



Annual progress report 2022

Behavioural and cultural
insights at the WHO
Regional Office for Europe



**World Health
Organization**

European Region

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Abstract

This progress report presents the work related to behavioural and cultural insights of the WHO Regional Office for Europe in 2022. Setting a course and vision for this area of work, in 2022 the Regional Office's Behavioural and Cultural Insights (BCI) Unit worked closely with all Member States of the Region to develop a resolution and 5-year action framework for BCI work for health in the European Region, both of which were unanimously adopted by Member States in September 2022. During the year, the Regional Office also technical programmes also directly supported 29 Member States in the Region to plan and initiate behavioural and cultural insights research and interventions with the aim of creating more people-centred health policies, services and communication and improving health outcomes. Building national capacity for BCI implementation, the BCI Unit trained 139 people from 22 countries, established a community of practice with BCI Focal Points from all 53 Member States, and launched several evidence reports, policy briefs and guidance documents. All of this work was done in close collaboration with country experts, partner organizations and WHO colleagues in country offices, WHO headquarters and in technical programmes across the Regional Office.



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Thank you to our supporters

The Behavioural and Cultural Insights Unit at WHO Regional Office for Europe wish to warmly thank the German Federal Ministry of Health and the Belgian Federal Public Service Public Health, Food Chain Safety and Environment for their generous financial support to our work covering both staff and activities.

We also want to sincerely thank our other financial supporters during the year, including the Robert Wood Johnson Foundation and the Nordic Culture Fund. Without their support, the work described in this report could not have been realized.

Foreword

Advancing the behavioural and cultural insights (BCI) flagship

It is with great pleasure that we launch the second annual progress report for the WHO Regional Office for Europe flagship initiative on BCI for health.

Behaviours are among the most influential factors for health and well-being. We cannot fight pandemics, eliminate communicable diseases, curb antimicrobial resistance or combat cancer and hypertension without focusing on health behaviour.

Today, there is indeed recognition of the importance of health behaviours. But the approaches used often lack evidence and rigour. The health challenges we are facing call for evidence-based, multifactorial action based on a nuanced understanding of human behaviour and the cultural context in which it takes place, and on engaging with the intended target groups.

Tomorrow, we need to move from an assumptions-based to an evidence-based approach to health behaviours. BCI offer rigorous approaches and rich evidence to understand health behaviours, the context in which they take place, the people who engage in

these behaviours, and how to address barriers and test if chosen interventions work.

The BCI Unit was established as a brand-new area of work during the turbulent early times of the pandemic. Over the year that has passed, the BCI Unit has transitioned from a primary focus on the pandemic response activities to establishing itself as a cross-cutting unit adding value to technical programmes across the Regional Office. BCI projects have been initiated with country offices and WHO programmes that work on alcohol use, cancer, health care for Ukrainian refugees, HIV, mental health, mpox, nutrition, quality of care, tobacco and vaccination.

The milestone event of the year was the unanimous adoption of the first-ever BCI resolution and action framework at the 72nd session of the WHO Regional Committee for Europe, on 13 September 2022. With this, Member States made strategic commitments to invest in BCI, conduct BCI research and use the insights gained to inform and shape their health policies, health services and health communication. The guiding principles for this work were agreed to

be equity, participation and people-centeredness. I want to congratulate the Member States of Europe and Central Asia on this ambitious commitment.

Over the next five years, as we set to work implementing this resolution, I hope that we will see a shift among countries and partners across the Region – not just in whether we acknowledge that behaviours play a role for health, but in how we apply rigour and evidence in understanding and addressing them.

Some of the first steps on this journey were taken this year and are described in this progress report.

Happy reading!



Dr Hans Henri P. Kluge,
WHO Regional Director for Europe

January 2023

2022 snapshots

Our work in numbers

29

in-country projects across
11 health topics

Support to country projects

8

meetings with national BCI focal
points and **4** TAG-BCI meetings

Advocacy and partnerships

23

research studies

Evidence and guidance

6

scientific publications

Evidence and guidance

11

evidence reviews
and guidance documents

Evidence and guidance

139

participants from **22** countries
in **5** BCI trainings

Capacity-building

2022 snapshots

Overview of activities

Support to country projects

- ▶ Exploring behavioural and cultural aspects of alcohol policies in the Republic of Moldova
- ▶ Developing effective health information messages on alcohol labels in the EU
- ▶ Exploring alcohol and youth in the aftermath of COVID-19 in Czechia
- ▶ Increasing breastfeeding and building BCI capacity in Kyrgyzstan
- ▶ Improving maternal, newborn and paediatric quality of care in Kyrgyzstan and Tajikistan
- ▶ Addressing post-partum depression using a clinically proven singing intervention in Denmark, Italy and Romania
- ▶ Sugar-sweetened beverages and school-aged children message testing in Kyrgyzstan, Tajikistan and Uzbekistan
- ▶ Health message testing in the context of the war in Ukraine
- ▶ Exploring and informing health interventions tailored to Ukrainian refugees in Poland, Romania, Slovakia and Slovenia
- ▶ Increasing treatment adherence among hypertension patients in Türkiye
- ▶ Increasing uptake of colorectal cancer screening in Croatia
- ▶ Using BCI to inform the scale-up of the pre-exposure prophylaxis (PrEP) programme for HIV prevention in North Macedonia
- ▶ Health worker trainings on communication for immunization in Albania, Armenia, Belarus, Georgia, Greece, Hungary, Kazakhstan, Kyrgyzstan, Montenegro and Serbia
- ▶ Evaluation of health worker training in Greece
- ▶ Continuing COVID-19 behavioural insights (BI) surveys in Bosnia and Herzegovina, the Republic of Moldova, Serbia, Slovenia and Spain

- ▶ Exploring barriers to COVID-19 vaccination in Armenia, Azerbaijan, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Montenegro, North Macedonia, Serbia and Tajikistan
- ▶ Supporting human papillomavirus (HPV) vaccine introduction in Kyrgyzstan

Advocacy and partnerships

- ▶ Launching the BCI resolution and action framework
- ▶ Establishing a country community of practice
- ▶ Launching the Technical Advisory Group on Behavioural and Cultural Insights for Health (TAG-BCI)
- ▶ Maintaining the health literacy country network
- ▶ Supporting BCI units in countries
- ▶ Creating a new BCI website
- ▶ Engaging with EU arts and health work
- ▶ Launch of a new arts and health collaboration

Capacity-building

- ▶ Launching the LEARN BCI package

Evidence and guidance

- ▶ Launching the BCI-Hub as an online knowledge repository
- ▶ Launching a guide on evaluation of complex initiatives
- ▶ Launching an mpox (monkeypox) policy brief
- ▶ Launching evidence reports on behavioural and cultural aspects of health topics
- ▶ Launching guidance on behavioural and cultural aspects of brief interventions for health workers and patients
- ▶ Launching an arts and health policy brief on supporting the mental well-being of forcibly displaced people
- ▶ Preparing peer-reviewed publications

Behavioural and cultural insights (BCI) work

BCI work for health involves exploring the contextual and individual factors that affect a health behaviour and using the insights gained to develop evidence-informed policies, services and communication that improve health and well-being and reduce inequity, and evaluate these interventions.

The work builds on evidence and methods from the behavioural sciences, including psychology, behavioural economics and cognitive science, as well as broader social sciences and medical humanities. With our inclusion of the word “culture” in BCI, we wish to highlight that both individual and contextual factors affect health, and that the responsibility for health behaviours lies with governments, health systems and individuals alike.

