
Behavioural and cultural insights at the WHO Regional Office for Europe

Annual progress report 2024



Behavioural and cultural insights at the WHO Regional Office for Europe

Annual progress report 2024

Abstract

This report highlights actions related to behavioural and cultural insights (BCI) undertaken by the WHO Regional Office for Europe in 2024. In September 2022 Member States of the WHO European Region unanimously adopted a Regional resolution and 5-year action framework for BCI for health, with five strategic commitments. In 2024 the Regional Office collaborated closely with Member States and partners to advance the implementation of these commitments. This involved planning and initiating BCI research and interventions together with several Member

States with the aim of ensuring more people-centred, culturally informed and evidence-informed approaches to health behaviours. Several training courses and in-country workshops were organized to build capacity and strengthen advocacy for BCI implementation across the Region. This work was delivered by the BCI Unit in close collaboration with country experts, partner organizations and colleagues in WHO country offices, technical units, geographically dispersed offices and headquarters.

Keywords

PUBLIC HEALTH
BEHAVIOR
BEHAVIORAL RESEARCH
HUMANITIES
HEALTH SERVICES
HEALTH COMMUNICATION
CAPACITY BUILDING

Document number:
WHO/EURO:2025-11369-51141-77881 (PDF);
WHO/EURO:2025-11369-51141-77882 (print)

© World Health Organization 2025

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition: Behavioural and cultural insights at the WHO Regional

Office for Europe: annual progress report 2024. Copenhagen: WHO Regional Office for Europe; 2025".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation. Behavioural and cultural insights at the WHO Regional Office for Europe: annual progress report 2024. Copenhagen: WHO Regional Office for Europe; 2025. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <https://www.who.int/about/policies/publishing/copyright>

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Photos:

Cover ©WHO/Mukhsindzhon Abidzhanov; p. 3 ©WHO; p. 4 ©WHO/Andreas Beck; p. 6 ©WHO/Alona Mazhnaia; p. 8 ©WHO/Tatiana Vorovchenko; p. 10 ©WHO/Dinu Bubulici; p. 12 ©WHO/Nazim Kalandarov; p. 13 ©WHO/Dinu Bubulici; p. 15 ©WHO/Pavel Belyayev; p. 16 ©WHO/Almaz Zhumaliev; p. 17 ©WHO/Andreas Beck; p. 18 ©WHO; p. 19 ©WHO/Andreas Beck; p. 20 ©Scottish Ballet/Andrew Perry; p. 21 ©WHO/Jens Hauspurg; p. 23 ©WHO/Tomislav Georgiev; p. 25 ©WHO/Jonathan Schoeps; p. 26 ©WHO/Malin Bring; p. 28 @Instituto de Salud Carlos III; p. 29 ©WHO/Nazik Armenakyan; p. 30 ©WHO/Arete/Maxime Fossat; p. 31 ©WHO/Halldorsson; p. 32 ©WHO/Almaz Zhumaliev.

Designed by: Essensen.dk

Contents

Acknowledgements	iv
Abbreviations	iv
2024 snapshots	1
2024 overview of activities.....	2
What are Behavioural and Cultural Insights for health?	3
Collaboration across the Regional Office	3
● Support to country projects	5
● Advocacy and partnerships	17
● Capacity-building	24
● Evidence and guidance	29
References.....	34

Acknowledgements

The Behavioural and Cultural Insights Unit warmly thanks all colleagues and partners, without whom the work described in this report would not be possible: behavioural and cultural insights focal points in Member States and colleagues in partner organizations and across the WHO Regional Office for Europe, WHO country offices, WHO headquarters and other WHO regional offices; members of the Technical Advisory Group on Behavioural and Cultural Insights; colleagues working at the WHO collaborating centres on Social and Behavioural Research in Antimicrobial Resistance (University of Vienna, Austria), Behavioural Research in Global Health (Bernhard Nocht Institute for Tropical Medicine, Germany), Arts and Health (University College London, United Kingdom) and Culture and Health (University of Exeter, United Kingdom); colleagues at other academic institutions, including the National Public Health Institute of Austria, Aston University (United Kingdom), University College London (United Kingdom); and colleagues in scientific and Member States networks, including the WHO Action Network on Measuring Population and Organizational Health Literacy.

Thank you to our supporters

WHO warmly thanks the German Federal Ministry of Health; Belgian Federal Public Service of Health, Food Chain Safety and Environment; Community Jameel; United States Centers for Disease Control and Prevention; Nordic Culture Fund; Central Denmark Region; European Union; Bill and Melinda Gates Foundation; and GAVI Alliance. Without their financial support, the work described in this report could not have been undertaken.

Abbreviations

AMR	antimicrobial resistance
BCI	behavioural and cultural insights
CoP	community of practice
EU	European Union
HPV	human papillomavirus
IPC	infection prevention and control
JID	Joint Infectious Diseases programme (at WHO Regional Office for Europe)
NCDC	National Center for Disease Control and Public Health in Georgia
PAT	High-Threat Pathogens programme (at WHO Regional Office for Europe)
PrEP	pre-exposure prophylaxis
RCT	randomized controlled trial
SNI	Special Initiative on NCDs and Innovation at WHO Regional Office for Europe
SSB	sugar-sweetened beverage
TAG-BCI	Technical Advisory Group on Behavioural and Cultural Insights
VPI	Vaccine-preventable Diseases and Immunization programme (at WHO Regional Office for Europe)

2024 snapshots

22

in-country projects

Support to
country projects

9

**evidence
reviews**

Support to
country projects

26

research studies

Support to
country projects

4

**randomized
controlled trials**

Support to
country projects

20

**BCI trainings
and workshops**

Capacity-building

4

**WHO Collaborating
Centres for BCI**

Capacity-building

7

**scientific
publications**

Evidence
and guidance

27

**keynotes and presentations
at external events**

Advocacy and
partnerships

2024 overview of activities

Support to country projects

- Improving hospital infection prevention and control (IPC) behaviours in Ukraine
- Reducing inappropriate antibiotic prescribing in Ukraine
- Improving the uptake of hepatitis C treatment in Georgia
- Improving hypertension treatment adherence in Türkiye
- Strengthening the scale-up of pre-exposure prophylaxis (PrEP) for HIV prevention in North Macedonia
- Increasing cancer screening uptake in Croatia
- Reducing the consumption of sugar-sweetened beverages (SSB) by school-aged children in Kyrgyzstan and Tajikistan
- Addressing obesity-related behaviours in Tajikistan
- Improving the mental health and well-being of young people in Greenland (Denmark)
- Improving mental health in hospitals in Slovenia and United Kingdom
- Immune patrol – increasing health literacy on immunization and vaccination among children in Belgium and Georgia

- Adapting behaviours to emergency care in the Republic of Moldova
- Adapting to poor air quality in Georgia
- Evaluating the impact of health worker communication training on vaccine acceptance in Azerbaijan
- Addressing declining and inequitable vaccination uptake in the Republic of Srpska, Bosnia and Herzegovina
- Increasing vaccine uptake among targeted population groups in Estonia
- Addressing inequities in vaccination among vulnerable population groups in Romania
- Increasing vaccine uptake in Poland
- Addressing barriers to vaccination for Ukrainian refugees and displaced people living in Lithuania and Romania
- Improving access to vaccination for internally displaced people in Ukraine
- Increasing health worker flu vaccination in Georgia
- Reversing the decline in human papillomavirus vaccine uptake in Turkmenistan
- Preparing for high uptake of the human papillomavirus vaccine in Tajikistan

Advocacy and partnerships

- Advancing the use of BCI for health
- Interregional collaboration
- Academic collaboration
- Promoting arts and health
- Advancing BCI partnership and advocacy through meetings and conferences

Capacity-building

- LEARN BCI training workshops
- Integrating BCI into training programmes
- Supporting in-country BCI strategy development

Evidence and guidance

- High-level event: using the power of BCI to address ineffective antibiotics
- Testing effective words, messages and ways to frame AMR
- Evaluating the impact of interventions addressing health behaviour: considerations and tools for policy-makers
- Measuring and maximizing public support for health policies
- Better letters – evidence and considerations from the behavioural sciences
- Monitoring health literacy
- BCI-hub.org online knowledge repository
- Scientific publications

What are Behavioural and Cultural Insights for health?

