World Health Organization

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Behavioural sciences for better health initiative

Report by the Director-General

BACKGROUND

1. Health-related behaviours at the individual, community and national levels are essential to achieving desired health outcomes. The behaviours of health workers and those with a role in health systems also need to be understood and addressed in order to achieve better health outcomes. The Secretariat and Member States cannot achieve the ambitious goal of transforming global health and the health of more than 7 billion people without a clear understanding of people's health-related behaviours.[1] Throughout the history of the Organization, the Secretariat has applied social and behavioural sciences to its work and in support of Member States. As the seventy-fifth anniversary of the establishment of WHO approaches, as the world emerges from the most serious pandemic in a century, and as the field of behavioural sciences matures and yields important data and findings, it is time for the Organization and Member States to further strengthen this area as a key tool for driving impact at the individual, community, country, regional and global levels.

2. Behavioural sciences focus on understanding why specific behaviours and decision-making processes occur. The empirical evidence gathered on health-related behaviours can therefore be used to design either behaviourally informed interventions that seek to change health-related behaviours or behaviourally informed policies that create enabling environments and improve the delivery of people-centered health services, making them more accessible, acceptable and convenient.

3. Behavioural sciences investigate the drivers of and barriers to health-related behaviours that operate in a specific context at the cognitive, social and environmental levels. They frequently interact with the social determinants of health, as demonstrated, for example, by the evidence that poverty can impede cognitive function and therefore lead to poor decision-making.[2] The role of health literacy in the adoption of health-related behaviours is also well documented in the scientific literature of the previous three decades and needs to be considered in the context of interventions centred on social and behavioural change.

4. Non-medical factors that influence health-related outcomes and operate at different levels are the subject of an active research community. Social sciences, for example, investigate the social determinants of health, which include the conditions in which people are born, grow, work, live and age, as well as the wider set of forces and systems shaping the conditions of daily life and health outcomes. However, the distinction and relationship between wider determinants operating at the societal and economic levels and behavioural factors affecting people's health-related decision-making in smaller

[1] Tedros Adhanom Ghebreyesus, Using behavioural science for better health, Bull World Health Organ 2021;99:755 (/http://dx.doi.org/10.2471/BLT.21.287387, accessed 22 March 2022).

[2] Mani A, Mullainathan S, Shafir E and Zhao J. Poverty impedes cognitive function. Science. 2013;341(6149):976–80. doi:10.1126/science.1238041.

and more specific contexts is not well documented, in spite of the fact that both perspectives are complementary and necessary to achieve better health outcomes and reduce inequities.

5. Applied behavioural sciences draw on a variety of disciplines such as psychology, cognitive science, sociology, anthropology, behavioural economics, and marketing. The methodological toolbox for studying behaviour contains a wide range of options depending on the theoretical lens applied, the particular behaviour of interest and the specific research question (whether it involves understanding the causes of a particular behaviour, or how people might react to a public health initiative). The options include quantitative and qualitative methods in the form of experiments, randomized controlled trials, surveys, participant observation, in-depth interviews or focus groups.

6. Behavioural science theory and interventions have increasingly been used in public policy over the past 10 years. For example, in the year 2021, the United Nations Secretary-General issued a guidance note on behavioural science[1] and made behavioural science one of the pillars of the UN 2.0 Quintet of Change initiative[2] on accelerating transformation across the organizations of the United Nations system. In the year 2018, OECD mapped more than 200 entities around the world that apply behavioural sciences in support of public policies.[3]

IMPROVING THE INTEGRATION OF BEHAVIOURAL SCIENCES INTO THE WORK OF THE SECRETARIAT AND MEMBER STATES

7. WHO has integrated approaches from social and behavioural sciences into a number of public health areas at the global and regional levels, including HIV, tuberculosis, hepatitis, sexual and reproductive health and rights, adolescent health, immunization, neglected tropical diseases, noncommunicable diseases, health promotion, emergencies, antimicrobial resistance, violence and injury prevention, and brain health. Examples include the integration of behavioural sciences into interventions on the prevention and management of alcohol and drug use, as well as HIV interventions targeting the behaviours of health workers that can prevent key populations from accessing health services, and behavioural data on values and preferences that determine which services are needed and how they can best be delivered to people living with HIV.

8. In public health, behavioural science theory and methods are particularly helpful for the practical implementation of strategies and policies targeting context-specific behaviours and to evaluate and measure the effect of interventions in specific contexts. Although behaviours can be influenced through a variety of policies, interventions and communications, behavioural science theory is still underused in public health. Ineffective behavioural change techniques continue to be used, while those that are effective are not used or are difficult to replicate because practitioners and researchers often do not capture, describe or understand their mechanisms of action. Addressing these and other challenges

[1] United Nations Secretary-General. Behavioural science: guidance note. Secretary-General's guidance on behavioural science. United Nations; 2021 (https://www.un.org/en/content/behaviouralscience/assets/pdf/UN%20Secretary-General's%20Guidance%20on%20Behavioural%20Science.pdf, accessed 10 March 2022).

