World Health Organization

BACKGROUND DOCUMENT

The development of a conceptual framework and indicators to guide the mainstreaming of the behavioural sciences into national public health

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Background

What are behavioural sciences and insights?

Human behaviour affects health outcomes. Behavioural sciences investigate the psychological, social, and environmental barriers and enablers that influence health-related behaviours[1,2]. Behavioural insights are the actionable conclusions about human behaviour derived from findings in the behavioural sciences and/or from practical applications of behavioural sciences to real-world challenges and opportunities.[2] Behavioural insights on the influences on behaviours within context at the individual, community, and population level can improve the preparation, design, implementation, monitoring and evaluation of policies, programmes, communications, products and services aimed at achieving better health for all.

Applying behavioural sciences requires a multidisciplinary approach and the adoption of theory, evidence, methods, practical tools and techniques drawn from psychology, sociology, anthropology, communications, marketing, economics, systems thinking and design thinking, among others. Behavioural sciences evidence can contribute to and complement other public health efforts that focus on the non-medical factors that influence health outcomes.

How is WHO providing leadership and support for the use of behavioural sciences in public health?

The World Health Organization (WHO) aims at promoting health, keeping the world safe and serving the vulnerable. As part of this, WHO recognizes the need to explore and understand the many factors affecting human behaviours and practices for the success of health policies and programmes aimed at helping people and communities live healthier lives. WHO's Fourteenth General Programme of Work[3] (GPW 14) for 2025–2028 sets a global health agenda and will guide WHO's work in support of Member States to get the health-related Sustainable Development Goals (SDGs) back on track and recognizes the opportunities afforded by the behavioural sciences. In particular, it includes the need to "understand the behavioural drivers and barriers faced by individuals, communities and diverse populations within communities; to involve and empower them in the decisions that affect their health and well-being; and to ensure the effective implementation of evidence-based preventive interventions". To enable this objective, WHO has established behavioural insights functions[4] in headquarters and regional offices that have a vision of "better health for all through behaviourally informed policies and programmes" contributed to by mainstreaming behavioural sciences across the core functions of WHO.

What is the demand from Member States for the application of behavioural sciences to public health?

In May 2023, all Member States of the World Health Assembly adopted Resolution WHA76.7[5] on Behavioural Sciences for Better Health. Dozens of statements were pronounced by countries from around the world in support for more and systematic use of behavioural sciences and there is great enthusiasm and commitment to boosting efforts in this area for health. Furthermore, multiple

regional Member State resolutions, strategies, and frameworks have already been adopted that have included behavioural sciences (described in more detail below). Many of these documents call for monitoring of, and support for, the use of behavioural sciences.

Overall objective of developing indicators

WHO is developing a conceptual framework to represent the process and impact of mainstreaming the behavioural sciences into national public health. The indicators are derived from this conceptual framework to monitor and guide the integration process.

The conceptual framework needs to represent an understanding of the impact of mainstreaming the behavioural sciences in public health, as well as how such mainstreaming could be achieved.

The indicators need to be measurable, relevant, timely, and feasible. They need to represent the conceptual framework and translate the operational paragraphs of global and regional resolutions, strategies, and frameworks on behavioural sciences for better health into measurable outputs.

Purpose of this technical consultation and subsequent steps

This open consultation aims to gather diverse technical inputs on the first draft of the indicators that will help Member States monitor and guide the mainstreaming of behavioural sciences into national public health. The expected value of this technical consultation is to ensure that the indicators are informed by the best available evidence and diverse perspectives; to promote transparency and accountability by engaging a wide array of stakeholders; and to ensure that the indicators are relevant, effective, and sustainable.

This consultation seeks feedback on the following:

1. Proposed Conceptual framework:
   The objective of the proposed conceptual framework is to represent the impact of mainstreaming behavioural sciences in national public health, as well as how such integration could be achieved via a ministry of health and its associated agencies and institutes. The framework therefore represents a coherent model from which a set of indicators to monitor the integration process can be derived.
   The consultation explores questions such as: Does the conceptual framework suitably reflect the mainstreaming of behavioural sciences into national public health systems? Does it have the right scope and necessary elements? Are the elements described appropriately?

