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SHOPS
Strengthening Health Outcomes *through* the Private Sector

Strategies for Changing the Behavior of Private Providers

PRIMER

Summary: As the international health community progresses in achieving global development goals, the ability to change the behavior of providers to achieve optimal health outcomes becomes more critical. This primer was designed as a resource for field staff who implement private provider behavior change programs. Informed by professional experience and a literature review, the primer covers behavior change theories and an adoption model. A review of the four forces that influence provider decisionmaking (company promotion, product experience, outside information sources, and environmental factors) draws on examples from developing countries. It concludes with essential information for program design and implementation.

Keywords: behavior change communication, contraceptives, diarrhea, family planning, maternal and child health, mhealth, midwives, oral contraception, oral rehydration solutions, pharmaceutical partnerships, pharmacies, provider associations, provider networks, quality improvement, social franchise, social marketing, zinc

Recommended Citation: Grable, Nicole and Samantha Lint. 2016. *Strategies for Changing the Behavior of Private Providers*. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates.

Cover photo: Jessica Scranton

Project Description: The Strengthening Health Outcomes through the Private Sector (SHOPS) project is USAID's flagship initiative in private sector health. SHOPS focuses on increasing availability, improving quality, and expanding coverage of essential health products and services in family planning and reproductive health, maternal and child health, HIV and AIDS, and other health areas through the private sector. Abt Associates leads the SHOPS team, which includes five partners: Banyan Global, Jhpiego, Marie Stopes International, Monitor Group, and O'Hanlon Health Consulting.

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Cooperative Agreement: GPO-A-00-09-00007-00

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Abt Associates Inc. • www.abtassociates.com January 2016

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ACKNOWLEDGMENTS

The authors thank Marguerite Farrell of the U.S. Agency for International Development and Susan Mitchell of Abt Associates for their thoughtful insights and comments. They also thank Sara Sulzbach for her initial design of the paper, as well as Gael O'Sullivan, May Post, and Ramakrishnan Ganesan of Abt Associates for their contributions and suggestions.

Strategies for Changing the Behavior of Private Providers

Jessica Scranton

Changing the behavior of providers is critical to improve health outcomes. The global health community struggles with providers giving inappropriate treatment and services, not providing high quality treatment and services, and communicating ineffectively with clients.

The pharmaceutical industry in developed markets researched the motivations and challenges of providers—especially of physicians—and the process of provider behavior change. The industry used the findings to design, implement, and evaluate strategies aimed at changing provider behavior to increase the appropriate use of health care products and services. This primer addresses changing provider behavior to encourage adoption of new products and services. The authors reviewed literature from the pharmaceutical industry and other sources, analyzed private sector strategies in developed and developing markets, interviewed executives in the pharmaceutical industry, evaluated market research, and examined research and lessons learned from the Strengthening Health Outcomes through the Private Sector (SHOPS) project.

This primer looks at the role that challenges and motivations of health care providers—in particular, private providers in developing countries—play in their decisionmaking. It describes applicable behavior change theories and outlines four factors that influence provider decisionmaking. The next section proposes effective strategies to change provider behavior and includes real-world applications of effective, multifaceted approaches used in the developing world. Program implementers and donors can use this tool to learn about strategies for provider behavior change based on lessons learned and best practices. This primer seeks to support the ongoing learning on provider behavior change and to advance the practice within the international development field. While some of these principles and strategies are derived from research in the United States market, they are applicable to a range of providers—both clinicians and retail providers—and can be used by policymakers, donors, program implementers, and others to design provider behavior change programs in developing countries.

BACKGROUND

Health care providers often pursue a career in health because they are committed to helping people, yet the challenges of managing a business can complicate the provision of care. Providers are often grateful for the ability to care for others and inspired by the trust that their clients place in them (Shelton, 2001). Nevertheless, the goal of meeting client needs can conflict with the requirement to fulfill administrative duties. With the challenges of managing a private practice or drug shop, it can be nearly impossible to find the appropriate balance between business success and providing optimal care.

Medical doctors are subject to human weakness, as is everyone else (Shelton, 2001). Change is difficult for most people, including providers. Additionally, providers' formative education heavily influences

their behaviors. For example, a provider educated 20 years ago developed habits based on guidelines, treatments, and medications of that time. These ingrained behaviors are the most resistant to change. Retail providers, including pharmacists, have their own professional challenges: lack of authority in the eyes of the client, the need to maintain satisfied customers, and frequent staff turnover (SHOPS Project, 2014). Medical culture is traditionally hierarchical and conservative with strong norms around work and culture, making change even more difficult (Shelton, 2001). Finally, providers (and clients) are also influenced by sociocultural norms, which are deeply personal and usually change only gradually.

New medications and other products, as well as innovative procedures and other services, come to market with the potential to improve health, but often go unused because providers fail to adopt or promote them. These include family planning methods, treatment for childhood diarrhea, and medication to treat chronic diseases like diabetes and hypertension. The idea behind improving provider behavior is to make the most effective product or service available for each client, with the goal of improving their quality of life and ultimately, improving health outcomes.

The Private Provider

In this primer, the term "provider" refers to an individual who treats or influences a patient or customer in a professional health setting. The patient or customer is the "client." The private provider category includes providers outside government: clinicians, such as medical doctors, medical officers, nurses, and midwives who provide services in privately owned hospitals and clinics, as well as facilities operated by faith-based organizations and NGOs. It also includes retail providers, such as pharmacists and small commercial drug shops or medicine sellers. They are often the first line of health care in developing countries, especially in rural areas with little or no access to private or public clinics.

Intrinsic Challenges

While providers face internal and external challenges (the need for commodities, equipment, and infrastructure), this primer focuses on the former—intrinsic and personal challenges such as peer pressure, ingrained behaviors, the need to meet patient expectations, and a heavy workload (Grimshaw et al., 2002). Because private providers operate outside the traditional health care system and frequently in areas underserved by public providers, they face geographical isolation, limited or no supervision, limited peer support, inadequate access to advanced and refresher training, and are more sensitive to customer influence. They also carry the additional responsibility of running a business, and managing human resources and finances (Brugha and Zwi, 1998; Shelton, 2001). These challenges can hinder behavior change or reinforce a behavioral habit, leading to suboptimal client care.

Physicians and Retail Providers

While physicians and retail providers play an integral role in the health service delivery system in the developing world, the environments in which they work can be quite different from one another.

Physicians are well educated and leaders in their health care communities; still, they do not always provide optimal care. The fees that private sector clients pay can influence the provider-client interaction. Physicians concerned about clients' ability to pay and who want to maintain satisfied customers and a good image in the community might opt for inexpensive or inappropriate rather than optimal care (Brugha and Zwi, 1998). Additionally, even though private physicians are highly educated, they might not have access to or know current product information and medical guidelines. This is especially true for private providers who do not have access to refresher training, which is often sponsored by the government.

Retail providers play a variety of overlapping roles—retailer, confidante, and frontline health provider—that influence their ability to offer product recommendations and provide optimal care (Rosapep and Sanders, 2015). For example, as a frontline health provider or confidante to whom the client turns for advice on treatment, the retailer

