



Strengthening Country-Based Health Communication Capacity

The Health Communication Capacity Collaborative (HC3) is a five-year, global project funded by USAID. It is designed to strengthen developing country capacity to implement state-of-the-art social and behavior change communication (SBCC) programs. Among the important health areas HC3 addresses are:

- Family planning and reproductive health
- Child survival
- Maternal and child health
- HIV and AIDS
- Ebola
- Malaria, TB and other infectious and non-communicable diseases

The project also offers expertise in SBCC for gender equity, environment, and democracy and governance.

HC3 is designed to foster vibrant communities of practice at the national, regional and global level that support improved evidence-based programming and continued innovation. In addition, the project's specialized area of technical expertise uniquely positions it to complement, support or enhance SBCC projects already underway.

Why Use SBCC Programs?

Health is created through the interplay of biology and the social determinants that shape human interaction. These social determinants include factors such as knowledge, attitudes, norms and cultural practices.

Health communication programs use the most powerful and fundamental human interaction – communication – to positively influence these social dimensions of health and well-being. In this context communication goes beyond the delivery of a simple message or slogan to encompass the full range of ways in which people individually and collectively convey



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meaning. Among the powerful tools employed by SBCC programs are mass media, community-level activities, interpersonal communication, information and communication technologies, and new media.

Research consistently shows evidence-based communication programs can increase knowledge, shift attitudes and cultural norms and produce changes in a wide variety of behaviors. SBCC has been proven effective in several health areas, such as increasing the use of family planning methods, preventing HIV and AIDS, reducing the spread of malaria and other infectious diseases, and improving newborn and maternal health.

Capacity Strengthening

Strengthening the capacity of local organizations is at the heart of HC3. The project focuses on three levels: organizational, individual and national. HC3 supports skills strengthening for a wide variety of audiences, including program managers, journalists, video and radio producers, health workers and counselors, health education units and local government staff.

At the national level, HC3 can help local governments and key implementing partners design, update, or implement national health communication strategies to better coordinate ongoing efforts. HC3 will also engage a variety of partners including the private sector, the media and universities.

HC3 also collects health communication tools and approaches that have been proven successful or are believed to be promising and innovative. This collection is assessed and distilled into the Health COMPass, a widely shared resource of health communication best practices to help increase and sustain capacity.

Springboard for Learning and Sharing

Another key component of HC3 is Springboard for Health Communication, a platform for sharing health communication knowledge, expertise and resources. Springboard is a dynamic environment of exchange, growth and development that leverages the power of new technologies to enhance local experiences. It includes in-person and face-to-face networking

events at the country or regional level, combined with virtual communities of practice, eForums and webinars. Springboard's members tap into existing health communication expertise and resources, develop their own health communication capacity, and discover or contribute innovative solutions.

mHealth and eLearning

In conjunction with Springboard and its capacity strengthening orientation, HC3 will promote best and emerging practices for eLearning and mHealth applications in SBCC. This effort to identify high-quality methodologies and materials should lead to an increased demand for and better use of evidence-based approaches to technology supported learning. HC3 will also help guide the design, development and expansion of successful eLearning and mHealth activities within strategic health communication programs.

Research and Evaluation

To advance the field of health communication research and evaluation, HC3 plans to strengthen the knowledge base for health communication and increase its accessibility and use by program implementers. HC3 will address priority research questions to support the design, implementation, and evaluation of health communication activities. The project also plans activities to strengthen the capacity of indigenous organizations to conduct their own R&E activities.

University-Led Instruction

Well-designed health communication curricula along with competent university faculty are essential to sustain capacity. HC3 will identify training programs and faculty active in this area and then develop guidelines and recommendations for core curricula and key competencies. The project will also seek



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opportunities for research collaborations; technical assistance and short-term advisory opportunities for faculty and health communication department alumni; and other opportunities for engagement and collaboration between academic and other health communication practitioners.

The Collaborative

HC3 is led by the Johns Hopkins Center for Communication Programs (CCP) in collaboration with Management Sciences for Health, NetHope, Population Services International, Ogilvy PR and Internews. It is also linked to a network of organizations throughout Africa, Asia and Latin America.

Working with HC3

HC3 can provide program and technical assistance to all USAID country Missions and accept funds from all USAID/USG accounts.

HC3 can also provide direct implementation support for health communication activities to countries without a bilateral communication project in place.

Lead Contacts:



Hope Hempstone
USAID AOR
hhempstone@usaid.gov



Kirsten Böse
HC3 Director
kbose@jhuccp.org