The work of the BCI Unit at the WHO Regional Office for Europe in 2022 spanned four key areas:

- ▶ **Support to country projects**
- ▶ **Advocacy and partnerships**
- ▶ **Capacity-building**
- ▶ **Evidence and guidance.**

Collaboration across the Regional Office

The BCI Unit works together with countries and WHO Country Offices and the technical programmes across the Regional Office to conduct BCI-related work. The Unit comprises five staff, works with a number of consultants, and conducts work across all health areas. In addition, as the only technical programme in the Regional Office, the Vaccine-preventable Diseases and Immunization programme (VPI) has two staff dedicated to BCI work specifically for the field of immunization.

► Support to country projects

Exploring behavioural and cultural aspects of alcohol policies in the Republic of Moldova

Challenge

Alcohol consumption is a key public health issue in the Republic of Moldova, which is among the countries with the highest average consumption of pure alcohol per adult. In response, the Moldovan government is considering the introduction of more effective alcohol policies, such as increasing excise taxes on alcohol or restricting the physical availability of alcoholic drinks. Such measures may be met with resistance from the population, which points to the need to better understand, measure and increase public support for effective alcohol policies.

Response

As a first step, a workshop for Moldovan Members of Parliament and stakeholders from different ministries and agencies was conducted on 4–5 July 2022. At the workshop, effective alcohol policies were discussed alongside the role of BCI in understanding public acceptability and helping authorities to prepare well and achieve high levels of public support.

→ The project is conducted by the Regional Office's Alcohol, Illicit Drugs & Prison Health Programme (ADU) and the WHO Country Office in the Republic of Moldova with support from the BCI Unit.

► Support to country projects

Developing effective health information messages on alcohol labels in the European Union (EU)

Challenge

One in every 10 deaths in the European Region is caused by alcohol, amounting to almost 1 million a year in total, and many of these deaths occur at a very young age. Alcohol is a causal factor for more than 200 diseases, health conditions and types of injuries.¹ Unlike for tobacco, the potential of health warning labels in changing attitudes and reducing alcohol consumption is underexplored.

Response

Contributing to the Europe's Beating Cancer Plan, a study is conducted on the effectiveness and acceptability of health information on alcoholic beverages. The work will continue over four years and has already begun with conducting online experiments testing different alcohol health warning labels in several EU countries.

→ The project is led by the ADU and supported by the BCI Unit.

► Support to country projects

Exploring alcohol and youth in the aftermath of COVID-19 in Czechia

Challenge

The COVID-19 pandemic and corresponding restrictions had considerable implications for youth well-being and lifestyle behaviours. Behavioural insights surveys in Czechia showed that some more vulnerable groups of youth in the country increased their alcohol intake during the pandemic, and rates have not decreased since. There is a need to understand the factors that affect alcohol use among young people and to use this insight to develop interventions that can mitigate the negative impacts of the pandemic.

Response

A survey was conducted among young people in Czechia. Results indicate that particularly young men, those with lower socioeconomic status and those with family members with alcohol issues have increased their alcohol intake. They also indicate that alcohol risk behaviours are associated with exposure to alcohol advertising. Findings will now be used to inform interventions.

→ The project is conducted by a research team at Charles University in Prague (Czechia) with support from the WHO Country Office in Czechia, the ADU and the BCI Unit.

¹ Seventy-second Regional Committee for Europe: Tel Aviv, 12–14 September 2022: European framework for action on alcohol 2022–2025. Copenhagen: WHO Regional Office for Europe; 2022 (<https://apps.who.int/iris/handle/10665/361662>, accessed 9 January 2023).

► Support to country projects

Increasing breastfeeding and building BCI capacity in Kyrgyzstan

Challenge

A decline in levels of exclusive breastfeeding of infants until 6 months of age has been observed in Kyrgyzstan in recent years. Currently 46% of children are being exclusively breastfed at 6 months against a target of at least 70% of children up to 6 months to be exclusively breastfed. Kyrgyzstan has reached out to the Regional Office for support in developing and enhancing breastfeeding policies.

Response

A project has been initiated to support health authorities in Kyrgyzstan understand and address barriers to exclusive breastfeeding. As a starting point, a rapid evidence review has been completed of the barriers and drivers as well as effective interventions to increase breastfeeding. A mission also took place in November 2022 to initiate the project, including a BCI capacity-building workshop for local stakeholders and planning of qualitative research. The project is the first activity of the new Kyrgyz BCI Unit that is being planned within the Republican Centre for Health Promotion and Mass Communication.

→ The project is conducted jointly by the BCI Unit and the WHO European Office for the Prevention and Control of Noncommunicable Diseases (NCD Office).

► Support to country projects

Improving maternal, newborn and paediatric quality of care in Kyrgyzstan and Tajikistan

Challenge

A health system evaluation conducted in Tajikistan in 2021 highlighted high rates of unnecessary and unnecessarily prolonged hospitalizations among children and pregnant women. Other major findings included overuse of antibiotics and use of multiple medicines with no evidence of benefits. Stakeholders in Kyrgyzstan report similar challenges within maternal, newborn and paediatric care.

Response

To inform the implementation of a bigger project aimed at improving the quality of hospital care, a qualitative study was developed. The study will be conducted in 2023 to gain insights into behavioural and cultural factors influencing the use of evidence-based practices by health-care workers providing paediatric and maternal care in Kyrgyzstan and Tajikistan. Next steps include a stakeholder workshop in May 2023, where the results of this study will inform intervention design.

→ The project is led by the WHO Office on Quality of Care and Patient Safety, Athens, Greece and supported by the BCI Unit.

► Support to country projects

Addressing post-partum depression using a clinically proven singing intervention in Denmark, Romania and Italy

Challenge

According to global estimates, 1 in 7 women experiences postpartum depression (PPD). An arts and health intervention called Music and Motherhood, which brings new mothers experiencing PPD together in specially designed singing groups, has been shown in the United Kingdom to be clinically effective in reducing moderate to severe symptoms of PPD. To date, there has been no research into whether this intervention can also be effective in other countries.

Response

An implementation study for the Music and Motherhood intervention was launched in Denmark and Romania, to determine whether the intervention could remain effective in different cultural contexts. Early results are showing that clinical effectiveness is maintained. The positive results have attracted other Member States, including Italy where a Music and Motherhood implementation study will be launched in 2023 in three cities.

→ The project is led by the BCI Unit in collaboration with the WHO Country Office in Romania and funded by the Nordic Culture Fund.



A qualitative study is initiated to explore the factors influencing the use of evidence-based practices by health-care workers providing paediatric and maternal care in Kyrgyzstan and Tajikistan.

► Support to country projects

Sugar-sweetened beverages and school-aged children message testing in Kyrgyzstan, Tajikistan and Uzbekistan

Challenge

Sugar-sweetened beverage (SSB) consumption by school-aged children represents a particular concern in the European Region. Communication campaigns are being considered as a way to reduce SSB consumption in Kyrgyzstan, Tajikistan and Uzbekistan; however, little is known about which messages may be effective and acceptable for parents.

Response

A project has been initiated to design and rigorously test communication materials aimed at primary caregivers to reduce SSB intake among school-aged children in Kyrgyzstan, Tajikistan and Uzbekistan. A rapid evidence review of communication-based interventions to reduce SSB consumption has been prepared, and on this basis behaviourally and culturally informed communication materials have been developed. As a next step, an online and offline randomized controlled trial survey experiment is being conducted to test the messages in the three countries.

→ The project is conducted jointly by the BCI Unit and the NCD Office and the WHO country offices in the countries involved.

► Support to country projects

Health message testing in the context of the war in Ukraine

Challenge

In humanitarian emergencies such as the war in Ukraine, messages that have not been tested with the intended audiences can backfire with negative emotions or misinterpretation of the information.