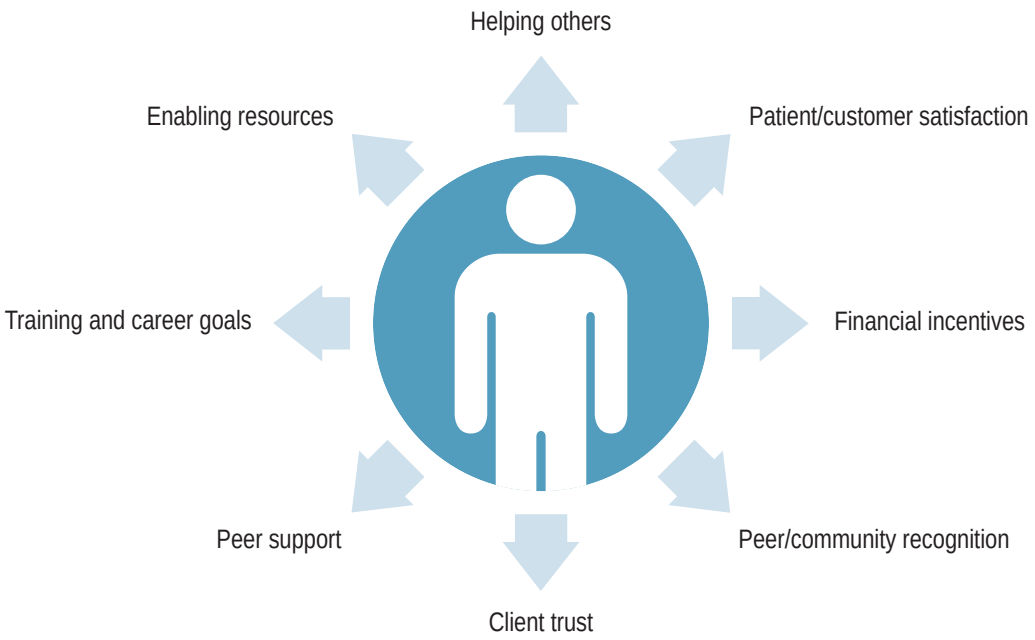
can influence the products that the client will use. Conversely, as purely a retailer whose clients already know what they want to buy, it is more difficult for these providers to influence product choice. For example, when a client wants antibiotics to treat their child's diarrhea, it is difficult for the retail provider to advocate for more appropriate oral rehydration solution (ORS) and zinc (Rosapep and Sanders, 2015). The provider might fear that engaging clients with questions and promoting an alternative product will offend and drive the client to a competitor (Mangham-Jefferies et al., 2014). This fear of losing customers can encourage provider complacency, resulting in the sale of products they know to be inappropriate (Brugha and Zwi, 1998). While retail providers are sought out for frontline care when physicians are less accessible or affordable, they do not have the same status as physicians. They also often lack the product knowledge to negotiate effectively with clients in order to influence appropriate treatment options.

Provider Motivations

Motivation is described as a person's willingness to exert and maintain behavior toward a goal (Franco et al., 2004). Provider motivations are a key factor influencing caregiving behavior. When considering how to influence provider behavior change, the following characteristics must be taken into account (Franco et al., 2002): who they are, what motivates them, and how they see their roles (Shelton, 2001).

Clinical and retail providers are motivated by helping others, providing the best service for their patients, financial rewards, social status, and client trust and respect that come with providing optimal care (Brugha and Zwi, 1998; Mills et al., 2002). Additional motivations include peer support, training, and resources that enable them to work more effectively and quickly, allowing them to serve more patients (Figure 1). While private providers care about their patients, the level of services they provide and the extent to which they aim to achieve improved patient health outcomes as opposed to achieving personal and business goals depends on the individual's internal motivations (Godager and Wiesen, 2013). Private providers must be business-minded to stay in business; they need to provide satisfactory services to gain and retain enough clients to cover their costs (salaries, rent, equipment, and supplies). To do this, their treatment choices may be influenced by client expectations (Mangham-Jefferies et al., 2014). A private provider who is short on time and money might take the path of least resistance and not invest in changing client behaviors, which takes time that could be spent with another client.

Figure 1. Motivations for Private Provider Behavior



Motivating Doctors to Adhere to Tuberculosis Standards of Care

The SHOPS project in India conducted a study that evaluated ways to motivate private doctors' adherence to standards for tuberculosis care. Four solutions showed strong and wide appeal: continuing medical education, access to accredited labs for their patients, choice of daily or intermittent therapy, and external resources to reduce the burden of work. The resources included documentation support for completing referral or other forms; counseling patients diagnosed with tuberculosis on treatment, drug side effects, affordability, and HIV testing; coordination with public sector facilities for referrals related to testing or treatment; building capacity of existing personal assistants on documentation and patient follow-up; and contact tracing (identification of contacts of tuberculosis patients who had symptoms).

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Providers are motivated by multiple factors, which at times may conflict.

Behavior Change Theories

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BEHAVIOR CHANGE THEORIES

Behavior change is critical to achieve improved health outcomes around the world, including in developing countries. This is true for both clients and providers, who often share cultural norms, beliefs, and perceptions about preventive and curative health care. It can be argued that behavior change is so important that it should be considered a building block of health systems strengthening (Shelton, 2013). Changing human behavior is a process and should be looked at strategically, using these theories as the foundation.

Behavioral Economics

Behavioral economics is a method of economic analysis that applies psychological insights into human behavior to explain economic decisionmaking. It explains decisionmaking based on human (social, cognitive, and emotional) factors and traditional economic (financial) motivations (Storey et al., 2011). It helps explain why a private provider would knowingly recommend inappropriate or suboptimal treatment. For example, as the SHOPS project found in Ghana, a provider may recommend an inappropriate treatment for childhood diarrhea if they know the client expects a certain treatment and will take their business elsewhere if they don't get it.

Two Core Principles for Motivation

Two core principles described in Stephen Covey's 1989 book, *The 7 Habits of Highly Effective People*, are helpful in considering provider motivation. The first principle is, seek first to understand; then be understood. This principle uses empathetic listening to trigger reciprocal listening and open-mindedness to being influenced in the other person. It also creates an atmosphere of positive problem solving. The second principle, think win-win, is described as developing mutually beneficial solutions or agreements (Covey, 1989). The win-win approach is useful in terms of a particular product and in influencing the provider's behavior.

Ecological Model

The ecological model evaluates providers' behaviors at multiple levels of influence. The different levels of influence are: intrapersonal (individual), interpersonal (social and cultural norms), community (social respect), physical environmental, and policy (Glanz et al., 2008). While guidelines and medical recommendations define the appropriate product use, social and cultural norms might interfere with its use (SHOPS Project, 2014). Thus, it is important to consider the multiple levels of factors when developing provider behavior change campaigns, and realize that barriers can take time—sometimes generations—to overcome.

Stages of Change Model

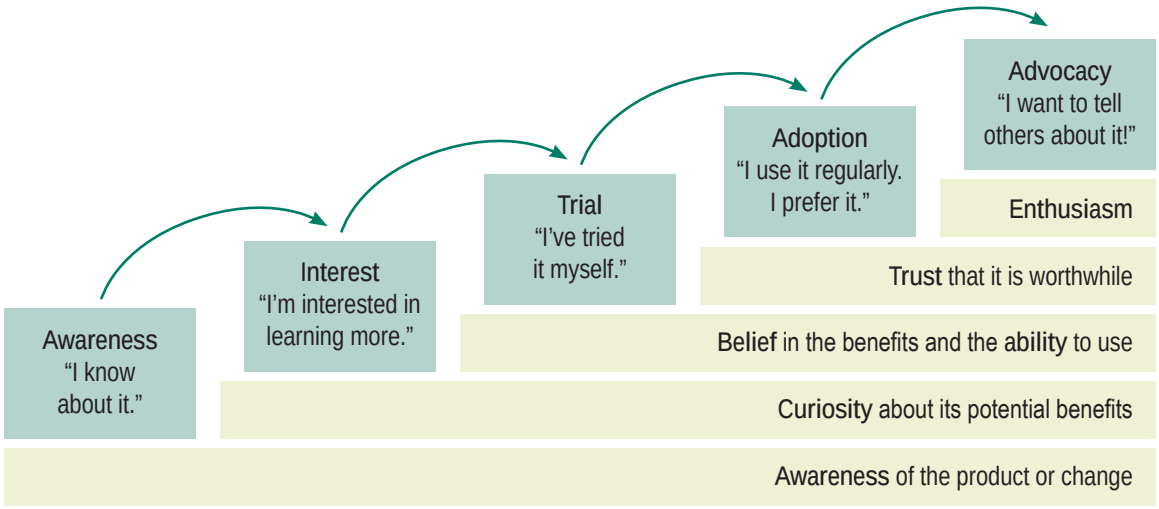
The stages of change model is used to evaluate progress of product adoption in provider behavior change. Also known as the transtheoretical model of change (Glanz et al., 2008), this theory segments providers by identifying the stage of change they are in, allowing for strategic messages to be developed to influence their behavior. The theory describes each stage as different "levels of motivation or readiness to change" (Schiavo, 2013). This model is a commonly used tool in the pharmaceutical industry.

Behavioral theories have a variety of purposes and collectively provide greater understanding of providers' behavior and how to change behavior. While behavioral economics helps explain provider motivations and behavior, the ecological model provides an understanding of how individual, community, cultural, and policy factors influence the providers. The stages of change model also helps explain the provider behavior, and allows program implementers to follow a provider's behavior through the stages of change—from awareness of a product to advocacy. The next section shows how to apply the stages of change model. This model places the provider at different stages, allows for targeted messaging, and evaluation of behavior progression. The adoption stairway (Figure 2) can also help with provider segmentation, another important tool in provider behavior change.

