Advancing behavioural and cultural insights for health through engagement with experts

Report of the meeting of the Technical Advisory Group on Behavioural and Cultural Insights
Copenhagen, Denmark, 8–9 February 2024
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Abstract

The second in-person meeting of the Technical Advisory Group on Behavioural and Cultural Insights (TAG-BCI) was convened in Copenhagen, Denmark, on 8–9 February 2024. The TAG-BCI and the Behavioural and Cultural Insights (BCI) Unit at the WHO Regional Office for Europe discussed how to advance the value and contribution of the TAG-BCI to the BCI flagship, with a view to increasing the use of BCI for health in the Region in line with the Resolution: European regional action framework for behavioural and cultural insights for equitable health, 2022–2027 and Member State needs. This report presents the main highlights from the discussions.

Keywords

HEALTH BEHAVIOR
CULTURE
PUBLIC HEALTH
CAPACITY BUILDING

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This publication contains the report of the second in-person meeting of the Technical Advisory Group on Behavioural and Cultural Insights held in Copenhagen, Denmark, on 8–9 February 2024, and does not necessarily represent the decisions or policies of WHO.

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## Abbreviations

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<th>Acronym</th>
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<tr>
<td>BCI</td>
<td>behavioural and cultural insights</td>
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<td>TAG-BCI</td>
<td>Technical Advisory Group on Behavioural and Cultural Insights</td>
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<td>THP</td>
<td>Tailoring Health Programmes</td>
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Meeting overview

The Technical Advisory Group on Behavioural and Cultural Insights (TAG-BCI) gathered for its sixth meeting (second face-to-face meeting) on 8–9 February 2024 in Copenhagen, Denmark. A list of meeting participants can be found in Annex 1.

Established in 2022 by the WHO Regional Office for Europe (the Regional Office), the TAG-BCI provides expert advice and support to the Behavioural and Cultural Insights (BCI) Unit (1). The BCI Unit at the Regional Office is a flagship initiative of the WHO European Programme of Work 2020–2025 – “United Action for Better Health in Europe” (2). The BCI Unit leads efforts, advances evidence and provides technical guidance to Member States in this field.

The main aim of the meeting was to advance the value and contribution of the TAG-BCI to the Regional Office’s BCI flagship with a view to increasing the use of BCI for health in the Region in line with the Resolution: European regional action framework for behavioural and cultural insights for equitable health, 2022–2027 (BCI resolution) and Member State needs. The group discussed highlights from the BCI Unit’s work in 2023, including outcomes from the WHO regional meeting on BCI for health (12–14 September 2023) and the status of BCI use in the European Region, based on Member States’ reporting (3) and an interview study (4) with BCI focal points in Member States. Discussions highlighted past and future collaboration with TAG-BCI members across priority topic areas, support for in-country projects, and ways in which the TAG-BCI can provide support to these in line with the BCI-related regional and global resolutions (5, 6) and Member State needs (7). The programme also included a presentation on the strategic priorities of the Regional Office and an overview of the Youth4Health initiative. The meeting programme is shown in Annex 2.

The Regional Office’s colleagues from the Special Initiative on Noncommunicable Diseases and Innovations and the Youth4Health initiative took part in relevant sessions of the meeting. A representative from the Youth4Health Network joined the meeting as an observer.

Programme and discussions overview

The Regional Office’s strategic priorities and current work

Robb Butler, Director of the Division of Communicable Diseases, Environment and Health, presented the main strategic priorities of the Regional Office, illustrated through examples of activities across health areas and with a focus on the added value brought by BCI.

Hilaire Armstrong, Technical Officer, Youth Initiative, shared an overview of the Regional Office’s Youth4Health initiative. This included background about the inaugural Youth4Health forum in Tirana in 2022 and the launch of the Youth4Health Network in 2023 (8). The Youth Initiative team at the Regional Office is now following up with the commitments from Tirana (9), and shared with the TAG-BCI the opportunities for engagement with young people and the Regional Office, including developing joint publications, youth involvement leading up to and during WHO and high-level ministerial events, and youth participation in decision-making processes. The discussion also focused on the variability of the definition of “youth” in different regions and countries, and by different organizations.

