



Joint statement by EUPHA, EuroHealthNet and other Non-State Actors on agenda item 4: “European regional action framework for behavioural and cultural insights for health, 2022–2027”

(EPW flagship) (EUR/RC72/4)

EUPHA, EuroHealthNet, and co-signatories to this statement welcome the European regional action framework for behavioural and cultural insights for health 2022–2027, which is a landmark framework on a new and sustainable approach to improve health outcomes, promoting cross-disciplinary and intersectoral collaboration for health.

The need for behavioural and cultural insights (BCIs) in disease prevention, health promotion, and overcoming health inequalities, could hardly be over-emphasised. Never before has the field of BCIs been more relevant to public health, well-being, and socioeconomic prosperity. An excellent example of this has been widespread recognition of the key role played by behaviours in preventing, managing, and mitigating the health and societal impacts of the COVID-19 pandemic.

Nevertheless, the relevance and importance of BCIs extends well beyond the COVID-19 pandemic. Despite great advancements in genetic, pharmacological, and clinical medicine, the prevalence and socioeconomic impacts of non-communicable chronic diseases is increasing. This is unsurprising given that the underlying generic cause of most NCDs are not biological factors, but high-risk human behaviours that remain poorly addressed within most current healthcare systems and out of touch with non-health systems critical for the NCDs prevention.

Behavioural evidence on what influences behaviours at the individual, community, and population level can improve the design of policies and programmes, communications, products, and services aimed at achieving better and more equitable health for all. Yet, the public health community and governments have been unable to optimally leverage the available and growing expertise in innovative behavioural clinical trials methodology, tests, and implementing effective behavioural evidence-based interventions. This has led to a number of expensive, ineffective and very often even counter-productive interventions being deployed, such as advice-giving media campaigns using scare tactics.

Considering this, we call upon member states and stakeholders to:

1. Promote and enable the systematic use of behavioural and social sciences in public health as well as foster the mainstreaming of BCIs in all health-related policies.
2. Advocate for the use of BCIs as part of policy development, programme design, research, and communication across all disease areas and teams.
3. Align the use of behavioural and social sciences in public health with an increasing uptake of health

equity impact assessments to support the development of effective and equitable health policies, including in the post-pandemic recovery and resilience building, as well as the pandemic preparedness and crises management contexts.

4. Invest in capacity-building and training of the European health workforce to scale up the expertise that has originated in behavioural sciences and has a lot to offer to public health.
5. Commit to working with relevant stakeholders to bridge the gap between research and practice to solve complex health, social, and environmental problems.

In summary, the potential benefits of BCIs to improve health are multiple as they often bring a relatively high return on investment, and are scalable and light touch. This is especially relevant within the context of overstretched health and care systems. The challenge now is to move from a general awareness that behaviour is pivotal to health outcomes, to a working knowledge of what to do about it and how. We, EUPHA, EuroHealthNet and our co-signatories are pledging to accelerate action to utilize BCIs to strengthen health and care systems to sustainably improve people's health, equity and well-being.

Tel Aviv, 12 September 2022

Co-signatories:

Alzheimer's Disease International – ADI; The European Federation of the Associations of Dietitians – EFAD; European Federation Of Nurses Associations – EFN; European Forum for National Nursing and Midwifery Associations – EFNNMA; European Forum for Primary Care – EFPC; European Cancer Organisation; International Association for Hospice & Palliative Care – IAHPC; International Federation on Ageing – IFA; Thalassaemia International Federation – TIF; World Federation for Medical Education – WFME; World Federation of Public Health Associations – WFPHA.



