



## **European regional action framework for behavioural and cultural insights for health, 2022–2027**

The proposed European regional action framework for behavioural and cultural insights (BCI) for health, 2022–2027 draws on “Healthier behaviours: incorporating behavioural and cultural insights”, one of the four flagship initiatives of the European Programme of Work, 2020–2025. It aims to set the course for BCI work for better health in the Region through targets and commitments agreed by Member States.

This working document is submitted to the WHO Regional Committee for Europe for consideration at its 72nd session, along with a related draft resolution for adoption. The proposed action framework is further elaborated in a separate background document.

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## I. THE POTENTIAL

### Applying behavioural and cultural insights for better health

1. Member States in the WHO European Region are joined in ambitious priorities to improve the health and well-being of their citizens. Succeeding in this requires health-related policies, services and communication based on medical and epidemiological considerations, as well as on an in-depth understanding of the barriers and drivers which people experience in leading healthy lives, in the context in which they take place.
2. Individual behaviour and social circumstances, together account for 60% of factors determining people's health.<sup>1</sup> Yet behavioural and cultural insights (BCI) in health remain underexplored and underutilized, and subject to modest investment in many places in the Region.
3. BCI work is defined here as the systematic exploration of individual and contextual factors affecting health behaviours, and the use of these insights to improve the outcomes of health-related policies, services and communication, delivering better health and reducing inequity. The use of BCI for health is evidence-based and builds on existing approaches from the fields of behavioural insights science, cultural science, social science and health humanities.<sup>2</sup> It acknowledges that tailoring interventions to local conditions is often needed, taking into account cultural diversity.
4. BCI is an enabling approach and one which is relevant to all areas of health, health services and quality of health care, every setting that determines health behaviours, and everyone whose behaviours influence health outcomes, including the environment, climate, and animal health. BCI work adds value across the entire health-related policy, service and communication planning cycle, ranging from defining problems and conducting research into root causes, barriers to and drivers of health behaviours, to programme planning and implementation, monitoring and evaluation and scaling up or replicating effective interventions and policies. Early application of BCI helps ensure that such processes are based on an accurate understanding of human behaviour, taking into account factors such as age, gender, health literacy and disability, as well as contextual factors, such as those related to cultural diversity, socioeconomic factors, political and media environments, health systems and more, which can increase effectiveness.
5. Applying BCI is critical for reaching the Sustainable Development Goals, tackling poverty and promoting economic equality.<sup>3</sup> Through systematic engagement, active listening, segmenting and tailoring interventions to the barriers experienced by specific population groups, BCI is an effective tool for reducing health inequities.

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<sup>1</sup> Sources include the data visualizations generated by the Institute for Health Metrics and Evaluation, an independent population health research centre at the University of Washington (see <https://vizhub.healthdata.org/gbd-compare/#>), and information from Goinvo (see <https://determinantsofhealth.org>).

<sup>2</sup> See, for example, Bulletin of the World Health Organization, Vol.99(11), November 2021 <https://www.ncbi.nlm.nih.gov/pmc/issues/392423/>; The Behavioral Foundations of Public Policy, <https://press.princeton.edu/books/hardcover/9780691137568/the-behavioral-foundations-of-public-policy>; Nudge, <https://yalebooks.yale.edu/book/9780300122237/nudge/>; Culture matters: using a cultural contexts of health approach to enhance policy-making, <https://apps.who.int/iris/handle/10665/344101>; The Behaviour Change Wheel Book – A Guide To Designing Interventions, <http://www.behaviourchangewheel.com/>.

<sup>3</sup> United Nations Secretary-General's Guidance Note on Behavioural Science. <https://www.un.org/en/content/behaviouralscience/>.

6. Member States can use BCI strategically to meet their health priorities. Global evidence shows that BCI have been used successfully to improve outcomes in areas such as antimicrobial resistance, immunization, health emergencies, mental health, uptake of preventative services and hospital appointments, health inequities, noncommunicable disease risk behaviours, and HIV/AIDS.<sup>4</sup> These and other urgent health challenges require multifactorial and cross-sectoral action, including as informed by BCI.

7. In addition, the coronavirus disease (COVID-19) pandemic served as a stark reminder that understanding people's perceptions, social and physical circumstances and psychological state is critical for appropriate and effective health measures. Faced with an unprecedented global crisis, health authorities across the Region invested in efforts to understand population behaviours and their drivers and barriers, and used this evidence to guide action. This demonstrated commitment, while also identifying the need for further investment and capacity-building to fully leverage the value of these approaches.

## Momentum of behavioural and cultural insights for better health

8. In September 2020, the 53 Member States in the WHO European Region adopted the European Programme of Work, 2020–2025 – “United action for better health in Europe” (EPW), which identifies BCI as a flagship initiative. As a cross-cutting and enabling approach, incorporating BCI can help advance the three core priorities of the EPW, including implementation of its three other flagship initiatives: immunization, mental health and digital health.

9. In line with this, Member States across the Region are increasingly scaling up their application and integration of work on BCI to strengthen health-related policy, service and communication processes. Many national and local health-related strategies and action plans reference the use of BCI as part of an effective response to key health challenges.

