

WHO BCI Community of Practice meeting

9 December 2024



Agenda



1. General updates
 - WHO updates
 - Updates from BCI FPs
2. Reflections on RC74 and considerations on EPW2
 - Updates from Robb Butler, Director Communicable Diseases, Environment and Health
 - Discussion
3. Next year's status reporting by Member States
 - Introduction to next year's reporting
 - Process reflections from Serbia and Wales
 - Q&A
4. Any other business

Updates from the BCI Unit

Better letters – evidence and considerations from the behavioural sciences



Behavioural and cultural insights policy brief



Updates from BCI FPs



Reflections on RC74 and considerations on EPW2



Commitment by all Member States

 **World Health Organization**
European Region

Regional Committee for Europe
72nd session
Tel Aviv, Israel, 12–14 September 2022

EUR/RC72/R1 13 September 2022 | 220766 ORIGINAL: ENGLISH

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


Resolution

The Regional Committee,

Recognizing that to reach the ambitious health goals set by Member States of the WHO European Region, health-related policies, services and communication need to be based on medical, epidemiological and health systems evidence, knowledge and data, and should take into account the social and economic determinants as well as psychological and cultural factors that affect people's health-related behaviours in their daily lives and in their use of health services;

Recalling that the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe” identifies behavioural and cultural insights (BCI) as a priority flagship initiative that aims to promote the use of BCI and foster new scientific evidence on how BCI can improve the design and implementation of health communication and facilitate the development of effective health and health-equity-related public policies, as well as evidence on the way these policies respond to citizens' expectations for respectful and people-centred health services and reliable, evidence-based communication and information, in order to optimize uptake of services and adherence to treatment, self-care and individual lifestyles in contexts of people's (local) environments;

Understanding that making healthy choices and living healthy lives are shaped by individual,

 **World Health Organization**

SEVENTY-SIXTH WORLD HEALTH ASSEMBLY
Agenda item 16.6

WHA76.7
30 May 2023

Behavioural sciences for better health

The Seventy-sixth World Health Assembly,

Having considered the consolidated report by the Director-General;¹

Noting that behavioural science is a multidisciplinary scientific approach that deals with human action and its psychological, social and environmental drivers, determinants and influencing factors, and that it is applied in protecting and improving people's health by informing the development of public health policies, programmes and interventions that can range from legislation and fiscal measures to communications and social marketing, as well as to support other public health efforts;

Acknowledging, while noting the contribution of behavioural science in achieving improved health outcomes, the centrality of epidemiological data on the incidence and prevalence of diseases and their risk factors in public health and in informing the development of health policies and the health system;

Recognizing the value of high-quality data about behaviours collected with a variety of methods in guiding the health sector, including in health in all policies and whole-of government activities, aimed at reducing risk factors, addressing health determinants, creating environments conducive to health and well-being and increasing equal access to healthy options, and informing the development of behavioural interventions;

Acknowledging that supporting individuals to enact healthier behaviours to achieve improved health outcomes is challenging due both to the complexity inherent in human behaviour and the different national contexts, and that no single discipline can provide a complete understanding of the matter, and that developing interventions to change behaviour of either individuals regarding their own health or health service employees and health professionals requires a comprehensive and interdisciplinary approach that includes but is not limited to anthropology, communications, economics, neuroscience, psychology and sociology;²

Noting that individuals, communities and populations are often exposed to multiple behavioural influences including by all types of public and private sector communications, and that behavioural science can facilitate the understanding on how such influences and communications guide decision-making;

“Calls on Member States
(..) to report to WHO on the monitoring indicators and progress measures of the action framework in line with the reporting timelines”

Link: [Resolution](#)

Country reporting on progress

Focal Points have a facilitator role

- > Collect input from other institutions and colleagues
 - *send them an early warning email now*
 - *organize (online) briefings*
 - *invite to a stakeholder meeting*
 - *share the reporting guidelines and other materials (what do you need?)*
- > An opportunity to establish links and strengthen relations with colleagues who conduct BCI-related work



Reporting in 2025 (for 2023-2024)

Letter from Robb Butler early Jan

Also requesting the appointment of new BCI FPs

Open clinic meetings will be organized by the WHO/BCI
Unit **29 Jan/11 Feb 2025 (ENG) + 31 Jan (RUS)**

To share with your colleagues:

- Word version of online reporting form

- Short briefing doc

- What else?



