

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

Draft resolution cosponsored by Armenia, Croatia, Cyprus, Ireland, Kyrgyzstan, Republic of Moldova, Romania, Slovakia, Slovenia and Sweden

The Regional Committee,

(PP1) 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;

(PP2) 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;

(PP3) Understanding that making healthy choices and living healthy lives are shaped by individual, environmental and other factors, many of which are not amenable to change by individual action and, therefore, that improving the health and well-being of citizens is not the responsibility of individuals alone but also of the governments, relevant authorities, nongovernmental organizations, institutions, experts,

civil society and health providers, and in relevant contexts, private-sector entities, who have a role in protecting and promoting the health of the population and preventing diseases;

(PP4) Recognizing the value that the multidisciplinary and intersectoral nature of applying BCI — defined as systematically exploring factors that affect health-related behaviours, and making healthy behaviours possible, attractive and desirable — may have in improving the outcomes of health and health-equity-related public policies, services and communication, as well as building trust towards the authorities;

(PP5) Noting the evidence demonstrating that BCI has been used to improve the outcomes of health and equity-related public policies, services and communication, including by making them more relevant, effective, equitable, sustainable, inclusive and people- and planet-centred, in protecting and improving health and well-being;¹

(PP6) Emphasizing the potential of BCI in increasing the awareness, attractiveness and cultural feasibility of available and economically possible healthy choices, as well as further discouraging unhealthy choices by making them unattractive, including through the use of fiscal measures;

(PP7) Being aware of the potentially significant impact on health behaviours and use of health services, such as vaccinations, of communication by non-State actors, including commercial advertising, particularly if conflictual with public health objectives;

(PP8) Concerned about the challenge created by health-related misinformation and disinformation, including during the COVID-19 pandemic;

(PP9) Acknowledging the broad application of BCI during the COVID-19 pandemic and that BCI is becoming a strategic priority for health in many places and across many health areas;

(PP10) Taking note of several regional resolutions and strategic plans across health areas that refer to the importance of BCI dimensions, including the European Immunization Agenda 2030, the WHO European Framework for Action on Mental Health 2021–2025, the Progress report on implementation of the European Strategic Action Plan on Antibiotic Resistance 2018, the Roadmap for Health in the Western Balkans 2021–2025, resolution EUR/RC69/R9, Towards the implementation of health literacy initiatives through the life course and resolution EUR/RC69/R5, Accelerating progress towards healthy, prosperous lives for all, increasing equity in health and leaving no one behind in the WHO European Region;

¹ Peer-reviewed case examples illustrating the utility and value of applying BCI approaches to health are included in the background document that accompanies this resolution.

(PP11) Noting the report entitled Behavioural sciences for better health initiative,² which calls on all WHO regional offices to establish a behavioural insights function;

(PP12) Being aware of the United Nations Secretary-General's Guidance note on behavioural science;

(PP13) Recognizing that applying BCI for better health is, despite progress, currently underexplored and underutilized globally and in the Region, with low implementation capacities, including low multidisciplinary competences;

(OP1) ADOPTS the European regional action framework for behavioural and cultural insights for health, 2022–2027³ as the basis for intensified efforts across the Region to promote the multidisciplinary science and use of BCI for better implementation of measures related to Health in All Policies and of health, health-equity and well-being outcomes at intercountry, national and local levels;

(OP2) EXPRESSES its commitment for the stated vision, objectives, principles and strategic commitments and implementation guidance of the action framework;

(OP3) CONFIRMS the role of the action framework to ensure implementation of the flagship initiative of the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe”;

(OP4) CALLS ON Member States:

- (a) to implement the action framework in line with national needs and priorities, by applying BCI in health policy, together with other public health measures and actions, for the protection and promotion of health, prevention of diseases, and for the development and provision of health services;
- (b) to consistently integrate BCI considerations into health and health-relevant policy planning and monitor, as appropriate, implementation and impact;
- (c) to integrate BCI as a measure across plans for specific health areas, as appropriate;
- (d) to build awareness of BCI to be used in the context of pursuing public health goals by key stakeholders, including governmental and nongovernmental organizations, academia, media, the private sector and others, with the aim that BCI is understood and implemented and multidisciplinary competences and mutual understanding are developed;

² Document WHA75/25.

³ Document EUR/RC72/6 Rev.1.

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- (e) to provide necessary resources, as appropriate and according to national context, to increase the capacity for the research, development and use of BCI in public health and for collaboration across sectors;
 - (f) to develop and strengthen research and evidence for BCI to explore barriers to and drivers of, including the role of determinants of health in this regard, people's health-related behaviours in their daily lives and in their uptake of health services and uptake of health-related measures in other sectors, to protect and promote health and prevent disease;
 - (g) to use BCI to identify opportunities for effective, tailored, equitable, sustainable and people-centred health policies, services and communication that are more accessible, convenient, acceptable, functionally integrated, operational cross-sectorally, and fit for context, and that complement already established interventions by improving their design or developing entirely new interventions;
 - (h) to evaluate the impact and limits of applying BCI appropriately and expediently to health policies, services and communication, including when tailored for specific audiences such as policy-makers;
 - (i) to report to WHO on the monitoring indicators and progress measures of the action framework in line with the reporting timelines;

(OP5) REQUESTS the Regional Director:

- (a) to implement the action framework and provide support to Member States, on their request, in its implementation;
- (b) to develop, monitor, compile and disseminate new evidence and best practice for implementable, relevant, effective and cost-effective applications of BCI for better health;
- (c) to develop, publish and disseminate guidance documents and tools as well as policy considerations to support the implementation of the action framework;
- (d) to provide support and guidance to Member States for the implementation and evaluation of BCI-informed health-related policies, services and communication in making them effective, tailored, inclusive, equitable and people- and planet-centred;
- (e) to support capacity-building in Member States, including through face-to-face and online training opportunities and support for establishing sustainable institutional structures, capacity and capability, to apply BCI for better health and well-being, including in understanding preconditions and limits for its systematic use;

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- (f) to facilitate peer-to-peer and community-of-practice activities and dialogue for sharing and mutual support among Member States;
 - (g) to promote engagement, collaboration and coordination between regional and international organizations and non-State actors, including WHO collaborating centres if appropriate, to support and enhance BCI work for health in the Region, and facilitate the engagement of Member States;
 - (h) to develop guidance on how Member States can address, including by applying BCI, communication that is conflictual with evidence-based information, as well as misinformation and disinformation, in particular among vulnerable groups, including migrants;
 - (i) to make the case for investment in BCI for better health;
 - (j) to prepare status reports every two years on regional progress in the application of BCI in the context of health policy, health protection, health promotion, disease prevention and disease management to be shared and discussed with stakeholders as appropriate;
 - (k) to report to the Regional Committee every two years on progress made in implementing the action framework and submit a final report to the Regional Committee at its 78th session.

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