Response

A rapid online experiment tool was developed and pilot tested to gain robust feedback on risk communications. The first round tested messages about COVID-19 vaccination among Ukrainian refugees. The second round tested messages encouraging the uptake of free mental health support for affected populations within Ukraine. The message testing pilot showed the potential of robustly assessing how target audiences respond to risk communications about health. This approach can be used beyond emergency settings to ensure health communications have the greatest possible impact.

→ The project is conducted jointly by the BCI Unit and the Regional Office's Risk Communication and Community Engagement Unit.

► Support to country projects

Exploring and informing health interventions tailored to Ukrainian refugees in Poland, Romania, Slovakia and Slovenia

Challenge

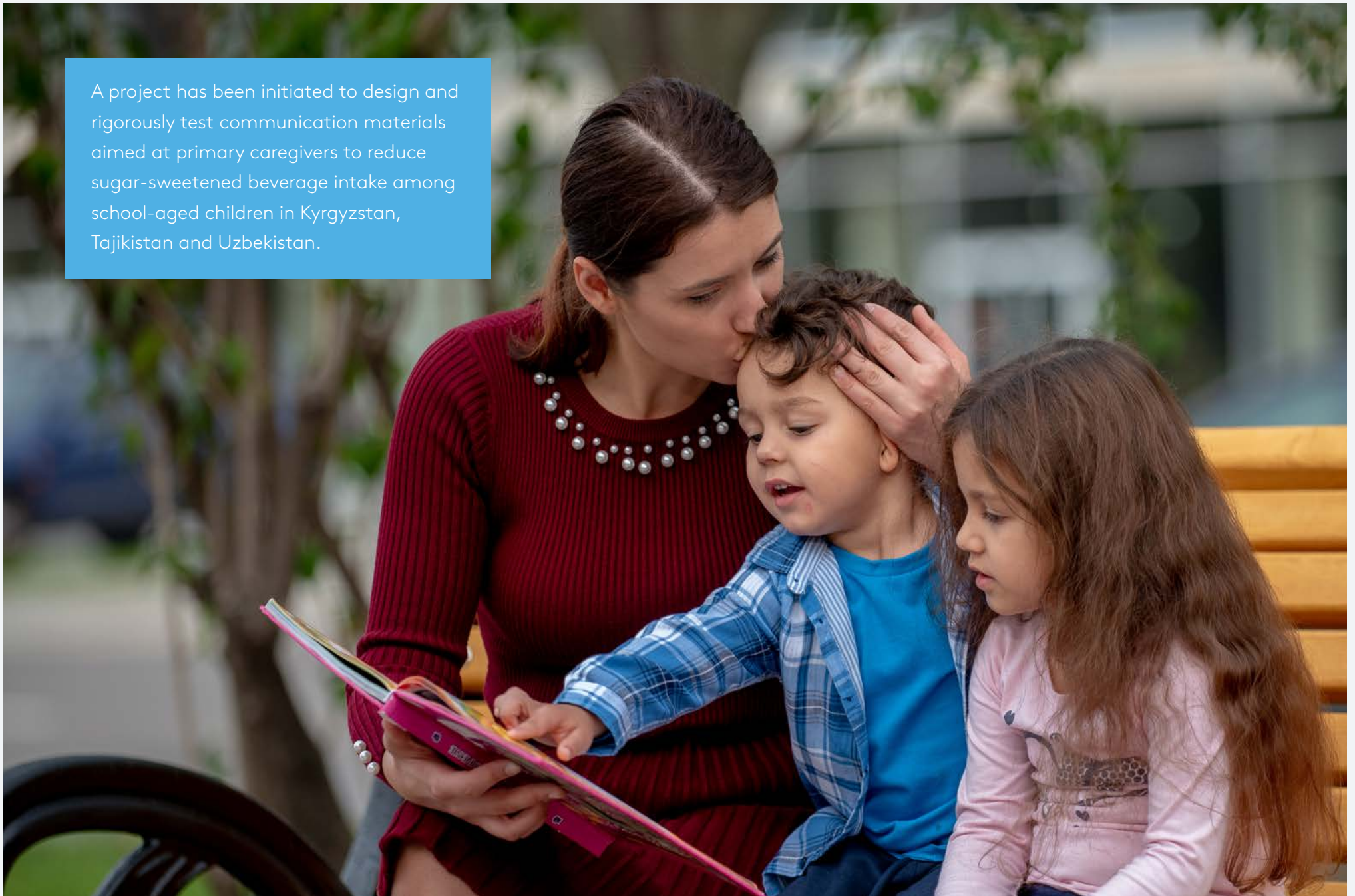
The war in Ukraine in 2022 initiated the largest population movement in Europe since the Second World War. As neighbouring countries opened their borders and made services available to those fleeing war, it became imperative to understand and document access to health services from the refugee perspective.

Response

National health authorities in Poland, Romania, Slovakia and Slovenia were supported to conduct a rapid qualitative study on health service needs and barriers and drivers of service uptake among refugees from Ukraine. An innovative approach to data collection allowed respondents to be reached wherever they were staying and for them to be interviewed online by experienced Ukrainian researchers. Rich and nuanced insights into barriers and drivers of access to health services have been presented and discussed in all four countries. These insights improve and complement the quantitative data also being collected, and have been used to support the introduction of interventions such as health mediators and telephone hotlines.

→ The project is conducted jointly by the BCI Unit, the Regional Office's Health Emergencies Programme and the WHO country offices and other stakeholders in the involved countries.

A project has been initiated to design and rigorously test communication materials aimed at primary caregivers to reduce sugar-sweetened beverage intake among school-aged children in Kyrgyzstan, Tajikistan and Uzbekistan.



► Support to country projects

Increasing treatment adherence among hypertension patients in Türkiye

Challenge

Hypertension is a severe public health issue in Türkiye affecting approximately one third of the adult population. In the last decade, considerable resources have been invested in reducing hypertension, and disease awareness, treatment and control have been substantially enhanced. However, blood-pressure control rates are still low, and the condition is still considered a significant public health threat in the country.

Response

In this context, a project was initiated in June 2022 to gain deeper insights into the behavioural aspects of hypertension treatment adherence. This included a literature review, a comprehensive situation analysis and two stakeholder workshops in the Turkish capital, Ankara, in June and October 2022. Based on this, it was decided to develop a patient commitment device drawing on further research and engagement of patients and family doctors. The device will be designed to help support doctor-patient interaction and treatment plan adherence.

→ The project is conducted jointly by the BCI Unit and the Regional Office's NCD Management Unit and the WHO Country Office in Türkiye.

► Support to country projects

Increasing uptake of colorectal cancer screening in Croatia

Challenge

In Croatia, cancer is the second most common cause of death after cardiovascular diseases, with colorectal cancer being the second most common in women and third in men. Early detection of cancer through screening and early diagnosis greatly increases the chances for successful treatment. However, the uptake of colorectal cancer screening in Croatia is only 25% against a target of 45–60% of contacted individuals by 2030.

Response

A project has been initiated to support health authorities in Croatia to use BCI to understand and address barriers to the uptake of colorectal cancer screening. To date, a rapid evidence review has been completed on the barriers and drivers of cancer screening attendance and interventions to increase uptake. A situation analysis was also prepared to map local barriers and drivers, knowledge gaps and opportunities.

→ The project is conducted jointly by the BCI Unit and the NCD Office.

