Annual progress report 2021

Behavioural and cultural insights at the WHO Regional Office for Europe
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### Abbreviations

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<th>Abbreviation</th>
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<tr>
<td>BCI</td>
<td>Behavioural and Cultural Insights</td>
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<td>BI</td>
<td>behavioural insights</td>
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<td>CoP</td>
<td>community of practice</td>
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<td>ECDC</td>
<td>European Centre for Disease Prevention and Control</td>
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<td>EPW</td>
<td>European Programme of Work 2020–2025</td>
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<td>HEN</td>
<td>Health Evidence Network</td>
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<td>M-POHL</td>
<td>Measuring Population and Organizational Health Literacy</td>
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<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<td>PHSM</td>
<td>public health and social measures</td>
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<td>RC71</td>
<td>71st session of the WHO Regional Committee for Europe</td>
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<td>RCCE</td>
<td>Risk Communication and Community Engagement</td>
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<td>TAG-BCI</td>
<td>Technical Advisory Group on Behavioural and Cultural Insights</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>VPI</td>
<td>Vaccine-preventable Diseases and Immunization programme</td>
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In September 2020, the Member States of the WHO European Region adopted a new 5-year plan, the European Programme of Work (EPW), which for the first time in WHO’s history highlighted behavioural and cultural insights (BCI) as a flagship priority.

We established a BCI unit to help build a culture of health for the citizens of Europe and Central Asia, fulfilling the vision of a Region where everyone is enabled and motivated to adopt healthy behaviours, in their daily lives and in the way they use health services. The Unit’s mission is to work with Member States to explore the perspectives and experiences of individuals and communities in order to make healthy behaviours possible, acceptable, convenient and attractive.

This new focus is timely. The persistent health challenges of the Region – for example, related to antimicrobial resistance, vaccination, and to tobacco, alcohol, nutrition and physical inactivity risk behaviours – cannot be tackled without addressing the barriers that people experience. Evidence shows that applying BCI in policy and programme planning can help achieve health outcomes. In 2021, the United Nations Secretary-General called on Member States to apply behavioural science to improve public health, prevent and manage crises, and to reach the Sustainable Development Goals.

Alongside the pandemic response, the BCI Unit has established its work in several areas, including the prescribing of social and arts interventions as innovative and evidence-based treatment opportunities and addressing low health literacy as a critical barrier for healthy behaviours in large segments of populations across the Region.

As a new unit, over these 15 months BCI has engaged in extensive dialogue with colleagues and partners across the Region to explore collaborative opportunities and develop plans for in-country activities. A new online knowledge hub on BCI and a technical advisory group, as well as the appointment of official BCI focal points in all Member States, will guide our progress in the coming years. The development of online training modules on BCI will strengthen capacity in this field, and inform the curriculum for a forthcoming BCI school series.

I am delighted to share some of the BCI unit’s achievements during its initial 15 months, including inspiring snapshots of in-country projects across the Region.

Dr Hans Henri P. Kluge
WHO Regional Director for Europe
In-country BCI projects

- Supported 30 countries and areas collecting BI data for the pandemic
- Supported countries in setting up BCI units: Finland, Romania, Sweden, Wales (United Kingdom)
- Secured funding and initiated post-partum depression projects in Denmark and Romania
- Initiated evaluation of pandemic projects in Greece, Portugal and Romania
- Developed country project ideas across many health areas

Member States engagement

- Established and engaged national BCI focal points
- Established community of practice for BI survey enthusiasts
- Launched Policy Forum meeting series
- Coordinated regional network on health literacy (Measuring Population and Organizational Health Literacy (M-POHL))
- Organized high-level event on pandemic fatigue
- Organized side event on health literacy and BCI at the 71st session of the WHO Regional Committee for Europe (RC71)

Capacity

- Developed online BCI training modules
- Established a BCI technical advisory group

Evidence and guidance

- Launched BCI-Hub as an online repository with evidence on BCI
- Developed policy considerations on setting up national BCI units
- Launched policy considerations on pandemic fatigue
- Launched policy considerations on health workers and COVID-19 vaccination
- Developed new evaluation framework: evaluation of pandemic BCI projects
- Developed tool for qualitative research on COVID-19 vaccination
- Conducted BI data cross-country analysis across health areas
- Initiated regional action framework and resolution for RC72
- Initiated evidence report on infodemic
- Initiated evidence report on knowledge translation
- Initiated evidence report on waste management

Deliverables

During the first 15 months
In-country BCI projects

Supported 30 countries and areas in collecting BI data for the pandemic

**Challenge**

From the beginning of the pandemic the Regional Office advised Member States that pandemic responses should be informed by behavioural insights. Few Member States had the capacity, experience or tools to do this.