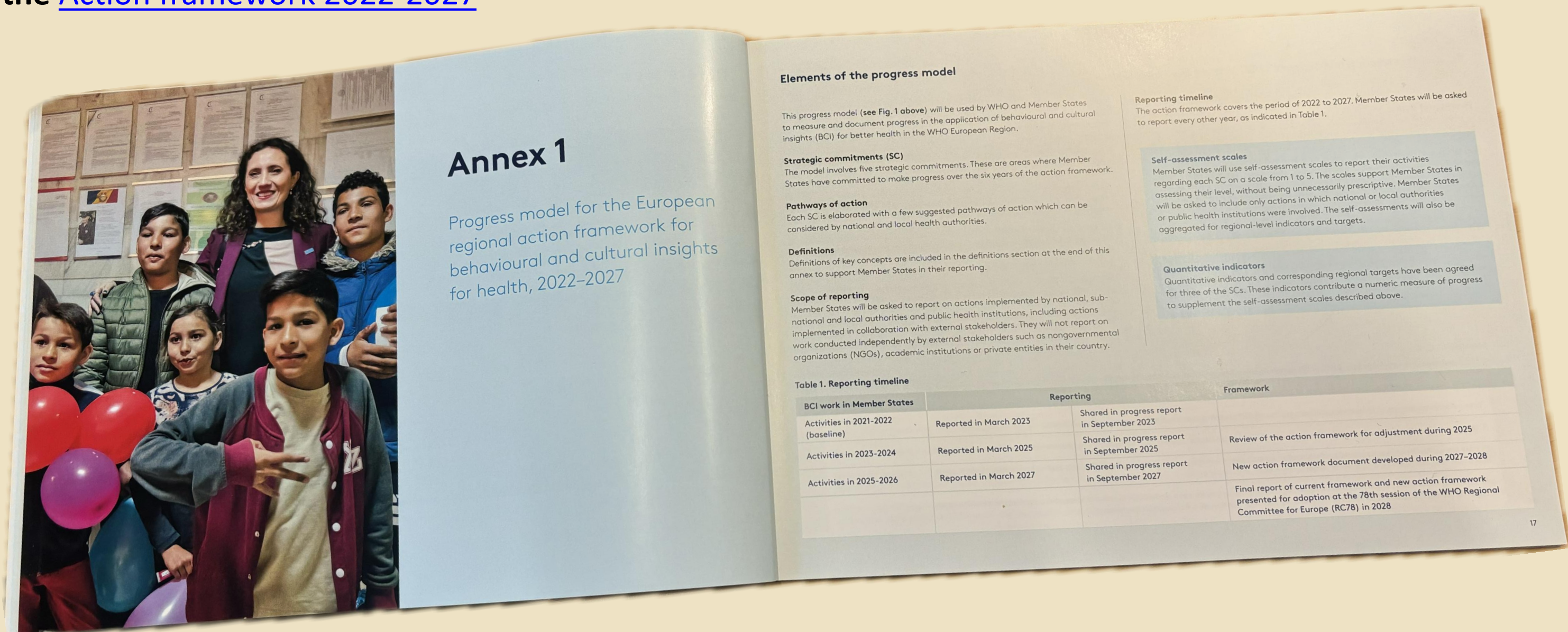
Reporting in 2025 (for 2023-2024)

Progress model is available in Word

(<https://apps.who.int/iris/handle/10665/361651>)

And included as an Annex in the [Action framework 2022-2027](#)

Page 16 onwards



What to include?

Work that seeks to

- ✓ explore the individual and contextual factors that affect health behaviours
- ✓ use local and global insights and evidence to improve policies, services and communication targeting health behaviours, making them more evidence-based, people-centred and culturally informed
- ✓ and evaluate these interventions for impact and acceptability.

- conducting or commissioning qualitative or quantitative **studies and research to explore local and global barriers and drivers to specific health behaviours;**
- **engaging** affected individuals and communities to **explore community-specific barriers and drivers to specific health behaviours;**
- designing new, or improving existing, policy, service or communication targeting health behaviours, through **systematically applying local and global evidence;**
- **evaluating** insights-informed policy, service or communication targeting health behaviours – as part of a pilot before wider roll-out, using appropriate rigorous methods;
- longer-term, **evaluating** the outcomes and cost-effectiveness of interventions that sought to address health behaviours, using appropriate rigorous methods.

Scope of reporting to WHO

Actions implemented by **national and sub-national authorities and public health institutions**, including actions implemented in **collaboration** with external stakeholders.

Not included in reporting:

Work conducted independently by external stakeholders such as nongovernmental organizations (NGOs), academic institutions or private entities in the country.