The adoption stairway

PSI, a leading social marketing organization, adapted the stages of change model for clinical and retail providers. The adapted model, called the adoption stairway (Figure 2), describes the transition from one stage to the next. The stages are: awareness (knowing the product or service is available), interest (the desire to learn more), trial (try the product or give it to a client), adoption (provider uses it regularly), and finally advocacy (champion the product and tell others) (PSI, 2015).

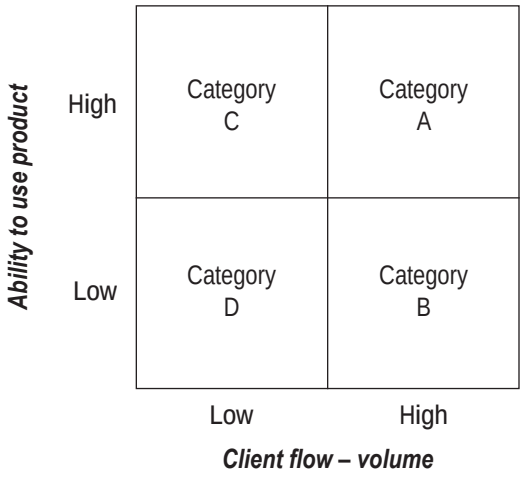
Figure 2. The Adoption Stairway



Source: PSI, 2015

By first segmenting their target groups, development programmers can move providers through the adoption stairway and tailor messages accordingly. Provider segmentation divides providers into subgroups based on their client flow (number of clients appropriate for the product or service), and their ability to use the product (Figure 3). Segmentation allows programs to focus resources on providers who are more receptive to change. Providers with high client flow and high ability to use the product are category A. Category B providers have high client flow and a low ability to use the product. Category C providers have low client flow but high ability to use the product. Finally, category D providers have low patient flow and low ability to use the product.

Figure 3. Segmented Groups for Providers



Behavior change programs first segment providers and then develop strategies and communication messages to fit each segment. Programs focus resources and efforts on providers in categories A, B, and sometimes C. Once providers begin to increase the use of products and move through the stages, efforts can focus on other providers that show potential.

Moving through the stages

Moving providers from awareness through the stages of change to adoption or advocacy requires understanding individual provider motivations and challenges, and product (and service) commitment. This process takes time and is not linear. Not everyone starts at awareness, unless a product is new to the market. As providers move from one stage to the next, they face hurdles and need encouragement and support from peers, supervisors, and all others involved in multifaceted approaches. Inadequate support can impede or, worse, reverse progress. Providers may move forward and backward through the stages at different times depending on their experiences and situational factors.

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As providers move along the adoption stairway, they recommend products to their clients.

Four Forces that Influence Provider Decisionmaking

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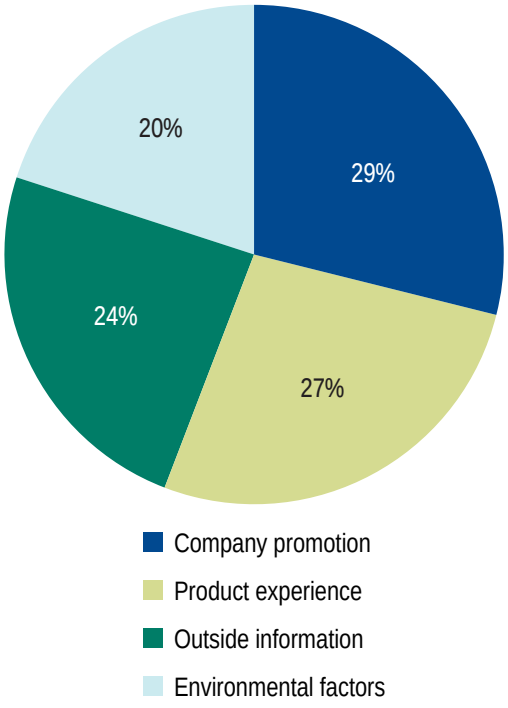
FOUR FORCES THAT INFLUENCE PROVIDER DECISIONMAKING

There are four forces proven to influence physician decisionmaking in the U.S. market, which are applicable to providers in the developing world. This section includes practical implementation strategies to influence provider behavior change. The ecological model of behavior change informs the four forces, as they encompass behavior change at multiple levels.

Health Strategies Group, a leader in market access and research in the pharmaceutical industry, collected more than 25,000 physician product observations and developed four forces that influence physician prescribing decisions (Figure 4). Ranked in order of influence, they are: (1) company promotion (marketing and sales programs and support resources), (2) product experience (physician experiences with the product and patients' feedback), (3) outside information (information the physician hears or reads), and (4) environmental factors that influence health markets (changes to the market such as insurance coverage or additional products entering the market) (Health Strategies Group, 2012).

Figure 4. Four Forces in the U.S. Market



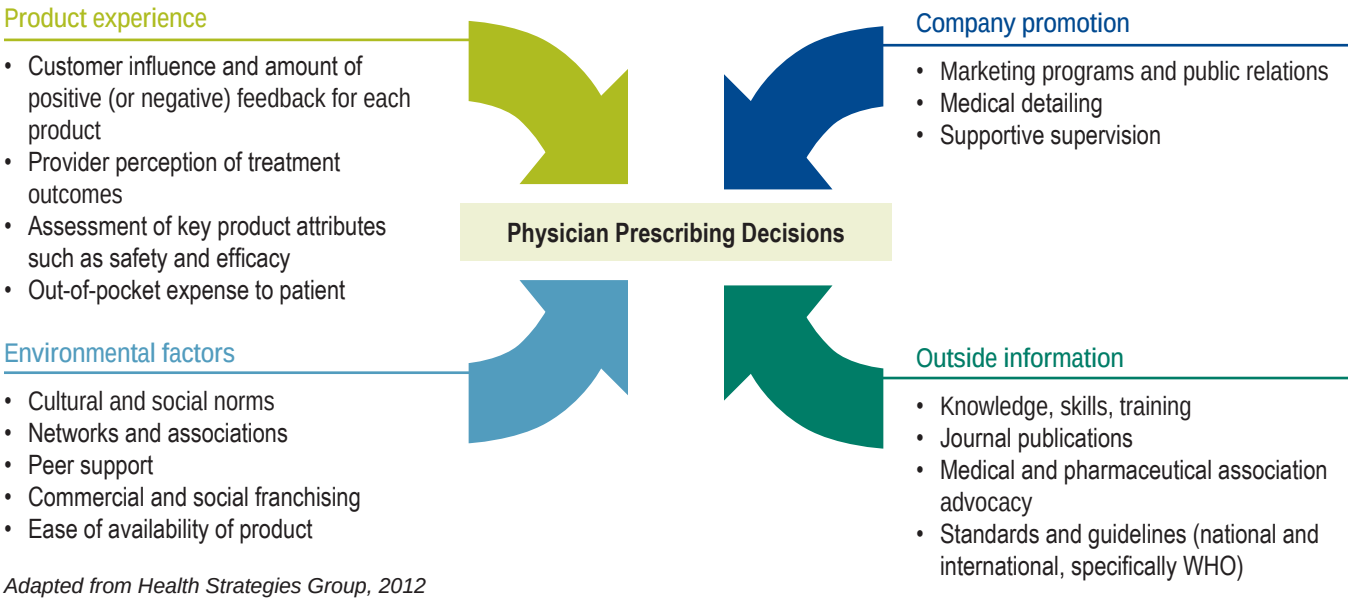
Health Strategies Group, 2012

Elizabeth Corley

Drug shop retailers, like clinical providers, are influenced by four forces in decisionmaking.

These forces also apply in the developing world. However, due to different contextual factors—some details need to be modified to increase applicability (Figure 5). Company promotion still includes marketing and sales, but this takes place through more supportive medical "detailing" and supportive supervision by product representatives. Product representatives include company employees, NGO staff, or other stakeholder representatives. Product experience includes physician assessment of product attributes and perception of treatment outcomes, client feedback, and product affordability to the client. Outside information includes knowledge and training, continued medical education or certification through medical or pharmacy associations, and journal publications. Environmental factors that impact health markets include cultural and social norms, networks and associations, peer support, commercial and social franchising, and availability of the product.