[2] UN 2.0 Quintet of Change. United Nations; 2021 (https://www.un.org/sites/un2.un.org/files/un_2.0_-_quintet_of_change.pdf, accessed 10 March 2022).

[3] For further information, see the OECD webpage on behavioural insights (https://www.oecd.org/gov/regulatory-policy/behavioural-insights.htm, accessed 10 March 2022).

requires further research, investment, capacity-building, and improved collaboration between public health experts and behavioural scientists.[1]

9. In the course of the pandemic of coronavirus disease (COVID-19), governments found themselves having to persuade entire countries to accept, adopt and maintain new behaviours; understand and believe in rapidly evolving scientific information; and trust newly developed vaccines or navigate vaccine delivery systems that were at times complicated and unequitable. Few countries had the installed capacity for collecting social and behavioural data from the population to inform their policies, risk communication strategies and interventions. WHO responded to such needs in many different ways; one example is through the creation of tools to expedite the collection of data on social and behavioural insights, such as the WHO tool for behavioural insights on COVID-19 developed by the Regional Office for Europe, and the social and behavioural insights COVID-19 data collection tool for Africa developed by the Regional Office for Africa. Following the launch of the latter, 29 Member States of the African Region expressed an interest in using the tool and requested support from the Secretariat. Similar tools have been developed in the Eastern Mediterranean and Western Pacific regions.

10. Behavioural sciences can be mainstreamed across most public health issues and functions, and help to accelerate the achievement of the Sustainable Development Goals and WHO's global and regional programmes of work. They can also contribute to health promotion strategies and implementation frameworks that address the social determinants of health, as well as to WHO's triple billion targets. In the light of the increasing number of requests from Member States for technical support for the application of behavioural sciences to public health, the Secretariat has created a dedicated initiative.

BEHAVIOURAL SCIENCES FOR BETTER HEALTH INITIATIVE

11. An initiative to mainstream and increase the use of behavioural sciences at WHO was launched by the Director-General at the end of the year 2019. The urgent need for action and rapid learning in this field led to the creation and "incubation" of a cross-cutting, multidisciplinary, demand-driven behavioural science function at WHO headquarters. The objectives of the incubation initiative were to test the concept of a behavioural science function within WHO in support of Member States and to assess demand and capacity within WHO for mainstreaming and scaling up the application of behavioural sciences. This learning process through incubation was considered fundamental prior to the establishment of a permanent behavioural insights unit at WHO headquarters in the year 2022.

12. The incubation period is organized around five workstreams:

- strategy and normative guidance
- testing approaches and piloting projects
- technical assistance and capacity-building
- knowledge sharing
- positioning and partnerships

[1] Altieri E, Grove J, Lawe Davies O, Bach Habersaat K, Okeibunor J, Samhouri D, et al. Harnessing the power of behavioural science to improve health. Bulletin of the World Health Organization. Geneva: World Health Organization; 2021 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8542273/pdf/BLT.21.287375.pdf, accessed 10 March 2022).

13. The behavioural sciences for better health initiative established at WHO headquarters was accompanied by similar and aligned efforts by the Regional Office for Europe, which created the behavioural and cultural insights flagship programme, and the Regional Office for the Western Pacific, which integrated a behavioural insights function into its Communication For Health (C4H) programme.

14. The Technical Advisory Group on Behavioural Insights and Sciences for Health provides strategic advice on and direction to the initiative, as well as to WHO technical teams and pilot projects implemented by Member States.

ACTIVITIES AND ACHIEVEMENTS

Strategy and normative guidance

15. The initiative functions as the secretariat of the Technical Advisory Group, channeling requests for expert advice and coordinating the production and dissemination of strategic insights. The Technical Advisory Group has issued several publications[1] and outlined six principles and five steps for the application of behavioural and social sciences, which are reflected in a technical note[2] that guides the work under the initiative and, in particular, the testing of approaches and pilots. It has advised directly four technical teams on the application of behavioural sciences to their specific subjects and produced a road map with recommendations for internal use.

16. Under this workstream, current use of, demand for and needs related to behavioural sciences in public health have been evaluated. In 2020, the Secretariat commissioned an external assessment of WHO publications between 2015 and 2020. In 2021, a behavioural science global survey was conducted among WHO staff members, with a total of 1256 respondents from headquarters, and regional and country offices. The assessment found that approximately 75% of WHO documents include keywords related to behavioural sciences but that only 30% contain a prominent application of behavioural insights and concluded that behavioural sciences should be given more explicit and thorough consideration in order to contribute to health policies and programmes.