- **NO:** Research study conducted by an academic institution and not shared or used by public health authorities/institutions
- **YES:** Research study conducted by an academic group and funded by public health authorities/institutions
- **YES:** Research study conducted by an academic group and shared with and used by public health authorities/institutions

Scope of reporting to WHO

Work in 2023 and 2024

Work initiated before or completed
after 2023-2024 are included.





Reporting conducted
online in ENG or RUS

* Required

Strategic Commitment 1

3. **Strategic Commitment 1: Build understanding and support of BCI among key stakeholders**

Please self-assess your country's level in 2021-2022, related to this Strategic Commitment.

Use the below scales to guide you and select your level:

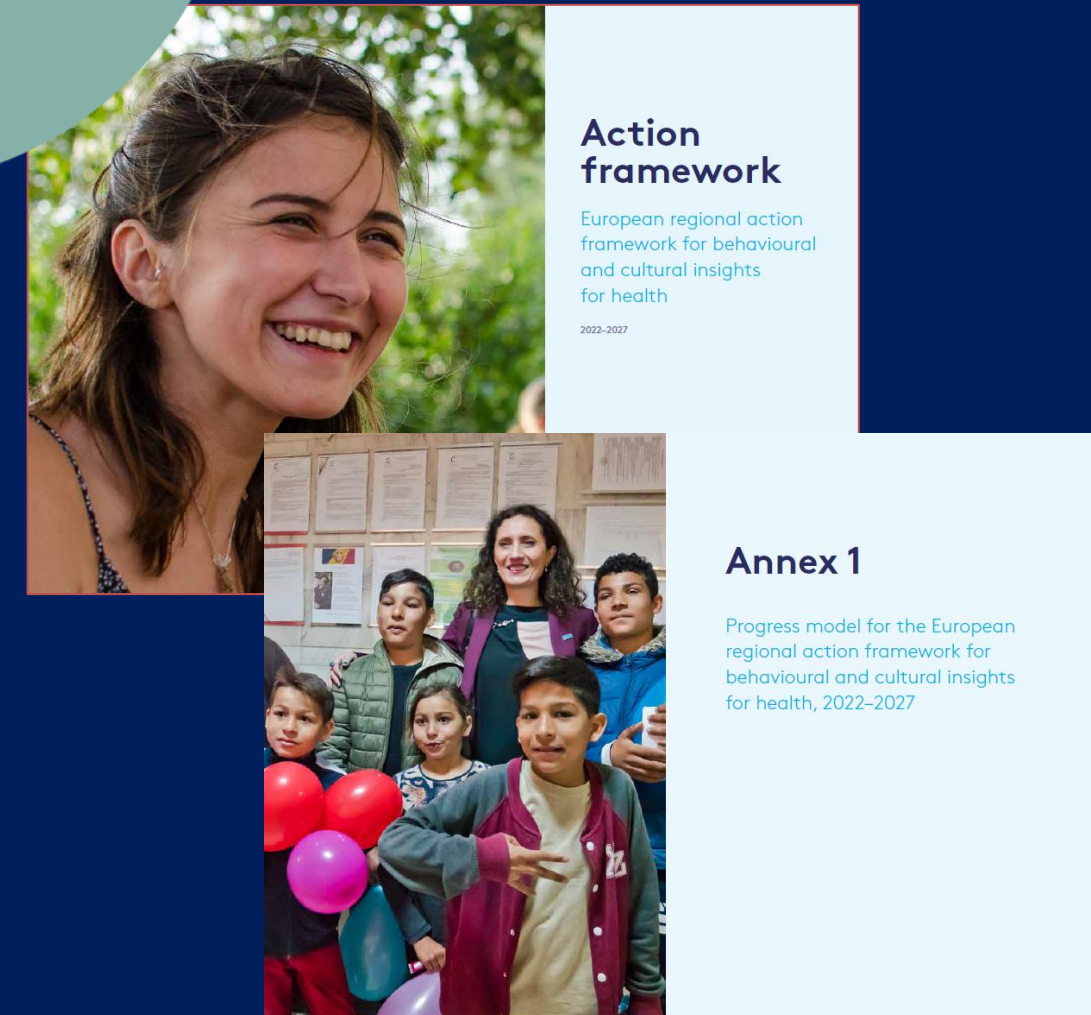
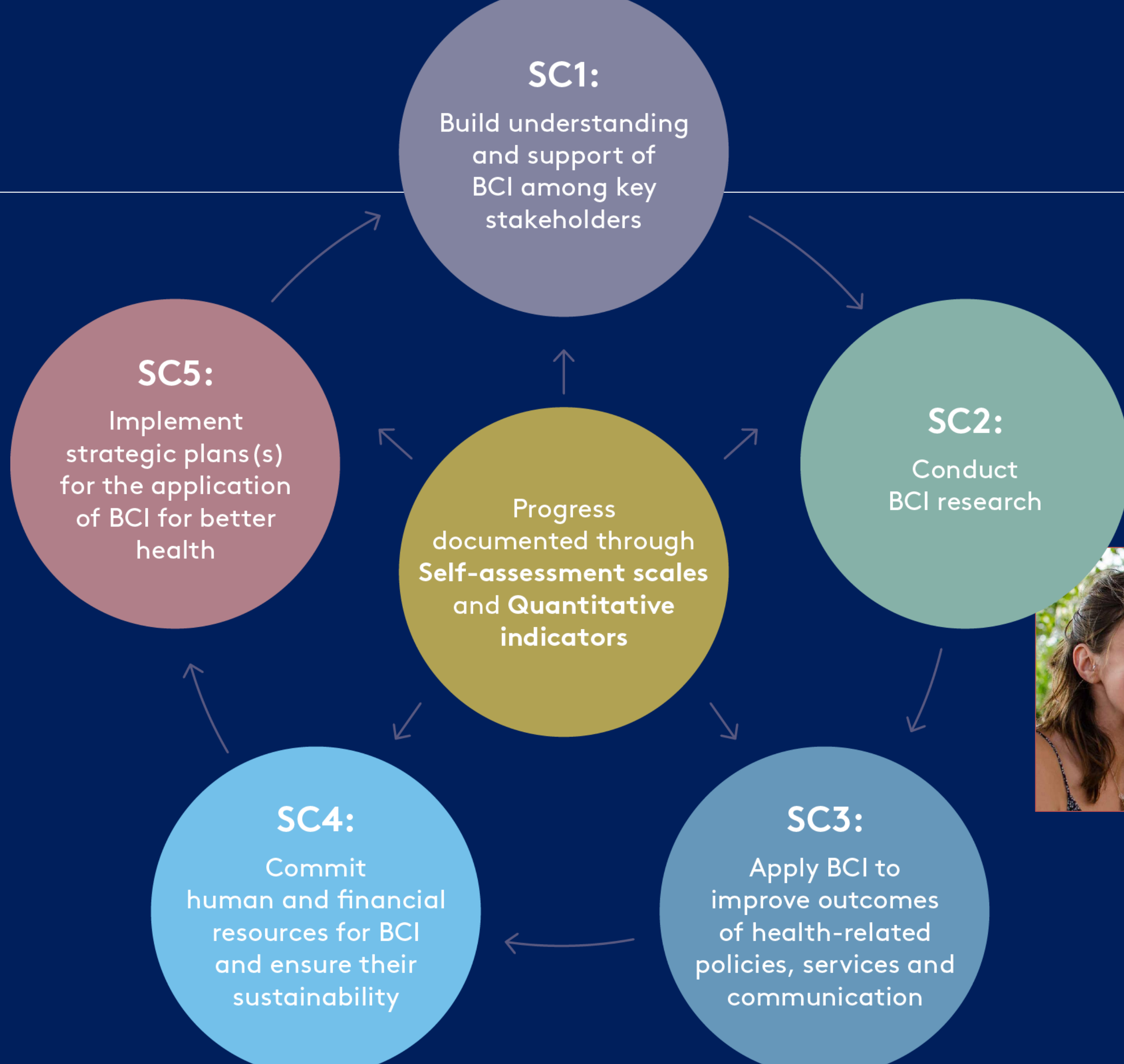
*