► Support to country projects

Using BCI to inform the scale-up of the PrEP programme for HIV prevention in North Macedonia

Challenge

In recent years, there has been an increasing trend in the number of newly registered HIV cases in North Macedonia. In response to this trend, PrEP was introduced in the country through a pilot project in the capital, Skopje in 2021. However, to accelerate PrEP coverage in North Macedonia beyond the existing pilot, more insights are needed into the barriers and drivers of uptake of PrEP among those at highest risk and those most underserved.

Response

To support North Macedonia's health authorities, infectious disease clinics and community-based organizations in planning for effective PrEP rollout in 2023 and beyond, a BCI project was initiated in September 2022. The project aims to increase the uptake of PrEP by tailoring the PrEP service delivery models to the needs of key populations. Based on an in-country stakeholder workshop in September 2022, it was decided to proceed with a qualitative study as a next step in 2023 to explore the barriers and drivers of uptake of PrEP.

→ The project is conducted jointly by the BCI Unit and the Regional Office's Joint Infectious Diseases Unit and the WHO Country Office in North Macedonia.



A project has been initiated to support health authorities in Croatia to use BCI to understand and address barriers to the uptake of colorectal cancer screening.

► Support to country projects

Health worker trainings on communication for immunization in Albania, Armenia, Belarus, Georgia, Greece, Hungary, Kazakhstan, Kyrgyzstan, Montenegro and Serbia

Challenge

Health workers are the most trusted advisors and influencers of vaccination decisions. Research indicates that people are more likely to vaccinate when a health worker recommends it. However, research also shows that health workers do not always have the capacity and confidence to recommend vaccination or even to accept it for themselves.

Response

Two training packages^{2,3} have been developed and implemented to support health workers across the Region to confidently recommend COVID-19 vaccination to patients and colleagues. Both training were developed based on behavioural insights evidence. They provide health workers with communication strategies they can use to facilitate

effective conversations about COVID-19 vaccination; inform patients and colleagues about COVID-19 vaccines; and promote COVID-19 vaccine uptake. During 2022, VPI facilitated 23 of these trainings in Albania, Armenia, Belarus, Greece, Hungary, Kazakhstan, Kyrgyzstan, Montenegro and Serbia, reaching more than 1000 health professionals. Participants included mobile clinic staff, national immunization programme staff, doctors, nurses, pharmacists, Red Cross volunteers and frontline health workers. Several trainings were conducted as training of trainers.

→ The project is led and implemented by VPI.

► Support to country projects

Evaluation of health worker training in Greece

A comprehensive evaluation of the health worker training module was conducted in Greece. The evaluation demonstrated that the training module largely achieved its objectives in strengthening health workers' confidence in being able to facilitate effective conversations with patients to promote acceptance of COVID-19 vaccination.

Participants reported a significant increase in their use of some of the newly acquired communication skills and described the communication skills as easy to use and effective when conversations with patients about vaccination are challenging. Additionally, the health workers expressed an intention to continue using the new skills, for COVID-19 vaccination as well as for everyday clinical practice.

→ The evaluation was conducted jointly by the BCI Unit and VPI in collaboration with the Panhellenic Pharmacist Association and a research group led by the Aristotle University of Thessaloniki (Greece).

² Communicating with patients about COVID-19 vaccination. Evidence-based guidance for effective conversations to promote COVID-19 vaccine uptake. Copenhagen: WHO Regional Office for Europe; 2021 (<https://www.who.int/europe/publications/i/item/WHO-EURO-2021-2281-42036-57837>, accessed 10 January 2023).

³ Communicating with health workers about COVID-19 vaccination. Copenhagen: WHO Regional Office for Europe; 2021 (<https://www.who.int/europe/publications/i/item/WHO-EURO-2021-2927-42685-59497>, accessed 10 January 2023).

COVID-19 vaccination



A comprehensive evaluation was conducted in Greece, demonstrating that a training module achieved its objective to strengthening health workers' skills and confidence in promoting acceptance of COVID-19 vaccination.

► Support to country projects

Continuing COVID-19 BI surveys in Bosnia and Herzegovina, the Republic of Moldova, Serbia, Slovenia and Spain

Challenge

Since the start of 2020, a behavioural insights survey tool launched by the BCI Unit with support from the University of Erfurt (Germany) has been used in 30 countries in the European Region. Early 2022 marked the second anniversary of the COVID-19 pandemic response, and despite greater control of virus transmission, several Member States wanted to continue monitoring population perceptions, well-being and behaviours related to the pandemic.

Response

While continuing to support Bosnia and Herzegovina, the Republic of Moldova, Serbia, Slovenia and Spain in collecting COVID-19 behavioural insights data, the BCI Unit also developed and published peer-reviewed papers using this data. In addition, as the world begins to move on from the COVID-19 pandemic, learning from the experience is essential, and the data collected provide a unique opportunity for further study. Plans are now in place for a qualitative evaluation of the regional process and ongoing analysis of multi-country data, with results to be published in 2023.

→ The project is conducted jointly by the BCI Unit and the Regional Office's Health Emergencies Programme.

► Support to country projects

Exploring barriers to COVID-19 vaccination

in Armenia, Azerbaijan, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Montenegro, North Macedonia, Serbia and Tajikistan

Challenge

In 2022, many countries continued to struggle with low COVID-19 vaccine uptake as well as low routine immunization uptake following the COVID-19 pandemic. Faced with these challenges they requested technical support in developing tailored interventions to increase vaccination uptake.

Response

Behavioural insights research was conducted to better understand barriers and drivers for COVID-19 vaccination in 2022 in Armenia, Azerbaijan, Georgia, Kyrgyzstan, Montenegro, North Macedonia, Serbia and Tajikistan, primarily focusing on health workers and the elderly. In addition, qualitative research studies focusing on low routine immunization were initiated in 2022 and will be completed in 2023 in Azerbaijan, Estonia, Georgia, Kazakhstan and Tajikistan. Based on this research, technical support is being provided to each of these countries, including for the development of tailored communication and intervention strategies. Using the insights gained, countries have already initiated various tailored activities such as mobile clinics for the elderly in rural areas, updated guidance and educational materials, new coordination groups, and community outreach.

→ The project is led and implemented by VPI.