Figure 5. Four Forces that Influence Providers' Decisionmaking



Adapted from Health Strategies Group, 2012

Company Promotion

Company promotion is accomplished through marketing and sales activities. Promotional efforts increase provider awareness of a product, disseminate product information, and increase provider acceptance and use of a product or service. Promotion can be done by a business, brand, association, or public health organization. In the developing world, promotion encompasses traditional marketing approaches, but also medical detailing and supportive supervision. Product sampling is another important method of company promotion in the United States, but it is not widely used in developing countries.

Marketing

Traditional marketing and public relations strategies reach the public through the media to promote products and behaviors, and to neutralize biases. They change behavior by stimulating demand. For example, if a TV advertisement shows a provider administering ORS and zinc treatment, and consumers begin to request these products, providers begin to supply the products to meet the needs of their clients. Goli ke Hamjoli or "Friends of the Pill," a USAID-funded Commercial Market Strategies (CMS) program for oral contraception in India, used media, journalists, and leading doctors to advocate for oral contraceptives in the health care provider community. This included print advertisements in women's magazines, other popular magazines, and newspapers; media launches in urban areas, with local government officials and civic groups participating; and technical presentations for journalists, especially health columnists. While the appropriate promotion strategy is important, frequency of exposure and depth of communication is also critical.

Message Frequency
Depending on resources, top-segmented providers should receive messages with greater frequency. Reminders in various forms are also beneficial. If providers are targeted by a variety of communication channels such as training programs, marketing messages, and supportive supervision or medical detailing, then face-to-face in-depth messaging should take place once a month. The more times providers can discuss a product and the challenges they face to its adoption, the more likely they are to overcome resistance and to increase their acceptance of and confidence in the product. The frequency level also depends on how much the provider trusts the product (or brand), how ingrained the provider's current habit is, how easy it is for the provider to try the product, the provider's need, and the perceived or real cost to the provider. All of these factors will determine how many times and in what format that message needs to be delivered. It is important to view providers as consumers, but with a longer adoption period and behavior change cycle than the average customer. Providers have a lot at stake: their reputation, client health outcomes, and the time and energy required to adopt a new product or change behavior.

Medical detailing

Medical detailing is a form of interpersonal communication. Field representatives visit, educate, and follow up with physicians and retail providers. During routine and frequent detailing visits to providers, a representative learns about a provider's practice or shop, shares product information, uncovers barriers to product use, and offers solutions in an effort to encourage the provider to use a product. The strategy has been adopted by social marketing and other organizations from its private sector origins. Field representatives can be hired by the organization, as in the Goli ke Hamjoli program, or the organization can partner with pharmaceutical manufacturers to train their representatives to pull through key messages, a strategy that was employed in the SHOPS ORS and zinc program in Ghana. Representatives are usually assigned a geographic area with a certain number of providers to visit regularly, say, six to ten times per year, depending on the provider's segment category. A description of Goli ke Hamjoli's medical detailing in the field is featured in the text box on the opposite page.

Jessica Scranton

Characteristics and Responsibilities of the Hamjoli Field Representatives

Characteristics

- 115 people based in 25 headquarter towns
- Local individuals inclined to do work with a social purpose (teachers, trainers, activists, salespeople, non-medical NGO employees)

Responsibilities

- Maintained relationships with medical practitioners and chemists (visited them four to five times per year)
- Detailed, trained, followed up with providers, placed information and display materials
- Executed new program activities, with fresh detailing scripts every two months
- Ensured promotional materials were visible
- Improved partner brand availability at outlets
- Ensured local coordination with other partners
- Conducted periodic validation studies
- Attended monthly field team meetings

Organization

- Each state had a manager, and was supported by training managers
- Operated in teams of three to four men and women who covered nearby satellite towns
- Each representative had 700 providers to visit; 15 visits per day
- Representatives were supported by team leaders (supervisors) and monitored and supported by quality assurance coordinators

Key Contribution

Trained more than 60,000 providers in oral contraceptives (28,000 medical practitioners and 34,000 chemists)

This educational and personal approach allows field representatives to share technical information about a product and the health condition it targets. Representatives help providers overcome barriers to use, moving through the stages of change. Field representatives must be knowledgeable about the health condition, products, and competitive products that they discuss with providers. A study of 208 physicians described the characteristics of what they consider "quality" representatives: a high level of education or training, experience and good use of clinical studies, and use of evidence-based medicine (Publicis Selling Solutions, 2008).

Early in a field representative's relationship with a provider, the representative's role is to learn the intricacies of the provider's practice. The representatives seek information about the provider, the practice (or shop), the types of clients seen and their needs, and the provider's motivations and reservations about product use. In response, they deliver customized messages that add value to the product, thereby meeting an unmet need. The provider might not know that they have an unmet need ("I don't have any problems"). It is the role of the field representative to uncover this ("Have any of your clients experienced this disorder?"). As they build rapport, the provider will share more information and the representative will ask questions to uncover the provider's issues related to his or her clients. Skilled medical detailers will understand where a provider is along the adoption continuum at all times and manage their detailing communication accordingly. During this process, representatives have a key role in influencing provider beliefs and behaviors because they can discuss a specific client profile that is a good fit for the product, share features and benefits, and ask the provider if they feel confident using the product.

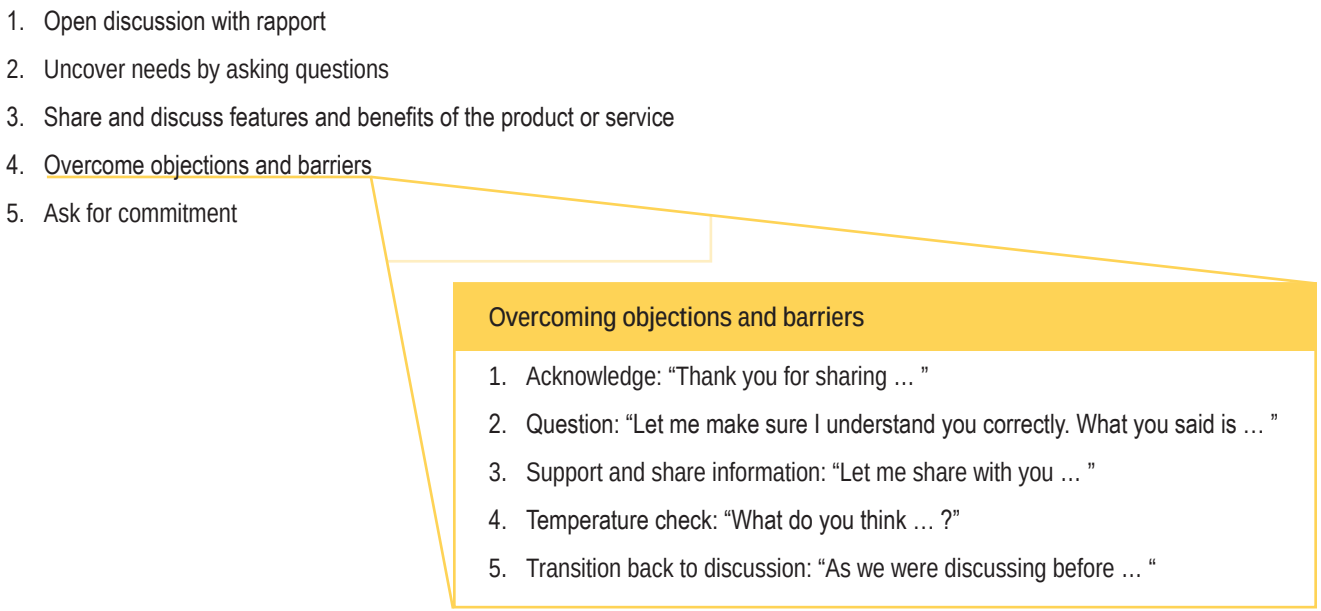
Provider dialogue

Communication strategies and language need to be customized to reach different types of providers. (PharmaLinx LLC, 2007). One communication structure commonly used by leading pharmaceutical companies to engage the provider is dialogue, rather than just reciting information (Figure 6). Providers explain their needs and challenges, and field representatives take time to share relevant product information. Finally, the representative asks for some type of commitment to move the provider closer to using the product or to gaining confidence in it.