The discussion concluded with the following action points:

• TAG-BCI members to consider advocating integration of BCI across various thematic areas of health.
• TAG-BCI members to consider disseminating among interested peers information about the Youth4Health initiative and how to join the Youth4Health Network.
Highlights from the BCI Unit’s work in 2023 and collaboration with TAG-BCI

The presentation highlighted a significant number of in-country projects undertaken by the BCI Unit, including with the use of the Tailoring Health Programmes (THP) approach (10), and supported by TAG-BCI members, as well as progress in establishing a regional Community of Practice with Member States, capacity-building initiatives and several BCI-related guidance documents.

The discussion included the following points:

- TAG-BCI members voiced appreciation of the extent of the BCI Unit’s work with limited resources and see value in receiving the Unit’s monthly reports.
- The BCI Unit expressed gratitude for TAG-BCI members’ engagement in reviewing study materials, but short deadlines pose challenges for TAG-BCI members.
- TAG-BCI discussed involving academics in continuing in-country project work, with collaboration opportunities with WHO, including with the aim of supporting the sustainability of in-country work and scaling up BCI efforts within countries. In this context, meeting participants discussed how the working modalities of WHO and academia may differ due to, for example, WHO requirements and the need to align with many different stakeholders at national, regional and global levels.
- The BCI Unit and TAG-BCI agreed on the need to increase awareness and integration of BCI in various projects and initiatives. This may include advocacy efforts focusing on engaging with governments and promoting advocacy skills for BCI champions at various levels.

The discussion concluded with the following action point:

- BCI Unit to continue sharing its monthly reports with TAG-BCI.

BCI regional status: overview of the BCI reporting results and BCI regional meeting outcomes

The presentation highlighted the outcomes of the regional meeting on BCI for health (12–14 September 2023) (7), as well as of the status of BCI use in the Region based on Member States’ reporting (3) and an interview study conducted with BCI focal points (4). Concrete requests voiced to WHO relate to establishing platforms for country exchange and collaboration; increased regional visibility and advocacy for BCI, thereby supporting in-country efforts; training opportunities across various BCI-related topics and levels of expertise; operationalization of assessing and addressing the cultural context of health behaviours (“the C in BCI”); and clarification of synergies and relations between BCI and health literacy.

The discussion included the following points:

- Meeting participants deliberated on the roles and responsibilities of the BCI Unit within the context of the Region: advocating for BCI and support for advancing BCI, as well as highlighting the importance of considering the regional context, its diversity and its implications for implementing BCI initiatives effectively.
- Meeting participants discussed the importance of implementing strategies to persuade decision-makers to support BCI initiatives, as requested by Member States. This involves applying BCI to influence policy-makers’ behaviours, emphasizing the importance of high-quality work grounded in scientific approaches, including policy briefs, measuring public support, and demonstrating the impact of behavioural change interventions through case studies and good practices collation.

The discussion concluded with the following action point:

- BCI Unit to share relevant concept notes (e.g., on health literacy in the context of BCI), for TAG-BCI review.
BCI visibility and advancing the use of BCI for health

The session explored how the TAG-BCI can contribute to advancing the use of BCI for health through visibility and advocacy efforts in line with a request from Member States, including raising awareness among decision-makers, collaborating with various stakeholders and serving public health objectives. The BCI Unit shared practices in communicating with different audiences through multiple channels, which have been scaled up since the regional meeting and the request from Member States.

The discussion included the following points:

• Meeting participants recognized the need to identify thought leaders who can help promote BCI across thematic areas (e.g., social sciences, health promotion), and discussed ways in which TAG-BCI members can amplify BCI content using various external channels including press releases, social media platforms, blogs, websites, meetings, conferences, webinars, videos and podcasts.
• Meeting participants discussed the need for strategies to engage youth in BCI initiatives and adapt communication approaches for different age groups.
• Meeting participants discussed evaluation of communication efforts and strategies, including resource allocation, engagement metrics and targeting the right channels to reach relevant stakeholders.