► Support to country projects

Supporting HPV vaccine introduction in Kyrgyzstan

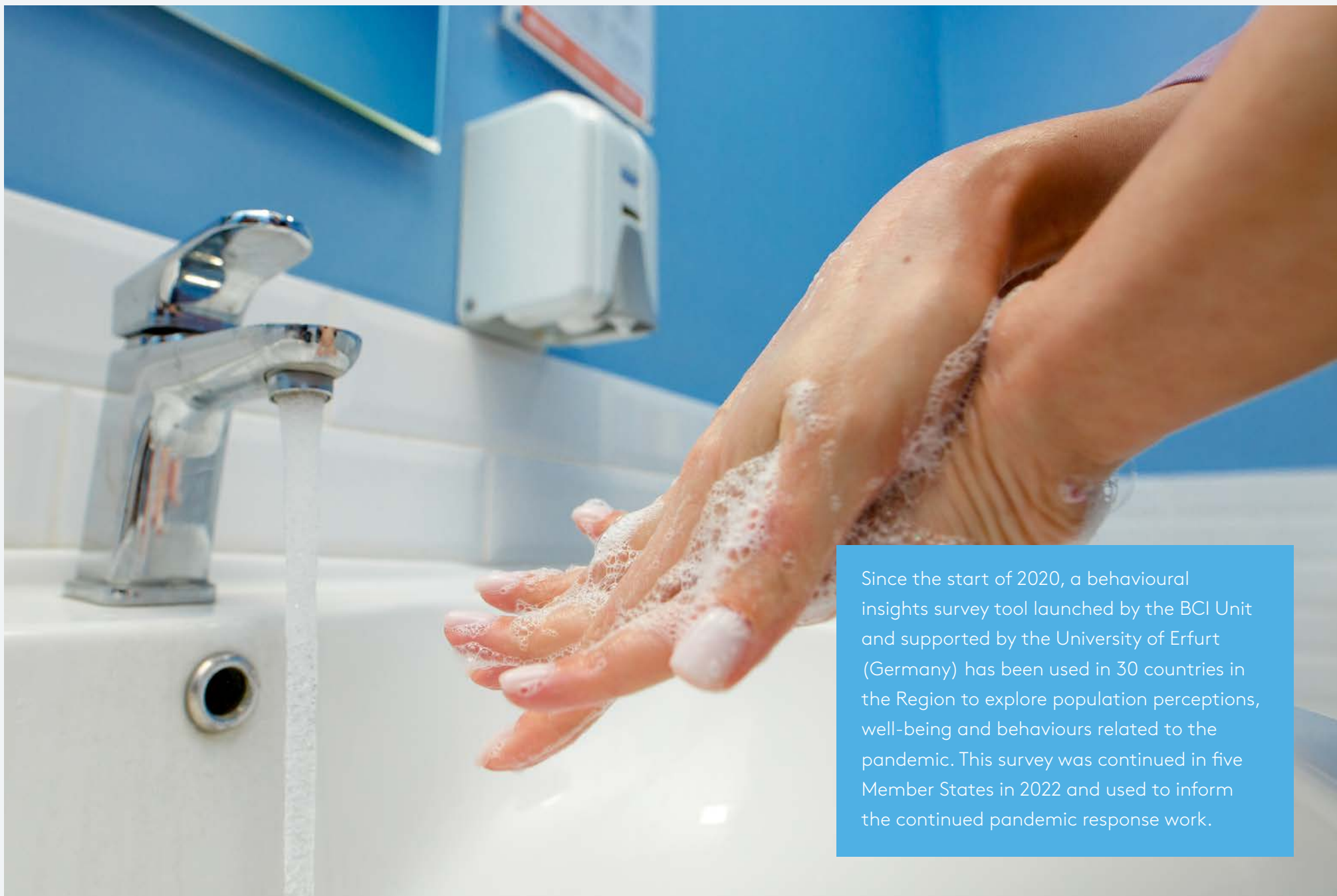
Challenge

The Government of Kyrgyzstan planned to introduce HPV vaccination for girls in 2022. Given the complex nature of HPV vaccine introduction globally, and a downward trend in routine vaccination uptake in recent years in Kyrgyzstan, it was essential to develop a robust plan ahead of the introduction and make sure intervention and communication efforts address the right audiences with appropriate messages and activities.

Response

Qualitative insights research to assess barriers and drivers for HPV vaccination among key actors was conducted in February 2022 to inform the development of a national HPV vaccine introduction communication and intervention plan. The research included 16 focus group discussions and 15 in-depth interviews with health workers, parents, girls in the target age group, teachers and social influencers. Informed by this research, a comprehensive plan was developed, and the HPV vaccine was introduced in November 2022 with immediate high uptake.

→ The project is led and implemented by VPI.



Since the start of 2020, a behavioural insights survey tool launched by the BCI Unit and supported by the University of Erfurt (Germany) has been used in 30 countries in the Region to explore population perceptions, well-being and behaviours related to the pandemic. This survey was continued in five Member States in 2022 and used to inform the continued pandemic response work.

► Advocacy and partnerships

Launching the BCI resolution and action framework

Challenge

Some of the most persistent public health challenges of our time are dependent on human behaviour. This is increasingly acknowledged, yet this recognition has not yet translated into a systematic use of evidence-based approaches for understanding the factors that affect behaviours, using these insights to develop interventions for improved health, well-being and equity and applying robust methods to evaluate these interventions. Across the Member States of the Region, increased investment and capacity are required to fully leverage the value of BCI approaches for health.

Response

Setting a joint course for work on BCI for health in the Region, a resolution and action framework were developed in close collaboration between the BCI Unit, partner organizations and the BCI Focal Points from Member States. The documents were unanimously adopted at the 72nd session of the WHO Regional Committee for Europe (RC72) on 13 September 2022. Member States thereby made five strategic commitments related to increased funding and human resources for work on BCI for health; conducting BCI-related studies and using insights from these to inform health-related policies, services and communication; and engaging stakeholders and developing a national plan for this work.

In launching this resolution, the BCI Unit developed various communications materials, including two videos showcasing the action framework and a country example. At the RC72 venue, an exhibition area included a section on BCI, which provided an introduction to the BCI approach, methodology and tools and highlighted a number of case examples and key public health topics where BCI has contributed to improved outcomes.

► Advocacy and partnerships

Establishing a country community of practice

Challenge

There is a need for increased collaboration and sharing of lessons learned, case examples and evidence related to BCI for health across the Member States of the Region.

Response

The collaboration with the BCI Focal Points from all Member States continued throughout 2022. Four online regional meetings were organized as were several working group meetings, one specifically for Russian-speaking countries. The main focus of this engagement was development and refinement of the regional action framework and resolution on BCI for health and pilot testing of the BCI national reporting mechanism. Following the adoption of the resolution in September, more emphasis has been placed on coordination and enhancing collaboration and sharing. A planning committee with BCI Focal Points has been formed to initiate the arrangement of the first regional BCI face-to-face meeting, planned to take place in 2023.

A resolution on BCI for health was adopted in September 2022. Member States thereby committed to increased use and investment in BCI for health in the Region.



► Advocacy and partnerships

Launching the TAG-BCI

Challenge

Applying BCI approaches requires expertise from fields as diverse as psychology, sociology, economics, anthropology, political science and cultural studies, as well as multiple methods and theory-driven approaches. To inform this relatively new multisectoral field of work, the BCI Unit needs support from leading experts.

Response

The TAG-BCI with 16 experts representing a broad range of disciplines was launched in 2022. The TAG-BCI members provide expert advice to the BCI Unit and engage in joint projects. Four online TAG meetings were held during 2022, and planning for the first face-to-face meeting in February 2023 was initiated.

► Advocacy and partnerships

Maintaining the health literacy country network

Challenge

The field of health literacy relates to people's opportunities to locate, understand and use health information. When health authorities offer accessible, tailored, tested and acceptable information related to key health topics, health literacy can improve. However, across the Region high-quality and internationally comparable data related to health literacy levels, which could be used to identify key groups and areas where communications should be enhanced, has been insufficient.

Response

The WHO Action Network on Measuring Population and Organizational Health Literacy (M-POHL) was established in 2018 and has since then engaged 22 countries in data collection related to health literacy. In 2022, the Network began preparing for the next phase of data collection planned for 2024–2025 and a new project on organizational health literacy measurement. A new working group was also launched to help foster evidence-informed policy and practice, and support decision-makers in integrating health literacy related activities at country level.

► Advocacy and partnerships

Supporting BCI units in the countries and areas of the Region

Challenge

Conducting BCI work is still underexplored and not institutionalized in many countries. A lack of buy-in and sustainable investment makes it more difficult to build this area of work. Some countries see an established BCI unit as a good opportunity to address these issues.

Response

Upon request, the BCI Unit has engaged with national health authorities that are interested in or planning to establish BCI units. The engagement has included providing advice, delivering presentations and capacity-building workshops, and initiating joint projects. In 2022, the BCI Unit engaged with the Cultural, Behavioural and Media Insights Centre (CUBE) at the Finnish Institute for Health and Welfare, and the Public Health Agency of Sweden, which has created a BCI Team. The BCI Unit also engaged with Kosovo⁴ and the Republican Centre for Health Promotion and Mass Communication of Kyrgyzstan, both of which are planning to set up BCI units.

