
Advancing behavioural and cultural insights for health through engagement with experts

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Abstract
The first meeting of the Technical Advisory Group on Behavioural and Cultural Insights (TAG-BCI) was convened in Copenhagen, Denmark, on 27–28 February 2023. The TAG-BCI and the Behavioural and Cultural Insights (BCI) Unit at WHO Regional Office for Europe discussed work in the area of BCI in line with the European regional action framework for BCI for health 2022–2027 and related collaboration mechanisms.

Keywords
HEALTH BEHAVIOR
CULTURE
PUBLIC HEALTH
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Acknowledgements

The Behavioural and Cultural Insights (BCI) Unit warmly thanks all the members of the BCI Technical Advisory Group (TAG-BCI) for their continuous support and engagement.

The WHO Regional Office for Europe wishes to warmly thank the partners who provided financial support in BCI-related work, including the Belgian Health, Food Chain Safety and Environment Federal Public Service, the German Federal Ministry of Health, the Robert Wood Johnson Foundation and the Nordic Culture Fund.
Executive Summary

The TAG-BCI gathered for its first face-to-face meeting on 27–28 February 2023 in Copenhagen, Denmark, having previously met four times online.

Established in 2022 by the WHO Regional Office for Europe, the TAG-BCI provides expert advice and support to the BCI Unit. The BCI at the WHO Regional Office for Europe is a flagship initiative of the WHO European Programme of Work 2020–2025 – “United Action for Better Health in Europe”. The BCI Unit leads efforts, advances evidence and provides technical guidance to Member States in this field.

During the meeting, the TAG-BCI and BCI Unit discussed the work of the BCI Unit through thematic discussions, evaluated their ongoing collaboration and discussed effective collaboration mechanisms. Discussions also related to achieving the vision and goals of the BCI resolution adopted at the WHO Regional Committee for Europe in September 2022.

This report presents main highlights from the discussions, as well as results from the evaluation form completed by the TAG-BCI members.
Meeting overview

The Behavioural and Cultural Insights (BCI) Technical Advisory Group (TAG-BCI) gathered for its first face-to-face meeting on 27–28 February 2023 in Copenhagen, Denmark. A list of participants can be found in Annex 1. The main aim of the meeting was to solidify the establishment of the group through in-person interactions and discussions, and to agree further joint core activities.

The programme included presentations on the work of the BCI Unit and discussion about the ideal function and collaboration mechanisms related to the TAG-BCI going forward, as well as thematic discussions on BCI-related evaluation, arts and health, social prescribing, resource mobilization, and the European regional action framework for BCI for health, 2022–2027 adopted at the WHO Regional Committee for Europe in 2022. The meeting programme is shown in Annex 2.

In their evaluation of the meeting, participants concluded there were “rich discussions on the content of BCI work” and that the meeting confirmed the importance of in-person interaction, which is “very valuable for finding overlapping interests, points of agreement, etc”. The results of the evaluation can be found in Annex 3.

BCI Unit work: introduction

The work of the BCI Unit at WHO Regional Office for Europe is based on the European Programme of Work 2020–2025: “United Action for Better Health” and focuses on four areas of work:

- support to country projects, including the “tailoring health programmes” approach
- capacity building
- advocacy and partnership
- evidence and guidance.

TAG-BCI going forward

The TAG-BCI was launched in 2022 and four online meetings have been organized since then. These helped participants in getting to know each other and in initiating collaboration. At the same time, the BCI Unit asked for support from individual TAG-BCI members for specific work. Taking stock of the past year, there is a shared feeling of not fully leveraging and benefitting from the expertise of the group. There are various reasons for this, including the complexity of BCI for health as an emerging area of work, lack of knowledge of members’ work and skills, the TAG-BCI’s understanding of how WHO works, lack of in-person interactions, busy working schedules, and more.