The discussion concluded with the following action points:

• BCI Unit to share communications initiatives with TAG-BCI members via email and TAG-BCI members to help amplify BCI Unit outputs, including through posting and reposting in their networks (and among thought leaders, as relevant).
• TAG-BCI members to contribute to BCI facts bank (one data point per member).
• TAG-BCI members to use #BCI in disseminating BCI-relevant content on social media.
• TAG-BCI members to share their work for inclusion in the online BCI-Hub (11).
• TAG-BCI members to share relevant work they do with the BCI Unit to explore opportunities for wider application.
• BCI Unit to engage TAG-BCI members as speakers at webinars and BCI Community of Practice meetings and TAG-BCI members to suggest topics they would like to engage on.
• TAG-BCI members to invite BCI Unit to contribute to regional events and conferences that target relevant audiences.
• TAG-BCI members to include links and references to the WHO BCI website (1) and BCI Hub on the relevant websites to which TAG-BCI members contribute.

BCI-related capacity-building activities

The session explored how the TAG-BCI can support the BCI Unit in addressing a request from Member States for capacity-building. The BCI Unit shared experiences and examples with various types of training targeting public health staff involved in coordinating and delivering BCI initiatives to build a basic understanding of BCI for health. BCI capacity-building modalities are presented under the LEARN BCI umbrella and include in-person and online regional and in-country trainings, as well as contributions to trainings organized by external partners or WHO programmes.

The discussion included the following points:

• Looking ahead, a strong emphasis on expanding training opportunities was highlighted by the BCU Unit, including offering LEARN BCI online training (12) more regularly in English and Russian languages, increasing in-country and regional training, and engaging TAG-BCI members to enhance BCI training initiatives.
• TAG-BCI expressed a shared interest in capacity-building efforts focusing on health-care system transformation, influencing systemic decisions and leveraging untapped opportunities within the BCI movement, including initiatives in university curricula, health literacy, and social and behavioural sciences training.
• Meeting participants discussed considering existing educational offerings such as public health and health promotion summer schools to create referrals to the basics of BCI-related approaches.
• TAG-BCI discussed incorporating perspectives of patient organizations, health-care workers and civil society to develop LEARN BCI further.
• TAG-BCI discussed considering opportunities to incorporate other models and frameworks into BCI work, including for more advanced capacity-building efforts such as the settings approach and intervention mapping for BCI capacity-building efforts.
• TAG-BCI discussed the importance of recognizing capability limits after brief capacity-building sessions; the intention of brief training being to generate excitement rather than fully equipping participants with all necessary skills. In this context, a suggestion was shared that a LEARN BCI annotation should be included to suggest elements and disciplines people need to work on to implement effective BCI projects further.
• TAG-BCI expressed interest in defining and measuring capacity and exploring existing tools to comprehensively evaluate capacity-building efforts.

The discussion concluded with the following action points:
• BCI Unit to consider involving TAG-BCI members in BCI training sessions to co-present or design or to observe and provide feedback on capacity-building activities.
• TAG-BCI members to help develop advanced BCI modules for LEARN BCI (e.g., theoretical models and how they can be applied, cultural context).
• TAG-BCI members to support the BCI Unit in exploring ways to evaluate outcomes of BCI Unit capacity-building efforts.
• BCI Unit to share LEARN BCI short video-explainers to be used by TAG-BCI members, upon request from TAG-BCI members.
• BCI Unit to consider TAG-BCI members’ suggestions for training opportunities for the BCI Unit to contribute to or for Members States to attend, including conferences, summer schools and university courses.
• BCI Unit to consider TAG-BCI members’ suggestions for future training contributions.

Culture in the context of BCI

At the regional meeting on BCI, country representatives highlighted the importance of culture in the context of behaviour, and encouraged the BCI Unit to elaborate on this conceptually and to produce an action-oriented framework that would operationalise it. The session explored how TAG-BCI can support this process with reference to the Regional Office’s THP approach (10) developed as a process for addressing behaviours and drawing on a previous Regional Office’s publication (13).