**Response**

In April 2020, the BCI and Risk Communication and Community Engagement (RCCE) units launched a BI survey tool, originally developed and shared by the University of Erfurt, Germany. Thirty countries/areas of the Region have used the tool – 18 of these with extensive technical support from BCI and country offices – for data collection, analysis, interpretation and reporting. Overall, BI data has been used by countries to:

- identify or document critical issues to address
- provide evidence to inform decisions on public health and social measures (PHSM)
- demonstrate transparency
- convene stakeholders
- inform cross-sector strategies.

A separate report on the outcome of the BI surveys in countries has been prepared and can be obtained from BCI.

**Case examples**

**Bulgaria and France**: documented mental health issues leading to comprehensive action.

**Denmark**: used insights to inform mask mandates.

**Georgia**: tailored action for minority populations.

**Republic of Moldova**: used insights to inform student vaccination campaign.

**Romania and Spain**: increased coordination and population trust related to school reopening.

**Serbia**: used insights to inform COVID-19 vaccination introduction strategy.

**Slovenia**: identified warning signs on essential health services, and increased transparency.

**Sweden**: used insights to inform policy decisions on COVID-19 vaccination for younger age groups.

**Ukraine**: used insights to inform a Facebook campaign on vaccination.
In-country BCI projects

Supported countries in setting up BCI units: Finland, Romania, Sweden, Wales (United Kingdom)

Challenge

Many countries are increasingly investing in gaining this understanding to achieve more evidence-informed, effective and people-centred policies and services, and an increasing number of countries are establishing dedicated units for this work. Some of these units reached out to BCI for guidance and support.

Response

Responding initially to a call for support from Romania, BCI supported the country in conducting a mapping of stakeholders and capacities for BCI in the country and developed terms of reference for a new unit based on extensive stakeholder interactions and engagement and interviews with national and international stakeholders. This process was used to develop generic regional considerations for other countries that planned to set up such units, including Finland, Sweden, Wales (United Kingdom).
In-country BCI projects

Secured funding and initiated an arts and health intervention for mothers experiencing post-partum depression in Denmark and Romania

Challenge
While there is encouraging evidence for the impact of arts interventions on health and well-being, more implementation research is needed, particularly in the central and eastern part of the Region.

Response
A funding application for a pilot project was submitted to the Nordic Culture Fund. This application was successful and BCI is now working with two countries (Denmark and Romania) to implement an arts and health intervention called “Music and Motherhood”. The intervention uses targeted group music sessions to help reduce symptoms of post-partum depression in mothers. Research protocols have been developed and submitted for ethical approval.

The outcome of the project will be an implementation toolkit, which will support other Member States (including Finland, Georgia, Germany and North Macedonia) who have expressed an interest in developing social prescribing as part of their health systems.
In-country BCI projects

Initiated evaluation of pandemic projects in Greece, Portugal and Romania

Challenge
During the pandemic, behavioural and cultural interventions that aimed to contain the virus through public support and adherence to PHSM have been rapidly applied, often with no evaluation plan in place.

Response
BCI is piloting a new evaluation framework and supporting countries in evaluating their efforts. This currently includes evaluating activities in three countries:

- a health worker training on vaccine communication in Greece;
- a project involving 5000 local “micro influencers” in Portugal tasked with disseminating trusted health-related COVID-19 information in the community;
- an online health worker information portal in Romania, designed to allow family physicians to better diagnose and treat COVID-19 patients at home, thereby reducing the pressure on local hospital resources.
In-country BCI projects

Developed country project ideas across many health areas

Challenge

BCI is a new, underexplored and underutilized field of science in health. Across health programmes and offices of the WHO European Region, there is great interest in applying and integrating BCI, yet little experience and knowledge of how this is done best.

Response

BCI has been meeting, brainstorming and discussing with colleagues in multiple WHO health programmes, geographically dispersed offices and country offices, to explore opportunities to work together and to integrate BCI approaches into their work with countries.

