Behaviour change science and practice in low- and middle-income countries

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Focus on health workers’ practice

Involves health workers doing things differently

People find it hard to change and to sustain that change
“Behaviour is crucial throughout global health interventions. The discipline of behaviour change offers distinct expertise needed across 6 different domains of behaviour. Such expertise is in short supply, however. We will not have effective and sustainable health systems, nor achieve our ambitious health goals, without seriously addressing behaviour change.”

6 domains - Lifestyle behaviours, help seeking behaviours, adherence / collaboration, provider behaviour, prosocial behaviour, policies

A health partnership is an on-going 'twinning' or 'linking' arrangement between counterpart health institutions in high-income settings and developing countries.

The partnerships’ primary aim is to share knowledge and information to train health workers and improve health services.

The range of their capacity-building projects is very broad: clinically, technically, geographically, and in scale.”

http://www.thet.org/our-work/what-is-a-health-partnership
Partners’ experiences of health partnerships

- Changes in practice seemed difficult to make

- Suspicions (and evidence) that changes are not sustained
The Change Exchange

- Gulu-Man partnership (*Uganda*) 2013-2016
- UK Department For International Development through Tropical Health and Education Trust (THET) & Global Health Exchange (*Uganda, Sierra Leone, Mozambique, Ethiopia*) 2015-2017
- United Nations World Food Programme (*Ethiopia*) 2018
- UK Department for Health & Social Care/Fleming Fund through THET (*Ghana, Uganda, Tanzania, Zambia*) 2018-2021
- Health Education England/West Bengal Government (*India*) 2018-2021
- Ongoing Collaborations: *South Africa, Rwanda*
The Change Exchange
Overall Approach

- Work with partnerships and groups who are implementing change
- Behavioural diagnosis
- Process evaluation
- Report Synthesise

2 examples of how behavioural science can help understand practice change.

Process evaluations, embedded in implementation projects

Research, teaching, consultancy
Viral Haemorrhagic Fever (VHF) Resilience in Sierra Leone

THE CHALLENGE

- More infection prevention and control measures necessary to avoid further outbreaks of Ebola and other VHF
- What are the barriers and enablers to IPC measures in healthcare workers and community members?

- Plymouth University Peninsula School of Medicine & Dentistry & Massanga Hospital, Sierra Leone

- Resilience to future VHF outbreaks using immersive teaching (high fidelity simulation)
Viral Haemorrhagic Fever (VHF) Resilience in Sierra Leone

Sierra Leone

- Ebola free on 17 March, 2016 (flare up – was 7 Nov 2015)
- 14,124 cases reported, 3,590 lives lost
- Tonkilili district, Sierra Leone
- Serving population of 400,000
VHF Resilience in Sierra Leone: methods

- 7 Focus groups with 31 healthcare professionals
- Virtual learning packages using computer gaming technology – simulation/immersion. Delivered using tablets.
- Semi-structured, mixture of English, Krio and translated in situ
- Approximately 6-months post training
- Inductive thematic analysis (3 researchers)
- Deductive framework analysis (COM-B– behaviour change wheel)

VHF Resilience in Sierra Leone: results.
4 inductive themes

▸ Knowledge is power – and we have knowledge

“If Ebola were to come again...it will not affect us as it did the last time because we know now you have to wash your hands”

▸ Mortal men are hard to control – but strong clinical leaders can influence whole communities

“The CHO here never sees patients without using PPE...any patient you want to see, if you are not well dressed [in PPE] he will send you out. He says if you want to see patients you have to protect yourself”

▸ Agonising decisions – Ebola risk wanes and other priorities threaten IPC

“So I just have to put on my sterile gloves and catch the baby. They wait until they are fully dilated and I don’t want complications so I have to do it. But I hate it”

▸ Now Ebola is over – the challenge of maintaining behaviours in resource-poor healthcare system

“They always come and teach us about IPC but we tell them we do not have boots. Why are they not bringing us those items when they keep coming and telling us that we need to continue the IPC?”
Safer Anaesthesia From Education: Overview

- **Pre-course**
  - MCQ, skill, behavioural determinants, self-report behaviour

- **During-course**
  - BCT coding
  - Activities with data

- **Post-course**
  - MCQ, skill, behavioural determinants

- **Follow up**
  - MCQ, skill, behavioural determinants, Observation interviews
Safer Anaesthesia From Education: Projects

**Paediatrics:** Uganda, Kenya, Malawi, Ethiopia, Zambia (n=381)
Obstetrics: Kenya (n=119)

- **The Change Exchange:** supervision

**Obstetrics:** Tanzania, Nepal, Bangladesh, Zimbabwe (n=355)

- **The Change Exchange:** Design evaluation, supervise volunteers, analyse data, write up

**Operating Room:** Uganda (n=109)

- **The Change Exchange:** Design evaluation, supervise clinicians
- **Paper 5**
Knowledge Exchange – e-learning
www.mcrimpsci.org

Learn about healthcare professional behaviour

Specifying the behaviours you want to change

Measuring behaviour

Measuring determinants of practice
Knowledge exchange – Cards for Change

Goals & planning
Action planning

Prompting detailed planning of performance of the behaviour (must include at least one of context, frequency, duration and intensity) context may be environmental (physical or social) or internal (physical, emotional or cognitive).

Note. Includes implementation intentions.

Key points:
Action plans should be specific, measurable, achievable, realistic and time-bound (SMART).

Activities:
Making a SMART plan: Ask trainees to write down the wanted behaviour. Ask them to then make a detailed plan of how and when they will perform the behaviour. The plan should be SMART: specifying the behaviour; saying how you will know you’ve done the behaviour; saying when you will do the behaviour and then checking that the behaviour is realistic and achievable in terms of what and how (intensity, duration, context). 

Or: Ask trainees to identify cues that automatically help the behaviour happen in that context. For each cue, ask them to make a simple statement, linking the cue and the behaviour: “if [cue] happens then I will do [behaviour]”. This is called an if-then plan.

Key points to make the activities work well:
Trainees should come up with their own plans or at least check that suggested plans are SMART. If-then plans are simple. All action plans can be done individually and online or face-to-face.
Conclusions

- Considerable interest in behaviour change
- We shouldn’t assume methods and measures are appropriate for use world wide
- Partnership working builds groundwork and enables LMIC partners to lead on needs identification
Thank you

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