The discussion included the following points:
• Despite broad acknowledgement of the importance of culture in relation to behaviour, conceptual challenges remain with regard to integrating culture into existing frameworks for intervention development. And although efforts were made to include cultural considerations in the THP guide, concrete tools, methods and approaches are still lacking.
• TAG-BCI members deliberated about emphasizing culture as an enabler rather than a barrier and as a context rather than a determinant in order to 1) highlight the salutogenic and dynamic dimensions of culture and 2) explore innovative ways to adapt cultural elements.
• When conceptualizing culture, TAG-BCI members suggested utilizing intervention mapping, socio-ecological approaches and the concept of the exposome as well as cross-cultural psychology for inspiration.

The discussion concluded with the following action point:
• BCI Unit to set up a working group within the TAG-BCI on culture and health behaviours to develop concepts and tools as an addendum to the THP Guide. The working group will include a broad representation of expertise from across the TAG-BCI, including in both culture and behaviour.
Null effects of communications on behavioural intentions – where next?

The BCI Unit presented the results from two recent survey experiments in Georgia and Kyrgyzstan testing health communication materials. The aim of the session was to engage TAG-BCI members in a discussion on the role of such communication materials in enabling, supporting and promoting health behaviours: where they work, why and how.

The discussion included the following points:

- TAG-BCI complimented the team for the background work in crafting messages tailored to local contexts and drawing in behavioural science theory.
- Meeting participants discussed the role of communication materials in supporting and enabling health behaviours, agreeing that stand-alone poster/communication interventions may not be effective. Often there is a need for a systems approach, including engaging with stakeholders and via multiple channels.
- TAG-BCI noted that successful communications interventions should apply well-known communication principles and mentioned context-specific evidence gaps in designing effective campaigns.
- Meeting participants discussed the need to communicate what can and cannot be achieved through campaigns and to consider what are realistic outcomes from such communications initiatives, e.g., to address key beliefs and misperceptions, and set the agenda and “normalize” a behaviour instead of expecting campaigns to change behaviour.
- TAG-BCI highlighted the importance of validation of instruments for measuring behavioural intention, of carefully selecting outcome measures, e.g., measuring other outcomes along the behaviour change continuum (e.g., awareness, understanding, acceptance, specific beliefs, knowledge, capacities, support); as well as the importance of prerequisites for successful communication campaign trials/experiments, such as adequate sample size, etc.

Summary of discussions

TAG-BCI members acknowledged the extent of work accomplished by the BCI Unit, given limited resources, and expressed gratitude for the meeting. They appreciated discussion topics and reaching a level of comfort and trust that has grown through engagement and bridging across disciplines.

TAG-BCI proposed continuing the discussions through one or two online meetings per year and topic-specific meetings, and suggested connection between TAG-BCI members and the BCI Unit to continue beyond the meeting and the current TAG-BCI’s appointment timeline.

Discussing the next iteration of TAG-BCI, the members suggested including experts in technology development and increasing the duration of the appointment of TAG-BCI members.

Next steps and actions for BCI Unit and TAG-BCI

TAG-BCI functioning and further collaborations

- BCI Unit to explore a way for connection with and between TAG-BCI members (e.g., WhatsApp group).
- BCI Unit to plan for online meetings in 2024 for sub-groups/specific topics, as well as to catch up with TAG and to wrap up collaborations before a new TAG-BCI is established.
- BCI Unit to continue sharing its monthly reports with TAG-BCI.
- BCI Unit to share relevant concept notes (e.g., on health literacy in the context of BCI), for TAG-BCI review.
- BCI Unit to proceed with the new open call for experts to form a new iteration of the TAG-BCI, taking into consideration suggestions from the TAG-BCI on the profiles and duration of the appointment.
BCI visibility and advocacy

- TAG-BCI members to consider advocating integration of BCI across various thematic areas of health.
- BCI Unit to share communications initiatives with TAG-BCI members via email and TAG-BCI members to help amplify BCI Unit outputs, including through posting and reposting in their networks (and among thought leaders, as relevant).
- TAG-BCI members to contribute to BCI facts bank (one data point per member).
- TAG-BCI members to use #BCI in disseminating BCI-relevant content on social media.
- TAG-BCI members to share their work for inclusion in the online BCI-Hub.
- TAG-BCI members to contribute to BCI facts bank (one data point per member).
- BCI Unit to engage TAG-BCI members as speakers at webinars and BCI Community of Practice meetings, and TAG-BCI members to suggest topics they would like to engage on.
- TAG-BCI members to invite BCI Unit to contribute to regional events and conferences that target relevant audiences.
- TAG-BCI members to include links and references to the WHO BCI website and BCI Hub on the relevant websites to which TAG-BCI members contribute.
- TAG-BCI members to consider disseminating among interested peers information about the Youth4Health initiative and how to join the Youth4Health Network.