The first step of the provider dialogue approach is for the field representative to open the discussion by building rapport. Second, the representative continues the conversation to uncover the needs of the provider, and asks questions about the provider's clients and challenges. Once the representative has identified a need, he or she can share the features and benefits of the product that meet the provider's need. Providers often mention barriers or challenges at this point, which is encouraging because it means that the provider is engaged and open to sharing. It is an opportunity for the representative to add value to the provider by offering additional information about the product or a solution to the problem. To overcome barriers to selling and dialogue, representatives often use the following steps: acknowledge, question, support, temperature check, and transition.

Finally, the representative asks for some form of commitment ("Will you try using the product, or consider discussing it with the patient profile that we talked about?" or "Will you consider discussing this with a colleague, and share your thoughts with me next time I'm in?") and notes this so they can start the next visit by asking about the commitment. During the SHOPS project, representatives asked for commitment by using these questions: "Will you order a start-up quantity of stock of the product today?" and "Will you sign a pledge to offer all contraceptive options a client is eligible for?" Doing this is critical to move providers through the stages of change. This process, from initial engagement to commitment, can vary over the course of many meetings.

Figure 6. Medical Representative-Provider Dialogue



Supportive supervision

Supportive supervision is an approach to monitoring programs that promotes continuous and focused learning, use of appropriate products or services, mentorship, joint problem solving, and improved communication between stakeholders. In programming, supportive supervision is usually integrated into existing supervisory and oversight systems and aided by a facilitative tool or checklist. It ensures quality improvement by incorporating policy adherence and guidelines, and leads to transfer of skills and ownership and healthy behavior change among health providers at all levels. Supportive supervision is primarily conducted in the donor-driven developing country context, where overall programming across the intervention area is broader and less product-specific, requiring assistance from different types of stakeholders (public and private).

Jordan Association for Family Planning and Protection

Supervision is important for effectively managing human resources from an overall health system perspective. However, limited resources and lack of communication skills can create difficulties for supervisory networks in the developing world (Marquez and Kean, 2001). Typically, supervision has centered on inspectors to ensure adherence to policies and procedures, rather than focusing on performance enhancement and skill building (Tavrow et al., 2002). Supportive supervision with a coaching and mentoring approach, and with its goal of increasing capacity and improving performance, could prove to be more effective than traditional monitoring and evaluation. Supervision in medical settings consists of management, education, and support (Kilminster and Jolly, 2000).

In Nigeria under the Partnership for Transforming Health Systems 2 project, supportive supervision training was given to Ministry of Health supervisors and regional- and district-level authorities. After receiving training, they visited nurses and midwives who were trained in maternal and newborn lifesaving skills. These visits led to on-the-job assessments of learned skills, adherence to quality standards and guidelines, and immediate feedback to staff. This led to increased staffing and services, and better quality of care. The facilitative processes, focusing on mentorship, joint problem solving, and communication, help improve providers' skills and resolve barriers to behavior change (EngenderHealth, 2001).

Supportive Supervision for Retail Providers in Ghana

In Ghana, SHOPS enabled supportive supervision for retail providers. In partnership with the Ministry of Health, the Pharmacy Council, and the Pharmacy Association, the program consisted of training and SMS outreach. Thirty inspectors from the Pharmacy Council were trained to use smartphones to capture and upload information for the retail providers in real time. The inspectors used their smartphones to report product inventory levels to distributors, who could then immediately fill orders based on inventory information relayed to them via the SMS application. This resulted in greater access to commodities for providers and better distribution processes for the manufacturer. Ultimately, this intervention transformed how the retailer-supervisor relationship was viewed. The application allowed for increased dialogue focused on the retail providers' challenges and reported supplies, facilitating behavior change for the providers and engaging the Ministry of Health, Pharmacy Council, Pharmacy Association, distributors, and manufacturers as partners.

Product Experience

The provider's experience with a product affects future use and recommendation of the product. Providers must have a clear understanding of product attributes, such as safety and efficacy. Additionally, providers must believe that they will encounter favorable treatment outcomes, and receive positive reinforcement from clients. Finally, it is beneficial if the provider feels that the client sees the value in the product and has a mechanism to pay for the treatment. Another topic relevant to product experience relates to product samples. In the United States, pharmaceutical companies provide free product samples to medical providers (doctors, nurse practitioners, and physician assistants). Product samples allow providers to try products at a low-cost risk for appropriate clients (patients). While this is a luxury in developed markets, it is one that isn't usually available in developing markets, which affects providers' experience with a product and client affordability. However, it should not go overlooked that out-of-pocket costs to patients in the United States are also now a large area of concern.

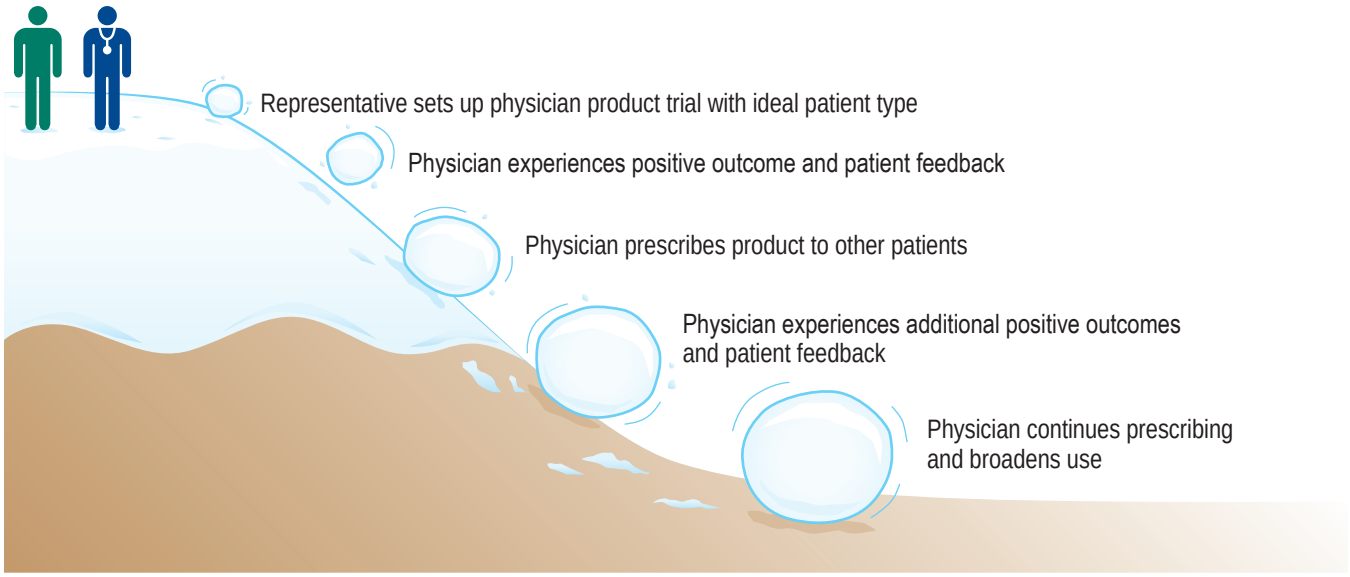
Product information

The "When, Why, How" model is a baseline for communicating product information. While there is a lot of information that providers need to know about a product, typically covered in trainings or in-depth conversations, this platform allows for consistency in messaging. The model offers a clear description for the provider: (1) patient profile: "when" they should use the product; (2) features and benefits: "why" they should use the product; and (3) product delivery or dosing and duration: "how" they should use the product or service implementation. Expanding dialogue from this model leads in a number of different directions depending on the provider's needs and individual barriers. Using the model maintains direction and consistency with messaging.

Snowball effect

Once providers begin using the product, they presumably will receive positive feedback and high acceptability (customer influence) from clients, and subsequently will be more likely to use the product with other clients. This process creates the "snowball effect" (Health Strategies Group, 2012), in which positive feedback broadens use (Figure 7). This snowball effect can help move providers through the stages of change and increase product utilization. That said, when the provider starts using a product, challenges can appear, such as cost, patient compliance, and follow-up (Shelton, 2013), inhibiting positive feedback and outcomes, and slowing down or reversing the snowball effect.

Figure 7. Product Experience Snowball Effect



Source: Health Strategies Group, 2012

Elizabeth Corley

Client influence

Provider behavior is influenced by clients who face challenges such as lack of knowledge about appropriate treatments and ingrained preferences (Mills et al., 2002). For example, clients might request a specific product or decline a provider's suggestion of a product. Clients also influence provider behavior through positive or negative feedback once they have used a product. As every provider is different, each client has different experiences, perceptions, resources, and other factors that influence their needs and actions. As such, they need to be approached individually. Just as field representatives need to be trained in communication strategies with providers to increase product uptake, providers need to know how to communicate effectively with their clients as well.

