

Statement of the Slovak Republic
152th Executive Board
Agenda Item 19 – Behavioural science for better health

Madam Chair,

Slovakia aligns itself with the statement delivered by Denmark on behalf of the EU and its Member States and would like to share some points linked to the guiding questions in a country capacity. First of all, Slovakia would like to thank Malaysia for leading the preparation process related to this document.

Slovakia would like to highlight that a well functioning public health entails preventing poor health and wellbeing together with improving and protecting the health of the wide public. Alongside, the prevention is essential in tackling the prevalence of long-term chronic conditions, which, currently, in many European countries account for 70% of total health and social care spending. It is important to reiterate that preventative interventions that encourage and enable positive behaviour change should be appropriately reflected in the creation of public health policies. For example, up to 80% of premature heart attacks and strokes, 75% of Type 2 diabetes and 40% of cancers can be avoided through changing health-related behaviours.

In order to effectively prevent poor health, we need an approach that takes account of the individual in contextualized manner, including its social background and other wider aspects such as education, employment, social norms, and online environment too. It would constitute a comprehensive systemic approach that draws on multiple behavioural and social sciences, including psychology, behavioural economics, sociology and anthropology.

There is a fundamental problem related to addressing long-term health outcomes in complex and adaptive systems on the country level. The issue is that the evidence for population-level action to deliver long-term population health benefit, as well as the support to produce such evidence, is limited.

In order to produce regularly this evidence and translate it into improvement, the public health system needs to further develop and engage behavioural and social skills, which means going beyond the traditional biomedical approach to tackle social, economic, political and cultural phenomena.

In recent years, the contributions of behavioural and social sciences to improving the health of the public have gained more prominence. However, they are still underutilised in practice and insufficiently integrated when applied to public health. Also, the workforce that is qualified to provide this behavioural and social science input remains small.

We have all witnessed how confusing the recommendations can be, if they are not prepared with the correct methodology at the WHO level and, on the contrary, those that were methodologically correct were not adequately implemented due to the lack of adaptation to the local needs of cultures, groups, by those in charge of the crisis management. This lack of adapted and contextualized approaches was the main cause of lacking population compliance with the existing evidence-based recommendations. I am mentioning it, given the close cooperation of Slovakia with the WHO Collaborative Center for evidence, research and impact at McMaster University, led by prof. Holger Shunemann on the comprehensive research in this field. The results of this research findings, including ongoing research on groups such as journalists, the indigenous, vulnerable, marginalized and neglected communities, migrants and refugees, other groups such as parents, youth, elderly, policy makers and

others, are crucial. The outcomes of this research will, surely, provide us with a valuable information on how to work with different population groups in future emergencies, but also with information on improving health promotion and diseases prevention.

Slovakia would like to request the Regional Offices to work on the development of regionally-adapted frameworks, while considering the national and regional transsectoral strategies, which apply behavioral and cultural aspects. Slovakia would truly appreciate the leadership of Regional Offices established for this purpose with the engagement of appropriate experts (especially behavioural and social science experts who are in position to provide timely advice to public health policy-makers and practitioners). In addition, we would highly welcome that the updates on the low-bias evidence is made by the Regional Offices. Lastly, we would also appreciate a comprehensive summary of recommended behavioural and social science practical models, as well as the economical impact measures based on case scenarios in this field.

Thank you.