

# Part 5:

# THE BIG PICTURE: PATHWAYS TO A HEALTH COMPETENT SOCIETY

# **Pathways** to a Health Competent Society: **Conceptual framework at a glance**



# **Pathways to a Health Competent Society: Conceptual framework in detail**

# Underlying **Conditions**

## Context

**Disease Burden** Social Cultural **Economic** Communication Technology Political Legal

## Resources

Human and Financial **Resources** Strategic **Plan/Health Priorities Other Development** Programs **Policies** 

# **Domains of** Communication

#### Social Political Environment Community action groups Media advocacy

- Opinion leader advocacy
- Organizational development Coalition building

## Service Delivery System

- Norms & standards
- Rewards & incentives
- Job/peer feedback
- Job aides
- Training in CPI
- Supportive settings
- Community outreach
- Internet portals
- Distance learning

## **Community &** Individual

- Participation in social change efforts
- Strengthening social networks
- •Peer support groups
- Multimedia programs
- Enter-education
- Social marketing
- Household care
- Interactive media & internet

# Political will Resource allocation •Policy changes Inst'l capacity building

**Initial Outcomes** 

- National coalition
- Environment National comm strategy

## Availability Technical competence Information to client

- •Interpersonal comm. •Follow-up of clients
- Integration of services

# Service Leadership

Systems

- Participation equity
- Information equity
- Priority consensus Network cohesion
- Ownership
- Community Social norms
  - •Collective efficacy Social capital
- Individual
  - Emotion and values
  - Beliefs and attitudes
  - Self-efficacy
  - Health literacy

# **Behavioral Outcomes**

Supportive

Environment

Multi-sectoral

partnerships

Institutional

performance

Resource access

Service

•Access

Client satisfaction

**Client Behaviors** 

Media support

Activity level

Client volume

Community

Sanitation

Individual

Hospice/PLWA

•Timely service use

•Abstinence/partner

•Child care/immuniz.

Other actions

Contraception

reduction

Condom use

Safe delivery

•BF/nutrition

Bednet use

Quality

Public opinion

**Sustainable Health Outcomes** 

## **REDUCTION IN:**

Unintended/ mistimed pregnancies

Morbidity/mortality from pregnancy/ childbirth

Infant/child morbidity/mortality

**HIV transmission** 

Threat of infectious diseases

- Message recall Perceived social upport/stigma
- Perceived risk

# **Pathways:** Framework for malaria prevention and control

# Underlying Conditions

# Context

Disease Burden Social Cultural Economic Communication Technology Political Legal

# Resources

Human and Financial Resources Strategic Plan/Health Priorities Other Development Programs Policies

# Domains of Communication

#### Social Political Environment • Natl. Malaria website • Policy guidelines

- Malaria Resources center
- Media advocacy
- IEC Steering committee
- Coalition building

#### Service Delivery System

- •IPC training for providers •Job aids (flip charts, cue cards) •Guidelines
- Program integration
- •Client satisfaction program
- •Skills building/technical areas
- •Availability of LLINs and treatment packages

#### Community & Individual

- Media campaigns
- Radio programs
- Print materials
- •Village days (cleaning, nets, etc.)
- Village recognition
- •Enter-education
- Social marketing
- Household care
- •In-school programs

# **Initial Outcomes**

Political will
Resource allocation
Policy guidance
Inst'l capacity building
National coalition
National comm strategy

Environment

Systems

Service

Community

ndividual

Availability of stocks:
Medicines & nets
Technical competence
Information to client
Improved interpersonal communication
Follow-up of clients
Integration of services

•Leadership for malaria •Information equity •Priority consensus •Network cohesion •Ownership •Social norms •Collective efficacy •Social capital

Message recall
Perceived social support/stigma
Emotion and values
Beliefs and attitudes
Perceived risk
Self-efficacy
Health literacy

# Behavioral Outcomes

**Supportive** Environment Multi-sectoral partnerships Public opinion Institutional performance Resource access Media support Activity level Service Performance Access to meds •Quality of services •Correct diagnosis •IPT1 and IPT2 adherence Client satisfaction

Client Behaviors Community •Improved environmental vector control •Participating villages •Leaders advocating for malaria prevention resource allocation

#### **Individual**

•Seeking early treatment •Individuals sleeping under nets •Adherence to treatment •Appropriate IRS •Pregnant women attending antenatal visits

# Sustainable Health Outcomes

Reduce the burden of malaria by 80% by the end of 2013