

HCP End-of-project event

Remarks by Ellen Starbird, Deputy Director OPRH, USAID

Although the Bureau for Global Health has a long history of investment in communication programming, my own direct involvement goes back only 5 years, to the inception of the Health Communication Partnership. What I know about behavior change communication I have learned from HCP—through the project’s staff and its accomplishments—and from Gloria Coe, Elizabeth Fox, and Nancy Lowenthal. I’m grateful to have had such knowledgeable and forgiving teachers!

The Health Communication Partnership marked a new direction in USAID support for health communication in a number of ways:

- It was conceived as a bureau-wide mechanism that would address communication needs across all of the Bureau’s technical focus areas—family planning, MCH, HIV/AIDS, malaria, TB, avian influenza, other public health threats, and clean water.
- It was expected to move beyond individual behavior change; to help change, influence and support social norms, community behaviors, institutions and policies.
- It was the Bureau’s first Leader with Associate Award, giving missions additional choices about how to access HCP assistance and about how hands-on they wanted to be in defining and managing the work.

We had high expectations. We asked for activities to flow from a sound conceptual framework; to reflect advances in theory and practices of global health from the public and private sectors; to address both individual and community approaches to behavior change, as mentioned above; to foster interdisciplinary approaches; to develop and then achieve specific performance indicators; to devolve communication capacity to in-country institutions; to continue to pioneer and integrate the use of IT to achieve public health objectives; and to work with a range of CAs, international, and host-country partners.

HCP has done these things. Before I say more about the what, let me say a few words about the how and where.

The partners in HCP—Hopkins, AED, Save the Children, the International HIV/AIDS Alliance, and Tulane University—worked from the beginning to create a single project identity. HCP is not Hopkins plus; it has operated as a partnership and its ability to draw on the complementary experience and expertise of its members is part of what has made it successful. That partnership is evident in the accomplishments you will hear about today.

HCP has worked in 25 countries. In 12 of these, the activities have included a range of health interventions. More than 360 local partners worldwide have been engaged in implementation. In addition to programs funded with field support, it worked under Associate Awards in 8 countries—Egypt, Jordan, Uganda, India, Mozambique, Ethiopia, and South Africa—totalling \$147 million in planned funding. In some cases, these associate award activities will continue past the end date of the

Leader award, testament to the productive relationships that have been developed. Over 87% of the funds coming into HCP have come from the field, inclusive of associate awards. There is evidence of increased institutional and technical capacity in some one hundred organizations and partners.

Turning to the what: The scope of HCP activities has been tremendous, spanning family planning, MCH, HIV/AIDS, malaria, TB, safe water, hygiene and sanitation, AI, SARS, safe injection, smoking, obesity, exercise, nutrition, and health-related democracy and governance efforts.

I want to say a few words about some particularly notable accomplishments, some of which you will hear more about in the concurrent sessions.

Tools: Over the course of the project, more than 20 tools have been developed or updated, including a Youth Action Kit, a community mobilization guide, a guide to media advocacy for contraceptive security, and an integrated model for communication for social change. In addition, the Media/Materials clearinghouse provided on-line access to some 47,000 materials and the Golden Toolbox helps users of the MMC understand how to use those materials in an evidence-based way, from formative research through evaluation of impact.

Cost effectiveness: Work sponsored by HCP's Summative Evaluation Unit on measuring the cost-effectiveness of health communication programs will be published as a full issue of the Journal of Health Communication. The

cost-effectiveness of communication interventions remains a persistent question, yet few communication programs have the data that are needed to conduct cost-effectiveness analysis. This research published in December 2006 explores the analytical techniques needed to measure cost-effectiveness with an eye towards helping communication programs discern which mix of interventions produces the greatest behavior change for the cost.

Social norms: What role do social norms play in individual behavior? How protective are they in times of stress? Recent work under the project has advanced our understanding of how gender roles, especially gender norms among young men, operate to influence health outcomes. Research in Indonesia demonstrated the persistence of the small family size norm even in the face of economic downturn and higher contraceptive costs.

Evaluation: Rigorous evaluation of communication programs has been hampered by the lack of a control group in many communication interventions as well as the costs of doing baseline and impact surveys. HCP refined an econometric technique called propensity scoring and has published results from using it in Burkina Faso and Bangladesh. The approach is a cost-effective approach for assessing the actual impact of communication programs; in other words, of being able to estimate the changes in health behavior that can be attributed to the communication intervention.

The contributions of HCP over the past five years are the latest in a long history of innovative and field-focused results in the health communication

field. They lay the groundwork for the next five years of behavior change communication programming, for which USAID has recently made an award. HCP's contributions have advanced our understanding of human behavior, improved field programs, and contributed to healthier behavior and better health outcomes. Everyone involved with HCP—the Baltimore staff, extended staff at all the partners, staff in the field and in collaborating organizations—should be proud of these accomplishments. They are an impressive and meaningful legacy.

Thank you.