As part of this, BCI explored relevant evidence related to various health areas and developed concept notes and presentations to suggest opportunities for collaboration projects. Such interaction included the following programmes:

- Alcohol
- Antimicrobial Resistance
- Cancer
- Digital Health
- Environmental Health
- Healthy Ageing
- Mental Health
- Noncommunicable Disease Management
- Nutrition
- Road Safety
- Tobacco
- Vaccine-preventable Diseases and Immunization
- Emergencies:
  - Essential Health Services
  - PHSM
  - RCCE
- Country offices:
  - Republic of Moldova
  - Romania
The application of BCI for health is underexplored and underutilized in almost all of the Member States of the WHO European Region. Achieving the ambitions of the EPW to build a culture of health in which everyone is enabled to make healthy choices – in their daily lives and in the way they use health services – requires enhanced application of BCI across the Member States of the Region, as well as coordination, collaboration and sharing of new evidence and good practice.

By asking all Member States to appoint a BCI focal point, BCI is establishing a community as well as official liaison people for BCI in countries. Over the coming five years, the national BCI focal point will be regularly informed about and engaged in BCI activities, meetings and initiatives. An annual meeting will gather Member States and partners to review progress in the Region and share case examples, new evidence and collaboration opportunities.
Member States engagement

Established community of practice for BI survey enthusiasts

Challenge
While numerous stakeholders in multiple countries have collected BI data during the pandemic, many of these worked in parallel without opportunities to share and learn from each other.

Response
BCI established a community of practice (CoP) specifically for the teams that conduct BI surveys in countries to explore population perceptions, behaviours and well-being during the pandemic. Most of the community use the WHO BI survey tool for these surveys. This CoP was created as a platform where country researchers involved in BI surveys can meet and share experience on how they conduct the surveys nationally and then use the findings, as well as engage in relevant collaborative projects. The CoP meets regularly to share their findings and discuss challenges and solutions, and communicates regularly by email, including to invite community members to take part in new projects.
Challenge
The COVID-19 pandemic has made it clear that Member States do not have enough opportunities to liaise, share experiences and discuss solutions – even if they are addressing the same types of challenges. This was a key outcome of a high-level meeting on pandemic fatigue held by WHO in October 2020.

Response
BCI organized a series of Policy Forum meetings as a platform for dissemination of evidence related to maintaining COVID-19 response measures, public support and protective behaviours, and direct intercountry exchange, peer support and facilitated discussion through the lens of BCI. Five online meetings were held in 2020–2021; the meeting reports containing country examples were subsequently shared widely. Participants from close to 40 countries, including WHO country offices, joined along with partner organizations such as the European Centre for Disease Prevention and Control (ECDC), the European Commission, the Organisation for Economic Co-operation and Development (OECD) and the United Nations Children’s Fund (UNICEF). Topics covered during the five meetings include the following:

- community engagement
- vaccination
- health-care workers
- trust
- protective behaviours
- youth.
**Member States engagement**

**Coordinated regional network on measuring health literacy (M-POHL)**

- Inter-country cooperation for country impact
- New evidence

**Challenge**
Insufficient high-quality and internationally comparative data was available at country level to support evidence-informed political decisions and targeted practice interventions for health literacy.

**Response**
The WHO Action Network on Measuring Population and Organizational Health Literacy (M-POHL) was launched in 2018 under the umbrella of the European Health Information Initiative (EHII) with the aim of enhancing health literacy in the WHO European Region. BCI is coordinating this effort from the WHO side.

M-POHL has conducted a cross-national comparative regional survey of population health literacy with the aim of showcasing how different health literacy measures are distributed in the general population in the WHO European Region, and how they are associated with relevant determinants and health consequences in different countries. 17 countries participated. Results and recommendations for countries were presented at the side event on health literacy in the framework of BCI at RC71, followed by an international report and meeting of Member States.

BCI is now following up with a strategy and action plan for health literacy implementation research in countries.

**Country case examples**

**Denmark:** The National Board of Health is working on its own organizational health literacy.

**Germany:** Results of the previous wave of data collection initiated the development of a National Action Plan on Health Literacy (2018). New results will serve to enhance the policy.

**Israel:** The country is incorporating health literacy into clinical guidelines (e.g. on diabetes, etc.).

**Slovenia:** The government is proceeding with additional qualitative research focused on health literacy of patients with noncommunicable diseases, which will serve as a foundation for development of a strategy for health literacy improvement.
Member States engagement

Organized high-level event on pandemic fatigue

Challenge
Member States increasingly reported signs of pandemic fatigue in their populations, including demotivation to follow recommended protective behaviours, emerging gradually over time and affected by various emotions, experiences and perceptions.