Total office call

The "total office call" strategy as used by GlaxoSmithKline Pharmaceuticals focuses on the importance of not only the provider, but other office or shop staff in promoting behavior change. In the total office call, a field representative or supportive supervisor speaks with shop assistants and nurses, medical assistants, and receptionists to identify their needs and challenges, and provide them product information and solutions. Doing so adds value for the provider, whose staff becomes more knowledgeable about the product information and can support the provider's recommendation of its use. Support staff often spend more time with clients than does the provider, and they answer questions in the provider's absence, especially last-minute questions at the end of a facility visit.

Outside Information Sources

New and effective interventions continue to expand the field of medicine and improve health outcomes. Providers with outdated information and skills and who lack confidence are unable to give optimal care (Shelton, 2001). For this reason, outside information sources, such as training via associations, refresher courses, and continuing medical education programs, as well as external journal publications and access to international and national standards and guidelines and protocols, are critical to support provider behavior change. These information sources provide a foundation of the knowledge and skills required to facilitate behavior change and improve provider performance (Mills et al., 2002).

Increasing the availability of client takeaways such as brochures and fact sheets on products and management of side effects and out-of-pocket expenses are also important.

Training

Provider knowledge and confidence is instrumental to behavior change, yet gaining up-to-date information and accessible and reliable trainings are constant challenges for private providers. Barriers to attending training include inconvenient times, geographical distance, a heavy workload, and concern about losing income or entrusting the business to other staff.

Trainings that are accessible and encourage participation facilitate continued learning (Rowe et al., 2005). Effective strategies include small-group interactive trainings with practical skills development, peer-group discussions, and role playing. Problem-based learning and trainings that incorporate educational outreach and reminders are particularly effective. For example, in Ghana SHOPS partnered with the Pharmacy Council to deliver diarrhea management training to retail providers and followed up with key message reminders. Based on the feedback from the participants, the reminders prompted them to revisit training materials and guidelines, reinforcing messages. In India, the SHOPS Dimpa program found peer-group discussions to be one of the most effective forms of provider training, because the method allowed providers to discuss and learn strategies to overcome barriers.

A.B.M. Zuanaed

Training to Enable Behavior Change in Nigeria

SHOPS trained two types of providers in two different health areas. The program offered family planning training to medical providers and diarrhea management training to pharmaceutical and retail providers. In Nigeria, SHOPS worked with clinic-based providers on integrating new or updated family planning, reproductive health, and maternal and child health services. Specifically, 385 nurses, midwives, and doctors participated in a two-day balanced counseling strategy training. This training gave providers basic knowledge of all methods of family planning and how to counsel women and men on the selection of a method appropriate to their needs. This interactive and participatory course demonstrated the use of the balanced counseling strategy toolkit, which included the counseling algorithm, counseling cards, and brochures. Participants who completed the course received a balanced counseling strategy toolkit for their clinic. Also, 457 clinicians attended a three-day contraceptive technology training course. Clinicians received updates on general family planning clinical knowledge and, in particular, the knowledge necessary to provide quality IUD and implant insertions and the opportunity to observe procedures at local facilities. As a follow-on to the contraceptive technology training, a four-day optional Long-Acting Reversible Contraceptives (LARC) training was offered. The course, designed to build upon the clinical skills of the providers, focused on skill improvement for IUD and implant insertion and removal. It also offered a session on record keeping for improved maintenance of service statistics and quality assurance of data submitted to state Ministries of Health and the SHOPS program in Nigeria. Infection prevention and control training was conducted with 2,368 clinical and non-clinical staff. The training course increased the quality of hygiene and safety practices and procedures for all facility staff members, and is required for facilities whose providers participate in the LARC training. The key areas of the training included hand washing, use of gloves, waste disposal, appropriate disposal of sharps, processing of instruments, general housekeeping, and use of personal protective equipment. Overall, the interactive and participatory approach of the training sets a foundation for behavior change by teaching the providers about options beyond their usual habits. Moreover, clinical training coupled with training on patient counseling addressed a key point often overlooked in trainings: to improve effective communication between providers and clients.

SHOPS trained pharmacists to improve diarrhea-related diagnosis, treatment dispensing, and counseling. The pharmacists were also trained in referral practices and connected with family planning clinicians in their communities. Pharmacists are often the first health care point of contact and they are considered reputable in the community. However, it is difficult for these providers to leave their shops for training. To accommodate their needs, SHOPS created a multifaceted training approach with one day of didactic information covered at their own pace via CD or Internet. The second day of training, completed in a classroom to ensure that skills were acquired, offered practical counseling and interpersonal communication skills. SHOPS worked with the Pharmacist Council of Nigeria and other stakeholders to develop a training curriculum covering management of diarrhea, pneumonia, and malaria. SHOPS delivered a training of trainers and worked with state-level representatives from the Pharmacy Council and other associations to launch the retail provider's training program. Additionally, SHOPS partnered with the National Association of Patent Medicine Vendor state chapters. Refresher training was conducted during scheduled monthly association meetings. Training topics included issues arising from the results of supportive supervision and questions that were brought forward by the pharmacists. In the end, SHOPS trained more than 4,500 retail providers, 90 percent of all retail providers. By training pharmacists through multifaceted approaches, including unique interpersonal skills and practical counseling, with methods more conducive to learning, SHOPS was able to leverage training as a means to encourage provider behavior change.

Guidelines and treatment protocols

Guidelines and treatment protocols developed by the World Health Organization (WHO), Ministry of Health and medical or pharmacy associations increase awareness and knowledge for providers, and encourage utilization of proven and effective treatments. These guidelines and protocols also provide credibility and an opportunity for providers to educate skeptical patients with non-biased and clinical information. A partnership between SHOPS and the Ghana Health Service encouraged new guidelines by adding ORS and zinc to the essential medicines list for the treatment of acute diarrhea. To complement these guideline changes, SHOPS assisted the Ghana Health Service to support changes to pharmaceutical regulations by registering ORS and zinc as an over-the-counter product rather than a prescription product, increasing product credibility and accessibility.

Environmental Factors

Environmental factors affecting health markets can support or impede change. Financial aspects can impact provider behavior in ways connected to provider motivations and client influence. Providers might feel pressure to see enough patients to support the financial demands of running their practice, which could limit the time they can spend educating a client about a new or different treatment. Additionally, the provider might deliver inappropriate treatment based on client expectations to avoid the client going to a different provider in the future, or determined by what the client can afford to purchase. Other environmental factors also affect health markets. For example, cultural and social norms are important to provider behavior and they tend to hinder behavior change. In contrast, a factor like provider networks tend to encourage behavior change, as they bring together peer groups to collaborate, share information, and capitalize on resources.

Cultural and social norms

Cultural values, traditions, customs, and social norms influence provider behavior with regard to product utilization and provider-client communications. These factors influencing provider behavior are informed by the ecological theory of behavior change. For example, in Jordan, social norms affect the uptake of oral contraceptives and IUDs. Some providers are hesitant to use these methods in younger married women for fear that the methods could cause problems with fertility. Additionally, a large number of providers believe that women should have their fertility checked prior to using a modern method of contraception (Private Sector Project for Women's Health, 2012). Providers may have further cultural biases related to unmarried women seeking family planning, the number of children a woman should have before using family planning, and beliefs that a male partner should have authority over the decision for a woman to use family planning. These biases play out not only in patient-physician interactions, but with other providers as well, such as pharmacists and community health workers, who play important roles in product recommendation and user instruction. Cultural biases tied to sexual health and gender issues are likely to change gradually, as medical and cultural norms shift. Cultural values are also important when providers evaluate a client of a different culture, race, or sociodemographic status. While the provider may believe what they are doing is right for the client, they may actually be projecting their own values onto the client.

> Providers may project their own values onto the client.

Despite deeply ingrained, cultural and social norms, there are strategies that help change provider behavior. We know that social learning and norms are influenced by learning from experience, observation, and communication (Glanz et al., 2008). Use of training methods such as peer-group

discussions, networks, and social influence has the potential to shift norms, product and service acceptance, and support provider behavior change.

Networks and associations

Lack of peer support and provider isolation are two of the biggest challenges faced by private sector providers. Networks, multiple health service providers grouped together under an umbrella structure or organization, can help to unify providers by providing peer support and reducing isolation. Networks are key players in broader health systems, and thus their ability to leverage provider behavior change is important beyond just individual facilities.