The BCI Unit works to advance the use of more effective and evidence-informed approaches to health behaviours. This involves understanding the barriers and drivers of specific health behaviours and using that insight to develop more effective interventions. The keywords are insights, co-creation and evaluation. BCI draws on disciplines such as behavioural science and economics, anthropology, sociology, psychology and cultural studies. Adding the cultural facet highlights the importance of the sociocultural context and of societal and health systems and structures, alongside individual factors.

Collaboration across the Regional Office

The BCI Unit works closely together with health authorities, WHO country offices and WHO technical units. In 2024, the Unit comprised five staff and worked with a number of consultants. In addition, the Vaccine-Preventable Diseases and Immunization programme (VPI) had two staff dedicated to BCI-related work whose work is reflected in this report.

BCI areas of work:

Support to country projects

Support to country projects

Capacity-building

Evidence and guidance



“

The BCI flagship has brought us on a remarkable journey since I launched it 5 years ago, and it has delivered new evidence, skills and ways of working.

I am particularly proud of the active engagement of the BCI Focal Points in Member States who are driving this important area of work forward. In 2024 the focal points published a joint paper with a ‘call for a step-change in health behaviours’ – a message I wholeheartedly support.

HANS HENRI P. KLUGE
Regional Director
WHO European Region

“

As a BCI Focal Point, I take professional satisfaction in being part of the BCI Community of Practice, led by the WHO BCI Unit.

It has been a great source of support and a generator of new ideas by fostering vivid and fruitful discussions that challenge our routines. It has elevated the concept of interactivity to a new level by engaging all 50+ BCI Focal Points at various stages, in alignment with their interests, availability and expertise.

SLADJANA BAROS

Researcher/Analyst and BCI Focal Point for Serbia





“

Our collaboration with staff at the Dnipro Hospital #4 in Ukraine and colleagues across WHO has shown the power of combining different technical backgrounds.

When diverse expertise unites, we can work through complex challenges in difficult conditions.

ALYONA MAZHNAIA

Consultant in the BCI Unit
WHO Regional Office for Europe

Support to country projects¹

Improving hospital infection prevention and control (IPC) behaviours in Ukraine

Antimicrobial resistance (AMR) poses a significant threat to patient safety and public health, particularly in conflict-affected settings such as Ukraine. Dnipro Hospital #4, like many health-care facilities in Ukraine, needs to urgently and sustainably address the rising prevalence of resistant infections including healthcare-associated infections. A BCI project is conducted to improve IPC behaviours including hand hygiene to reduce the spread of resistant bacteria. The two main workstreams initiated in 2024 were (i) the rapid co-design and implementation of BCI-informed solutions to address IPC challenges and (ii) a mixed methods study to identify the key organization-level cultural and behavioural determinants of IPC practices. The aim is to identify and develop effective, context-appropriate interventions to improve IPC practices that can be scaled up to other facilities.

→ The project is jointly conducted by the BCI Unit, Ukrainian Centre for Public Health, Control of Antimicrobial Resistance programme, WHO Country Office in Ukraine, Centers for Disease Control and Prevention and Dnipro Hospital #4.

Reducing inappropriate antibiotic prescribing in Ukraine

AMR is a major concern in Ukraine, where infections are becoming resistant to treatment. Reducing antibiotic prescribing and use can help to address this challenge. A qualitative study on antibiotic prescribing practices was based on in-depth interviews with secondary care physicians in six regions of Ukraine. It aimed to explore the barriers and drivers to appropriate antibiotic prescribing and use the findings to develop evidence-informed recommendations for improving antibiotic prescribing.

→ The results are expected in early 2025. The project was led by Ukrainian Public Health Center in partnership with the Norwegian Institute of Public Health and supported by the BCI Unit and the WHO Country Office in Ukraine.

¹ Projects are presented in thematic order.

Improving the uptake of hepatitis C treatment in Georgia

Georgia offers free hepatitis C screening and treatment with the aim of meeting the WHO elimination goals by 2030. Despite the programme's success, around 25 000 patients drop out at various steps in the cascade of care, leading to incomplete treatment and diagnoses. A study with hospital staff and patients with hepatitis C has been initiated to explore the reasons why patients do not continue along the care pathway and the role of hospital staff in informing and supporting hepatitis C patients who were screened in their hospital. The results are expected in 2025.

→ The project is jointly conducted by the BCI Unit, the Joint Infectious Diseases programme (JID), the WHO Country Office in Georgia and the NCDC.

Improving hypertension treatment adherence in Türkiye

One in four people living in Türkiye has hypertension, and nearly half of these individuals remain undiagnosed. Concerted efforts have substantially enhanced disease awareness, treatment and control. However, treatment adherence remains low among people diagnosed with hypertension and the condition is still considered a significant public health threat. In response to this challenge, a BCI study was conducted. The findings showed that most people with hypertension struggle with treatment adherence to some extent and experience a range of barriers such as lack of trustworthy information; difficulties managing multiple diseases (co-morbidities); difficulties combining life-style changes with work and social lives; and misconceptions about medication only being needed while experiencing symptoms.

→ The project is jointly conducted by the BCI Unit, the WHO Country Office in Türkiye, Noncommunicable Disease Management Unit, the Ministry of Health of Türkiye and Dokuz Eylül University.

Strengthening the scale-up of pre-exposure prophylaxis (PrEP) for HIV prevention in North Macedonia

HIV infection is still an important public health issue in the WHO European Region, even though safe and effective prevention methods exist, including PrEP. PrEP is available in North Macedonia, but uptake remains low. Drawing on a stakeholder workshop, literature review and situation analysis, a BCI study explored the barriers and drivers to PrEP uptake. Findings from focus groups with health-care providers and interviews with key populations show that lack of detailed knowledge contributes to the low uptake and low prescribing rates, in addition to stigma and the centralization of services to only one clinic in the country. A stakeholder meeting and a dissemination workshop with key government officials were used to discuss findings and possible solutions. Preliminary findings were presented at AIDS 2024, the 25th International AIDS Conference.

→ The project was jointly conducted by the BCI Unit, the JID, the WHO Country Office in North Macedonia, TIM Institut, Robert Koch Institute and seven civil society organizations working on HIV prevention in North Macedonia

Increasing cancer screening uptake in Croatia

Cancer is the second most common cause of death in Croatia. Early detection of colorectal cancer is the key to successful treatment; however, uptake of colorectal cancer screening in Croatia is just 25%. To increase colorectal cancer screening uptake, a mixed method study combined in-depth interviews with health workers and the target screening population with a randomized controlled trial (RCT) of different versions of a reminder letter. The trial showed that sending a reminder increases the uptake of screening and that BCI-informed components further improve uptake. Including a testing kit with the reminder letter did not increase uptake. This is an important insight, given the high cost of including testing kits with the letters. The in-depth interviews showed that health workers supported the programme but struggle with a lack of time and with patients' lack of interest, low perceived risk of cancer and misconceptions.

