

Behavioural sciences for better health

Draft decision proposed by Bangladesh, Brunei Darussalam, Jamaica, Japan, Malaysia, Philippines, Qatar, Singapore, Slovakia, South Africa, Thailand and United States of America

The Executive Board, having considered the report of the Director-General on behavioural sciences for better health,¹

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

(PP1) Noting that behavioural science is a multidisciplinary scientific approach that deals with human action, its psychological, social and environmental drivers, determinants and influencing factors, and that it is applied in protecting and improving people's health by informing the development of public health policies, programmes, and interventions that can range from legislation and fiscal measures to communications and social marketing, as well as to support other public health efforts;

(PP2) Acknowledging, while noting the contribution of behavioural science in achieving improved health outcomes, the centrality of epidemiological data on the incidence and prevalence of diseases and their risk factors in public health and in informing the development of health policies and the health system;

(PP3) Recognizing the value of high-quality data about behaviours collected with a variety of methods in guiding the health sector, including in health in all policies and whole-of-government activities, aimed at reducing risk factors, addressing health determinants, creating environments conducive to health and well-being and increasing equal access to healthy options, and informing the development of behavioural interventions;

(PP4) Acknowledging that supporting individuals to enact healthier behaviours to achieve improved health outcomes is challenging due both to the complexity inherent in human behaviour and the different national contexts, and that no single discipline can provide a complete understanding of the matter, and that developing interventions to change behaviour of either individuals regarding their own health or health service employees and health professionals

¹ Document EB152/25.

requires a comprehensive and interdisciplinary approach that includes but is not limited to anthropology, communications, economics, neuroscience, psychology, and sociology;¹

(PP5) Noting that individuals, communities and populations are often exposed to multiple behavioural influences including by all types of public and private sector communications, and that behavioural science can facilitate the understanding on how such influences and communications guide decision-making;

(PP6) Recognizing the interest among the Member States in strengthening the use of behavioural science in informing policy development and decision-making for public health and taking note of behavioural science-related initiatives on the national, regional and global level;

(PP7) Understanding that behavioural factors at the individual, collective and institutional levels, shaped by economic, environmental and social determinants of health, many of which are not amenable by individual action alone, are important contributors to increasing trends in both communicable and noncommunicable diseases and their risk factors, injuries, and health emergency risks as well as other health challenges that pose a significant challenge to health systems and increase disease burden globally, and that behavioural science can affect these outcomes therefore, improving the health and well-being of citizens is also the responsibility of the governments and in relevant contexts, nongovernmental organizations, civil society and health providers, and in private-sector entities whose products, services or other influences have a role in protecting and promoting the health of the population and preventing diseases;

(PP8) Taking note of the United Nation's Secretary-General's Guidance Note on Behavioural Science that encourages United Nations agencies to invest in behavioural science and work in a connected and collaborative interagency community to realize its tremendous potential to achieve impact;²

(PP9) Recalling the Ottawa Charter for Health Promotion (1986), the resolution WHA57.16 (2004) on health promotion and healthy lifestyles, the Rio Political Declaration on Social Determinants of Health (2011),³ the Moscow Declaration on Healthy Lifestyles and Noncommunicable Disease Control (2011), the Shanghai Declaration on Health Promotion (2016)⁴ and the WHO Global Report on Health Equity for Persons with Disabilities (2022) and the United Nations Framework Convention on Climate Change and the Paris Agreement, and emphasizing the need to address health-related behaviours;

(PP10) Acknowledging that participatory approaches of behavioural science meets WHO principles for respectful care that are fundamental to optimising the design and uptake of health services and other care services, maximising adherence to treatment and improving self-management support and reducing risk behaviours;

¹ OECD report on Behavioural Insights and Public Policy (Lessons from Around the World) (2017).

² Available at <https://www.un.org/en/content/behaviouralscience/> (accessed 26 January 2023).

³ Rio Political Declaration on Social Determinants of Health (2011), adopted by the World Conference on Social Determinants of Health (Rio de Janeiro, 19–21 October 2011), endorsed by the Sixty-fifth World Health Assembly in resolution WHA65.8 (2012).

⁴ Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development (2016), adopted at the 9th Global Conference on Health Promotion, held in China from 21 to 24 November 2016.