Networks enable providers to realize the benefits of peer support either through introducing people to each other, or by indirectly making people more connected (Perkins et al., 2015). Additionally, and perhaps more directly related to behavior change, is the ability of networks to use popular opinion leaders to disseminate information and promote behavior change (Active Networks, 2012; Rowe et al., 2005). Such individuals are credible and experienced leaders in a community or peer group. They encourage behavior change through social influence by communicating their opinions and practices, which influences peer acceptance of new behaviors. Peer reinforcement has the potential to create a ripple effect from targeted individuals affecting others with whom they are connected (Perkins et al., 2015; Mangham-Jefferies et al., 2014). Less directly related to behavior change, other benefits of networks include efficiencies in training, capacity building, product distribution, purchasing power, and advertising of services. Purchasing power can be a strong benefit, as networks can pass savings to their clients, and the desire to encourage a service with a higher profit margin over a more cost-effective treatment may be reduced. There are a variety of ways to develop a network or supportive structure for providers, including provider associations, commercial franchising, and social franchising.

Commercial and social franchising

Social franchising is a model that uses the principles of commercial franchising to ensure consistency with regard to service delivery, quality standards, and reporting. With both commercial and social franchising, consistency is attained by branding, training, standardization of supplies and services, monitoring, and membership in the network (Dayal and Hort, 2015). Social franchising uses franchising methods to achieve social, rather than financial goals, through influence of service delivery systems and adaptation of traditional outlets for commodity sales (Montagu, 2002). Social franchising can support provider behavior change by bringing providers together to deliver a range of health services under a common brand, and by raising awareness with clients. The goal of social franchising is to improve health outcomes, equity, quality of service, and cost effectiveness, and to increase new users. The level of donor support is a key factor in determining the appropriateness of pursuing a social franchise approach. Franchising is attractive to donors because of its potential to mobilize the private sector to deliver standardized services, control quality of care, and provide some level of sustainability through the use of fees to recover some costs. For clients, franchising provides assurance of consistency and quality through a recognized brand or trade name.

The SHOPS project documented the effect of social franchising in changing private provider behavior through a social franchise study of midwife provision of LARCs in the Philippines (Keeley et al., 2014). The paper showed the impact that participation in the BlueStar franchise had on the provision of family planning services, particularly IUDs. The franchise network supported the success and viability of the midwives and their IUD provision through training, marketing, supervision, and access to supplies and equipment. Significantly, the networks provided focused clinical training on IUD provision, which helped midwives increase their skills and confidence in offering and providing IUDs.

Importance of Multifaceted Approaches

Multifaceted or "combination" approaches that take into account barriers to change are more effective than single-focused interventions (Rowe et al., 2005; Grimshaw et al., 2001). Grimshaw et al. (2002) reviewed 41 papers evaluating interventions and behaviors and found that interactive approaches are more effective than passive, educational outreach, and that multifaceted approaches addressing different barriers to change are generally more effective than single interventions. Rowe et al. (2005) evaluated 11 literature reviews of studies and 15 interventions related to behavior change in low- and middle-income countries mainly centered on public sector workers in health facilities. The review examined the question of which interventions were most effective (or cost effective) and found that multimethod training (role playing and practical skills development) was more effective than non-focused, didactic-style large group trainings. The review also found that supervision with audit and feedback was effective and consistently had moderate to large effects; community case management (by community health workers) was effective, particularly at reducing child mortality; computer-based training might be less expensive and as effective as traditional training strategies; and the dissemination of written guidelines was generally ineffective. Overall, providers are affected by a wide range of individual, organizational, and environmental constraints that require a combination of approaches to ultimately change behavior.

In developed markets, the pharmaceutical industry uses multifaceted approaches to change physician and pharmacist behavior alike. A multifaceted approach might include strategies influencing access, knowledge, and the individual provider. First, these strategies target access to products through effective distribution and partnership with health insurance companies, making the products affordable for clients. The industry also targets provider awareness using traditional marketing approaches such as advertising and knowledge through training via continuing medical education seminars, associations, and targeted meetings with popular opinion leaders. The industry also uses journal publications (The Journal of the American Medical Association, The Lancet, and The New England Journal of Medicine) and guidelines as credible sources to communicate research that has been conducted and how to apply it in practice. At the individual level, the industry uses networks and popular opinion leaders, who share their opinions and social influence to change behavior. Also at the individual level, the industry uses field (sales) representatives to understand the needs of providers. Finally, the industry often provides free product samples to physicians so they gain product experience firsthand.

Doug Trapp

Using a Multifaceted Approach to Encourage Use of ORS and Zinc

In Ghana, the SHOPS project, in partnership with the Ghana Health Service, conducted an intervention to improve retail providers' ability to provide appropriate treatment for acute diarrhea. SHOPS used a multifaceted approach including diarrhea management training, marketing, a mass media campaign, supportive supervision, and partnership with a pharmaceutical company.

SHOPS partnered with a local Ghanaian pharmaceutical firm, M&G Pharmaceuticals Ltd., to introduce zinc into the market in Ghana, with distribution beginning in January 2012. SHOPS also partnered with the Ministry of Health to create a diarrhea management training course, then conducted trainings through the required accreditation process with the Pharmacy Council to ensure the diarrhea management course was completed by all licensed chemical sellers (LCS), providers that many Ghanaians rely on for diarrhea treatment. SHOPS trained Pharmacy Council inspectors to provide supportive supervision to LCS and to use mobile technology as part of supportive supervision that allowed the inspector to report commodity needs back to the manufacturer. After training the providers, SHOPS, under the GoodLife Campaign of the Ghana Behavior Change Support project, implemented a media campaign with television and radio ads that encouraged consumers to use ORS and zinc when treating their children for diarrhea. Finally, SHOPS supported M&G's marketing campaign, which included medical detailing visits to certified LCS, sponsorship of continuing medical education, airing of radio ads, and production of marketing materials. SHOPS trained the field representatives who conducted the detailing visits.

Following this multifaceted intervention, zinc sales doubled in January 2012 to 2.4 million tablets sold in July 2012, largely due to the mass media campaign, which reached both clients and providers. Zinc sales also spiked at the time of the training. Providers showed changed behavior in a follow-up mystery client survey, in which two-thirds of LCS sold zinc. This is a significant increase for a product that only six months before was unknown and unavailable. However, almost half of the LCS sold antimicrobials to clients, demonstrating the need for not only increasing positive behaviors, but further intervention to reduce negative behaviors. This phenomenon could also be due to behavioral economics, as perceived customer preferences may have prompted the LCS to sell the incorrect treatment to avoid losing the customer. Ultimately, the intervention was a success in demonstrating the impact of a multifaceted approach.

Vicki MacDonald

Goli ke Hamjoli Multifaceted Behavior Campaign to Increase Adoption of Oral Contraceptives

The Goli ke Hamjoli (GkH) oral contraceptive (OC) promotion program, implemented under the USAID-funded Commercial Market Strategies (CMS) project, facilitated a multifaceted approach to change family planning provision behavior. GkH was led by the CMS Project, Ogilvy and Mather Ltd (a communication agency), and commercial product manufacturers Wyeth, Organon, and German Remedies. The program comprised an integrated communication and marketing approach, including public relations and consumer outreach activities, provider training and detailing, advocacy with professional health associations, and a mass media advertising campaign. The program opened with market research to guide program development. Studies tracked the program's progress and informed subsequent phases. Year-end review identified refinements needed to ensure maximum responsiveness to consumers' needs.

Public relations neutralized negative attitudes toward OCs among the media. Leading doctors advocated for OCs within the health care community, in media, and to community organizations. The campaign placed ads in popular magazines and newspapers, initiated launches in major urban areas to announce the start of the program and share product information, and organized workshops for key journalists to promote products in popular magazines and newspapers. A number of consumer outreach activities created a community of "happy users" and educated adolescent women on OCs including outreach via Hamjoli BaatCheet Sessions, group meetings in which potential users and satisfied OC users interacted. City Awareness Weeks involved the distribution of information via multi-pronged and intensive media efforts with advertisements at local shops, ob/gyns who provided free counseling, and consumer brochures. As part of the mass media advertising campaign, Ogilvy and Mather produced 15 television commercials to address different barriers and communication needs.