→ The project is jointly conducted by the BCI Unit, the WHO Cancer Team, the WHO Country Office in Croatia, the Croatian Institute of Public Health and the Ministry of Health of Croatia.

Reducing the consumption of sugar-sweetened beverages (SSB) by school-aged children in Kyrgyzstan and Tajikistan

The consumption of SSB is associated with increased risks of overweight and obesity. To support the development of an effective communication campaign, and drawing on an evidence review of communication-based interventions to reduce children's SSB consumption, a set of tailored and culturally informed messages aimed at primary carers of children were tested in a RCT, using both online (Kyrgyzstan) and in-person (Tajikistan) data collection. The study showed that participating carers were well informed and felt positively towards reducing SSB consumption among children. The findings indicated that the effectiveness of messages differed across subgroups depending on geographical area, gender, education and income.

→ The project was jointly conducted by the BCI Unit and the Special Initiative on NCDs and Innovation (SNI) in collaboration with the WHO country offices, Kyrgyzstan and Tajikistan.

Addressing obesity-related behaviours in Tajikistan

The burden of non-communicable diseases in Tajikistan is increasing due to factors including an increase in overweight, unhealthy nutrition and physical inactivity, and the country has implemented several measures to promote healthier behaviours. A project was initiated to explore country-specific and culturally rooted causes of overweight and obesity in priority population groups and country areas and to strengthen coordination for implementation.

→ The project is jointly conducted by the BCI Unit, the SNI, the WHO Country Office in Tajikistan, with support from European Leadership Academy Tier 1 candidate, Dr Shakhzodabonu Qurbonova.

“

Obesity is a growing challenge in Armenia, and we have been supported by WHO to explore population perspectives and the environments they live in to better understand this challenge.

The findings will inform the development of tailored strategies, legislation, and activities to support, enable and promote healthier eating in key population groups.

DIANA ANDREASYAN

Deputy Director and BCI Focal Point for Armenia



Improving the mental health and well-being of young people in Greenland (Denmark)

Mental health is a public health concern in Greenland and suicide rates in young people, in particular, is an area of significant concern. Over the last two decades, there has been increasing interest in the benefits of the arts in addressing complex health challenges. As part of a 5-year WHO memorandum of understanding with Greenland to strengthen health and well-being in the country, the BCI Unit is supporting the development of a co-created, evidence-informed arts and health intervention designed to improve the mental health and well-being of high-school students, with the long-term aim of helping to reduce suicide rates among young people.

→ The project is a collaboration between the BCI Unit, GUX Aasiaat high school, Ministry of Health, Ministry of Social Affairs and Centre for Public Health of Greenland, the Centre for Performance Science at the Royal College of Music (United Kingdom), the Jameel Arts & Health Lab and In futurum (Denmark).

Improving mental health in hospitals in Slovenia and United Kingdom

Research suggests a significant correlation between viewing art in care settings (such as hospitals) and positive health and well-being outcomes for patients, carers and even visitors. The BCI Unit is participating in a Hospital Mural Evaluation (HoME) project designed to better understand how and why hospital murals impact patients, carers and visitors in hospitals across four different countries: Nigeria, Slovenia, United Kingdom and United States of America. In 2024 the project team completed a scoping review of literature, developed research protocols for the different sites, and began the process of obtaining ethical approvals. In 2025 data collection will begin at all four sites.

→ The project is led by the Jameel Arts & Health Lab in collaboration with the BCI Unit, supported by the Alexander and Ilse Melamid Charitable Foundation.

Immune patrol – increasing health literacy on immunization and vaccination among children in Belgium and Georgia

Immune Patrol is a game-based education package that was developed by the WHO Regional Office for Europe as an innovative way to educate children. It aims to build vaccine acceptance and strengthen health literacy. In 2024 the implementation of Immune Patrol – which is now available in 14 languages – was pilot tested in Belgium and Georgia. This showed promising results: a significant increase in pupils' knowledge and understanding of immunization, coupled with increased motivation to learn and a recognition of the importance of learning about immunization and communicable diseases. A total of 11 Member States received support in implementing Immune Patrol, and several more will follow in 2025. In addition, Immune Patrol was integrated into the school curriculum in Armenia, and an offline version was developed for pilot testing in Turkmenistan in 2025.

→ The project is conducted by VPI in collaboration with WHO country offices and national health and education authorities of Georgia, University of Antwerp (Belgium) and Rotary Belgium. The pilot in Georgia was conducted with support from the European Union.



“
Observing health care workers on the job allows us to go beyond what people say in an interview and see for ourselves what’s happening.

Our study in emergency departments in the Republic of Moldova highlighted positive teamwork and areas in need of improvement and training. Even our observers said it helped them overcome their own biases and assumptions.

MARTHA SCHERZER

Consultant in the BCI Unit
WHO Regional Office for Europe

Support
to country
projects

Adapting behaviours to emergency care in the Republic of Moldova

Many countries across the WHO European Region are currently establishing emergency care systems, moving towards standardized, evidence-based care. This approach enables a significant reduction of mortality and secondary morbidity in emergency departments. To support this reform process in the Republic of Moldova, a situation analysis and literature review were conducted, followed by a direct observation study in five hospitals to explore the barriers and drivers of systemic change in emergency care. Specially trained data collectors made 367 observations over 240 hours, as well as 31 in-depth interviews with health workers and hospital administrators. The detailed insights are being translated into action by the involved partners.

→ The project is jointly conducted by the BCI Unit, the WHO Country Office in the Republic of Moldova, WHO Health Emergencies Programme’s Clinical Management Team and the Ministry of Health of the Republic of Moldova.

Adapting to poor air quality in Georgia

As part of a multicomponent project to improve air quality to better protect the health of people living in Georgia, the BCI Unit designed and supported a mixed methods study to measure awareness, perceptions and behaviours related to air quality among the general population, as well as the barriers and drivers of behavioural change among high-risk groups. A nationally representative survey is being conducted, as well as focus groups with health workers, people with chronic respiratory diseases, and street vendors whose work places them at high risk. The results of these efforts will serve as both a baseline for future project evaluation and guidance for tailoring and targeting communication and other components of the project.

→ The BCI component of this project is jointly conducted by the BCI Unit, WHO Country Office in Georgia, WHO European Centre for Environment and Health and Georgia’s National Center for Disease Control and Public Health (NCDC). The multicomponent project is being implemented by the United Nations Development Programme, the WHO Country Office in Georgia and the United Nations Economic Commission for Europe in partnership with Umweltbundesamt (Environment Agency Austria).

Evaluating the impact of health worker communication training on vaccine acceptance in Azerbaijan

Health workers play an essential role in achieving vaccination acceptance and uptake and are the most trusted source used for vaccination decision-making. A training module on communicating on routine immunization was developed to equip health workers with the knowledge, skills, confidence and resources to recommend vaccinations effectively and address concerns. The training module was delivered to paediatricians involved in childhood vaccination in Azerbaijan, and an evaluation study applying both qualitative and quantitative research methods was initiated to document its impact. Data collection will include pre- and post-training questionnaires, observations, interviews, and vaccination refusal records. The findings will provide insights into the effectiveness of the training course, areas for improvement and acceptability among participants, with the aim to increase vaccine confidence and acceptance among carers.

→ The project is jointly conducted by the VPI and the WHO Country Office in Azerbaijan, with support from the European Union.

