

172nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 26–30 June 2023

Provisional Agenda Item 4.5

CE172/16

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Original: English

STRATEGIC COMMUNICATIONS IN PUBLIC HEALTH FOR BEHAVIOR CHANGE

Concept Paper

Introduction

1. The purpose of this document is to present a conceptual proposal to the Governing Bodies of the Pan American Health Organization (PAHO) on strategic communications to promote behavior change in public health in the Region of the Americas. In addition, the Governing Bodies are asked to consider six lines of action for implementing technical cooperation activities at the regional and country levels.
 2. In the context of public health emergencies, a series of important actions are usually taken with respect to the dissemination of public information and infodemic management in health in the Region. Nonetheless, it is necessary to develop and implement a more holistic approach that contributes to the review and renewal of public health policies and actions, to ensure that people and societies have a greater understanding and capacity to make decisions about their health, based on accurate information, data, and evidence. Although access to information is essential, it is important to take into account that behaviors respond to established social constructs and that, therefore, addressing the underlying living conditions of those receiving the information is essential to effect behavior change. Behavior is influenced by where people live and by their access to resources, educational level, and type of employment, among other factors. Therefore, effectively changing behavior requires promoting structural changes through policies that improve living conditions and environments conducive to making healthy choices.
 3. This concept paper presents the main components to be considered in the development and implementation of public health policies aimed at supporting strategic communications in public health for behavior change. It frames the challenges Member States are confronting as they strive to understand and promote social and behavioral science strategies that can influence individual and community decisions, actions, and outcomes in measurable and meaningful ways. It also considers how countries can more proactively share what may work in their locales and within their populations. Lastly, it provides elements Member States should consider as they prioritize public health efforts and invest in social and behavioral science strategies for public health advancement.
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Background

4. PAHO has undertaken numerous activities aimed at improving strategic communications and public information management. This is reflected in the Strategic Plan of the Pan American Health Organization 2020–2025 (1) and the Strategy and Plan of Action on Knowledge Management and Communications (Document CSP28/12, Rev. 1 and Resolution CSP28.R2 [2012]) (2, 3). With this strategy, which covered the period 2013–2018, the Americas became the first region of the World Health Organization (WHO) to establish a specific framework to foster actions on knowledge management, information access, and health communications.

5. Although progress was made, given the complexity of these issues and the need for more effective learning and capacity building in health communications, several recommendations resulted from the strategy for the Pan American Sanitary Bureau and Member States. These included the development of a roadmap within the context of the Sustainable Development Goals, the creation of opportunities to promote knowledge management and health communications, and the continuation of required investments past the strategy’s timeline (1, 4). Changes needed to occur for Member States and the public health community to use communication tools—including digital, broadcast, news, and print and social media—effectively to increase awareness of health risks, promote healthy behaviors, and position health within overall government and social agenda for progress toward human development.

6. Subsequently, the COVID-19 pandemic further complicated and reinforced the need for effective communication strategies to promote behavior change in public health. As stated by WHO, the behavioral and social sciences investigate the cognitive, social, and environmental factors that influence health-related behaviors. Therefore, it is crucial to go beyond providing information and to focus on reshaping structural elements such as policies, contexts, and settings.

Situation Analysis

7. In facing public health challenges, Member States need to increasingly invest in creative approaches to understand and address social behaviors in their communities. They need to develop customized policies, interventions, and communication strategies that can positively influence and sustain healthier decisions and actions. These include: *a)* addressing the risk factors for noncommunicable diseases through the use of regulatory policies to reduce tobacco use and the harmful use of alcohol and enable healthier food choices (e.g., front-of-package labeling, fiscal policies, marketing restrictions, and school food standards); *b)* promoting policies and environments that make the healthiest choices the easiest ones, facilitating more active lifestyles through urban planning, active transportation, exercise, and diet; and *c)* improving reliance on timely and accurate information and data in support of individual and family decisions to improve health, especially during public health emergencies and disasters.