According to the research, many ob/gyns initially had a negative bias toward OCs mainly due to their knowledge of the old generation, high-dose pills. To neutralize this bias, leading ob/gyns were engaged to provide free counseling for patients interested in learning more about contraception. The service was advertised to potential clients, and materials, including detailing aids and free product samples, were provided to participating doctors. This initiative was successful at not only engaging the end user, but also doctors who served as role models as their association with the program neutralized concerns among a wider group of doctors. Well-known doctors were also trained as spokespeople for media interviews, technical briefing sessions, and medical college lectures. The program also partnered with associations to hold educational sessions with 150-200 people at which a local ob/gyn would speak about reproductive health, sexuality, and contraception.

The Hamjoli team trained and detailed over 60,000 chemists and Indian System of Medicine Practitioners. The half-day training event included 20-30 providers and focused on information about contraceptive choices and accurate information about OCs. The providers then received regular visits by field representatives to refresh their knowledge and to provide technical updates or program information. Product knowledge increased; for example, 79 percent of chemists knew that the OC side effects would resolve within a few months, compared to 54 percent at baseline. More chemists knew that OCs lessen the risk of some types of cancers (54 percent compared to baseline, 16 percent). Chemists were also given signage, chemist guides, and other merchandising materials for increased product visibility.

Overall, as a result of the multifaceted approach (Figure 8), health care providers' concerns and barriers were addressed, and significant behavior and attitude changes in women were achieved. The use of OCs increased significantly in the target audience from 4 percent (1998) to 11 percent (2003) and corresponding sales increased 46 percent. Additionally, commercial sector OC marketers launched new brands to invest in the market, and professional associations provided support for continued promotion.

Figure 8. Goli Ke Hamjoli's Multifaceted Approach

Changing Provider Behavior: The Essentials

Jessica Scranton

CHANGING PROVIDER BEHAVIOR: THE ESSENTIALS

Below are the key things to know about changing the behavior of private providers.

The Private Provider

Private providers work outside of the public government sector. They include clinicians (physicians, nurses, midwives, and medical assistants) and retail providers (pharmacists, chemists, and medicine sellers).

Provider challenges

Private providers face many challenges, including peer acceptance and ingrained individual behaviors, lack of updated training, and client influence. History, cultural values, and social norms also influence provider bias and behavior and can be a barrier to behavior change. These providers face additional challenges related to running a business: heavy workload, human resource management, and financial obligations. Physicians and retail providers have different needs. Physicians are more educated and have more leverage and authority with their clients. Retail providers are less educated and do not have the same level of authority as medical providers. The dynamic of client influence on provider behavior can be influenced by these differences. Retail providers can be beholden to the client more so than medical doctors; however, the dynamic of clients paying for services and client satisfaction weigh heavily on both types of providers.

Provider motivations

Provider motivations include helping others, social status, respect, client satisfaction and expectations, and financial rewards. Resources to reduce additional burden of work, improve knowledge and skills, and create peer support improve efficacy and can motivate providers to change behavior.

Behavior change theories

Three theories that provide a basis for understanding provider behavior change are behavioral economics, stages of change, and the ecological model. Behavioral economics approaches behavior change through the lens of providers' cognitive and social side, along with the financial and economic factors that drive their decisions. The stages of change model is an overarching theme in provider behavior to evaluate progress of behavior change from awareness to adoption. The ecological framework evaluates providers' behaviors in relationship with their environment and external forces such as peer support and sociocultural norms.

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Market Segmentation

Market segmentation breaks providers into categories A, B, C, and D, based on client volume and the provider's ability to use the product. Categories range from A: providers that have the highest potential due to high volume and high ability, through B and C to D: providers that have low client volume and low ability. The market segmentation strategy is important because it identifies where resources should be focused.

When, Why, How Model

The When, Why, How model is an effective tool for developing communication messages and strategies. The model provides clarity for the provider on when to use a product—with the appropriate client profile; why they should use the product—features and benefits; and how to use a product—service delivery or the proper dosage/number of days of treatment.

Four Factors Influencing Physician Decisions

There are four factors that influence a provider.

Company promotion is a method in which the provider is reached by the product manufacturer or other stakeholder, in an effort to influence decisionmaking. Strategies that facilitate company promotion include traditional marketing approaches, medical detailing, and supportive supervision. **Product experience** describes the provider's experience with the product. Included in product experience are: the provider's understanding of the product attributes and expected treatment outcomes, client feedback (positive or negative), and ability to pay. A provider's positive experiences with a product can increase provider adoption with similar clients. If not, the provider can regress in the stages of change. **Outside information**, from training, professional associations, and journal publications, also influences provider behavior. Interactive trainings and peer-group discussions available in a format and time convenient for providers are effective to influence provider knowledge. Recommendations, presented in journal publications, guidelines, and protocols, are also a source of reliable information for providers and can be influential. **Environmental factors** such as cultural values and social norms can influence provider bias and, in turn, provider behavior. Strategies to incorporate peer networks, commercial and social franchises, and associations to bring providers together are beneficial to address these influences.

Strategies for Provider Behavior Change

Based on the four forces influencing provider decisionmaking discussed earlier, the following can be adopted as strategies for provider behavior change to improve the use of products and product uptake with resulting improved health outcomes. Multifaceted approaches combining these strategies have been shown to be especially effective at changing provider behavior.

Marketing

Traditional marketing strategies such as advertising in mass media are high-level approaches to inform providers of products or services. These approaches target the population—consumers, providers, and clients—in general. They are useful for raising awareness but they do not address individual provider challenges, and thus should not be the only approach used to target behavior change.

Medical detailing

Medical detailing, or interpersonal communication, in which the product manufacturer or other stakeholder employs field representatives to educate and provide resources to the individual provider, can be effective. Representatives can help providers overcome barriers.

Supportive supervision

Supportive supervision is an approach to program monitoring that promotes continuous and focused learning, mentorship, joint problem solving, and improved communication between stakeholders. It is usually integrated with a program's existing supervisory and oversight systems and aided by a facilitative tool or checklist.

Total office call

The total office call, which can occur during medical detailing or supportive supervision, acknowledges that the provider is not the only influencer of the client. For example, at a doctor's office, the nursing staff, receptionist, assistant, and local pharmacist or retail provider all have influence on the client. For a retail provider, shop assistants also have influence. As such, support staff need to understand the product and be able to answer questions.

Training

Training is critical for provider knowledge and is the backbone for provider behavior change. Providers need to understand a client's underlying health condition, as well as the products and services they are expected to administer. Trainings should be interactive and multidisciplinary, and available in formats and at times that are accessible to private providers.

Networks

Bringing providers together enables peer influence and support to change provider behavior. Implementation strategies can be built to target public opinion leaders, and by changing their behavior and supporting them as champions, networks can channel new behavioral trends. This is a strategic approach that can produce great rewards.

Commercial and social franchising

Commercial and social franchising are models that use the principles of commercial franchising to ensure consistency in service delivery, quality standards, and reporting. Consistency is attained by branding, training, standardization of supplies and services, monitoring, and membership in the network. Through social franchising, provider behavior change is achieved by bringing providers together to deliver a range of health services under a common brand with common standards, and by raising awareness with clients.

CONCLUSION

As the international development community works to achieve the Sustainable Development Goals to improve lives around the world, empowering providers to change behavior is critical for improving health outcomes. This primer aims to broaden understanding of how provider behavior can be changed to encourage appropriate product uptake and use of products and services that impact key health areas. Understanding the challenges and motivations that feed into a provider's behavior is the first step. Changing provider behavior is a process; it takes time, dedication, and strategic planning. Despite that fact that providers are well educated, they exhibit typical human behavioral patterns when it comes to behavior change. The specific, yet proven, strategies outlined here aim to provide guidance and support to program designers and implementers, while giving donors a better understanding of the complexity of changing provider behavior.

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The Strengthening Health Outcomes through the Private Sector (SHOPS) project is a five-year cooperative agreement (No. GPO-A-00-09-00007-00) funded by the U.S. Agency for International Development (USAID). The project focuses on increasing availability, improving quality, and expanding coverage of essential health products and services in family planning and reproductive health, maternal and child health, HIV and AIDS, and other health areas through the private sector. SHOPS is led by Abt Associates Inc., in collaboration with Banyan Global, Jhpiego, Marie Stopes International, Monitor Group, and O'Hanlon Health Consulting. The views expressed in this material do not necessarily reflect the views of USAID or the United States government.

For more information about the SHOPS project, visit: www.shopsproject.org

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