Addressing declining and inequitable vaccination uptake in the Republic of Srpska, Bosnia and Herzegovina

In response to a decline, and significant disparities, in childhood vaccination uptake and building on evidence of the critical role of health workers in promoting vaccination uptake, a qualitative research study was conducted to identify barriers and drivers faced by health workers in the Republic of Srpska (Bosnia and Herzegovina). Findings indicated complex barriers relating to individuals as well as the social and physical context. Tailored interventions informed by the findings were co-created, including development of new and changes to existing standard operating procedures; adopting a more systematic, coordinated programme approach; extended the provision of continuing medical education on vaccination; and increasing the opportunity for parents to discuss childhood vaccination with health workers.

→ The project is conducted by VPI, the WHO Country Office in Bosnia and Herzegovina and the Public Health Institute of the Republic of Srpska, with support from the European Union.

Increasing vaccine uptake among targeted population groups in Estonia

As part of Estonia's efforts to ensure the successful uptake of routine adult and childhood vaccinations, two cross-sectional, qualitative studies were conducted in selected urban and rural regions. The studies aimed to understand (i) the barriers and drivers to adult and childhood vaccination and (ii) access to primary health-care services among Ukrainian refugees living in Estonia. The findings were used to inform the development of tailored and targeted interventions, such as changing the provision of vaccinations in long-term care facilities, improving registration information systems, and strengthening the capacity of health workers to communicate and engage with target groups in order to increase vaccination coverage.

→ The project is jointly conducted by the VPI, the High-Threat Pathogens programme (PAT), and WHO Country Office in Estonia.



“
Behavioural insights are essential for addressing immunization inequities.

When we support countries in determining the root causes of low vaccination uptake, we can meet the unique needs of underserved populations, prevent disease outbreaks and strengthen health systems.

BRETT CRAIG

Technical Officer in the Vaccine-preventable Diseases and Immunization programme
WHO Regional Office for Europe

Support to country projects

Addressing inequities in vaccination among vulnerable population groups in Romania

National coverage of childhood vaccination in Romania has declined, and recent measles outbreaks have underscored the immunity gaps. Previous research identified significant barriers to vaccination among minority ethnic groups and low socioeconomic communities such as the Roma. Behavioural insights research was conducted to understand the barriers and drivers to childhood vaccination among Roma and non-Roma low socioeconomic groups to uncover systemic and individual barriers that affect vaccination uptake. The aim is to develop effective, evidence-informed responses to increase vaccination access, acceptance and coverage.

→ The project is jointly conducted by the VPI and the WHO Country Office in Romania. It is part of the EU4Health programme and aims to support Romania's efforts to ensure equitable access to routine childhood vaccinations.

Increasing vaccine uptake in Poland

A research study was conducted to explore the reasons for suboptimal vaccination uptake in Poland, including among Ukrainians and Roma living in the country. Key findings were related to the interconnected barriers to accessing correct information, understanding the health system, health literacy, and health workers' communication and interaction with parents questioning the need for vaccination. Based in the findings, tailored interventions will be jointly developed in 2025 to increase vaccination access, acceptance and uptake.

→ The project is jointly conducted by VPI, the WHO Country Office in Poland and Foundation towards Dialogue, with support from the European Union.

“

As a BCI Focal Point, I advocated for the concept of BCI at different institutions and was able to inspire a major national public health journal (Bundesgesundheitsblatt) to dedicate a complete issue to the topic of BCI.

Through contacts in the WHO BCI Community of Practice, we were able to identify valuable authors to contribute articles.

JULIKA LOSS

Head of Unit and BCI Focal Point for Germany



Addressing barriers to vaccination for Ukrainian refugees and displaced people living in Lithuania and Romania

To support vaccination uptake among refugees and displaced people from Ukraine, rapid assessments of the barriers to adult and childhood vaccination were conducted in Lithuania and Romania with active engagement of national and local stakeholders as well as refugees from Ukraine. Data were collected via individual and group interviews and site visits to areas with large populations of Ukrainian refugees and displaced people. The findings are being used to inform tailored interventions, such as providing general practitioners with administrative and clinical support, addressing language barriers, and improving access to information through official portals and community engagement.

→ The project is jointly conducted by the VPI, Health and Migration Programme, and the WHO country offices, Romania and Lithuania, with support from the European Union.

Improving access to vaccination for internally displaced people in Ukraine

In December 2023 the Ukrainian regions of Dnipropetrovsk, Kharkiv, Odesa and Zakarpattia were hosts to more than 1 million internally displaced people, approximately 25% of whom were 0–17 years old. A study was conducted to gather behavioural insights to examine the barriers and drivers of routine childhood vaccination in Ukraine, particularly among internally displaced people and non-displaced populations in front-line areas and Zakarpattia. The study identified key barriers as a lack of free vaccines, doubts about vaccine quality, and logistic issues, while highlighting the importance of evidence-informed medicine and trust in health-care providers.

→ The findings are being used to inform health authorities and stakeholders to enhance future vaccination strategies and coverage. The project is jointly conducted by the VPI and the WHO Country Office in Ukraine, with support from the European Union.

Increasing health worker flu vaccination in Georgia

Although seasonal influenza vaccination is free of charge and mandatory for all health workers in Georgia, uptake remains low, for example at 37% in the 2023–2024 influenza season. To understand and address the barriers to influenza vaccination uptake by health workers, a mixed methods study is being conducted in four hospitals during the 2024–2025 flu season to test the feasibility of implementing, evaluating and scaling up a multicomponent BCI intervention. The intervention has seven components: (i) vaccination targets, (ii) declination forms, (iii) improving the ease of vaccine access, (iv) reminder cards, (v) vaccine champions, (vi) information provision and (vii) SMS reminders.

→ The results are expected in April 2025. The project is jointly conducted by the BCI Unit, the PAT, the VPI, the WHO Country Office in Georgia and the NCDC.



“

Behavioural insights research provide a 360 degree view of systemic and social factors affecting behaviours.

The national immunization programme in Turkmenistan this year reported that our collaboration transformed their knowledge and skills, enabling the Ministry of Health to implement interventions more effectively.

SIFF MALUE NIELSEN

Technical Officer in the Vaccine-preventable Diseases and Immunization programme
WHO Regional Office for Europe

Support
to country
projects

Reversing the decline in human papillomavirus (HPV) vaccine uptake in Turkmenistan

Behavioural insights research was conducted in Turkmenistan in 2023 to develop tailored interventions to prevent a further decrease in HPV vaccine uptake. Subsequent initiatives included training for health workers, a tailored website addressing vaccination information gaps and an upcoming school-based programme using the WHO Immune Patrol approach. National counterparts reported that their participation in the process had transformed their knowledge and skills and led to changes in Ministry of Health procedures that enabled them to implement interventions more effectively.

→ The project is jointly conducted by VPI, the WHO Country Office in Turkmenistan and the Ministry of Health and Medical Industry of Turkmenistan, with support from the European Union.

Preparing for high uptake of the HPV vaccine in Tajikistan

To prepare for the introduction of the HPV vaccine in Tajikistan, behavioural insights research was conducted in the country in 2023 to inform the communication and intervention plan. In 2024, these insights were used to develop tailored communication materials such as social media posts and frequently asked questions documents and factsheets for health workers and caregivers.

→ The project was conducted by VPI, the WHO Country Office in Tajikistan, and the Republican Centre for Immunoprophylaxis in Tajikistan.

