# INCORPORATING SOCIAL AND BEHAVIOR CHANGE (SBC) INTO HEALTH SYSTEMS STRENGTHENING (HSS)

## PROJECT LEARNINGS, PROGRAMMING APPROACHES, AND KEY RESOURCES

## Introduction and Goals of This Brief

The Health Systems Strengthening Accelerator (Accelerator) was a global initiative funded by the United States Agency for International Development (USAID), with co-funding from the Bill & Melinda Gates Foundation. Its goal was to partner with countries to build resilient, high-performing health systems that respond to persistent and emerging health challenges that disproportionately impact vulnerable populations.

During the life of the project (2018-2024), the Accelerator conducted numerous research and learning activities to generate and consolidate evidence on whether and how to integrate social and behavior change (SBC) approaches into health systems strengthening (HSS) programming, particularly to improve equitable access to quality health services.

Focusing on the nexus of HSS and SBC importantly directs attention to the actions and behaviors of actors within the government, health system, and civil society and systemic barriers that impede social change.

**1** Consider the question of why does SBC matter in HSS work

**2** Provide examples of specific HSS topics that can benefit from applying SBC insights

**3** Outline programming approaches for integrating SBC into HSS work

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## Foundations and Definitions

The term "health systems strengthening" has gained momentum, including heightened focus in the wake of public health emergencies. HSS is prominently part of efforts to improve health outcomes and reduce health inequities. HSS represents a pathway for integrated and resilient health systems capable of delivering quality care equitably across the populace.

The term "social and behavior change" has become prominent and ushered in focus on promoting positive health outcomes by influencing the attitudes, beliefs, behaviors, norms, and practices of individuals, households, and communities.

There are many schools of thought regarding what SBC encompasses and how to approach SBC interventions. Commonly, there is recognition of the multidisciplinarity of SBC interventions and the complexity of influencing behaviors. Most SBC work is highly participatory and increasingly theory based as part of striving for impactful and sustainable change.

**Health Systems Strengthening (HSS):** A health system is defined as consisting of all people, institutions, resources, and activities whose primary purpose is to promote, restore, and maintain health. HSS comprises the strategies, responses, and activities that are designed to sustainably improve country health system performance. USAID's operational definition of HSS draws the boundaries based on the intent of our efforts and resulting patterns of resource allocation (1).

**Social and Behavior Change (SBC)** is a systematic, evidence-driven approach to improve and sustain changes in behaviors, norms, and the enabling environment. SBC interventions aim to affect key behaviors and social norms by addressing their individual, social, and structural determinants (factors). SBC is grounded in several disciplines, including systems thinking, strategic communication, marketing, psychology, anthropology, and behavioral economics (2).

As program areas, HSS and SBC hold complementary roles in advancing equity and improving health outcomes. Further, while HSS focuses on improving the policies, infrastructure, and capacity of a system, SBC strategies help ensure that individuals and communities use these elements effectively. Their integration enhances the effectiveness of health interventions, ultimately contributing to improved health outcomes and achieving broader development goals.

Long seen as important for changing individuals' hygiene and health-seeking behaviors, SBC is increasingly recognized as essential for changing government and medical authorities' financing, governance, and care provision behaviors.

Across the many "topics" within HSS work, incorporating SBC approaches can yield important insights and inform programming and measurement. The Accelerator learnings around incorporating SBC have been in relation to four HSS topics:

1) Social Accountability

2) Financial Protection

3) Budget Advocacy

4) Universal Health Coverage (UHC)

## HSS Topic 1: Social Accountability

Conceptually, social accountability has its origins in political science, public administration, and governance. In these fields, engagement is generally described in terms of strengthening community participation and pursuing equitable distribution of resources.

Implementing social accountability activities is common in global health. For example, citizen voice and action and community score cards—commonly known social accountability activities—seek to increase dialogue between citizens (or communities) and health care providers and health facility managers (sometimes referred to as duty bearers) with the aim of improving the quality of services.

> **Social Accountability** works to increase the degree that government and service providers are accountable for their conduct, performance, and management of resources. Specific social accountability strategies, approaches, activities, and tools are often grounded in amplifying citizen engagement (3).

Increasingly, there is more explicit recognition that SA is fundamentally about changing norms and behaviors and therefore, an SBC undertaking. Indeed, SA strives to facilitate social change and shifts in how individuals and groups (from the government and populace) interact with each other.