Response
BCI reached out to Member States and invited them to a high-level meeting to discuss pandemic fatigue. To inform these discussions, BCI reviewed the evidence related to fatigue in a pandemic, reached out to countries for inspiring case examples and developed policy considerations. The meeting took place on 5 October 2020 and engaged high-level representatives from 34 Member States and partner organization such as the European Commission, ECDC, OECD and UNICEF.

At the meeting, Member States expressed a desire for more evidence and opportunities for direct intercountry exchange, peer support and facilitated discussion through the lens of behavioural and cultural insights. BCI has engaged in several follow-up activities related to these requests.
Member States engagement

Organized RC71 side event on health literacy and BCI

✓ Country support and engagement
✓ EPW implementation

Challenge
The resolution “Towards the implementation of health literacy initiatives through the life course” had been adopted in 2019. Follow-up on this resolution was required and had the potential to create awareness of the new BCI flagship.

Response
A side event with a focus on the new BCI flagship – illustrated through a case example on health literacy – was organized at RC71. The WHO Regional Director for Europe and the Regional Advisor for BCI introduced policy perspectives for this new area of work. Presentations from the co-hosting countries focused on: 1) collecting data (Russian Federation); 2) using data to inform action (Austria); and 3) action implementation (Portugal and Sweden).

The event was also a first step towards the next session of the Regional Committee in 2022, where a strategic regional implementation framework related to BCI work will be presented. The event was attended by over 150 participants, including representatives of ministries of health, partner organizations and experts, as well as those who followed the event online.
Challenge
As BCI for health is still underutilized across the Region, capacity-building at national level is urgently needed.

Response
BCI developed a set of online modules allowing technical staff from national ministries of health and institutes of public health to orient themselves with the field of BCI. The modules introduce the participants to a theoretical and evidence-based approach to health behaviour change; the individual, contextual and structural factors that affect health behaviours; and various research and monitoring and evaluation methods. The voice-over PowerPoint presentations, animated videos and expert talks are available on an online platform with options to engage in group work and discussion fora, and will be available in Russian and English.
Capacity-building

Established a BCI technical advisory group

✓ Expertise
✓ Evidence
✓ Interdisciplinarity

Challenge
The evidence on and implementation of BCI for health is complex and requires insights into fields as diverse as psychology, economics, cultural studies, anthropology, sociology and social studies, and methods covering qualitative and quantitative research and analysis. To oversee this multisectoral field of work, BCI needs support from leading experts.

Response
BCI has established a technical advisory group (TAG-BCI) with multidisciplinary expertise and experience related to many different areas of health. A call for applicants was launched, and a panel selected 16 TAG members using a set of criteria to ensure diversity in expertise, experience, cultural and geographical background, gender and more. The TAG-BCI will be consulted on BCI-related work, including an upcoming resolution and action framework on BCI, a BCI summer school, an annual report of the progress of BCI in the Region, and an annual meeting of Member States and partners related to BCI. They will also be invited to co-author joint publications and will be consulted on resource mobilization for BCI.
Evidence and guidance

Launched BCI-Hub as an online repository with evidence on BCI

Challenge
While there is strong evidence for the value of BCI for health, such evidence is scattered and not easily available for overview.

Response
BCI created a knowledge hub on behavioural and cultural insights, in collaboration with the WHO Collaborating Centre at the University of Exeter, United Kingdom. The BCI-Hub provides an online space where BCI evidence and materials are showcased, including policy briefs, frameworks, toolkits, synthesis reports, videos, case stories, podcasts, “information postcards” and more.

The BCI-Hub is intended to increase the profile of BCI, promote good practice among Member States, and help grow a community of practice around BCI. It fulfils the EPW pledge to create a resource centre for the emerging research on behavioural and cultural factors that affect health behaviour.

Visit the hub at www.BCI-Hub.org

Evidence and guidance

Developed policy considerations on setting up national BCI units

Challenge

Many countries are increasingly investing in gaining an understanding of people’s barriers and drivers to health, to achieve more evidence-informed, effective and people-centred policies and services, and an increasing number of countries are establishing dedicated units for this work. While an estimated 200+ such units exist globally, lessons learned and consideration on the establishment of such units have never been collected or shared in one document.

Response

BCI developed a document with considerations for countries that wish to establish a BCI unit for health. The document proposes eight considerations involved in setting up a BCI unit drawing on the experience of others who have set up such units in the past.