8. Such actions are positioned against a complex environment overwhelmed by information—accurate and fake—produced by traditional news and information sources, along with a growing number of social influencers. The need to translate evidence into strategic communications and public information aimed at supporting the advancement of health, and to address gaps in this process, has become more pressing than ever. Understanding behavior change in health has become a critical factor for success in the post-pandemic era, and recognizing the intention-action gap is critical in improving health behaviors. Community engagement is also essential for building trust and better adjusting interventions to the specific needs of those being served. Historically, public health advice has been contested by certain groups, such as antivaccine groups or those promoting tobacco use. Stigma and discrimination have also been obstacles in prior public health crises, such as during the beginning of the AIDS epidemic and, more recently, during the outbreak of mpox.

9. Although health communications is an important subdiscipline of public health, it has traditionally been treated as a support element in traditional or conventional public information actions, mainly implemented under the concept of “one-way communication” between sender and receiver. With the advent of the information society, this concept began to change toward the “two-way communication” model where the importance of the message lies in the receiver and not the sender. Today, in the era of digital interdependence, it is key to move toward a new paradigm, to contextualize and customize health interventions and related communication strategies based on a clear understanding of people’s behaviors. It is also critical to consider the importance of the trust receivers have for senders in health-related communication. This is best done by using an interdisciplinary and multisectoral approach with social participation as a fundamental component. While many of these issues have been brought to light during the COVID-19 pandemic, it is important to remember challenges that have surfaced in prior public health crises, in particular communication challenges and misinformation related to vaccine hesitancy.

10. In sum, the present digitally interconnected society has generated an excess of information as never before and an accelerated need to adopt digital solutions in the health sector. The current situation presents an unprecedented opportunity to better assess and understand the social behavior of individuals and societies and thus to propose, develop, and implement more effective public policies in the health sector. Special attention should be given to the health needs of Indigenous populations and other groups in situations of vulnerability.

Proposal

11. A multi-pronged approach is needed to understand and address behavioral challenges in public health. A new social and behavioral framework for action in public health should be culturally appropriate and equity-focused, with gender, age, education level, and other social variables as cross-cutting priorities. The framework should address the following health components of behavioral science programs, among others:

- a) *Big Data analytics.* In public health, Big Data analytics refers to the management and analysis of a large amount of complex, structured and unstructured data, including epidemiological data, biomedical data, wearable technologies, telehealth data (sensors, medical equipment data), electronic health records data, and data and information readily available through the Internet. Big Data analysis also aims to improve the self-care of patients and to move toward predictive, preventive, personalized, and participative medicine (such as precision and personalized medicine).
- b) *Online social behavior.* Online social behavior analysis in public health refers to the ways in which individuals interact and communicate with others in digital environments, such as social media platforms, databases, apps, online forums, and virtual communities, among others. In public health, such analysis enables researchers to analyze risk-taking behaviors by individuals and communities, better anticipate behaviors, and detect possible gaps in the implementation of self-care actions. An understanding of online social behavior can help health organizations and other health promoters navigate digital spaces effectively and engage with others in meaningful ways.
- c) *Infodemic management.* Increased global access to cell phones with an Internet connection and the proliferation of social media platforms have led to an exponential increase in the production of information and in the possible pathways for connecting to it. In the context of public health, the term “infodemic” refers to a large and rapid increase in the volume of information, both accurate and fake, on a specific topic. It is often triggered by a specific event, as was the case with the COVID-19 pandemic.
- d) *Scientific communications.* Science communications translate technical and scientific information on evidence-based topics into understandable messages that are accessible to non-specialists, often including contextualized stories for public consumption.
- e) *Health information management.* Health information sources, such as electronic health records, health information exchanges, vital records, immunization information systems, syndromic surveillance systems, and other public health databases, can provide critically important data about specific population health needs and effective interventions to public health practitioners and patient care providers (5).
- f) *Public information, including through social media.* The production and dissemination of information to the public through channels such as scientific publications and virtual libraries, as well as traditional media and social media, must be considered from the perspective of the “information consumer.” This means that information must be prepared and disseminated in ways that are appropriate to local contexts within the framework of a multilingual, multicultural, and digitally interconnected society.

