



IMPLEMENTING RESOLUTION EUR/RC72/R1:

WHO regional meeting on behavioural and cultural insights for health

12–14 SEPTEMBER 2023



DRAFT meeting statement

Note:

This meeting statement has been drafted based on 1) country reporting to WHO and 2) interview study with BCI focal points. The intention is to finalize the statement after the meeting, by integrating meeting conclusions and outcomes. Please share feedback via euinsights@who.int or during the meeting.

Unequivocal call to embrace a science-rooted, structured approach to deliver step-change in health behaviours

Behaviours are central to the trajectories of major health challenges, and their multifaceted nature demands a more refined, evidence-based approach to truly deliver better health and reduced health inequity (ref). By systematically and routinely delving into both individual and contextual determinants of health behaviours, behavioural insights and cultural context analysis provide comprehensive insights to inform more effective and cost-effective health policies, services and communications. The value is not just theoretical, it is empirically backed, as numerous studies have illuminated the transformative impact of interventions driven by these approaches, improvements in population health outcomes and return on investment (ref).

Recently adopted global and regional resolutions (ref) signal a paradigm shift and underscore that public health authorities are stepping up. They emphasize a focus on deeper understanding of behavioural nuances and cultural specificities, thus allowing for more tailored, effective interventions. In the WHO European Region, commitments to maximising the impact BCI approaches can have on better health include resource allocation, stakeholder engagement, structured research initiatives and strategic planning (ref).

The first ever regional Behavioural and Cultural Insights (BCI) meeting held at WHO Regional Office for Europe (WHO Europe) in Copenhagen, Denmark on 12–14 September 2023, attended by the 130 co-authors of this paper, highlighted tangible actions, opportunities and shared energy on the way forward, as well as areas of challenge. Conclusions were informed by country reporting to WHO Europe on health

behaviour-related work across the Region (ref) as well as an interview study with the same public health authorities (ref) on the barriers and opportunities they face.

Notably, while many public health authorities have leaned into this type of approach, there is a gap in delivering on commitments to invest resources, engage with stakeholders and holistically embed BCI in planning. For example, on a scale from 1 (low) to 5 (high), 65% of public health authorities in the WHO European Region self-assess at levels 1 or 2 for committing sustainable human and financial resources to this area of work, and 0% self-assess at level 5. While 56% self-assess at levels 3 or higher for conducting research in this field, less than 1 in 3 had conducted an impact evaluation to assess the impact of an activity that aimed to enhance positive health behaviours over the last 2 year (graphs to be included).

Knowledge and skills gaps in behavioural science and cultural context analysis, theoretical framework application and impact evaluation methodologies are prominent. The intricacies of behavioural science and cultural context analysis, the diversity and depth of theoretical frameworks and the rigour required in methodologies all add layers of complexity to adoption of these approaches. These academic and practical challenges are compounded by entrenched organizational cultures, which can be resistant to change, and by the convoluted communication pathways to decision-makers, often hindering efficient use of the insights gained into policy design and implementation.

Despite these challenges brought to light by country reporting, interview study and meeting discussions, the push to refine health policies, services and communication with an evidence-based approach to health behaviour is a silver lining. There is an increasing recognition of the potential, and in some cases necessity, of these approaches, and a clear shared desire to successfully navigate the challenges, even if the journey towards its full realization appears arduous.

The way forward

The interview study with public health authorities and regional BCI meeting identified overall areas and actionable next steps (Figure 1 and Table 1). Beyond the fundamental requirement of resource allocation, holistically embedding behavioural insights and cultural context into health strategies and plans stands out as critical (ref). Demonstrating the real-world impact and value-for-money of these approaches is needed to catalyze internal and external buy-in. Infrastructural refinement and consistent dialogue with decision-makers can reshape the narrative (ref). Given the rapidly changing nature of global health challenges, there is also a constant need to foster innovation, build capacity and update skills, understandings and frameworks. Moreover, public health authorities must engage in continuous dialogue with stakeholders, advocating for the significance of these approaches as well as creating conducive environments for interdisciplinary collaborations, including with academia, for dynamic, evolving and responsive approaches to public health challenges that involve behaviour – application of the science is needed, to increase the routine application of the science!.

WHO and international and regional development partners play an indispensable role. Facilitating country platforms and dialogues, robust advocacy with decision-makers, conducting and sharing in-depth analysis of success stories and shared capacity-building initiatives are crucial pillars. They should be instrumental in orchestrating collaborations, emphasizing the primacy of behavioural insights and cultural context, promoting best practices and catalyzing change at all levels.

Call to action

In light of the deliberations, meeting participants agree on an unequivocal call to embrace a science-rooted, structured and systematic approach to optimizing policy, services and communications designed to deliver better health and address health behaviours. The clarion call from global and regional resolutions underscores a critical juncture in global health, and translating commitments into action is not just desirable but imperative (ref). There is a unique opportunity for a step-change in exploring and addressing health behaviours through evidence-based BCI approaches. The onus now rests on public health authorities, WHO, global partners, academic institutions and the wider public health ecosystem to heed this call. This requires a united front, an unwavering commitment to continuous learning and innovation, and a shared vision for a healthier future leaving no one behind.

Table 1. Actionable next steps

Areas for action	Actionable next steps
IMPLEMENTATION	
Drive the field forward through impactful projects	<ul style="list-style-type: none"> Engage in collaboration projects, leveraging the comparative advantages of public health authorities, academia, countries, and regions
Ensure sustainable human and financial resources	<ul style="list-style-type: none"> Establish enabling structures among public health authorities, for example through setting up cross-functional teams/units that can support BCI-related work
Develop plans and strategies	<ul style="list-style-type: none"> Holistically embed BCI into national health plans and strategies across health areas

	<ul style="list-style-type: none"> • • • • • •
ADVOCACY	
Advocate for domestic and international research and capacity building funding	<ul style="list-style-type: none"> • Map stakeholders and identify who makes decisions and who can be a gamechanger within the system and take this into account in advocacy • • • • • • • • •
Demonstrate the impact of taking a BCI approach more clearly	<ul style="list-style-type: none"> • Produce appealing case examples tailored for relevant audiences • • • • • • •
Establish Communities of Practice	<ul style="list-style-type: none"> • Develop a permanent Networking Structure for sharing countries plans, work, experiences and overall good practice on BCI work for better health • • • • • • •
EVIDENCE AND THEORY	
Further develop theoretical and methodological foundation	<ul style="list-style-type: none"> • Further develop behavioural models and frameworks • Develop tools for the application of BCI models and theories • • •

	<ul style="list-style-type: none"> • • • • • •
Develop tools and guidance	<ul style="list-style-type: none"> • Develop written Guidance on key aspects of BCI-related work for health, for example impact evaluation, research methods and frameworks, survey methods, literature synthesis) • • • • • • •
One more category?	<ul style="list-style-type: none"> • • • • • • • • • •
CAPACITY	
Close skills and knowledge gaps	<ul style="list-style-type: none"> • Assess capacity and capabilities • Establish trainings tailored to different levels of expertise and different focus (basic introduction, impact evaluation, research methods and frameworks, survey methods, literature synthesis) • • • • • • • •

	<ul style="list-style-type: none">
One more category?	<ul style="list-style-type: none">