1 Behavioural and Cultural Insights. Copenhagen: WHO Regional Office for Europe; 2023 (https://www.who.int/europe/teams/behavioural-and-cultural-insights)
3 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)
Lessons learnt include:
- online TAG-BCI meetings are suitable for concrete project discussions, less so for broader meetings and for getting to know each other;
- topics for discussion have to be selected carefully to make them relevant to the broader set of expertise included in the TAG-BCI, and more time is needed to hear different reflections and perspectives than can be provided by an online meeting; and
- it is easier to ask for help if the BCI Unit has better knowledge of TAG-BCI members’ expertise, experience, preferences for areas to support the BCI Unit and their availability.

The BCI Unit’s suggestions for further activities include:
- one full TAG-BCI face-to-face meeting a year;
- thematic sub-groups meeting more regularly online and according to need to ensure more targeted discussions between a sub-group of interested TAG-BCI members and one or more BCI Unit staff; and
- enhanced engagement of individual TAG-BCI members in ongoing work that may relate
  to the following (survey results after the meeting are illustrated in Fig. 1):
  - to engage in shared projects for a number of interested TAG-BCI members (e.g. investment case);
  - to review documents such as policy briefs or guidance documents (inspiration example: policy brief on mpox);
  - to conduct peer review for documents to be submitted for WHO ethical review;
  - to help with quality assurance of rapid literature reviews; and
  - to support in-country projects.

The following issues sometimes hinder opportunities to fully leverage the support and expertise of TAG-BCI members:
- BCI Unit requests, specifically related to country work, often have very short deadlines and TAG-BCI members are not always able to respond at short notice; and
- TAG-BCI members may have specific interests and ideas for joint projects which may be relevant but not feasible given the limited human and financial resources of the BCI Unit.

TAG-BCI members discussed these proposals and how the BCI Unit and TAG-BCI can best work together to make the collaboration successful, valuable and rewarding for all. They flagged the importance of exploring more the diversity of the group and the need for prioritization of TAG-BCI projects (e.g. topic/country-specific, practice-oriented), and shared thoughts on how TAG-BCI as a whole can be relevant to advance the BCI area of work in the European Region.

Some ideas on specific activities were mentioned such as shared publishing; enhancing emphasis on capacity-building as a key activity, including trainings, and tool and guidance development; and addressing the culture of work at WHO.

At the end of the meeting, TAG-BCI members indicated their interest in engaging in the proposed areas of work, as visualized in Fig. 1.
In terms of the procedure to renew TAG-BCI membership (each member’s term expires in February 2024), it was decided that – in line with WHO internal rules – the BCI Unit will proceed with an extension of one year (until the end of 2024) for all TAG-BCI members (conditional on their agreement). Then a gradual replacement will be implemented, as indicated in the TAG-BCI’s terms of reference⁴.

1. Discussion on reaching the vision and goals of the BCI resolution and the European regional action framework adopted at the WHO Regional Committee for Europe (RC72)

The BCI Unit presented the BCI resolution and regional action framework adopted at RC72.

TAG-BCI members discussed in groups the important barriers and drivers to achieving the vision and objectives of the action framework in 5 years’ time, as well as the actions needed to succeed. They recommended the BCI Unit should engage in the following activities:

- enhance capacity-building as a key element;
- support bottom-up initiatives;
- encourage national BCI Focal Points to advocate at country level and support them in this effort;
- encourage research, while taking into consideration a potential barrier of competing research groups – more collaborative environments are needed at country level;
- share experiences between countries/organizations/institutes;
- encourage countries with more advanced levels of BCI implementation to enhance their work as well, e.g. with more focus on impact evaluation;
- encourage countries to advance from insights research to also conduct further research on implementation and impact evaluation; and
- engage with students as future decision-makers.

TAG-BCI members also discussed how they might support implementation and advancement of the BCI resolution and regional action framework and proposed the following:

- TAG-BCI to support more visibility for BCI/BCI Unit, e.g. using international conferences and organizations as platforms (through workshops/sessions);
- TAG-BCI to disseminate existing BCI Unit products, e.g. animated videos;
- TAG-BCI to engage in and support country projects; and
- TAG-BCI members to be connected with their respective country BCI Focal Points.