Understanding human behaviour and its cultural contexts can help ensure healthy behaviours in people’s daily lives and in the way they use health services. A dedicated BCI unit in a ministry of health, public health institute or other institution can drive implementation and enhance the impact of BCI.

The document is available at: www.who.int/europe/health-topics/behavioural-insights
Evidence and guidance

Launched policy considerations on pandemic fatigue

**Challenge**

Despite documented public support for pandemic response strategies, Member States increasingly report signs of pandemic fatigue in their populations, including demotivation to follow recommended protective behaviours, emerging gradually over time and affected by various emotions, experiences and perceptions.

**Response**

BCI developed policy considerations for strategies to maintain and reinvigorate public support to prevent COVID-19. Given the complex nature of pandemic fatigue, a multifactorial action plan was recommended with actions based on the barriers and drivers experienced by people and implemented across all levels of society.

Four key strategies were proposed, along with five cross-cutting principles and a quick list of concrete actions. Country case examples were included as inspiration.

The document gained overwhelming traction. For example:

- Spain developed a pandemic fatigue strategy based on the WHO/BCI framework.
- Wales (United Kingdom) reviewed all of their pandemic activities in light of our recommendations, and all policy memos were subsequently structured according to the strategies and principles proposed by WHO. As a result of their activities, the trust in Public Health Wales is very high.
- The European Union SHARP Joint Action project held a Member State meeting in April 2021 based solely on the WHO considerations.
Evidence and guidance

Launched policy considerations on health workers and COVID-19 vaccination

Challenge
It is well documented that health workers have a significant influence on public reactions to the COVID-19 vaccines. However, fully utilizing the power of health workers as positive influencers in the effort to introduce COVID-19 vaccination is complex, and research shows that health workers face many barriers related to vaccination of their patients and may have concerns about vaccination themselves.

Response
BCI and the Vaccine-preventable Diseases and Immunization programme (VPI) developed a document with considerations on how Member States can support and empower health workers. The document was intended for use by governments, health authorities, and others involved in the COVID-19 vaccination rollout.

The document proposed five key strategies to empower health workers to help ensure successful COVID-19 vaccination uptake, each with five action points, and offers 20 activity examples as inspiration.

Drawing on extensive literature and findings from country research, the document proposes multifactorial actions that place health workers at the centre within the context of existing pandemic and COVID-19 vaccination plans.
Evidence and guidance

Developed new evaluation framework: evaluation of pandemic BCI projects

Challenge
During the pandemic, behavioural and cultural interventions that aimed to contain the virus through public support and adherence to PHSM have been rapidly applied, often with no evaluation plan in place.

Response
To address the problem of evaluating the effectiveness and sustainability of such interventions, BCI developed an evaluation framework that draws upon best practices from evaluating complex socioeconomic or health programmes and policies. Recognizing that interventions themselves can incur unintended positive and negative impacts, the evaluation framework includes a focus on the intervention’s broader effects, in terms of well-being, social cohesion and trust.

To pilot this framework and to assist countries in evaluating their efforts, BCI supports the evaluation of activities in Greece, Romania and Portugal.
Evidence and guidance

Developed tool for qualitative research on COVID-19 vaccination

Challenge
Health workers have a significant influence on public reactions to the COVID-19 vaccines; however, many health workers face barriers in relation to vaccination and may have concerns about vaccination themselves. Without understanding and addressing these barriers, efforts to roll out COVID-19 vaccines with a high uptake among health workers and the general public may be ineffective.

Response
VPI and BCI developed a standard protocol for qualitative research with health workers, which VPI has subsequently further developed and used for multiple qualitative research projects across 13 countries. The purpose of the research is to obtain context-specific insight into barriers and enablers to vaccination for health workers, in terms of delivering a vaccine and being vaccinated themselves. Such research clarifies system support and information needs for health workers, and thus helps in developing policies and programmes.
Evidence and guidance

Conducted BI data cross-country analysis across health areas

✓ New data, new evidence
✓ Cross-programmatic collaboration

Challenge
Many WHO technical programmes lack evidence of population perspectives related to their technical field from during the pandemic. Cross-country analysis allows for understanding of how the pandemic affected critical health issues.

Response
Individual programmes have asked for analysis of data related to their field. BCI has worked with the Regional Office health programmes to offer this analysis, and created in-depth reports related to:

- antibiotics use
- essential health services
- health literacy
- mental health and well-being
- trust
- vaccination.