⁴ All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

► Advocacy and partnerships

Creating a new BCI website

Challenge

Being a relatively new area of work, as well as one of the Regional Office's flagship programmes, BCI needs visibility, and Member States and interested stakeholders should have an opportunity to get more information on the WHO website.

Response

A new BCI-dedicated website was created, providing an overview of BCI work in the Region, as well as tools, publications and multimedia products developed by the BCI Unit to support Member States in developing BCI-related activities.

► Advocacy and partnerships

Engaging with the EU in relation to arts and health policies

Challenge

Health systems have become increasingly stretched, and innovative health interventions are needed that take advantage of existing capacity and contribute towards individual health and well-being. **A WHO Europe report⁵** on the evidence supporting arts and health interventions demonstrated how a more systematic engagement with the culture sector can pay dividends in terms of population health.

Response

Interest in arts and health has been particularly strong in the EU. Due to its leadership position in the field, the BCI Unit supported the European Commission and the European Parliament in several high-profile events in 2022 focusing on arts and health. These included European Research and Innovation Days – a session on the **power of the arts for people's well-being**;⁶ Voices of Culture – a European Commission **structured dialogue on youth, mental health and culture**;⁷ and a seminar on **culture as a driver for health and well-being in the EU**.⁸

► Advocacy and partnerships

Launch of a new arts and health collaboration

Challenge

While research is increasingly demonstrating the effectiveness of arts and health interventions, substantive progress in terms of multi-site evaluations and implementation research has so far been missing, due to a dearth of engagement.

Response

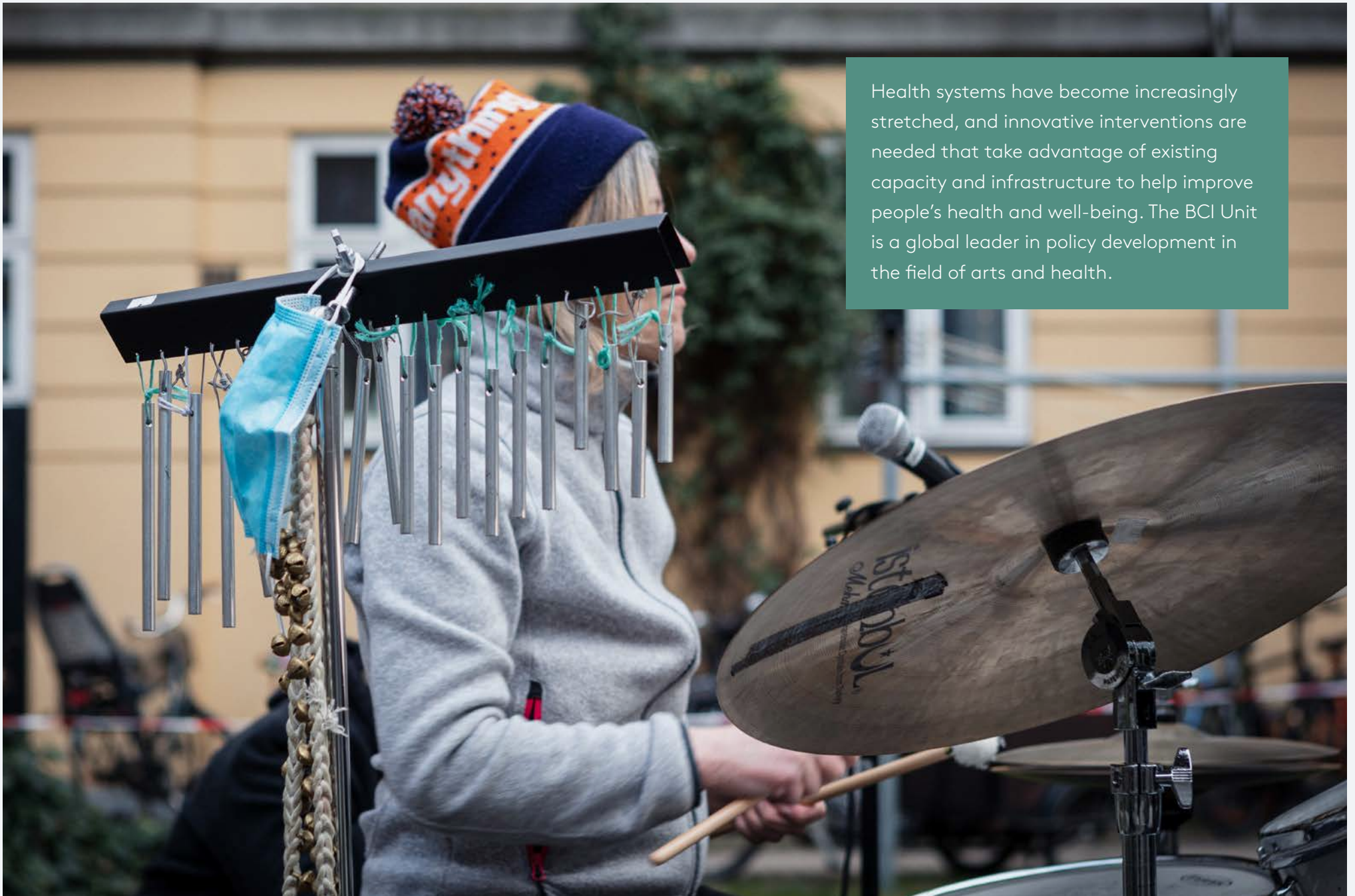
Over the last three years, WHO Europe has developed a global leadership position in arts and health policy development. On 27 February 2023, the Jameel Arts & Health Lab was launched by WHO Europe, the Steinhardt School at New York University, Community Jameel and CULTURUNNERS. With a focus on excluded and underserved communities, the lab aims to radically improve healthcare worldwide through the coordination and synthesis of rigorous academic research into the effectiveness of 'arts in health' interventions. This project will mark the first major arts and health initiative in the history of the WHO.

⁵ Fancourt D, Saoirse F. What is the evidence on the role of the arts in improving health and well-being? A scoping review. Copenhagen: WHO Regional Office for Europe; 2019 (<https://apps.who.int/iris/handle/10665/329834>, accessed 10 January 2023).

⁶ The power of the arts for people's wellbeing [video]. EU Science & Innovation; 2022 (<https://www.youtube.com/watch?v=tb85faH5A-w>, accessed 10 January 2023).

⁷ Youth, Mental Health and Culture. In: Voices of Culture [website]. European Commission; 2022 (<https://voicesofculture.eu/2022/06/17/the-role-of-cultural-and-creative-sectors-in-improving-mental-health-of-the-youth/>, accessed 10 January 2022).

⁸ Culture: a driver for health and wellbeing in the EU [video]. European Parliament; 2022 (<https://www.europarl.europa.eu/streaming/?event=20221116-1400-SPECIAL-OTHER>, accessed 10 January 2023).



Health systems have become increasingly stretched, and innovative interventions are needed that take advantage of existing capacity and infrastructure to help improve people's health and well-being. The BCI Unit is a global leader in policy development in the field of arts and health.

► Capacity-building

Launching the LEARN BCI package

Challenge

The newly adopted resolution on BCI for health included a call from Member States for WHO to support capacity-building in Member States, including through face-to-face and online training opportunities.

Response

In response to this call for support, in 2022 the BCI Unit launched a comprehensive set of training opportunities under the banner of LEARN BCI.