2. Discussion on impact evaluation for BCI interventions

The BCI Unit presented two case examples (colorectal cancer screening and hypertension management) as a starting point to discuss different approaches to impact evaluation, including in settings with limited resources. These case example were subsequently discussed in groups, with the following reflections.

- Evaluation is not simple, and this needs to be communicated clearly.
- There is a challenge in evaluating fidelity versus allowing for adaptability.
- The group reflected on the evidence pyramid and the randomized controlled trial paradigm as a gold standard. It was suggested that it was important, when evaluating research that focuses on behaviours and cultural contexts, to consider a wider range of methodological approaches. Other forms of evaluation might include:
  - participatory evaluation, in which community stakeholders set evaluation criteria, collect and analyze data, and use the information gained to adjust and improve the project;
  - empowerment evaluation – a stakeholder-involvement approach designed to provide groups with the tools and knowledge they need to monitor and evaluate their own performance and accomplish their goal;
- embedded evaluation, where evaluators are part of the project design and improvement phases; and
- economic modelling of long-term benefits.

- The importance of considering unexpected negative effects (such as a successful intervention increasing demand for health services beyond health-system capacity).
- There are skills in the TAG-BCI which the BCI Unit should tap into.

The TAG-BCI was also briefly presented with the planned BCI impact evaluation guide. The general feedback regarding the guide was positive.

3. Discussion on arts and health, and social prescribing
The BCI Unit presented its work on Arts & Health.

Arts & Health is a growing area of research and application within public health. Arts activities can be considered as complex or multimodal interventions in that they combine multiple different components that are all known to be health-promoting with an impact on health behaviours. Arts activities can involve aesthetic engagement, involvement of the imagination, sensory activation, evocation of emotion and cognitive stimulation. Depending on its nature, an art activity may also involve social interaction, physical activity, engagement with themes of health and interaction with health-care settings.

In 2019, WHO published a scoping review that brought together much of the current evidence on the role of the arts in improving health and well-being. Since then, Arts & Health has become a core part of the BCI Unit. This is partly because the field can be seen as a way of operationalizing cultural insights and activities (in the form of artistic engagement) to support health and well-being. However, the active ingredients of arts and health interventions are also often linked to behavioural models, which is why research in arts and health is often linked to psychological research and behavioural science departments.

Social prescribing, which is a means of connecting patients to a range of non-clinical services in the community to improve their health and well-being, consequently also becomes an area of special interest for the BCI Unit, because it is the mechanism by which arts and health interventions are connected to the health system. Finally, given BCI’s commitment to interdisciplinarity beyond the medical and social sciences, arts and health is also a space where humanities research can be represented.

The TAG-BCI acknowledged the growing evidence base behind arts and health and agreed that it was important to continue exploring this emerging field in a public health context. The group agreed that the relevance for arts and health to BCI, particularly in relation to promoting health behaviours, was clear.

4. Discussion on resource mobilization
The BCI Unit shared an overview of its funding, which consists of WHO/Europe core funding and voluntary contributions. Two TAG-BCI members then presented their reflections on the topic:
- Robert Böhm shared information on the opportunities related to crowdfunding; and
- Karabi Acharya shared a vision of how resource mobilization is operationalized at the level of United States of America foundations. Main highlights included: shifting away from individual behaviours to context and structural issues; focus on health equity; the leading role of community-driven trust-based philanthropy; the need to connect to specific health outcomes to make the case.
The TAG-BCI shared reflections on possible opportunities for mobilizing resources, including the following.