“

BCI has been a priority for us since we established a BCI Unit in 2022, and we are actively advocating for the use of BCI in every health promotion project.

In 2024 we trained 150 health professionals in BCI, followed by cascade training of 200 health workers and 50 NGO representatives. With support from WHO, we want to take BCI capacity-building to an even higher level.

NURILA ALTYMYSHEVA

Director and BCI focal point for Kyrgyzstan





“

Our work is relevant only when it benefits the people living in our Region and our Member States.

Throughout the year, meeting with our BCI Community of Practice with focal points from across the Region has been a constant inspiration to learn from. By engaging closely, we could tailor our responses to the health challenges faced in countries.

KATRINE BACH HABERSAAT

Regional Advisor and head of the BCI Unit
WHO Regional Office for Europe

Advocacy and partnership

Support
to country
projects

Advancing the use of BCI for health

In line with the BCI resolution (1) and to advance the use of BCI for health, Member States of the WHO European Region appointed BCI Focal Points to form a Regional BCI community of practice (CoP).

In 2024 the BCI CoP met online on eight occasions to learn, discuss, plan and share experiences. A planning group comprising 10 volunteer BCI Focal Points met regularly to plan activities for the CoP, evaluate past meetings and advise the WHO BCI Unit on the support needs and opportunities for Member States.

BCI CoP meetings in 2024

- 27 February: BCI capacity-building in countries
- 16 April: BCI applied to environment and health
- 30 May: advanced capacity-building
- 12 June: maximizing public support for health policies
- 4 July: special session for new BCI Focal Points
- 16 September: BCI applied to obesity
- 10 October: impact evaluation
- 9 December: strategy planning and BCI reporting.

Interregional collaboration

Across WHO globally, collaboration related to behavioural insights and science was further strengthened through joint initiatives and regular meetings across regional offices, led by WHO headquarters. On several occasions, the BCI Unit was invited to share lessons learned with the WHO Regional Offices for South-East Asia and the Eastern Mediterranean.



“

Leading experts support us in applying behavioural science to complex health challenges.

Our Technical Advisory Group includes some of the most experienced experts. They guide our strategic work, engage in our country projects, and help us address behaviours in health.

ANASTASIA KOYLYU

Technical Officer in the BCI Unit
WHO Regional Office for Europe

Academic collaboration

Academic rigour and further development of BCI-related science and insights are essential to advance the use of BCI for health. To inform this multisectoral work, the BCI Unit expanded its work to advance collaboration with academic institutions in the WHO European Region.

WHO collaborating centres

In December 2024 the WHO Collaborating Centre for Social and Behavioural Research in Antimicrobial Resistance was designated at the University of Vienna (Austria) and several additional new collaborating centres are in the pipeline. In August 2024 the BCI Unit announced the redesignation for another 4 years of the WHO Collaborating Centre on Culture and Health at the University of Exeter (United Kingdom) and collaboration with other existing WHO collaborating centres for BCI continued, including the WHO Collaborating Centre for Behavioural Research in Global Health at the Bernhard Nocht Institute for Tropical Medicine (Germany) and the WHO Collaborating Centre for Arts and Health at University College London (United Kingdom). The WHO Collaborating Centre for Health Literacy at the Technical University of Munich (Germany), continued its designation as a WHO collaborating centre with WHO headquarters.

Technical Advisory Group on Behavioural and Cultural Insights

The Technical Advisory Group on Behavioural and Cultural Insights (TAG-BCI), composed of 16 scientists, continued to provide expert advice to the BCI Unit and to engage in joint projects. TAG-BCI held an in-person meeting on 8 and 9 February 2024 (2) to discuss strategies for advancing the use of BCI across the WHO European Region. This meeting was attended by a representative of the WHO European Youth4Health Network.

As the existing TAG-BCI members had served for 3 years, an open call for new members was launched in May 2024, and new members were subsequently selected. To take stock of TAG-BCI work during 2022–2024 and discuss the lessons learned, the outgoing members of TAG-BCI met online for the last time on 9 December 2024.

“

The BCI Community of Practice hosted by WHO has not only highlighted good practice but also facilitated the sharing of international experiences and learnings.

This has provided an invaluable source of inspiration and support for Ireland during 2024.

ROBERT MURPHY

Senior Economics Research Officer and BCI Focal Point for Ireland





“

The health benefits of arts and culture are increasingly documented and acknowledged.

In 2024 the Scottish Ballet, the Jameel Arts & Health Lab and WHO in Europe organized Healing Arts Scotland, the first ever week-long national campaign on the role of the arts in public health, leading to discussions on how to integrate arts and health into NHS Scotland's Realistic Medicine strategy.

NILS FIETJE

Technical Officer in the BCI Unit
WHO Regional Office for Europe

Promoting arts and health

Understanding the role of culture in health behaviors is a key focus of the BCI Unit. This includes exploring how culture, such as participation in the arts, contributes to health and well-being. In 2024, the BCI Unit and the Jameel Arts & Health Lab achieved several milestones.

Policy

In 2024, the BCI Unit began developing two major arts and health policy briefs. The first addresses the role of the arts in mitigating, adapting to and communicating about the health impacts of climate change. The second focuses on youth mental health, highlighting the preventive and therapeutic benefits of arts engagement. Both briefs build on WHO's 2019 scoping review (3), and will be launched in mid 2025.

The BCI Unit also provided leadership to the European Union (EU) Open Method of Coordination expert group on culture and health. The group includes delegates from the ministries of culture and health across 27 EU Member States and is preparing a report with policy recommendations.

Research

The BCI Unit is co-leading a Lancet Global Series on arts and health (4) with the Jameel Arts & Health Lab. The series, expected in September 2025, explores the idea that arts engagement can be a health behavior.

Capacity-building

Despite evidence of the health benefits of the arts, many countries lack awareness and capacity to integrate the arts into health systems. In 2024, the BCI Unit secured funding to build capacity in arts and health in Armenia, Azerbaijan, Georgia, Moldova, and Ukraine.

Outreach

To promote arts and health, the BCI Unit is partnering with the Jameel Arts & Health Lab in the global Healing Arts campaign. A major achievement was Healing Arts Scotland, a week-long event in 2024. The success of Healing Arts Scotland led to the production of a report that will be presented at the Scottish Parliament in January 2025 with the aim to inform Public Health Scotland's Realistic Medicine strategy.

“

The Luxembourg Health Directorate was delighted to host the BCI Unit for a 2-day workshop in December 2024 on using behavioural science to produce better health communication.

Its perfect mix of theory and practical sessions enabled participants to adapt their chosen document by incorporating key behavioural and cultural insights to ensure a clear call to action. Simple steps can make a difference!