- Level 1: During 2021-2022, there was little awareness of BCI for better health among key stakeholders.
- Level 2: There was some degree of awareness and recognition of BCI for better health among some key stakeholders.
- Level 3: There was widespread awareness and recognition of BCI for better health among key stakeholders, and some collaboration was initiated.
- Level 4: BCI for better health was recognized and supported among many key internal and external stakeholders and across various health areas, academia and civil society, and several projects were done in collaboration.
- Level 5: BCI for better health was widely recognized and supported among key internal and external stakeholders and across various health areas, academia and civil society, and collaboration ensured the application of a BCI lens to all relevant projects.

4. If you would like to add any comments related to your self-assessment in this area, please include them here

Enter your answer

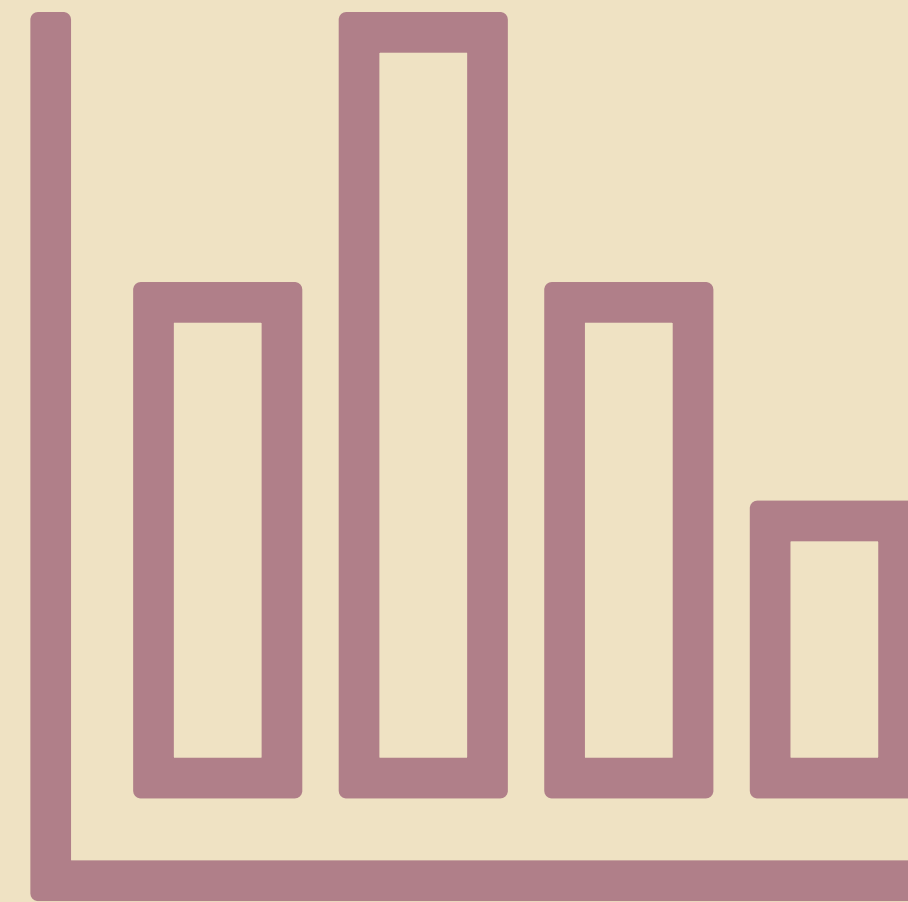
Reporting framework



Qualitative self-assessment



Quantitative indicators



SC1: Build understanding and support of BCI among key stakeholders

- Use the **resolution** to increase the visibility and prioritization of BCI.
- **Communicate and disseminate** information and case stories, findings, lessons, tools and other resources.
- Develop **mechanisms** for coordination, collaboration and support. E.g. advisory group, formal network for internal and external stakeholders, working groups.
- Invite relevant stakeholders to **collaborate** on joint projects or offer **support** in adding a BCI lens to their work.
- *Key stakeholders include policy- and decision-makers, public health managers, local governments, civil society, health workers, academia, and many more*



Self-assessment scale: Little awareness → wide recognition

1	During the year, there was little awareness of BCI for better health among key stakeholders.
2	There was some degree of awareness and recognition of BCI for better health among some key stakeholders.
3	There was widespread awareness and recognition of BCI for better health among key stakeholders, and some collaboration was initiated.
4	BCI for better health was recognized and supported among many key internal and external stakeholders and across various health areas, academia and civil society, and several projects were done in collaboration.
5	BCI for better health was widely recognized and supported among key internal and external stakeholders and across various health areas, academia and civil society, and collaboration ensured the application of a BCI lens to all relevant projects.

Quantitative reporting: Do you have a dedicated formal network of internal and external stakeholders that includes the application of BCI for health in their terms of reference? Y/N



SC2: Conduct BCI research

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

Self-assessment scale: No studies → systematic exploration of barriers and drivers to health behaviours

1	During the year, no studies were conducted to explore barriers and drivers to health behaviours.
2	One or few single studies were conducted to explore barriers and drivers to health behaviours. <i>Please list the studies conducted.</i>
3	Several studies were conducted to explore barriers and drivers to health behaviours, but not for many relevant health areas. <i>Please list the studies conducted.</i>
4	Methodologically sound approaches to exploring barriers and drivers to health behaviours were applied and studies were undertaken across many relevant health areas. <i>Please list examples of the studies conducted.</i>
5	Methodologically sound approaches to exploring barriers and drivers to health behaviours were applied in a systematic manner and studies were undertaken across all relevant health areas. <i>Please list examples of the studies conducted.</i>