- Use micro-funding (through campaigns).
- Use the WHO Foundation as a lever for activity funding.
- Focus on topic of interest for research funders: e.g. health equity and structural racism:
  - what does structural marginalization look like in countries?
  - how are narratives of deservedness changed?
  - looking at urban planning and behaviour.
- Change the way we talk about BCI – not something “nice to have”, but a matter of saving lives.
- Consider arranging secondments from TAG-BCI members’ respective institutions.
- Consider partnering with the European Union and other organizations (e.g. Global Fund and Gavi, the Vaccine Alliance).
- Consider using “big” regional topics such as migration, security, equity, etc.
- Consider engaging with colleagues/projects internally through advocating to include BCI considerations in all projects.
- National BCI Focal Points to consider advocating support for the BCI Unit/WHO at their respective ministries/institutions.
- Make a political case for BCI.
- Involve master’s/PhD students in supporting the BCI Unit’s work.
- Position WHO/Europe as a best-practice centre/broker/subcontractor for country work.
Next concrete actions for BCI Unit and TAG-BCI

1. **TAG-BCI membership**
   a. The BCI Unit will proceed with membership extension for one year (until December 2024) for all TAG-BCI members, including updating of biographies and declarations of interest (timeline for reappointment: late 2023–February 2024).

2. **TAG-BCI format and functioning**
   a. To continue engaging with individual TAG-BCI members for the BCI Unit’s current work according to the interests indicated (Fig. 1), including involving TAG-BCI members in the development of guidance and tools.
   b. To consider defining key topics for TAG-BCI engagement per year (e.g. investment case) and define specific terms of reference.
   c. To consider new format of engagement to enhance capacity-building element: e.g. webinars run by TAG-BCI members for countries.

3. **TAG-BCI support to BCI Unit**
   a. To involve TAG-BCI members in advocacy activities to demonstrate the WHO Regional Office for Europe’s work across the Region and via international platforms, including through dissemination of existing BCI Unit’s products, e.g. animated videos, reports, etc.
   b. To mobilize resources jointly.
   c. To engage TAG-BCI members’ PhD/master’s students in activities.

4. **Concrete products supported by TAG-BCI**
   a. WHO/Europe BCI investment case.
   b. Publications – e.g. in high-level journals, Lancet commission on BCI, etc.
   c. BCI case examples have been an effective way to help explain to Member States the benefits and good practices surrounding BCI work. By their nature, they are not as involved as full-scale academic papers, but they still bring visibility to the relevant BCI activity. The BCI Unit, with support from the TAG-BCI, will look to further expand its range of BCI case stories, publishing them on www.BCI-Hub.org as a way to highlight activity in this field.
   d. To consider co-organizing sessions at conferences, etc.

5. **TAG-BCI meetings**
   a. Next in-person meeting to be planned in 2024, if BCI Unit funds allow.
   b. Next online meeting to be organized for sub-topics on ongoing basis as appropriate; no full TAG-BCI online meetings to be planned.
   c. To better document discussions at in-person meetings and publish a report on the WHO Regional Office for Europe’s website.

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6. **Any other business**
   a. To connect TAG-BCI members to their respective country BCI Focal Points, on request from a TAG-BCI member.
Annex 1. List of participants

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WHO Regional Office for Europe

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Regional Adviser

Robb Butler
Executive Director of the Regional Director’s Office

Nils Fietje
Technical Officer

Anastasia Koylyu
Technical Officer

Tiina Likki
Consultant

Sandy Neale
Programme Assistant

Martha Scherzer
Consultant
Annex 2. Meeting programme

Day 1
Monday, 27 February

12:15–13:00  
Arrival at UN City and Registration  
Welcome coffee

13:00  
Opening

Welcome by Chairpersons (Diane Levin-Zamir and Robert Böhm)  
Purpose and expected outcomes of the meeting

Welcome by WHO Secretariat (Katrine Bach Habersaat)  
Housekeeping

13:15–14.30  
Session 1. Round of introductions: TAG-BCI members  
Polls

14.30–15.30  
Session 2. Introduction to the BCI Unit: the work and the people

Before the meeting, you may wish to read the following:

- BCI Annual Progress Report 2022⁶
- Pages 35–36 of the European Programme of Work 2020-2025⁷.