- g) *Risk communications.* Risk communications in public health refers to the process of providing information about potential health risks to the public with the goal of promoting awareness, understanding, and preparedness. This can include communication about a variety of health threats, including infectious diseases, environmental hazards, and natural disasters, among others. Effective risk communication is a critical component of public health emergency preparedness and response and should play an important role in the implementation of strategies and plans for behavior change.
- h) *Digital literacy.* In today's world, people are interconnected and highly dependent on information and communication technologies. Therefore, digital literacy for the benefit of health, well-being, and self-care must be incorporated as an ongoing process throughout the life course. Digital health literacy requires continuous training in the use of digital solutions, which may be simple (such as the use of telehealth services and applications) or complex (such as the use of artificial intelligence for the establishment of predictive models and other purposes).
- i) *Experimentation.* Experimentation is the process of conducting a scientific or empirical study to test a hypothesis or answer a research question. In public health, it refers to the use of scientific methods to evaluate public health interventions, policies, and programs to determine their effectiveness and identify changes needed to improve public health outcomes. Experimentation can make a valuable contribution to the evaluation of interventions and policies geared to behavior change in public health.

12. In light of the foregoing, and with a view to guiding technical cooperation efforts, the following lines of action are proposed to Member States in relation to strategic communications to promote behavior change in public health in the Region:

- a) Develop a conceptual architecture and policy framework that creates a path in addressing and improving strategic communications as an important element in promoting behavior change in public health in the Region, while considering other elements related to social and environmental barriers.
- b) Reinforce and prioritize the concept of behavior change, with the understanding that behaviors respond to social constructs, as a cornerstone of public health interventions, incorporating it in health plans and policies at regional, subregional, national, and local levels.
- c) Facilitate the development of efficient, equitable, multi-stakeholder, interdisciplinary, and participatory mechanisms to improve the understanding of how behavior affects public health and to develop strategic communications, informed by the behavioral sciences, that promote healthy behaviors.
- d) Review and improve the health components of behavioral science programs—especially Big Data analytics, online social behavior, infodemic management, scientific communications, health information management, public information dissemination (including through social media), risk communications, digital

literacy, and experimentation—and facilitate their integration into the implementation of public health policies, while incorporating health promotion approaches such as social participation and empowerment, health assets, health education, and healthy settings.

- e) Create a monitoring and evaluation framework for measuring progress and developments related to behavior change in public health.
- f) Utilize multi-stakeholder and interdisciplinary mechanisms to share lessons learned and good practices in strategic communications and infodemic management programs implemented by governments and institutions throughout the Region, in particular during the COVID-19 pandemic.

Action by the Executive Committee

13. The Executive Committee is invited to review the information presented in this document, provide any comments it deems pertinent, and consider approving the proposed resolution presented in Annex A.

References

1. Pan American Health Organization. Strategic Plan of the Pan American Health Organization 2020–2025 [*Official Document 359*]. 57th Directing Council of PAHO, 71st Session of the Regional Committee of WHO for the Americas; 30 September – 4 October 2019. Washington, D.C.: PAHO; 2019. Available from: <https://iris.paho.org/handle/10665.2/51599?locale-attribute=es>.
2. Pan American Health Organization. Strategy and Plan of Action on Knowledge Management and Communications [Document CSP28/12, Rev. 1]. 28th Pan American Sanitary Conference, 64th Session of the Regional Committee of WHO for the Americas; 17–21 September 2012. Washington, D.C.: PAHO; 2012. Available from: <http://iris.paho.org/xmlui/handle/123456789/4455>.
3. Pan American Health Organization. Strategy and Plan of Action on Knowledge Management and Communications [Resolution CSP28.R2]. 28th Pan American Sanitary Conference, 64th Session of the Regional Committee of WHO for the Americas; 17–21 September 2012. Washington, D.C.: PAHO; 2012. Available from: <https://iris.paho.org/handle/10665.2/3678>.
4. United Nations General Assembly. Knowledge management in the United Nations system [Document A/72/325]. Seventy-second Session of the United Nations General Assembly; 12–25 September 2017. New York: UN; 2017. Available from: https://digitallibrary.un.org/record/1301102/files/A_72_325-EN.pdf.
5. US Centers for Disease Control and Prevention. Health information and public health. Public Health Professional Gateway; Public Health Law [cited 24 February 2023]. Available from: <https://www.cdc.gov/phlp/publications/topic/healthinformation.html>.

172nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 26–30 June 2023

CE172/16
Annex A
Original: English

PROPOSED RESOLUTION

STRATEGIC COMMUNICATIONS IN PUBLIC HEALTH FOR BEHAVIOR CHANGE

THE 172nd EXECUTIVE COMMITTEE,

(PP) Having reviewed the concept paper *Strategic Communications in Public Health for Behavior Change* (Document CE172/16),

RESOLVES:

(OP) To recommend that the 60th Directing Council adopt a resolution along the following lines:

STRATEGIC COMMUNICATIONS IN PUBLIC HEALTH FOR BEHAVIOR CHANGE

THE 60th DIRECTING COUNCIL,

(PP1) Having reviewed the concept paper *Strategic Communications in Public Health for Behavior Change* (Document CD60/__);

(PP2) Taking into account the excess of information that already exists on the Internet, both accurate and fake, and the exponential growth of information about the COVID-19 pandemic over the past three years;

(PP3) Recognizing that countries of the Region of the Americas have made significant progress in public information dissemination, strategic communications, and infodemic management;

(PP4) Aware of the need to strategically update, develop, and better integrate policies and programs for behavior change in the health sector, informed by the behavioral sciences;

(PP5) Considering that strategic communications to promote behavior change are key in the construction of resilient national health systems based on renewed and strengthened primary health care;

(PP6) Recognizing that the pandemic has increased skepticism toward public health information and that higher levels of trust are necessary to increase the uptake of desired health behaviors,

RESOLVES:

(OP)1. To approve the concept paper *Strategic Communications in Public Health for Behavior Change* (Document CD60/__).

(OP)2. To urge Member States, considering their contexts, needs, vulnerabilities, and priorities, to:

- a) recognize the need to strengthen strategic communication initiatives and behavioral science programs in the Region;
- b) incorporate the concept of behavioral science in health as a cornerstone of health systems resilience;
- c) strengthen the health components of behavioral science programs, especially Big Data analytics, online social behavior, infodemic management, scientific communications, health information management, public information dissemination (including through social media), and digital literacy; and facilitate their integration into the implementation of public health policies and practices;
- d) promote social participation in the development of communications strategies in order to increase public trust and customize messages to specific contexts and populations;
- e) utilize multi-stakeholder and interdisciplinary mechanisms to share lessons learned and good practices in strategic communications and infodemic management programs implemented by governments and institutions throughout the Region, in particular during a pandemic.

(OP)3. To request the Director to:

- a) support institutional, inter-institutional, multi-stakeholder, and interdisciplinary efforts to apply the behavioral sciences in public health, recognizing the particular contexts of Member States in the Region and taking into account that there are many ways to produce, manage, and disseminate evidence-based information;
- b) provide technical cooperation to Member States on strategic communications to promote behavior change as a priority work area on the path toward universal health coverage in the Region;

- c) promote the systematic production of customized and contextualized information so that people and societies have a greater understanding of public health issues and the capacity to make more accurate decisions regarding their own health;
- d) promote the dissemination of lessons learned and good practices for strategic communications for behavior change in public health, based on progress made in the Region and at global level.

Analytical Form to Link Agenda Item with Organizational Mandates

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| 1. Agenda item: 4.5 – Strategic Communications in Public Health for Behavior Change |
| 2. Responsible unit: Information Systems and Digital Health Unit, Department of Evidence and Intelligence for Action in Health (EIH) |
| 3. Preparing officer: Marcelo D’Agostino |
| 4. Link between Agenda item and the Sustainable Health Agenda for the Americas 2018–2030:
<i>Goal 6:</i> Strengthen information systems for health to support the development of evidence-based policies and decision-making
<i>Goal 7:</i> Develop capacity for the generation, transfer, and use of evidence and knowledge in health, promoting research and innovation, and the use of technology |
| 5. Link between Agenda item and the Strategic Plan of the Pan American Health Organization 2020–2025:
<i>Outcome 20:</i> Integrated information systems for health |
| 6. List of collaborating centers and national institutions linked to this Agenda item: <ul style="list-style-type: none">• University of Illinois, Urbana, Center for Public Health Informatics, PAHO/WHO Collaborating Centre for Information Systems for Health. |
| 7. Best practices in this area and examples from countries within the Region of the Americas: <ul style="list-style-type: none">• Initiative of the Oral Health Program of the Ministry of Health and Sports of the Plurinational State of Bolivia.• Behavioral Science Initiative from the Government of Canada.• The Community Dialogues of the Government of Honduras. |