Quantitative reporting: Have you conducted at least one impact evaluation using randomized controlled trials (RCTs) or quasi-experimental methods to assess the impact of an activity that aimed to enhance positive health behaviours? Y/N

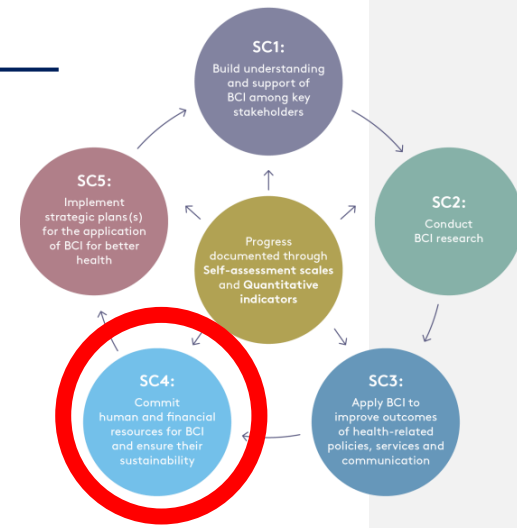
SC3: Apply BCI to improve outcomes of health-related policies, services and communication

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



Self-assessment scale: No application of BCI → systematic application across health areas

1	During the year, no BCI approaches were used to inform and improve health-related policies, services and communication processes, and it was not generally encouraged.
2	Using BCI approaches to inform and improve health-related policies, services and communication processes was generally appreciated as important but was not implemented.
3	BCI approaches were occasionally used to inform and improve health-related policies, services and communication processes. <i>Please briefly list examples.</i>
4	BCI approaches were widely used to inform and improve health-related policies, services and communication processes across many relevant health areas. <i>Please briefly list examples.</i>
5	BCI approaches were systematically used to inform and improve health-related policies, services and communication processes, and the process was formalized with applications across all relevant health areas. <i>Please briefly list examples.</i>



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

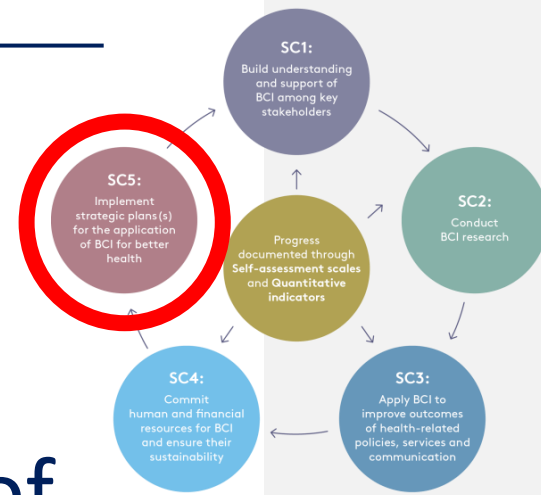
- As relevant to the context, establish a dedicated **BCI team**, embed BCI experts in technical units, or establish a cross-programmatic BCI coordination group.
- Ensure that **expert staff** with advanced skills, experience and expertise **are available** to apply BCI evidence to health and translate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

Self-assessment scale: No dedicated funding or people → multiyear budgets and trained staff across health areas

1	During the year, no dedicated funding or people were available for BCI work for better health.
2	Limited funding and people were available for BCI work for better health, but only on an ad hoc basis and related to specific, one-time individual projects. <i>Please list examples.</i>
3	Some dedicated funding and people were available for the structured application of BCI work for some health areas; however, the level of resources was not sufficient for systematic application across many health areas. <i>Please list examples.</i>
4	A larger amount of dedicated funding and appropriately trained people were available for continued application of BCI work for more health areas; however, the level of resources was not sufficient for a systematic application across all priority health areas. <i>Please describe the resources available.</i>
5	Substantial dedicated, multiyear budgets and appropriately trained people were available for a continued systematic application of BCI across all priority health areas. <i>Please describe resources available.</i>

ISC5: mplement strategic plan(s) for the application of BCI for better health

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



Self-assessment scale: BCI not integrated in specific health-area plans
 → BCI integrated in all specific health-area plans