15:30–16:00  
Healthy break

16:00–17:30  
Session 3. TAG-BCI going forward

- Setting the scene by WHO Secretariat (Katrine Bach Habersaat)
- Discussions facilitated by chairs

18:00  
Closing of the day

Day 2
Tuesday, 28 February

08:30–09:00  
Arrival at UN City and Registration  
Welcome coffee

09:00–10:00  
Session 4. Reaching the vision and goals of the BCI resolution and action framework adopted at RC72

- Setting the scene by WHO Secretariat (Katrine Bach Habersaat)
- Group discussions

Before the meeting, you are kindly asked to read the following:

• European regional action framework for behavioural and cultural insights for health, 2022–2027
• Progress model: implementation of the European regional action framework for behavioural and cultural insights for health, 2022–2027
• Case examples of applying behavioural and cultural insights (BCI) to health-related policies, services and communication processes

10:00–10:30  Session 4 (cont.). Plenary discussion on reaching the vision and goals of the BCI resolution and action framework

10:30–11:00  Healthy break

11:00–11:50  Session 5. Topic discussion: “BCI evaluation” (facilitated by Tiina Likki)


Before the meeting, you may wish to read the following:
• What is the evidence on the role of the arts in improving health and well-being? A scoping review
• A toolkit on how to implement social prescribing

12:40–12:50  Group photo

12:50–14:00  Lunch in the UN City

14:00–15:00  Session 7. Resource mobilization
• Setting the scene by WHO Secretariat (Tiina Likki)
• Presentations by TAG-BCI members:
  - Robert Böhm
  - Karabi Acharya
• Group discussions

15:00–15:30  Any other business
Follow-up on the discussions and Concluding remarks

15:30  Closing

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10 Seventy-second Regional Committee for Europe: Tel Aviv, 12–14 September 2022: case examples of applying behavioural and cultural insights (BCI) to health-related policies, services and communication processes. Copenhagen: WHO Regional Office for Europe; 2022 (https://iris.who.int/handle/10665/361653).
Annex 3. Results of the evaluation

Participants were asked to rate their answers from 1 to 5, where 1 refers to ‘Not at all satisfied/relevant/helpful’ and 5 refers to ‘Very satisfied/relevant/helpful’.

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13 Participants were asked to rate their answers from 1 to 5, where 1 refers to ‘Not at all satisfied/relevant/helpful’ and 5 refers to ‘Very satisfied/relevant/helpful’.
How relevant to you was Session 1. Round of introductions: TAG-BCI members?

Number of responses

How relevant to you was Session 2. Introduction to the BCI Unit: the work and the people?

Number of responses
How relevant to you was Session 3.
TAG-BCI going forward?

Number of responses

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How relevant to you was Session 4.
Reaching the vision and goals of the BCI resolution and action framework adopted at RC72?

Number of responses

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How relevant to you was Session 5.
BCI evaluation?

Number of responses

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How relevant to you was Session 6. Arts & Health and Social prescribing?

Number of responses

How relevant to you was Session 7. Resource mobilization?

Number of responses
Some reflections from the participants’ evaluation

Feedback suggested setting up the sessions and group work in a way to encourage “people to move beyond their own disciplinary perspectives and understand the value of the expertise and approaches of others”, and to reframe “these as interdisciplinary activities designed to see where our different expertise butts up against others’ or enhances it would have been more productive.”

Another participant offered this comment: “I think an intro session on how to critically consider the limits of one’s own discipline, how interdisciplinary groups/work operates – slowly with a need for developing shared terms, respect for other disciplines’ and letting go of assumption that one’s own approach is the right/best one – would have been very helpful. Although all of us are supposed to be engaged in such work it was not evident that everyone was aware of the challenges and methods to address them for working within our group (as opposed to working with other experts outside BCI).”

Sessions could be also more explicitly tagged as “for information, for discussion, for recommendation”.

“What I also thought would be a nice addition is a more macro perspective discussion: what do we think is important in advancing BCI in Europe, what are the stakeholders and what role can the BCI play in that?”
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**

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