10. The expanded application of BCI work, particularly during the COVID-19 pandemic, has offered a unique opportunity to advance this area of work. Advantage must be taken of the current global and regional momentum to expand approaches to tackling critical health challenges and increase proof of the utility and value of BCI application by publishing evidence and case examples from in-country contexts. Further progress in this field in the Region will require Member States to increasingly integrate BCI work into their health-related policy, service and communication processes; commit human and financial resources; develop institutional and system-wide capacity and capability to use BCI; translate BCI into policy and action; and evaluate and demonstrate impact, allowing effective actions to be scaled up, and contribute to the body of evidence across the Region. Skilled and experienced individuals delivering this work, and public health administrators and decision-makers supporting it and acknowledging its impact, can pave the road to success.

## Vision, objectives and core principles

11. The vision for the proposed action framework is a WHO European Region where health-related policies, services and communication deliver better health and reduce health inequity owing to the systematic application of BCI approaches in their development, implementation and evaluation.

12. The overarching objective of the proposed action framework is to set the course for BCI work for better health in the Region, through joint commitment to actions and targets.

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<sup>4</sup> Case examples illustrating the utility and value of applying BCI approaches to health are included in the background document that accompanies this action framework.

13. Its specific objectives are:
- (a) to present a regional vision, targets and commitments, including through a progress model for biennial reporting and monitoring progress;
  - (b) to set the course for strengthened and more systematic integration of BCI approaches into health-related policy, service and communication processes;
  - (c) to provide a consolidated foundation on which to base support for Member States, through capacity-building, technical advice, collaboration platforms and evidence-based tools;
  - (d) to set a path for expanding the evidence on the transformative value and utility of BCI work for better health; and
  - (e) to strengthen coordination and exchange of promising practice and knowledge among Member States and partners in the Region.
14. Below are eight core principles for applying BCI in health-related policy, service and communication processes, which are critical to achieving better health and reducing inequity.
- (a) **People-centred:** Health-related policies, services and communication should be shaped by and respond to the needs, perspectives and conditions of the citizens, patients, health workers, care-givers, relatives and others involved and affected.
  - (b) **Equity-focused:** BCI work should be designed to improve outcomes for everyone and all communities, with special concern for health inequalities and those experiencing disadvantage, applying approaches that protect and promote equity, ethics, gender equality and human rights.
  - (c) **Participatory:** BCI work should seek to empower and engage relevant people and communities, including through listening and co-design, thereby drawing on a range of experiences, expertise and perspectives and ensuring ownership and sustainability.
  - (d) **Tailored:** acknowledging that the same measures will not be right for all, BCI work should support the tailoring of health-related policy, services and communication processes to different cultural, geographical, socioeconomic and health literacy-related needs and circumstances.
  - (e) **Evidence-based:** BCI work should be informed by evidence related to the psychological, cultural, social and structural influences on behaviour in any given context.
  - (f) **Multisectoral:** BCI should be integrated with bio-medical and health systems approaches and data, and should build on data from other sectors and work across sectors, such as those relating to social, cultural and educational matters, health literacy, employment, migration and housing.
  - (g) **Action-focused:** BCI work should be actionable, relevant and applicable, to inform and improve health-related policies, services and communication.
  - (h) **Evaluation-informed:** BCI work should be tested and evaluated to provide empirical evidence and inform improvements, scale-up and replication, using research-tested methods.

## II. THE COMMITMENT

15. It is a fundamental requirement for authorities at all levels to make positive health-related behaviours possible, accessible, convenient and attractive for people. Ensuring positive health behaviours is not just the responsibility of individual citizens, nor is it about placing blame, but rather about engaging, enabling and empowering people.

16. Acknowledging this responsibility, the proposed action framework has been developed in extensive consultation with Member States, represented by nationally nominated BCI focal points, and partner organizations. These stakeholders have contributed through several joint meetings and working group meetings and by reviewing multiple versions of the proposed action framework and related draft resolution.

## Progress model

17. The proposed action framework is underpinned by a progress model that Member States can use to report their progress in applying BCI for better health.<sup>5</sup> The progress model covers five strategic commitments, with accompanying suggested pathways for implementation.

### Strategic commitments

#### ***SC1: Build understanding and support of BCI among key stakeholders***

18. Suggested pathways of action:

- Use the current action framework and related resolution and similar opportunities to increase the visibility and prioritization of BCI work and highlight commitment to applying BCI for better health.
- Communicate and disseminate information and case stories, findings, lessons, tools and other resources, for example through internal seminars, webinars, meetings, training, news pieces and intranet.
- Develop mechanisms for coordination, collaboration and support. This could include an advisory group, dedicated formal network for internal and external stakeholders, directory of BCI experts or intra-governmental, cross-party working groups.
- Invite relevant stakeholders to collaborate on joint projects or offer support in adding a BCI lens to their work.