1	During the year, BCI work was not mentioned in any strategies/plans related to specific health topics.
2	Some strategies/plans referred to BCI work, but with no clear identification of how this work will be conducted, by whom or with which target. <i>Please attach strategies/plans.</i>
3	Some strategies/plans made an explicit reference to BCI work and identified related actions and targets. <i>Please attach strategies/plans.</i>
4	Within several priority health areas, strategies/plans made an explicit commitment to BCI work and identified related actions and targets. <i>Please attach examples of strategies/plans.</i>
5	Across all priority health areas, strategies/plans included a dedicated section on how BCI work should be used to reach health targets, and clearly identified actions, targets, roles and responsibilities, and resources for this work. <i>Please attach examples of strategies/plans.</i>

Quantitative reporting: Do you have a dedicated national strategy or plan across health areas for the application of BCI for better health? Y/N²¹

Definitions for use in reporting

"BCI for better health" or "BCI work"

Definition: Work that seeks to explore the individual and contextual factors that affect health behaviours and use these insights to develop and evaluate health-related policies, services and communication to deliver better health and reduce inequity.

For example:

- conducting or commissioning research to explore barriers and drivers to specific health behaviours;
- engaging affected individuals and communities to explore barriers and drivers to specific health behaviours;
- designing new, or improving existing, health-related policy, service or communication through systematically applying insights into people's motivations, abilities, and social and structural opportunities;
- evaluating insights-informed health-related policy, service or communication as part of a pilot before wider roll-out, using appropriate rigorous methods;
- longer-term, evaluating the outcomes and cost-effectiveness of interventions that sought to address health behaviours, using appropriate rigorous methods.

"Health-related policies, services and communication processes"

Definition: Planning, design, implementation, improvement, evaluation and scale-up processes that relate to improving existing or developing new actions in the health sector, or in other areas that affect health such as those related to climate, environment or animal health. This may include, for example:

- exploring the perspectives and conditions of affected citizens and health workers to help ensure more impactful policies that can effectively address needs without a backfire effect, such as policies that affect citizens' health-related rights, access or opportunities, and other public health measures including standards, minimum requirements, regulations and officially recommended behaviours;
- exploring barriers and drivers faced by citizens, health workers and others involved, observing the use of current services, and piloting new services to help ensure they are more people-centred, accessible and convenient, including health services such as screening, vaccination, mental health, and other prevention, care and treatment services; or
- using evidence of psychological aspects in the design of messages and formats, testing communication measures with the intended target group, and exploring levels of health literacy to help ensure more effective communication with no backfire effect, including communication and broader efforts that seek to build health literacy, to ensure that citizens can access, understand and use health information, and to promote healthy behaviours in daily life and uptake of health services.

"Dedicated formal network for internal and external stakeholders"

Definition: An established and formal network that communicates regularly, and which is dedicated for better health in its terms of substance. This may take the form of, for example:

- a working group, steering committee or similar structure that meets regularly and is dedicated to better health;
- a working group, steering committee or similar structure that meets regularly and has BCI for better health as one key area of responsibility, among other areas of responsibility;
- ad hoc multidisciplinary project groups, working groups or committees that are established for specific BCI projects that together ensure regular communication among stakeholders.



Quantitative indicators and targets - for 2025-26, reported in 2027



Number of MS with a dedicated formal network of internal and external stakeholders that includes the application of BCI for health in their terms of reference: **40 [75%]**

Number of MS that have conducted at least one impact evaluation using randomized controlled trials (RCTs) or quasi-experimental methods to assess the impact of an activity that aimed to enhance positive health behaviours: **40 [75%]**

Number of MS with a dedicated national strategy or plan across health areas for the application of BCI for better health: **20 [38%]**

Self-assessment targets - for 2025-26, reported in 2027

- Number of Member States that self-assess at **Level 3 or higher** within each strategic commitments: **45 [85%]**
- Number of Member States that **progress** to a higher self-assessment level (compared with 2021-2022): **45 [85%]**



Baseline:
Reporting in 2021-2022

40% had a formal network on BCI [75%]

29% conducted impact study of intervention [75%]

10% had a national strategy for BCI [38%]

29% rated 3 or above for SC1: stakeholders [85%]

56% rated 3 or above for SC2: BCI research [85%]

73% rated 3 or above for SC3: interventions [85%]

35% rated 3 or above for SC4: HR/funding [85%]

29% rated 3 or above for SC5: health strategies [85%]

**Use of behavioural
and cultural insights in
2021–2022 in the WHO
European Region:
status report**

LINK:

<https://iris.who.int/handle/10665/374326>

2021-2022 was the baseline

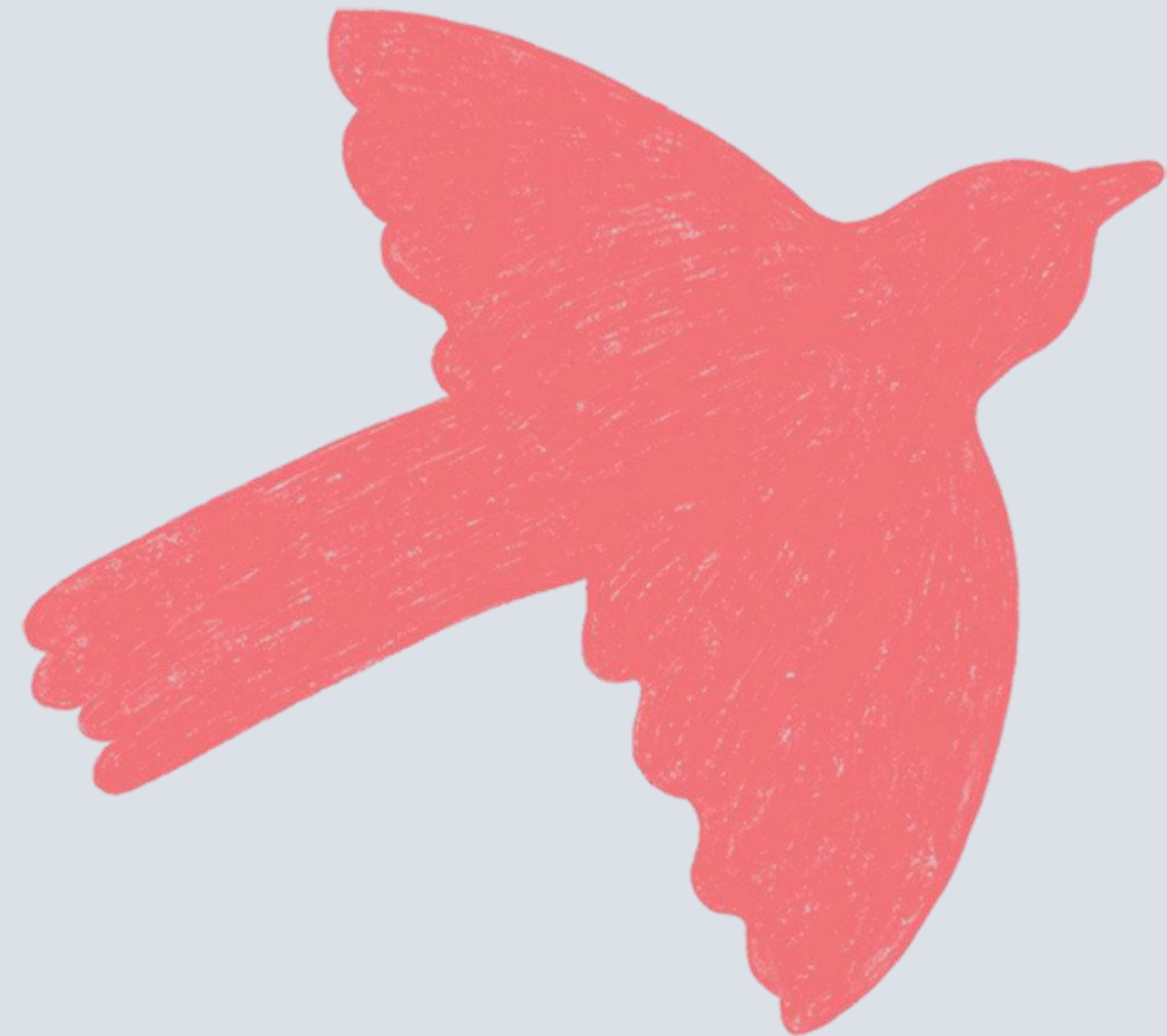
Compare with the last reporting –
consider the level compared to 2 years
ago.

Try to use the same lens through which
to assess the levels.

Option to select “Improved, but no
progress in score”

Fight your bias to report success. There
may be good reasons why reporting is
lower (e.g. COVID).

Opportunity to provide notes if progress
has reversed.



Baseline report:
<https://iris.who.int/handle/10665/374326>

New elements (optional)

- Overall assessment of status of BCI in the last 2 years
- Option to select “Improved, but no progress in score”
- Opportunity to provide notes if progress has reversed.
- One success story
- Request to WHO for support
- Key challenges
 - Nuance to help understand
 - For use as quotes and case example boxes
- Acknowledgements



Q&A

Stakeholder engagement: country experiences

Suggested changes or additions to the online form?

What do you need from us to succeed?