Continuing to make the SA-SBC linkage across HSS programming includes understanding system actors' community and institutional contexts while also thinking and working in the following ways:

- Take time to understand and define behavior and norms as they relate to HSS and SA goals

- Engage different actors to create space for local leadership and understanding of SBC needs

- Establish behavior change goals from the onset, incorporate a behavioral lens explicitly and systematically

- Reframe experiences, challenges, and successes in terms of the associated behaviors

## HSS Topic 2: Financial Protection

Within health and healthcare, financial protection involves mechanisms and policies designed to reduce out-of-pocket expenses for health care, thereby preventing or minimizing the risk of catastrophic health expenditures that can lead to impoverishment.

HSS practitioners and global health experts maintain that protecting people from financial hardship is a core function of a country's health

system. Further, financial protection is essential for achieving equitable access to health care and reducing the economic barriers that prevent individuals from receiving the services they need to maintain good health and well-being.

> **Financial Protection** is achieved when direct payments to obtain health services do not expose people to financial hardship and do not threaten their standard of living (4).

Health financing programs and policies for financial protection are implemented and managed by financing agents (often government entities), which allocate resources for health services provided through the health system. Generally, financial protection is achieved via prepayment (taxes, contributions, or premiums) and pooling of resources and risks.

With increasing numbers of people experiencing hardship from health spending, there is a need for more nuanced recognition that health financing systems—such as financial protection programs—will benefit from incorporating SBC across purchasers, providers, patients, and communities.

Applying SBC principles to financial protection programs can catalyze individual and collective changes and create more supportive implementation environments. Some key insights for doing so include:

- Frame and define behavior and norms in relation to HSS and financial protection goals

- Make FP programs easier to participate in using SBC approaches

- Institutionalize community engagement, including iterative problem-solving

- Target behaviors across all levels of the implementation ecosystem

## HSS Topic 3: Budget Advocacy

Activities around budget advocacy are part of broader efforts to promote good governance, transparency, and accountability. Generally, the goal centers on influencing the allocation and utilization of financial resources. Carrying out budget advocacy involves various stakeholders, including government officials and civil society, working together to ensure that sufficient public funds are directed toward initiatives that prioritize and promote, for example, improved health outcomes or greater equity in access to health care.

At its core, budget advocacy is an SBC endeavor; notably, much of the work undertaken relies on understanding if norms, policy decisions, practices (and the associated behaviors and actions across a range of actors) impede progress toward greater effectiveness and efficiency in public spending. Often, budget advocacy involves using strategic communication, public education, and community engagement with the goal—whether explicit or implicit—of influencing behaviors, attitudes, and social norms around public budgeting.

> **Budget Advocacy** refers to citizen or civil society participation in decisions about the budget. Budget advocacy is a form of participation from citizens or civil society to push for improved accountability and equity in decisions about and use of resources (public, private) (5).

Applying SBC insights to budget advocacy programming can help to create a more transparent, accountable, and participatory governance environment that better responds to the needs and priorities of the population. Doing this might include focus in these areas:

- Often, budget advocacy is for a specific policy or program; thus, knowing the actors, attitudes, beliefs, and overall context around the policy or program is essential

- Learn the budget cycle and overall process to be strategic around when advocacy, norm shifting, and behavior change work would be most effective

## HSS Topic 4: Universal Health Coverage

UHC seeks to ensure that all people have access to the health services they need without suffering financial hardship. This includes a full spectrum of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care. Achieving UHC will require focus on strengthening health systems, improving access to quality health services, and ensuring financial protection for all individuals, especially vulnerable populations.

Working to advance UHC represents a push to profoundly change how a country governs, finances, and provides health care for its population, and how that population accesses and utilizes that care. By prioritizing UHC, a country commits to making healthcare accessible to all, regardless of socio-economic status, while promoting equity, quality, and sustainability in its health systems.

> **Universal Health Coverage (UHC)** refers to the goal of ensuring that all individuals and communities receive the health services they need without suffering financial hardship. UHC is a critical component of sustainable development and is aligned with the broader goals of promoting health and well-being for all (6).