Online modules

A set of LEARN BCI online modules was pilot tested among WHO technical staff in Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Croatia, Hungary, Lithuania, Georgia, Tajikistan, Türkiye, Ukraine and Kosovo⁹. The modules allow technical staff from national health authorities to orient themselves with the basics of BCI in an easily accessible format. Voice-over PowerPoint presentations, animated videos and expert talk videos are available on an online platform with options to engage in group work and discussion fora. The modules will be available in Russian and English.

October School

A weeklong face-to-face LEARN BCI School was organized on 11–14 October 2022 in Istanbul, Türkiye, engaging 35 health experts from Croatia, Georgia, Hungary, Italy, Kazakhstan, Kyrgyzstan, North Macedonia, Republic of Moldova, Romania, Slovenia, Spain, Sweden, Türkiye and Kosovo.⁹

The October School applied an interdisciplinary and evidence-based approach, where participants were introduced to theoretical frameworks, and to research and evaluation methods for understanding and addressing the barriers and drivers of health behaviours, and where they practiced the application of these approaches through case-based group work sessions. The October School itself was designed drawing on behavioural insights principles and evidence on adult learning to enhance learning outcomes among the participants. Outcomes included increased self-assessed knowledge and skills, interest in setting up national BI units, personal commitments to the use of BCI for health, and initiation of specific projects drawing on the methods learned.

In-country trainings

As part of BCI projects, trainings were organized in Türkiye in June 2022, in Kosovo⁹ in the same month and in Kyrgyzstan in November. The workshops involved a broad range of stakeholders, including staff from health authorities, as well as health workers, academics and representatives of civil society. They were developed based on the LEARN BCI standard modules and tailored to the context, participants and health topic of the BCI project in that country or territory.



⁹ All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

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The LEARN BCI online modules include a variety of animated videos, voice-over PowerPoint presentations, expert talk videos and facilitated online group work.

**social and
cultural context**



► Evidence and guidance

Launching the BCI-Hub as an online knowledge repository

Challenge

BCI is a growing field of research, with many Member States in the Region conducting important studies in the area, and using these insights to improve health policies, services and communication. However, this evidence and best practice is scattered and not easily available for overview.

Response

In collaboration with the University of Exeter (United Kingdom), the BCI Unit launched the BCI-Hub¹³ in May 2022 showcasing BCI-related information and promoting good practice. The BCI-Hub has seen exponential growth since its launch and currently receives approximately 1000 new users a month. In total, the site has had approximately 3600 users from 84 countries with 21 000 events on the site (page views, material downloaded, external links clicked, etc.) as of the end of 2022. In response to this increasing demand, the BCI Unit is working with the University of Exeter to further promote and expand the BCI-Hub, and has brought on board content from additional focus areas, including mpox and vaccines and immunization.

► Evidence and guidance

Launching a guide on evaluation of complex initiatives

Challenge

Evaluation is a critical element of any intervention. While Member States are increasingly looking towards BCI interventions to support the design of health policies, services and communication, these interventions are frequently not evaluated upon implementation, particularly if these interventions are launched in complex settings that do not easily lend themselves to causal evaluations.

Response

The BCI Unit launched a “Guide to evaluating behaviourally and culturally informed health interventions in complex settings” in September 2022.¹⁴ The guide is designed to support evaluations in situations where it is difficult to establish causality, focusing instead on articulating a robust contribution claim and on assessing also broader implications for well-being, trust and social cohesion for those affected. The guide has been developed in the field and is based on the experience gathered from evaluating three BCI-related projects, in Greece, Romania and Portugal.

► Evidence and guidance

Launching an mpox policy brief

Challenge

On 23 July 2022, mpox was declared a public health emergency of international concern due to rapid spread of the disease in non-endemic countries. It was clear that how people behave would be an essential component in reaching the Regional Office’s goal of eliminating mpox. Understanding the specific context at a local level including social, cultural, economic, legal and other considerations would be necessary to target the response.

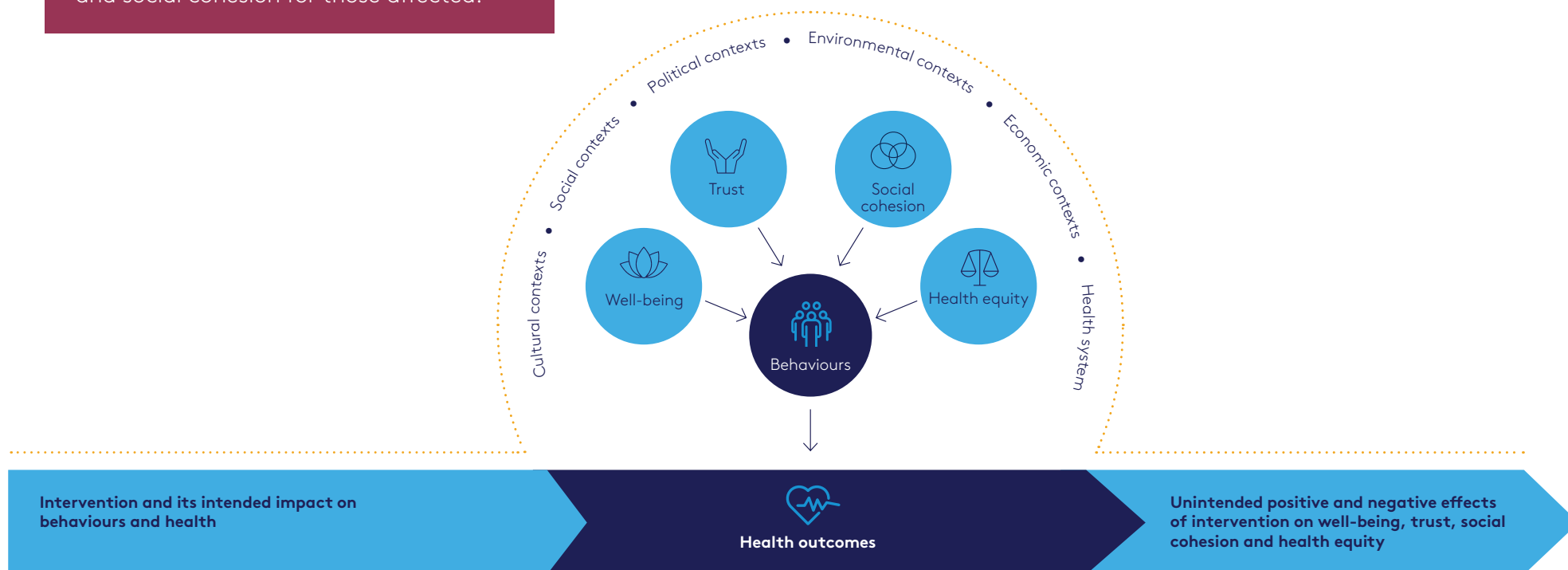
Response

The BCI Unit developed a policy brief on BCI for mpox as part of a series of policy considerations, launched by the Regional Office’s Health Emergency Programme. A group of internal experts were engaged to develop this third mpox policy brief. The recommended approach adheres closely to the BCI Unit approach, tailored specifically to the mpox situation. An mpox focus page was also added to the BCI-Hub, collecting research and guidelines in one location for ease of access. The BCI Unit also leads the BCI Task Force within the Regional Office’s mpox incident management support team.

¹³ BCI-HUB [website]. University of Exeter; 2023 (<https://bci-hub.org/>, accessed 11 January 2023).

¹⁴ Guide to evaluating behaviourally and culturally informed health interventions in complex settings. Copenhagen: WHO Regional Office for Europe; 2022 (<https://apps.who.int/iris/handle/10665/362317>, accessed 11 January 2023).

A guide to evaluating BCI-informed activities was launched and piloted in three countries. The guide is useful when it is difficult to establish causality and focuses on robust contribution claims and broader implications for well-being, trust and social cohesion for those affected.