Testing approaches and piloting projects

17. A number of approaches and methods to integrate behavioural sciences into different types of operations have been piloted under the initiative. Following requests from Member States, the initiative and the Regional Office for Africa developed the social and behavioural insights COVID-19 data collection tool for Africa and piloted it in two countries, namely Nigeria and Zambia. Additionally, the initiative, through the Regional Office for the Western Pacific and the representative office to Brunei Darussalam Malaysia, and Singapore, is providing technical support to the Ministry of Health of Brunei Darussalam for the establishment of a behavioural insights unit within the Ministry; and to the Ministry of Health of Malaysia for the implementation of a randomized control trial to test COVID-19 communications. The initiative also works closely with the newly established flagship behavioural and

[1] Behavioural considerations for acceptance and uptake of COVID-19 vaccines: WHO Technical Advisory Group on Behavioural Insights and Sciences for Health. Geneva: World Health Organization; 2021 (https://apps.who.int/iris/handle/10665/337335, accessed 11 March 2022); and Young people and COVID-19: behavioural considerations for promoting safe behaviours. Geneva: World Health Organization; 2021 (https://apps.who.int/iris/handle/10665/341695, accessed 11 March 2022).

[2] Technical note from the WHO Technical Advisory Group on Behavioural Insights and Sciences for Health; 2021 (https://www.who.int/publications/m/item/technical-note-from-the-who-technical-advisory-group-on-behavioural-insights-and-science-for-health, accessed 11 March 2022).

cultural insights for health unit at the Regional Office for Europe, which has supported the launch of several regional tools and policy considerations.

Technical assistance and capacity-building

18. Between the years 2020 and 2021, a number of pilot training programmes on behavioural and social sciences were organized under the initiative to build the capacity of WHO staff members in the application of behavioural sciences to their work at headquarters, and in regional and country offices. In the Western Pacific Region, intensive and pilot training courses were conducted with the participation of representatives from most Member States of the Region. In the year 2021, an online training course on collecting social and behavioural data on COVID-19 was launched through the initiative on the OpenWHO knowledge-transfer platform.

Knowledge sharing

19. The needs assessment conducted by the initiative showed a need for harmonization of approaches, which has been initially addressed through the organization of webinars and management of an informal internal community of practice across regional offices with the objective of facilitating knowledge sharing and encouraging the use of shared approaches. One example is the launch of the behavioural and cultural insights online knowledge hub by the Regional Office for Europe.

Positioning and partnerships

20. Under this workstream, the initiative coordinated the publication of a theme issue of the *Bulletin of the World Health Organization* on behavioural science for better health, published in November 2021. In the area of partnerships, the initiative has signed several time-bound pro bono agreements, particularly in the area of data collection, to support the global response to the COVID-19 pandemic. In the year 2021, a five-year collaborative research arrangement was signed between WHO and the Joint Research Centre of the European Commission to mainstream behavioural insights into public health programmes and policies.

PROPOSED WAY FORWARD

21. The behavioural sciences for better health initiative will aim to continue making progress across its five workstreams, capitalizing on the lessons learned from the incubation and focusing on the following priorities for the period 2022–2023:

- consolidating, a flexible, demand-driven, highly specialized, multidisciplinary, cross-cutting behavioural science function within the Organization for continued needs assessment and the provision of technical support to technical teams across the three levels of the Organization and to Member States for the systematic integration of behavioural sciences into public health functions and topics;

- establishing such a function in all regional offices and ensuring that efforts are closely coordinated and knowledge is shared among regional and country offices;

- testing and producing targeted tools aimed at building capacity and supporting the integration of behavioural science theory and approaches into a variety of public health functions and in response to diverse demands;

- scaling up efforts to build the capacity of the WHO Secretariat and Member States for the systematic application of behavioural sciences in public health, including by facilitating knowledge exchange between countries with different experience and approaches;

- supporting Member States in integrating a behavioural science function into public health;

- compiling and disseminating evidence on improved outcomes resulting from the application of the behavioural sciences to public health; and

- creating synergies and finding ways to better integrate behavioural sciences into strategies and plans aimed at promoting health and addressing the social determinants of health, and into the implementation framework for the triple billion targets.

ACTION BY THE HEALTH ASSEMBLY

22. The Health Assembly is invited to note the report and to provide further guidance on the proposed way forward, in particular with respect to the definition of needs and of mechanisms to address Member States' requests, and to the identification of opportunities for improving the integration of behavioural science theory, methods and practices across all public health functions and health issues.

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