By leveraging SBC approaches in the pursuit of UHC, the aim is to create an environment where individuals are informed, empowered, and motivated to take advantage of health services and government and health system actors have systems and procedures to provide quality health services equitably. Some key thematic focus areas include:

- Raise awareness and change attitudes

- Promote citizen engagement and empowerment

- Influence policy and decision-making

- Build trust and positive social norms

# Programming Approaches

Incorporating SBC into HSS can yield valuable insights and importantly inform how work is designed, implemented, and monitored. Some key strategies for programming at the nexus of SBC and HSS include:

**1** ## Address the Human Component

As HSS practitioners, it is important to remember that health systems are made up of human beings. To strengthen the system requires addressing the behaviors within the government, health sector, and civil society as well as any prevailing norms and practices that are impeding HSS efforts

**2** ## Be More Intentional

Too often SBC within HSS is not explicitly framed as such. Being intentional and establishing an SBC goal from the onset can facilitate a contextualized nuanced design and a greater chance for lasting success.

**3** ## Start with Behavior Mapping

Behavior mapping includes identifying (i.e., mapping out) the actions and behaviors of actors and assessing where to target SBC and why. What and who is mapped is largely unique each time. As a research and analytical tool, behavior mapping is a means to examine context, unpack complex dynamics, and inform diagnostics around what impedes and facilitates change. Such an approach is also highly aligned with political economy analysis, increasingly recognized as vital for HSS (7).

**4** ## Establish a Behavior Change Goal

HSS work will benefit from being purposeful in delineating up front what assumptions, beliefs, and practices the activities seeks to change and hypothesizing what might prompt the change. A behavior change goal-setting process allows for mapping out causal pathways and intended outcomes, which can be used to measure the success of the HSS activities.

**5** ## Know the "Rights" Based Context

The HSS topics highlighted in this brief (and others) are in certain ways concepts and ideals being pursued. The path to success includes civil society and communities asserting their rights. In many contexts, asserting rights—as a way of thinking and acting—may not always be culturally accepted. To foster a shift around rights assertion is an SBC undertaking.

**6** ## Work to Improve Equity

HSS and SBC are each participatory in the work they pursue. Striving for greater representativeness is an important strategy that can be achieved by changing behaviors to adopt more inclusive processes with collaborative work between government, health care providers, health care institutions, and citizens.

# Resources Developed by the Accelerator for Incorporating Social and Behavior Change into Health Systems Strengthening (HSS) Work

## Formative Research and Dissemination

Improving Linkages between Social Accountability and Social and Behavior Change: A Preliminary Report of Country Data Collection for Cote d'Ivoire, Ghana, and Guinea (Visit Link)

Engaging Subnational Stakeholders on Social Accountability and Social and Behavior Change (SBC) (Visit Link)

## Country Engagement

Using a Behavioral Lens to Mobilize Citizens Around Universal Health Coverage (UHC) in Togo (Visit Link)

Applying a Behavior Change Lens: A Budget Advocacy Tool for National Community Health Policy in Guinea (Actual Tool) (English, Visit Link) (French, Visit Link)

Applying a Behavior Change Lens: A Budget Advocacy Tool for National Community Health Policy in Guinea (Supportive Materials) (English Visit Link) (French, Visit Link)

Tool Summary. Applying a Behavior Change Lens: A Budget Advocacy Tool for the National Community Health Policy in Guinea (English, Visit Link) (French, Visit Link)

## Health System Strengthening Spotlight Briefs

Health Systems Strengthening Practice Spotlight. Social Accountability and Social and Behavior Change: Applying a Behavioral Lens to Social Accountability Approaches. Washington, DC. (Visit Link)

USAID Health Systems Strengthening (HSS) Practice Spotlight Brief. Financial Protection and Social and Behavior Change: Strengthening Financial Protection Programs Through Behavior Change Approaches (Visit Link)

## Webinars and Recorded Presentations

Global Health Science and Practice Technical Exchange. April 2021. The Intersection of Behavior Change and Health System Strengthening in Global Health – Global Health Science and Practice Technical Exchange (Visit Link)

Advancing Equity in HSS: Four Key Approaches to Enhance Equity in Implementation and Outcomes. Satellite session for the Seventh Global Symposium for Health System Research (HSR2022). October 26, 2022 (Visit Link)

USAID Knowledge Exchange: Improving the Linkages between Social and Behavior Change and Health Systems Strengthening. May 10, 2023 (Visit Link)

Integrating a Behavioral Lens into UHC Programming. Webinar July 24, 2024. Webinar Recording: Integrating a Behavioral Lens into UHC Programming (Visit Link)