Capacity-building in BCI

- BCI Unit to consider involving TAG-BCI members in BCI training sessions to co-present or design or to observe and provide feedback on capacity-building activities.
- TAG-BCI members to help develop advanced BCI modules for LEARN BCI (e.g., theoretical models and how they can be applied, cultural context).
- TAG-BCI members to support the BCI Unit in exploring ways to evaluate outcomes of BCI Unit capacity-building efforts.
- BCI Unit to share LEARN BCI short video-explainers to be used by TAG-BCI members, upon request from TAG-BCI members.
- BCI Unit to consider TAG-BCI members’ suggestions for training opportunities for the BCI Unit to contribute to or for Members States to attend, including conferences, summer schools and university courses.
- BCI Unit to consider TAG-BCI members’ suggestions for future training contributions.

Culture in the context of BCI

- BCI Unit to set up a working group within the TAG-BCI on culture and health behaviours to develop concepts and tools as an addendum to the THP Guide. The working group will include a broad representation of expertise from across the TAG-BCI, including in both culture and behaviour.
References


10. 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; 2022 (https://iris.who.int/handle/10665/367041).


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1 All references accessed 4 April 2024.
Annex 1. List of participants

TAG-BCI

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Marie Wolf
Communications Officer, Youth4Health Initiative
Annex 2. Meeting programme

Day 1
Thursday, 8 February

12:30–13:00 (CET) Arrival at UN city and Registration
Welcome coffee and snacks

13:00 Opening
13:00–13:20 Welcome by Chair and Vice-chair (Diane Levin-Zamir and Robert Böhm)
Purpose and expected outcomes of the meeting
Welcome by WHO Secretariat (Katrine Bach Habersaat and Anastasia Koylyu)
Housekeeping remarks

13:20–4:35 Session 1. Round the table: TAG-BCI members
Round the table facilitated by chairs

14:35–15:20 Session 2. Meeting with Robb Butler: WHO Regional Office for Europe’s strategic priorities and current work
Presentation by Robb Butler, Director of the Division of Communicable Diseases, Environment and Health
Discussion facilitated by chairs

15:20–15:25 Introduction to the WHO Youth4Health Initiative
Intervention by Hilaire Armstrong

15:25–16:00 Healthy break and group photo

16:00–18:00 Session 3. Highlights from the BCI Unit’s work in 2023, collaboration with the TAG-BCI and BCI regional status: overview of the BCI reporting results and BCI regional meeting outcomes
Presentation by WHO Secretariat (Katrine Bach Habersaat)
Reflections facilitated by chairs

Day 2
Friday, 9 February

08:30–09:00 Arrival at UN city
Welcome coffee

09:00–10:20 Session 4. BCI visibility and advancing the use of BCI for health
Presentation by WHO Secretariat (Katrine Bach Habersaat and Svenja Roy)
Discussion facilitated by chairs

10:20–10:50 Healthy break

10:50–11:50 Session 5. BCI-related capacity-building activities
Presentation by WHO Secretariat (Katrine Bach Habersaat and Vee Snijders)
Discussion facilitated by chairs
11:50–12:40  **Session 6. Establishing a working group on culture in the context of BCI**  *Plenary presentation and discussion facilitated by WHO Secretariat (Katrine Bach Habersaat and Nils Fietje)*

12:40–13:40  **Lunch**

13:40–14:30  **Session 7. Null effects of communications on behavioural intentions – where next?**  *Plenary presentation and discussion facilitated by WHO Secretariat (Anastasia Koylyu, Tiina Likki and Vee Snijders)*

14:30–15:00  **Session 8. Summary and concluding remarks**  *Facilitated by chairs and WHO Secretariat*  
Follow-up on the discussions and concluding remarks.  
Any other business

15:00  **Closure of the meeting**

15:00–15:30  **Informal follow-up**
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.

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