(PP11) Highlighting the contribution of behavioural science in achieving universal health coverage and in strengthening prevention of, preparedness for and response to public health emergencies including through strong and resilient health systems, taking into account the lessons learned from the COVID-19 pandemic;

(PP12) Concerned about the impact on behaviours of health-related misinformation and disinformation, including during the COVID-19 pandemic;

(PP13) Recognizing that cost effective and secure use of information and communication technologies in support of health and health-related fields has a potential to improve the quality and coverage of health services, increase access to health information, and skills, as well as promote positive changes in health behaviours;

(PP14) Welcoming WHO's work on behavioural sciences for better health as part of a comprehensive approach to equity in health, healthier behaviours and to achieve improved health and well-being including mental health and mental well-being;

(PP15) Recognizing the importance of building capacity to systematically adopt evidence, including from behavioural science and implementation studies, in order to: (i) understand the methods that promote systematic uptake of effective approaches to impact routine individual practices and beyond, including at the professional, organization and government levels, and (ii) understand and examine drivers of behaviour among people and what can sustain or change behaviour,

(OP)1. URGES Member States¹ taking into account their national and subnational circumstances, contexts and priorities:

- (1) to acknowledge the role of behavioural science, through the provision of an improved understanding of individual behaviours, in the generation of evidence to inform health policies, public health activities and clinical practices, integrated with collective action through health in all policies, whole-of-government and whole-of-society approaches on economic, environmental and social determinants of health;
- (2) to identify opportunities to use behavioural science in developing and strengthening effective, tailored, equitable and human-centred health-related policies and functions across sectors, while ensuring commitment, capability and coordination across sectors in achieving the health-related Sustainable Development Goals;
- (3) to use behavioural science in participatory approaches including bidirectional communication with providers and local stakeholders and empower communities in understanding public health problems and designing and evaluating interventions to address them to further enhance the effectiveness, local ownership and sustainability of interventions;
- (4) to develop and allocate sustainable human and financial resources for building or strengthening technical capacity for the use of behavioural science in public health;

¹ And, where applicable, regional economic integration organizations.

- (5) to establish behavioural science functions or units for generating, sharing and translating evidence, to inform a national strategy as appropriate, and to monitor, evaluate and share lessons learned from subnational, national and regional levels responsible for the local implementation of behaviourally informed policies and interventions;
- (6) to promote enabling environments and incentives, including appropriate measures in other policy areas, that encourage and facilitate behaviours that are beneficial to the physical and mental health of individuals as well as to the environment, and supportive to the development of healthy, safe and resilient communities;
- (7) to strengthen the capacity of health professionals through pre-service trainings, where possible, among academia, non-State actors and civil society, where applicable, in behavioural science approaches into patient care and a variety of public health functions, as appropriate, intersectoral policy frameworks and institutional policies;
- (8) to promote and support cooperation and partnership among Member States, between non-State actors, relevant stakeholders, health organizations, academic institutions, research foundations, the private sector and civil society, to implement plans and programmes based on behavioural science and to improve the quality of behavioural science insights by appropriate means, including the generation and sharing of evidence-based data which should follow the principles of interoperability and openness;

(OP)2. REQUESTS the Director General:

- (1) to support the use of behavioural science approaches in the work of the Organization, across programmes and activities, and to continue to advocate an evidence- and behavioural science-based approach in informing health-related policies;
- (2) to mainstream behavioural science approaches in the work of the Organization and to advocate for necessary structural considerations, including as appropriate behavioural science teams, units or functions and for the allocation of sufficient funding and human resources;
- (3) to support Member States, at their request, in developing or strengthening of behavioural science function(s) or unit (s);
- (4) to evaluate, within existing resources, based on a prior request by the Member State(s) concerned, the behavioural science initiatives such as policies, interventions, programmes and research and share the results of such evaluations;
- (5) to establish a global repository of behavioural science evidence from empirical studies, including from randomized controlled trials on behavioural interventions that can be accessed and used in the strengthening of health promotion interventions, among others, with a view to achieve societal and lifestyle changes, and interventions aimed at tackling misinformation and disinformation related to public health, including studies with positive and no or negative outcomes;
- (6) to provide behavioural science-related technical assistance, normative guidance, capacity-building and knowledge sharing to the Member States on their requests including through the WHO Academy;

- (7) to compile and disseminate evidence on improved outcomes resulting from the application of the behavioural sciences to public health;
- (8) to develop guidance, including through application of behavioural science, that addresses public health priorities including vaccines hesitancy, as well as misinformation and disinformation that conflicts with public health-based evidence, in particular among vulnerable groups, including migrants;
- (9) to create synergies and find ways to better integrate behavioural science approaches aimed at promoting health and addressing the social determinants of health;
- (10) to report on progress in implementing this resolution to the Seventy-eighth World Health Assembly in 2025, the Eightieth World Health Assembly in 2027 and the Eighty-second World Health Assembly in 2029.

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