Incorporating Cross-Cutting Concepts into Health Systems Strengthening Work. Presentation at the Health Systems Strengthening (HSS) Open House. July 17, 2024. Accelerator Health Systems Strengthening Open House (Visit Link)

## Case Study Explorations

Exploring Programming around Health Equity, HSS, and SBC (and their intersections): Findings from a Document Review (Visit Link)

Global Health Programming and Integrating Health Equity, HSS and SBC: Findings from an Online Survey (Visit Link)

Leveraging SBC Approaches for Stronger Health Systems: A Review of 12 Case Competition Entries (Visit Link)

# Additional Resources for Incorporating Social and Behavior Change (SBC) into Health Systems Strengthening (HSS) Work

## Reports and Briefs

Breakthrough ACTION. (2023). Increasing the use of social and behavior change in health systems strengthening: Evidence and recommendations to improve primary health care. Johns Hopkins Center for Communication Programs. **(Visit Link)**

Breakthrough ACTION. (2020). Eight Principles for Strengthening Public Sector Social and Behavior Change Capacity. **(Visit Link)**

Breakthrough ACTION. (n.d.). Insight Brief: Increasing Investment in Social and Behavior Change for Family Planning/Reproductive Health. **(Visit Link)**

FHI 360. (2024). Blueprint for More Sustainable Social and Behavior Change (SBC) Systems. **(Visit Link)**

Health Systems Strengthening Practice Spotlight. (2022). Digital Social and Behavior Change in HSS: Strengthening Health Systems Through Social and Behavior Change Interventions That Use Digital Technologies. **(Visit Link)**

MOMENTUM Integrated Health Resilience. (2024). Community Health Worker Safety, Resilience and Risk Communication Assessment: Three New Program Components. **(Visit Link)**

MOMENTUM Integrated Health Resilience. (2022). Social and Behavior Change Strategy to Enhance Resilience. **(Visit Link)**

MOMENTUM (2021). Behaviorally Focused Applied Political Economy Analysis. **(Visit Link)**

Population Services International (PSI). (2024). Accelerating Uptake of Health Insurance. **(Visit Link)**

Population Services International (PSI). (2022). Not Just Cogs in The Machine: Using SBC to Enable Critical Behaviors Across Health Systems Actors (Blog Post). **(Visit Link)**

## Webinars, Podcasts, and Presentations

Breakthrough ACTION. (2022). How Can Incorporating Social Accountability into SBC Improve Equity? **(Visit Link)**

Breakthrough ACTION (n.d.). SBC Learning Central – Putting Learning into Action! **(Visit Link)**

FHI 360. (2024). How can health systems meaningfully enable behavior change and performance of health system actors? **(Visit Link)**

UNICEF. (2024). SBC in Support of System Strengthening - The ABCs of SBC Podcast. **(Visit Link)**

## Peer Reviewed Literature

Gupta B, Li D, Dong P, Acri MC. (2021). From Intention to Action: A Systematic Literature Review of Provider Behaviour Change-Focused Interventions in Physical Health and Behavioural Health Settings. J Eval Clin Pract. 27: 1429–1445. **(Visit Link)**

Kyomuhangi T, Manalili K, Kabakyenga J, Turyakira E, Matovelo D, Khan S, Kyokushaba C, MacIntosh H, and Brenner JL. (2022). Health System Strengthening Using a *Maximizing Engagement for Readiness and Impact (MERI) Approach:* A Community Case Study. Front. *Public Health.* 10:952213. **(Visit Link)**

Mukherjee, I and Nilanjana Mukherjee N. (2018). Designing for Sustainable Outcomes: Espousing Behavioural Change into Co-production Programmes. Policy and Society. 37(3):326–46. **(Visit Link)**

Naimoli JF, Parker KA, Heiby J. (2014). The Centrality of Behavior Change in Health Systems Development. *Glob Health Sci Pract.* 11;2(1):132-3. **(Visit Link)**

Shikako, K., El Sherif, R., Cardoso, R. *et al.* (2023). Applying Behaviour Change Models to Policymaking: Development and Validation of the Policymakers' Information Use Questionnaire (POLIQ). *Health Res Policy Sys.* 21(8). **(Visit Link)**

## Citations and Notes

1. This definition of health systems strengthening (HSS) is based on USAID's current and past HSS vision statements and related sources including:

   USAID. (2021). USAID Vision for Health Systems Strengthening 2030. **(Visit Link)**

   USAID. (2015). USAID Vision for Health Systems Strengthening 2015-2019. **(Visit Link)**

