



WHO Behavioural and Cultural Insights flagship – tailoring health policies

Understanding people means better health

Many of the most important pieces of public health advice are also the simplest. They include: being more active, taking medication as prescribed, eating a balanced diet, avoiding tobacco and harmful use of alcohol, getting vaccinated, going for check-ups or screenings, and so on. And yet, it is not always easy to do what we know is healthy. The **barriers to and drivers of healthy behaviours** can be individual, cultural or structural, and they can relate to our knowledge, traditions or the opportunities offered by our surroundings and health system. Someone might know that fat and salt in food is unhealthy, but at the same time they are used to this type of food, their family and friends want it, and these are the recipes they know. Someone might agree that vaccination can control viruses, but they have heard vaccines can be harmful and do not trust health authorities. Understanding the underlying drivers of and barriers to healthy behaviours is crucial in helping policy-makers **make better policies**: that are more **relevant for the population**, and more **actionable and effective**.

1/3 of the disease burden

in the WHO European Region is associated with **behaviours**,
but in many Member States **behavioural and cultural insights**
are not integrated into health policies.

What is the WHO flagship?

The new Behavioural and Cultural Insights flagship launched by WHO/Europe aims to help Member States gain insights into the underlying barriers to and drivers of health. Using an evidence-informed approach and building on multidisciplinary research from the humanities and social sciences, the flagship supports Member States in tackling the complex health problems that our societies face today.

This nuanced insight does not replace biomedical approaches to policy and planning. Instead, it supports and strengthens these by systematically exploring the perspectives of individuals and communities. This allows Member States to provide clearer, more actionable and more targeted health policies that promote better health outcomes.

4 key principles of Behavioural and Cultural Insights

Collaborating with a broad range of partners and across sectors, the flagship seeks new approaches to complex health challenges. It is guided by 4 principles:

- **Evidence:** draw on evidence, test and evaluate it, and disseminate good practices;
- **Context:** generate socially nuanced, culturally sensitive, people-centred health insights;
- **Scale:** support the scale-up of interventions with proven impact;
- **Partnership:** work with experts, transformers, colleagues and critics.

How is WHO/Europe applying behavioural and cultural insights?

WHAT are people's **perceptions around COVID-19** and how do they feel about the **pandemic response and restrictions** that have been implemented in their country?

In response to COVID-19, WHO/Europe is supporting Member States across the Region to conduct behavioural insights studies to monitor perceptions, behaviours and well-being in populations during the pandemic. This WHO tool for behavioural insights on COVID-19 has offered countries valuable information to support and guide their response activities.

HOW can we stop **measles**?

Countries across the Region have experienced measles outbreaks in recent years. Why? Because of insufficient vaccination uptake, either long term or in recent years. WHO/Europe has worked closely with several countries to identify which population groups had low uptake and explore the reasons behind this. For this work, a new theory-based model was developed called Tailoring Immunization Programmes. Projects in countries such as Armenia, Bosnia and Herzegovina, Germany, Kyrgyzstan, Romania, Sweden and the United Kingdom identified multiple barriers, differing between population groups, that are now being addressed in the countries.

WHY are **suicide rates** in the Region approximately **3 times higher** in men than in women?

WHO/Europe recently published a Health Evidence Network report on Mental health, men and culture. The report examines the behavioural and cultural reasons for why men across the Region find it difficult to seek help for mental health issues, and why they are much more likely to commit suicide. It builds on a series of good practice case studies from a variety of countries and provides a number of policy considerations to improve men's health-seeking behaviours for mental health issues.

HOW can **cultural participation** improve mental and physical health?

An award winning WHO/Europe project is looking at how arts interventions, such as singing in a choir to improve chronic obstructive pulmonary disease, can be used to supplement more traditional biomedical treatments. Working with several Member States across the eastern and western parts of the Region, this work seeks to help countries build stronger lines of referral between primary care and community arts programmes.

Outcomes: culture of health and well-being

Over the course of the next 5 years, Member States will gain experience, build capacity, utilize existing evidence and generate new evidence on a variety of important health issues, using behavioural and cultural insights to reach health goals. Together, Member States and the WHO/Europe Behavioural and Cultural Insights flagship initiative will contribute to building a regional culture of health and economy of well-being, where health is a driver for prosperity and peace.