► Evidence and guidance

Launching evidence reports on behavioural and cultural aspects of health topics

Challenge

Public health policy-makers and implementers need access to timely, independent and reliable health information for decision-making. Preparing Health Evidence Network (HEN) reports offers an opportunity to conduct in-depth evidence reviews of a large quantity of information and evidence and present these in an accessible format with synopses of the main findings and policy options.

Response

In 2022, the BCI Unit launched three such evidence reports.

Behavioural and cultural aspects of waste management: evidence report

Managing the increasing amount and complexity of municipal solid waste poses a growing challenge to the entire Region, with implications for human health and well-being. However, engaging populations with waste management policies is challenging. An evidence synthesis report was launched in June 2022 that examines how waste management can be recast as meaningful practice at individual, community and national levels.¹⁵ Using country case stories, the

report shows how strategies of prevention and reuse (top priorities in the EU waste hierarchy), are often deeply rooted cultural practices that can be mobilized using grassroots action, if governments create the conditions for it. The report was developed jointly with the WHO European Centre for Environment and Health.

Behavioural and cultural aspects of knowledge translation: evidence report

Knowledge translation (KT) is the exchange, synthesis and effective communication of reliable and relevant research results in order to make real-life interventions more effective. KT takes place within cultural contexts that can powerfully frame what the policy problems are and what type of research is accepted. A more complex understanding of culture is critical to ensuring effective and relevant knowledge production, communication, translation and use. An evidence report on the challenges of knowledge translation in different cultural contexts was launched in October 2022.¹⁶ The report uses key examples to illustrate these relationships, including the acceptance of wearing facemasks across cultures during the COVID-19 pandemic. It highlights that KT involves translations

between different meaning systems, as illustrated by a discussion of KT in relation to indigenous cultures. The report was developed jointly with WHO headquarters and the Regional Office team on Evidence for Policy Development.

Behavioural and cultural aspects of infodemics: evidence report

The COVID-19 pandemic demonstrated the importance of understanding the behavioural and cultural dynamics of information sharing. However, to date, infodemic management has drawn little on experiences and insights from the past. An evidence synthesis report on the historical roots of the COVID-19 infodemic was launched in November, authored by two world-leading historians.¹⁷ The report proposes policy considerations regarding infodemic management based on lessons learned from past pandemics, epidemics and disease outbreaks. It shows how infodemics flourish in the expectation gap between an idealized faith in science and the hard realities of what science can produce at short notice. The report was developed jointly and launched in collaboration with the Regional Office's Health Emergencies Programme.

¹⁵ Foellmer J, Liboiron M, Rechenburg A, Kistemann T. How do the cultural contexts of waste practices affect health and well-being? Copenhagen: WHO Regional Office for Europe; 2022 (Health Evidence Network Evidence Synthesis Report 75; <https://apps.who.int/iris/handle/10665/354695>, accessed 11 January 2023).

¹⁶ Engebretsen E, Umachandran P, Ødemark J, Greenhalgh T. In what ways do cultural contexts influence the knowledge translation process for health decision-making and what are the implications for policy and practice? Copenhagen: WHO Regional Office for Europe; 2022 (Health Evidence Network (HEN) Synthesis Report <https://apps.who.int/iris/handle/10665/363550>, accessed 11 January 2023).

¹⁷ Tones N, Parry MS. What are the historical roots of the COVID-19 infodemic? Lessons from the past. Copenhagen: WHO Regional Office for Europe; 2022 (Health Evidence Network (HEN) Synthesis Report 77; <https://apps.who.int/iris/handle/10665/363867>, accessed 11 January 2023).



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The BCI-Hub was launched in 2022 as an online repository showcasing BCI-related evidence and promoting good practice.

► Evidence and guidance

Launching guidance on behavioural and cultural aspects of brief interventions for health workers and patients

Challenge

Brief interventions are an evidence-based tool used by health workers to address NCD risk factors such as tobacco, alcohol, nutrition and physical activity. However, brief interventions are under used by many health workers, or inadequately understood and acted upon by patients.

Response

The BCI Unit created a supplement on BCI considerations for the uptake and use of brief interventions by health workers and patients for a WHO toolkit on integrated brief interventions for NCD risk factors in primary care.¹⁸ The toolkit was developed by the NCD Office.

► Evidence and guidance

Launching an arts and health policy brief on supporting the mental well-being of forcibly displaced people

Challenge

People who have been displaced because of natural disasters, persecution, conflict, generalized violence or human rights violations have invariably experienced significant loss, physical hardships and other stressors that can result in psychological distress. A large body of evidence shows how forcibly displaced people contribute positively to society, if properly supported.

Response

Within the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings,¹⁹ arts activities can be considered one of the relevant activities to improve health and well-being by promoting multiple different psychological, behavioural and social processes. In July 2022, the BCI Unit published a policy brief²⁰ which illustrates how, for example, arts activities can improve self-confidence and promote healthy behaviours and social inclusion and, importantly, offer hope. The policy brief was developed jointly with the Regional Office's Mental Health Flagship.

► Evidence and guidance

Preparing peer reviewed publications

The BCI Unit team members published a range of peer-reviewed papers during 2022, including those listed below.

- **Habersaat KB**, Narayan S, Nielsen S, **Scherzer M**, Salvi C, Seale H. How health workers can make a difference in the public COVID-19 vaccination response
- Girolamo G, Ferrari C, Candini V, Buizza C, Calamandrei G, Caserotti M, Gavaruzzi T, Girardi P, **Habersaat KB**, Lotto L, **Scherzer M**, Starace F, Tasso A, Zamparini M, Zarbo C. Psychological well-being during the COVID-19 pandemic in Italy assessed in a four-waves survey
- Jama A, Appelqvist E, Kulane A, Karregård S, Rubin J, Nejat S, **Habersaat KB**, Jackson C, Butler R, Lindstrand A, Godoy K. Design and implementation of tailored intervention to increase vaccine acceptance in a Somali community in Stockholm, Sweden – based on the Tailoring Immunization Programmes approach
- Jackson C, Nielsen S, Simonyan B, Kirakosyan M, Hovhannisyan M, Sahakyan G, **Habersaat KB**. Medical specialists' attitudes and practices towards childhood vaccination: a qualitative study in Armenia
- Čilović-Lagarija Š, Musa S, Hasanica N, Čerkez G, Palo M, Majdan M, **Scherzer M**, **Habersaat KB**, Smallwood C, Tahirukaj A, Nitzan D. Population perspectives on impact of the COVID-19 pandemic on essential health services – behavioral insights from the Federation of Bosnia and Herzegovina
- Warran K, Smith C, Ugron H, Carstens LF, Zbranca R, Ottow M, Blaga OM, Ladegaard NL, Davis RE, Fancourt D, **Fietje N**. Scalability of a singing-based intervention for postpartum depression in Denmark and Romania: protocol for a single-arm feasibility study

¹⁸ Integrated brief interventions for noncommunicable disease risk factors in primary care: the manual. BRIEF project. Copenhagen: WHO Regional Office for Europe; 2022 (<https://apps.who.int/iris/handle/10665/364437>, accessed 11 January 2023).

¹⁹ IASC guidelines on mental health and psychosocial support in emergency settings. Geneva: Inter-Agency Standing Committee (IASC); 2007 (<https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007>, accessed 11 January 2023).

²⁰ Arts and health: supporting the mental well-being of forcibly displaced people. Copenhagen: WHO Regional Office for Europe; 2022 (<https://www.who.int/europe/publications/m/item/arts-and-health--supporting-the-mental-well-being-of-forcibly-displaced-people>, accessed 11 January 2023).