LUXEMBOURG HEALTH DIRECTORATE
Luxembourg



Advancing BCI partnership and advocacy through meetings and conferences

The BCI Unit expanded its partnerships across international and nongovernmental organizations and other partners, including through dedicated meetings and workshops and delivering keynotes and other presentations at the following events in 2024:

- Thematic Side Event to the 16th Annual Conference of the Northern Dimension Partnership in Public Health and Social Well-being in Stockholm (Sweden), 16 January;
- Open Method of Coordination expert meetings on culture and health in Brussels (Belgium), 27 and 28 February and 23 and 24 May; and in Lisbon (Portugal), 24 and 25 October;
- Creative Brain Week, Dublin (Ireland), 4 and 5 March;
- Youth4Health CoP, 3 April;
- Adult Immunization Board technical meeting: Strategies for introducing and implementing vaccines for adults into National Immunization Programs in Europe: Exemplary Approaches and Key Insights, Prague (Czechia), 17 April;
- Building a Public Health Innovation Ecosystem in the WHO European Region meeting, Copenhagen (Denmark), 11 March;
- Nordic conference on health equity, Stockholm (Sweden), 7 May;
- Launch of the Portuguese national framework on behavioural insights and health literacy for health, Lisbon (Portugal), 13 May;
- Conference on the Health of Roma People in Slovenia – Yesterday, Today, Tomorrow, Ljubljana (Slovenia), 15 May;
- Air Quality Task Force Meeting, Bonn (Germany), 23 May;
- 2nd Behavioural Insights and Antimicrobial Resistance Workshop of the Antimicrobials: Behaviour & Cognition Network, Colchester (United Kingdom), 2–4 June;
- EuroHealthNet 2024 Annual Seminar, Utrecht (Netherlands (Kingdom of the)), 3 June;
- United Nations Behavioural Science Week online session on Applying Behavioural Science in Health, 7 June;
- Launch of Spain's new official BCI website, 10 July;
- Expert meeting on Arts & Health – an Ageing Population, Tilburg (Netherlands (Kingdom of the)), 11 and 12 June;
- 5th International Social Prescribing Conference, London (United Kingdom), 19 and 20 June;
- Healing Arts Scotland, Edinburgh (United Kingdom), 19–21 August;
- Hungarian EU Presidency meeting on culture: Access is Success – Opportunities and Challenges of Accessing Culture in Contemporary Europe, Budapest (Hungary), 19 and 20 September;
- European Commission Joint Research Centre's Behavioural Insights Applied to Policy Workshop, Brussels (Belgium), 22–24 September;
- Slovenian National Public Health Conference, Maribor (Slovenia), 1 and 2 October;
- Healing Arts Atlanta, Atlanta (United States of America), 9 and 10 October;
- Culture for Health and Well-being Conference, Bielsko-Biala (Poland), 14 and 15 November;
- European Public Health Conference, several sessions, Lisbon (Portugal), 13–15 November;
- Sociology of Health Conference, Moscow (Russian Federation), 15 November;
- High-level meeting and workshop on the Application of Behavioural Insights Methodology to Address Antimicrobial Resistance, Budapest (Hungary), 18 November;
- Conference on Antimicrobial Stewardship, Vilnius (Lithuania), 21 November; and
- International Conference on Culture & Mental Health: Refugees, Ghent (Brussels), 28 and 29 November.

“

Over 45% of adults in North Macedonia smoke cigarettes. Faced with this serious public health challenge, in 2023 WHO supported us to conduct studies with health workers and the general population by providing important, rich and useful insights.

Building on this, we moved ahead in 2024 with community conversations and finding ways forward to strengthen legislation, increase awareness, leverage trusted voices, and promote support for quitting.

ELENA KOSEVSKA

Head of Department and BCI Focal Point for North Macedonia





“

I always come back reinvigorated from the training and capacity-building workshops we deliver, such as the ones in Bulgaria, Georgia, Iceland, Latvia and Luxembourg in 2024.

Seeing the enthusiasm of public health professionals about behavioural science and its potential in public health never fails to inspire.

VEE SNIJDERS

Consultant in the BCI Unit
WHO Regional Office for Europe

Capacity-building



LEARN BCI training workshops

In response to calls from Member States for capacity-building in BCI, the BCI Unit continued to deliver LEARN BCI training workshops.

Online training courses

A basic online introductory training course on BCI for health is available, with open access to all interested users. The training course includes nine modules, each representing 4–6 hours of self-paced learning.

During 2024, 240 participants enrolled to the online training. For a more in-depth training opportunity, the BCI Unit offered three rounds of facilitated training – two in English and one in Russian – consisting of self-paced learning supported by online facilitated training and group work. The course consists of nine online modules and uses a country case example on cervical cancer screening.

In-country training courses and strategy workshops

The BCI Unit facilitated several in-country training and strategy workshop sessions throughout 2024.

Bulgaria

A 2-day training workshop on BCI and obesity was jointly conducted with SNI in December to introduce the status of obesity across the WHO European Region and, particularly, Bulgaria; obesity best buys; and the BCI methods, theory and tools that are applied to obesity-related behaviours. The workshop was organized by the WHO Country Office in Bulgaria and aimed to inform the development of a new national obesity action plan through strategic discussions.

Georgia

Three workshops were organized to provide BCI training as well as co-design interventions to increase the uptake of flu vaccination by hospital health workers. The workshops took place in February, May, and November; were co-facilitated by the BCI Unit, the PAT, the WHO Country Office in Georgia and Georgian NCDC, with participants from two hospitals.

A 1-day workshop was organized in February to introduce BCI and map the patient journey and known barriers to continuation of care and treatment for hepatitis C.

Iceland

The BCI Unit, in collaboration with the Ministry of Health and Directorate of Health of Iceland, organized a BCI training workshop in April to provide public health authorities with tools and theoretical frameworks to design, monitor and evaluate interventions aimed at influencing health behaviours and to discuss future BCI strategic planning for the country. A follow-up workshop was organized by national stakeholders to ensure continued use of the methodologies learned.

Latvia

A 2-day workshop with public health authorities was conducted in September to provide an introduction to BCI methods and theory and to apply them in discussions on the national action plan for reducing obesity. The workshop was jointly organized and facilitated by the BCI Unit, SNI and the WHO Country Office in Latvia.

Lithuania

A 1-day training workshop on applying BCI to IPC behaviours in a hospital setting was conducted for two groups of hospital IPC leads in October. This innovative approach to training equipped hospital IPC specialists with practical tools for behavioural diagnostics and evidence-informed strategies to enhance health workers' compliance with IPC measures, in particular, hand hygiene and the proper use of personal protective equipment. To ensure a sustained impact, the initiative includes follow-up activities: a post-implementation survey in December 2024 and a CoP meeting in 2025.

Luxembourg

A 2-day workshop was conducted in December on applying BCI to health communications (including letters, flyers and campaigns), on topics such as cancer screening, alcohol use, tobacco use, weight management, patient referrals and training opportunities. Participants were introduced to the BCI policy brief on better letters (5) and applied the nine considerations described in this document to their own health communication materials, several of which will be implemented in 2025. The workshop was organized by the Luxembourg Health Directorate. The Health Directorate had delivered introductory training on BCI earlier in 2024 to internal colleagues and to national healthcare partners, based on the training materials from the BCI unit.

Republic of Moldova

A five-day training course in BCI research methods and data collection was held in July 2024. The course aimed to equip data collectors with an understanding of a research study protocol, observation grids, data input mechanisms, and practice and pilot observation techniques, ahead of an observation study in hospital emergency clinics.

Ukraine

Several training workshops were conducted during October and November for senior nurses and stakeholders at Dnipro Hospital #4. The workshops offered opportunities to identify key barriers to hand hygiene compliance and co-design a multicomponent monitoring and feedback intervention system to be implemented across the individual, departmental and hospital levels.

Uzbekistan

A 1-day BCI training workshop was conducted for the WHO Country Office in Uzbekistan in September. The workshop offered an introduction to BCI theory, methods and tools and provided a platform to explore ways to advance the use of the BCI for better health in Uzbekistan.

“

When summing up our BCI-related work undertaken in 2024 and planning for 2025, we have again reviewed the WHO guide on setting up behavioural insights units for improved health outcomes.

This has been a valuable tool with good guidance and inspiration for advancing the implementation of behavioural insights across the Public Health Agency in Sweden.