Individual programmes used this data in their publications or reports. For example:

- Papers are being published regarding essential health services in Bosnia and Herzegovina.
- The Control of Antimicrobial Resistance programme used the data for their messages and products during World Antimicrobial Awareness Week 2021.
- BI data was integrated into several sections of the European Health Report 2021.
- Data analysis related to health literacy was presented at a side event during RC71 and will now be used by BCI to develop policy considerations for countries, including actions for increased health literacy.
Evidence and guidance

Initiated regional action framework and resolution for RC72

Challenge

Despite evidence for the potential transforming impact of applying BCI in health, this remains underexplored and underutilized. There is a need for more substantial evidence through documentation of country implementation and impact, and for investment cases demonstrating cost-effectiveness. This requires enhanced collaboration, as well as advocacy and joint commitments and targets.

Response

To further implement the BCI flagship initiative, a resolution on a regional action framework for BCI (for 2022-2027) will be presented at RC72 in September 2022. The action framework is being developed by BCI with the active engagement of Member States and a large group of partners. It outlines the vision, impact goals, core principles, strategic priorities, and suggested actions. It will lay the foundation for an annual report and meeting regarding the progress in the Region towards agreed commitments and targets.

Member State engagement

To ensure Member State engagement, BCI:
- requested each Member State to officially nominate a BCI focal point;
- launched an online survey on current BCI-related activities in Member States;
- invited all focal points to Member State meetings;
- initiated two working groups with volunteers among these focal points to engage more closely in the document development process.

Partner engagement

To ensure partner engagement, BCI:
- met individually with 14 international organizations and non-state actors (ECDC; Euro Health Net; European Commission; European Public Health Association (EUPHA); Food and Agriculture Organization of the United Nations (FAO); International Federation of Red Cross and Red Crescent Societies (IFRC); OECD; Save the Children; UNICEF; United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO); United Nations Innovations Network; WHO head quarters; World Bank);
- organized a joint partner meeting to discuss their involvement and commitment;
- invited partners as observers to Member States meetings.
Challenge
The COVID-19 infodemic is generally assumed to be a modern-day health challenge. That is because there is insufficient knowledge about the historical contexts of infodemics in general.

Response
A broad historically based Health Evidence Network (HEN) synthesis report will examine how information, misinformation and disinformation were spread and managed during previous pandemics and global outbreaks, allowing policy consideration to be made which can help tackle the infodemic challenge in the WHO European Region. Two world-leading historians in this area, professors Nancy Tomes and Manon Parry, have been commissioned to write the report. With this HEN report, BCI is contributing to an implementation guidance document on “Operationalizing infodemic management within risk communication and community engagement in the WHO European Region”.

Initiated evidence report on the history of infodemics
Evidence and guidance

Initiated evidence report on knowledge translation

**Challenge**
Translation of insights into evidence-informed policy is a key BCI-related challenge. Better understanding of this process, the influences on it and the ways to overcome barriers are needed.

**Response**
Addressing a part of this challenge, BCI and the Division of Country Health Policies and Systems (CPS) have developed a HEN report on the behavioural and cultural contexts of knowledge translation. Knowledge translation is the process through which insights are actively used to inform and shape health policies, service delivery and health promotion. Proper knowledge translation is necessary for behavioural and cultural insights to create value at country level and will be a key issue for BCI. The HEN report examines the ways in which cultural contexts influence the knowledge translation process for health decision-making and sets out the implications for policy and practice. The report was developed in repose to a request from Member States and is a first-of-its-kind evidence synthesis on this question.
Evidence and guidance

Initiated evidence report on waste management

Challenge
Managing the increasing amount and complexity of municipal solid waste poses a growing challenge to the entire WHO European Region, with serious implications for human health and well-being. Addressing this requires moving beyond technical innovations to better understand and integrate a wide range of factors, including cultural contexts.

Response
BCI and the WHO European Centre for Environment and Health have developed a HEN report which systematically engages with the role of culture in waste management practices, examining how cultural and behavioural contexts foster or undermine the conditions for health and well-being. The evidence from the report provides a sound basis for strengthening existing policy frameworks and identifying areas in which culture can be a driver for improved policies that are supported by all stakeholders. The global author team is composed of experts from Canada, Germany, the Russian Federation and the United Kingdom.
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
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands (Kingdom of the)
North Macedonia
Norway

Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
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Ukraine
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