey in order to select priority questions for the design, implementation, and evaluation of PBC.

- Gathered **final input** from technical advisory network members on the research and learning agenda, confirming the accuracy and phrasing of the priority research questions.

The research priorities noted below reflect the contributions of the range of participants involved in this process.

FIGURE 1. Timeline of Key Steps in the Agenda Setting Process

DESK REVIEW	CONSULTATION IN DC	REGIONAL CONSULTATION IN BALI	TECHNICAL ADVISORY NETWORK OUTREACH
November 2017 — February 2018	March 2018	April 2018 International SBCC Summit	June 2018 — August 2018

TECHNICAL ADVISORY NETWORK AGENDA REVIEW	TECHNICAL ADVISORY NETWORK MEETING	ONLINE SURVEY	REGIONAL CONSULTATION IN KIGALI
March 2019 — May 2019	February 2019	November 2018 — January 2019	November 2018 International Conference on Family Planning

RESEARCH AND LEARNING AGENDA QUESTIONS

The consensus-driven approach resulted in a set of research and learning agenda questions that are intended to advance the innovative work around PBC and have broad applicability at global, regional, and local levels, and across health sectors. In broad terms they address key implementation science questions related to SBC programming such as "What works?" "How can it work best?" and "How can it be replicated, scaled, and sustained locally?" They are meant to be adapted and refined to suit the programmatic and geographic context. Some of the proposed questions can be integrated into programs' existing monitoring and evaluation systems, while others will require stand-alone research studies that can incorporate appropriate comparisons and account for relevant influential factors.

Organizational Characteristics and Values

- What norms (such as facility, profession/seniority, community) are most influential in shaping provider behavior in interpersonal communication with clients?
  - How do these factors vary by client and provider profile?
  - How do they vary across health areas and in different geographical contexts?
  - How do facility-based clinical practices/standards shape provider behavior?
  - Which norms have the largest impact on how providers deliver quality counseling?

Effectiveness

- Does improving the behaviors/practices of health providers influence the quality of care provided?
  - What are the most effective SBC approaches to enable/motivate/facilitate (different cadres of) providers to provide respectful, client-centered care (such as staff recognition through incentives to provide postpartum family planning counseling)?
  - What are the most effective non-communication-based SBC interventions to improve provider behaviors (for instance, a suitable waiting room)?
- How does addressing the factors that influence provider behavior (normative, structural, behavioral) lead to improved health outcomes?

Intervention Strategies

- How does SBC programming affect the organizational culture of health facilities and systems to create an enabling environment for positive provider behaviors (for instance, improved attitudes, performance, shifts in norms)?
  - What intervention designs are effective in addressing organizational/facility-level norms pertaining to provider behavior?
- Which intervention(s) or combinations of interventions are most important to improving the quality of provider counseling?
  - How does the quality of provider counseling influence utilization of services among clients?
  - How does the quality of provider counseling influence adoption of positive behaviors among clients?
  - Which interventions improve perceptions of service quality and provider accountability?

Measurement

- How can we best assess/measure the quality of client-provider interactions from client and provider perspectives?
- How can we best measure provider attitudes, norms, and biases that influence their performance and adherence to timely and respectful client-centered care practices?

PUTTING THE AGENDA INTO PRACTICE

In order to advance this research and learning agenda, concerted and coordinated action is needed from a range of stakeholders including donors, SBC and service delivery organizations, health systems actors, governments and policymakers, and research institutions and universities (see Figure 2). By promoting and adopting this agenda, current and future investments can be maximized to achieve the best possible health and development outcomes.

FIGURE 2. Key Stakeholders and Actions for Putting the Agenda Into Practice

DONORS

- Use the agenda to fund stand-alone or programmatically embedded research.
- Coordinate and align investments across donors.

SBC & SERVICE DELIVERY ORGANIZATIONS

- Update routine monitoring and evaluation systems to capture key information within existing programs and activities to help answer priority questions from the agenda.
- Use emerging research/program evidence to course-correct program approaches.

GOVERNMENTS & POLICYMAKERS

- Promote implementation science research agendas to answer key questions about PBC programs.
- Use emerging research/program evidence to influence strategies and update relevant policies.

RESEARCH INSTITUTIONS & UNIVERSITIES

- Develop and share innovative research designs and measurement tools and generate evidence on the priority questions from the agenda.
- Team up with program implementers to help answers questions within existing programs.

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