   WHO. (2000) World Health Report 2000. Health Systems Improving Performance. **(Visit Link)**

   WHO. (2007). Everybody's Business: Strengthening Health Systems to Improve Health Outcomes. **(Visit Link)**

2. This definition of social and behavior change (SBC) reflects specific efforts by USAID to maintain a consistent definition across technical areas where SBC approaches are used. See for example:

   Health Systems Strengthening Practice Spotlight. (2023). Social Accountability and Social and Behavior Change: Applying a Behavioral Lens to Social Accountability Approaches. Washington, DC. **(Visit Link)**

   RBM Partnership to End Malaria. (2017). The Strategic Framework for Malaria Social and Behaviour Change Communication 2018-2030. **(Visit Link)**

   USAID Advancing Nutrition. (2022). What is Social and Behavior Change? (Video) **(Visit Link)**

   USAID. (2023). Social and Behavior Change for Family Planning. **(Visit Link)**

   USAID. (2023). Social and Behavior Change Parameters for Resilience and Food Security Activities during Refine and Implement. **(Visit Link)**

   USAID. (2022). Social and Behavior Change and Health Systems Strengthening. White paper. **(Visit Link)**

   USAID (2021). Social and Behavior Change for Water Security, Sanitation, And Hygiene. Technical Brief 10. **(Visit Link)**

3. This definition of social accountability is drawn from the extensive literature review that was undertaken as part of the Accelerator's study Improving Linkages between Social Accountability and Social and Behavior Change.

   See for example:

   Clearly, SM, Molyneux, S and Gilson, L. (2013). Resources, Attitudes, and Culture: An Understanding of the Factors that Influence the Functioning of Accountability Mechanisms in Primary Health Care Settings. *BMC Health Services Research* 13: 320. **(Visit Link)**

   Fox, JA. (2015). Social Accountability: What Does the Evidence Really Say? *World Development* 72: 346-361. **(Visit Link)**

   Lodenstein, E, Dieleman, M, Gerretsen, B, and Eroerse, J. (2017). Health Provider Responsiveness to Social Accountability Initiatives in Low- and Middle-Income Countries: A Realist Review. *Health Policy and Planning* 32(1): 125-140. **(Visit Link)**

   Wetterberg, A, Brinkerhoff, DW, and Hertz, JC eds. (2016). Governance and Service Delivery: Practical Applications of Social Accountability Across Sectors. Research Triangle Park, NC: RTI Press. **(Visit Link)**

   World Bank Institute. (2005). Social Accountability in the Public Sector: A Conceptual Discussion and Learning Module. **(Visit Link)**

4. WHO. (n.d.) Financial Protection: Overview. **(Visit Link)**

5. UHC 2023. (2021). Health Budget Literacy, Advocacy and Accountability for Universal Health Coverage Toolkit for Capacity-Building. **(Visit Link)**

6. WHO. (n.d.) Universal Health Coverage (UHC). Overview. **(Visit Link)**

7. See for example:

   Sparkes, SP, Bump, JB, Özçelik, EA, Kutzin J, and Reich, MR. (2019). Political Economy Analysis for Health Financing Reform. *Health Systems & Reform.* 5(3): 183-194. **(Visit Link)**

   Reich, MR. (2019). Political economy analysis for health (Editorial). *Bull World Health Organ.* 97:514. **(Visit Link)**

   WHO. (2024). Political Economy Analysis for Health Financing: a 'How To' Guide. Geneva: World Health Organization; License: CC BY-NC-SA 3.0 IGO. **(Visit Link)**

## About the Accelerator

The Health Systems Strengthening Accelerator (Accelerator) is a global initiative funded by the United States Agency for International Development, with co-funding from the Bill & Melinda Gates Foundation. Its goal is to partner with countries to build resilient, high-performing health systems that respond to persistent and emerging health challenges that disproportionately impact vulnerable populations. The Accelerator contributes to USAID's strategy for achieving improved health equity, quality, and resource optimization by helping countries apply a whole-of-systems lens to intractable health systems issues, connecting local innovation and global knowledge, strengthening local ownership and processes, and building the institutional architecture needed to ensure lasting change.

The Accelerator systematically learns and shares new knowledge about building sustainable, country-led institutions for iterative health systems strengthening that ultimately help countries and development partners develop new strategies, partnership models, and approaches.

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## Acknowledgments

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