#### ***SC2: Conduct BCI research***

19. Suggested pathways of action:

- Synthesize existing evidence to produce literature reviews or briefs on factors that prevent or drive health behaviours, and on the impact of interventions to improve health behaviours.
- Conduct national or local studies on factors that prevent or drive health behaviours in the general population or in priority population groups, using qualitative (observation, interviews, focus groups, engagement) and quantitative (surveys, social media monitoring) methods.
- Conduct experiments, trials or multicomponent action research projects to evaluate the impact of evidence-informed interventions in specific contexts and with specific population groups.
- Supplement the above by exploring innovative ways to engage with and listen to those whose voices are often not heard, and by acquiring data from other sectors that affect health-related behaviours, including those related to education, housing, social services, culture, employment, migration.

#### ***SC3: Apply BCI to improve outcomes of health-related policies, services and communication***

20. Suggested pathways of action:

- Systematically apply a BCI lens to health-related policy, service and communication design processes by using BCI approaches and guides to inform these processes, as well as involving BCI experts and engaging relevant population groups in scoping and design.
- Monitor and evaluate BCI-informed interventions to understand their broader impact through appropriate frameworks, such as collection of data and feedback from those involved and affected.
- Where findings from impact evaluations show that specific health-related policy, service or communication interventions positively affect health behaviours, scale these up to reach more people while tailoring to new contexts, or replicate them in other policy domains.

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<sup>5</sup> The complete progress model is included in the background document accompanying this working document.

**SC4: Commit human and financial resources for BCI and ensure their sustainability**

## 21. Suggested pathways of action:

- As relevant to the context, establish a dedicated BCI team, embed BCI experts in technical units, or establish a cross-programmatic BCI coordination group.
- Ensure that expert staff with advanced skills, experience and expertise are available to apply BCI evidence to health and translate these insights into strengthened health policies, services and communication.
- Develop sustainable institutional capacity and capability to apply BCI for better health, including through upskilling of staff in different sectors, allowing non-BCI experts to apply basic BCI principles, engaging BCI experts to address complex issues, and increasing opportunities for collaboration with scientific institutions, fellowships or internships for BCI-focused roles.
- Allocate dedicated financial resources to allow sustainable delivery or commissioning of BCI work for better health.

**SC5: Implement strategic plan(s) for the application of BCI for better health**

## 22. Suggested pathways of action:

- Having a dedicated national strategy or plan for the application of BCI for better health, with a vision, targets and identification of priority actions and resources.
- Integrate BCI work into national, regional and local work programmes, into government, ministry or health agency plans, and national or local health plans, development plans and other key strategic documents. Include targets and identification of priority actions and resources for implementation.
- Include commitments to conduct BCI work in strategies and plans related to specific health topics (such as antimicrobial resistance, immunization, obesity, alcohol, nutrition, use of health services, quality of care, health inequalities, health emergencies, air pollution). Commitment in this regard includes identification of priority actions and resources for implementation.

**Progress**

23. Progress on each strategic commitment will be measured through a progress model that combines quantitative indicators and more flexible qualitative assessment scales. Together, they allow for a nuanced measurement of progress that recognizes BCI work at different levels and in different country contexts. The quantitative indicators are listed below.

- (a) Number of Member States with a dedicated national strategy or plan for the application of BCI for better health.
- (b) Number of Member States with an established and active network of stakeholders, which includes applying BCI for better health in their terms of reference.
- (c) Number of Member States that have conducted at least one impact evaluation using randomized controlled trials or quasi-experimental methods to assess the impact of an activity that aimed to enhance positive health behaviours.
- (d) Within each strategic commitment, number of Member States that have progressed to a higher self-assessment level by 2026, compared with 2022.
- (e) Within each strategic commitment, number of Member States that, self-assess at level 3 or higher by 2026.

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## Regional collaboration and support for implementation in Member States

24. BCI work for better health is a novel and still underexplored area of work in the Region. To achieve the vision of this proposed action framework and support Member States in its implementation, extensive support and collaboration from WHO, regional organizations and non-State actors will be required.

25. Guided by the vision set out in the EPW, in 2020 the WHO Regional Office for Europe established the flagship initiative, “Healthier behaviours: incorporating behavioural and cultural insights” (the BCI flagship initiative) to lead efforts, enhance evidence and provide technical guidance to countries in this field. The newly established Technical Advisory Group on Behavioural and Cultural Insights, with regional expert participation, is supporting this work.

26. Support for Member States to implement the proposed action framework arising from this flagship initiative includes: direct support for BCI work in countries, in collaboration with relevant health programmes under the aegis of WHO and external partners; capacity-building through online and face-to-face training; an online BCI knowledge hub for evidence and case examples; and guidance documents and tools. In addition, the WHO Regional Office for Europe will establish platforms and facilitate interaction between Member States, WHO and regional organizations and actors to enhance coordination and collaboration, and promote exchanges of promising practice and evidence.

## III. THE WAY FORWARD

### Reporting mechanisms and timeline

27. The WHO Regional Office for Europe will convene a meeting for Member States and regional organizations and actors every two years to review and discuss progress, present examples of best practices, share evidence and promote peer exchange.

28. Member States will be asked to report to WHO every two years on their progress in implementing BCI work for better health, using the progress model.

29. The progress model will be reviewed for adjustment in 2025. A more comprehensive evaluation will be conducted in 2027, at the end of the five-year period covered by the action framework.

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