KARINA GODOY

Senior Analyst and BCI Focal Point for Sweden



European Public Health Conference

The BCI Unit delivered a 1-day introductory training course on BCI as a pre-conference session at the 17th European Public Health Conference in Lisbon (Portugal) in November. The training was delivered jointly with the Dutch National Institute for Public Health and the Environment (RIVM).

Healthy Cities Network

A 1-day basic introduction to BCI for health was organized in March with the Healthy Cities Advisory Committee. The course was used to discuss how to advance the use of BCI for health at municipal level.

Integrating BCI into training programmes

To integrate BCI across health topics and advance the use of BCI for health, the BCI Unit offered training sessions as part of external training programmes and events.

European Leadership Academy: demonstration project in BCI

Participants of WHO's 2024 European Leadership Academy were introduced to BCI. One of the participants, Dr Shakhzodabonu Qurbonova from Tajikistan, was hosted by the BCI Unit. Dr Qurbonova became engaged in a project that aimed to advance the use of BCI to combat obesity in Tajikistan as part of her leadership training.

European Public Health Leadership Course – problem-based learning module on BCI

The annual European Public Health Leadership Course aims to strengthen leadership skills for public health professionals in selected Member States across the WHO European Region. Participants were introduced to the BCI approach and tools in a webinar on 7 November, and one of the groups focused on a BCI case study as part of their problem-based learning.

Wales (United Kingdom) – Behaviourally Informed Communication Initiative

Public Health Wales delivered a workshop to support public health professionals to improve their health communications. The BCI Unit delivered a module on behaviourally informed letters to support the initiative and inspire evidence-informed changes that highlighted recent examples.

Supporting in-country BCI strategy development

The BCI resolution (1) includes a commitment from Member States to develop strategic plans for BCI. So far, few Member States have developed such plans. In response to requests for support in this area, the BCI Unit initiated the development of tools, templates and guidance for the development of national BCI strategies. The draft package was based on broad consultation and interviews with BCI Focal Points in eight countries. In addition, the BCI Unit provided support and engaged with countries in their strategic discussions and strategy development to advance the use of BCI for health, including with Bulgaria, Georgia, Iceland, Latvia, Portugal, Slovakia, Ukraine and Uzbekistan.

“

During 2024 we achieved several BCI-related goals in Spain. We launched the first Spanish website on BCI and welcomed the WHO BCI Unit and the BCI focal point from Sweden to the launch event.

We also organized the first course on BCI in Spanish where we had the pleasure of using WHO materials for group work thanks to the invaluable support of the WHO BCI Unit.

MARIA ROMAY BARJA

Senior Scientist and BCI Focal Point for Spain



SOMOS LA WEB ESPAÑOLA SOBRE ESTUDIOS DEL COMPORTAMIENTO EN SALUD (CeS)

«Cumpliendo las resoluciones de la OMS»

[Más sobre CeS](#)

© 2024 - Comportamiento en Salud - Isciii

Text in English: We are the Spanish website on behavioural and cultural insights (BCI)
Complying with WHO resolutions



“

One of my 2024 highlights was the high-level event on the use of behavioural science in the control of antimicrobial resistance.

Over 400 participants engaged in this side event of the WHO Regional Committee for Europe, acknowledging the great potential of behavioural and cultural insights in tackling one of the most critical public health challenges of our time.

ROBB BUTLER

Director, Division of Communicable Diseases, Environment and Health
WHO Regional Office for Europe

Evidence and guidance

Evidence and guidance

High-level event: using the power of BCI to address ineffective antibiotics

The threat of infections that are resistant to antibiotics is one of the most alarming health hazards of our time. Over half a million deaths were associated with bacterial AMR in the WHO European Region in 2019 alone. This looming threat to public health requires urgent action, including the use of BCI to address behaviours to reduce the spread of resistant infections, for example through hand hygiene or the correct use of antibiotics.

This was the focus of a high-level event conducted as a side event to the 74th session of the WHO Regional Committee for Europe. Dr Hans Henri P. Kluge, WHO Regional Director for Europe opened the event by pointing to the apparent risk: “The threat of ineffective antibiotics and antivirals is not some distant risk: it is already impacting millions. Current projections indicate that 39 million people could die from AMR over the next 25 years, that is, three deaths every minute. Is this acceptable? Absolutely not”.

The event featured a range of expert speakers from WHO, the European Centre for Disease Prevention and Control, and the University of Vienna, as well as from Hungary, Kazakhstan, Ukraine and United Kingdom. It had more than 400 participants, who were engaged throughout via questions and polls. These showed that the vast majority think urgent action is needed at the global and national levels, alongside more investment and accountability. Only a small minority was optimistic about future opportunities to reduce the threat of resistant antibiotics.

Testing effective words, messages and ways to frame AMR

A survey experiment was initiated to inform new guidance on how to communicate about AMR with the general public in a way that is understandable and motivates behaviour. The survey will test multiple messages in four countries across the WHO European Region to understand which messages are more effective. Initial steps included interviews with AMR experts, carrying out a literature review and drafting of messages.



“
Understanding and maximizing public support for health policies is critical for effective health policies, yet we know too little about how this is best done.

To support Member States in this area, we published a new policy brief on this topic alongside a webinar and look forward to supporting countries with more.

TIINA LIKKI

Technical Officer in the BCI Unit
WHO Regional Office for Europe

Evaluating the impact of interventions addressing health behaviour: considerations and tools for policy-makers

A key element of BCI is impact evaluation, that is, evaluating whether an implemented intervention has achieved its goal. To support this work in countries, the BCI Unit launched a new document containing considerations and tools for evaluating the impact of interventions that address health behaviours (6). It complements the 2023 WHO guidance, *A guide to tailoring health programmes* (7), by encouraging the robust evaluation of interventions and providing starting points for engaging with an expert evaluator. The document was launched at a meeting of the BCI CoP on 10 October 2024, which featured expert talks, country examples and open discussions.

Measuring and maximizing public support for health policies

Public support for health policies is a sometimes overlooked yet essential element of policy development and implementation. Public support influences the likelihood that a policy will be introduced, how likely it is to remain implemented, and its success. As part of the BCI policy brief series, the BCI Unit worked with experts at Aston University in Birmingham (United Kingdom) to explore the evidence related to public support for health policies and produce a new document describing possible approaches to measuring public support and to maximizing support for evidence-informed and effective health policies (8).

A webinar on 5 June launched these policy considerations and included both expert talks and country case examples.

To supplement this work, an evidence review on interventions to increase public support for obesity policies was conducted by Aston University.

“

Georgia has initiated several innovative BCI projects with support from WHO that will advance public health outcomes.

These include a randomized controlled trial promoting cervical cancer screening, a study addressing barriers in the hepatitis C care pathway and an implementation project to increase influenza vaccination rates among health-care workers. These initiatives demonstrate the transformative potential of BCI approaches to improve health outcomes and equity.

MARINA TOPURIDZE

Chief Specialist and BCI Focal Point for Georgia





“

I am excited about our new policy brief on better letters in health.

Many letters from health authorities to patients could be improved and be more effective in motivating people to take action for their health. Drafting impactful letters is a small investment with great potential.

SANDY NEALE

Programme Assistant in the BCI Unit
WHO Regional Office for Europe

Better letters – evidence and considerations from the behavioural sciences

Every day, thousands of letters are sent from health authorities to encourage the recipients to attend an appointment, vaccination, cancer screening or health check or to engage in other health-related behaviour. Many of these letters have the potential to be optimized to provide more impact – that is, to make people act on them. Principles and evidence from the behavioural sciences can help to develop more impactful letters. As part of the BCI policy brief series, the BCI Unit published a document containing nine considerations that can be applied to develop, review or evaluate letters sent by health authorities (5).

Monitoring health literacy

Health literacy is an important determinant of health behaviour and equity. Data on health literacy levels can provide valuable insights about populations experiencing disadvantage and guidance on how to ensure accessible, clear and actionable information tailored to the needs and circumstances of individuals and communities. The WHO Action Network on Measuring Population and Organizational Health Literacy was established in 2018 to ensure the availability and use of data related to health literacy in the WHO European Region. In 2024 the BCI Unit continued its active engagement with the Network.

BCI-hub.org online knowledge repository

To ensure easily available evidence, tools, case examples and insight on health behaviours, the BCI Unit in 2022 launched the BCI-Hub (9), with the support of the University of Exeter (United Kingdom). The online repository contains over 380 content items, including policy briefs, toolkits, training guides, case studies, research articles, short films and podcasts. The user base has increased to 16 000 users from over 150 countries, which translates to 23 000 page views per month.

Scientific publications²

Staff and consultants of the BCI Unit co-authored a range of peer-reviewed papers during 2024. The papers are listed below, with BCI Unit members highlighted in bold.

- Basholli FM, Berisha M, **Scherzer M**, Humolli I, Ramadani N, **Habersaat KB**, **Kiss Z**. Using behavioral to inform the COVID-19 vaccine response: population perceptions and interventions. <https://doi.org/10.1016/j.pecinn.2024.100279>.
- Correia D, Kokole D, Rehm J, Tran A, Ferreira-Borges C, Galea G, **Likki T**, Olsen A, Neufeld M. Effect of alcohol health warning labels on knowledge related to the ill effects of alcohol on cancer risk and their public perceptions in 14 European countries: an online survey experiment. [https://doi.org/10.1016/S2468-2667\(24\)00102-6](https://doi.org/10.1016/S2468-2667(24)00102-6).
- Correia D, Tran A, Kokole D, Neufeld M, Olsen A, **Likki T**, Ferreira-Borges C, Rehm J. Designing and implementing an experimental survey on knowledge and perceptions about alcohol warning labels. <https://doi.org/10.1002/mpr.2016>.
- Eijrond V, Bünemann N, Renna N, **Craig B**, **Habersaat KB**, Voeten H, Dykstra P, Schreijer A. Barriers and drivers influencing people's behaviour towards COVID-19 public health and social measures in the Netherlands. Public. <https://doi.org/10.1016/j.puhip.2024.100566>.
- **Habersaat KB**, **Koylyu A**, **Likki T**, **Fietje N**, **Scherzer M**, **Snijders V**, **Mazhnaia A** et al. Meeting statement: call to action for step-change in health behaviours. <https://doi.org/10.1016/j.puhip.2024.100498>.
- Jackson C, Duishenkulova M, Altymysheva N, Artykbaeva J, Asylbasheva R, Jumalieva E, **Koylyu A**, Lickess S, Mamyrbayeva T, **Snijders V**, Williams J, **Likki T**. Barriers and drivers to exclusive breastfeeding in Kyrgyzstan: a qualitative study with mothers and health workers. <https://doi.org/10.1186/s13006-024-00688-z>.
- Lega I, Luzi I, Mastroeni S, Ferraro C, Andreozzi S, Donati S, Grusso P, Cavazzana V, Proietti P, Magliocchetti P, Monaldi C, Biglia C, Oreggia R, Seia C, **Smith C**, Warran K, **Fietje N** et. al. Implementing a group singing intervention for postpartum depression within the Italian health service. <https://doi.org/10.3389/fmed.2024.1461965>.

² All publications were accessed on 15 January 2025.

References³

1. European regional action framework for behavioural and cultural insights for health, 2022–2027. Copenhagen: WHO Regional Office for Europe; 2023 (<https://iris.who.int/handle/10665/372664>). License: CC BY-NC-SA 3.0 IGO.
2. Advancing behavioural and cultural insights for health through engagement with experts: report of the meeting of the Technical Advisory Group on Behavioural and Cultural Insights, Copenhagen, Denmark, 8–9 February 2024. Copenhagen: WHO Regional Office for Europe; 2024 (<https://iris.who.int/handle/10665/376929>). License: CC BY-NC-SA 3.0 IGO.
3. Fancourt, Daisy & Finn, Saoirse. 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://iris.who.int/handle/10665/329834>). License: CC BY-NC-SA 3.0 IGO.
4. Sajnani N, Fietje N. The Jameel Arts & Health Lab in collaboration with the WHO–Lancet Global Series on the Health Benefits of the Arts. *The Lancet*;2024;402(104140):1732 ([https://doi.org/10.1016/S0140-6736\(23\)01959-1](https://doi.org/10.1016/S0140-6736(23)01959-1)).
5. Better letters – evidence and considerations from the behavioural sciences: Behavioural and Cultural Insights policy brief series. Copenhagen: WHO Regional Office for Europe; 2024 (<https://iris.who.int/handle/10665/379552>). License: CC BY-NC-SA 3.0 IGO.
6. Evaluating the impact of interventions addressing health behaviour: considerations and tools for policy-makers. Copenhagen: WHO Regional Office for Europe; 2024 (<https://iris.who.int/handle/10665/378765>). License: CC BY-NC-SA 3.0 IGO.
7. A guide to tailoring health programmes: using behavioural and cultural insights to tailor health policies, services and communications to the needs and circumstances of people and communities. Copenhagen: WHO Regional Office for Europe; 2023 (<https://iris.who.int/handle/10665/367041>). License: CC BY-NC-SA 3.0 IGO.
8. Measuring and maximizing public support for health policies: Behavioural and Cultural Insights policy brief series. Copenhagen: WHO Regional Office for Europe; 2024 (<https://iris.who.int/handle/10665/376735>). License: CC BY-NC-SA 3.0 IGO.
9. BCI-hub [website]. University of Exeter; 2025 (<http://www.BCI-hub.org>).
10. Applying behavioural and cultural insights to health-related policies, services and communication: case examples. Copenhagen: WHO Regional Office for Europe; 2023 (<https://iris.who.int/handle/10665/375487>). License: CC BY-NC-SA 3.0 IGO.

³ All references were accessed on 20 January 2025.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania	Bulgaria	Georgia	Kazakhstan	Netherlands (Kingdom of the)	San Marino	Türkiye
Andorra	Croatia	Germany	Kyrgyzstan	North Macedonia	Serbia	Turkmenistan
Armenia	Cyprus	Greece	Latvia	Norway	Slovakia	Ukraine
Austria	Czechia	Hungary	Lithuania	Poland	Slovenia	United Kingdom
Azerbaijan	Denmark	Iceland	Luxembourg	Portugal	Spain	Uzbekistan
Belarus	Estonia	Ireland	Malta	Republic of Moldova	Sweden	
Belgium	Finland	Israel	Monaco	Romania	Switzerland	
Bosnia and Herzegovina	France	Italy	Montenegro	Russian Federation	Tajikistan	

World Health Organization

Regional Office for Europe

UN City, Marmorvej 51,
DK-2100 Copenhagen Ø, Denmark

Tel.: +45 45 33 70 00

Fax: +45 45 33 70 01

Email: euinsights@who.int

Website: www.who.int/europe

Document number: WHO/EURO:2025-11369-51141-77881 (PDF);
WHO/EURO:2025-11369-51141-77882 (print)