2. Proposed Indicators:
   The purpose of the indicators is to define what to assess to monitor and guide progress in the mainstreaming of behavioural sciences into national public health, and guide reporters in how to measure and how to report the indicators.

The consultation explores questions such as: Do the indicators cover the statements in resolutions, strategies, and frameworks and align with the conceptual framework? Are they feasible to report, likely to result in quality data, and appropriately prioritized? Do they cover an appropriate balance of input, activity, output, outcome measures? Is the proposed use of the indicators realistic and appropriate?

Following analysis of the feedback, WHO will create a second draft of the indicators, which will be shared with the Member States though a WHO Member State Programmatic Information session.

Mainstreaming of behavioural sciences into national public health

Mainstreaming the behavioural sciences into national public health involves the process of institutionalizing theory, evidence, methods, practical tools and techniques from the behavioural sciences in public health activities and outputs. One dictionary[6] definition of mainstreaming is "the process of making something to be considered normal by most people". What this means for national public health and how the mainstreaming of behavioural sciences can be achieved was explored in depth in the formative research to develop the indicators – described below. However, an example that can help as a point of reference is the gender mainstreaming model developed by the European Institute for Gender Equality to support the EU institutions and governmental bodies with the integration of a gender perspective in their work. That model describes "the integration of a gender perspective into the preparation, design, implementation, monitoring and evaluation of policies, regulatory measures and spending programmes, with a view to…"[7].

Global Resolution and behavioural components of regional resolutions, strategies and frameworks

The key resolutions, strategies and frameworks that inform the conceptual framework and indicators are as follows:

- WHA76.7 World Health Assembly Resolution on Behavioural Sciences for Better Health[5].
- EUR/RC72/R1 European regional action framework for behavioural and cultural insights for equitable health, 2022–2027: Resolution[8].
- AFR-RC73-9 Strengthening community protection and resilience - regional strategy for community engagement[9].
- WPR/RC74.R4 Communication for Health[10] (and forthcoming Regional Action Framework).
- Strategic Action Framework for Strengthening Community Engagement and Resilience to Health Emergencies in the WHO South-East Asia Region (2025–2029)[11].
- PAHO CE172/16 Strategic Communications in Public Health for Behaviour Change[12].

Resolution WHA76.7 on Behavioural Sciences for Better Health is of key relevance to the mainstreaming of behavioural sciences to national public health because it focuses on the

behavioural sciences and was adopted by all Member States globally whereas behavioural sciences are an element of most regional resolutions, strategies, and frameworks (except the European regional action framework). The operational statements for Member States that need to be measured to monitor progress in, and guide WHO and others in support of, implementation of Resolution WHA76.7 on Behavioural Sciences for Better Health are:

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, in order 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.
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 training, where possible, among academia, non-State actors and civil society, where applicable, on behavioural science approaches in 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.

The common themes related to behavioural sciences across multiple of the regional resolutions, strategies and frameworks are to:

- Acknowledge, or commit to, or provide leadership to use behavioural sciences
- Identify opportunities to use behavioural sciences or strengthen behavioural sciences programmes
- Ensure human and financial resources or to establish behavioural sciences units
- Develop behavioural sciences strategies or embed behavioural sciences in strategies
- Use participatory approaches for behavioural sciences
- Monitor and evaluate the implementation of these resolutions, strategies and frameworks
- Share lessons learned, cooperate, and develop partnerships within and between countries.

Methodology for development of the conceptual framework and indicators

The draft indicators were developed following gathering inputs though the three steps as follows:

Internal mapping of insights

Semi-structured sessions were held with technical officials of twelve WHO teams who had developed and collected data for global public health indicators with a focus on cross-cutting topics that may have more transferable approaches for the behavioural sciences, including: Adolescent and Young Adult Health; Alcohol, Drugs and Addictive Behaviours; Behavioural and Cultural Insights (Regional Office for Europe); Data and Analytics; Digital Health; Equity and Health; Gender, Rights, and Equity; Health Equity Monitoring; Innovation; Mental Health; Brain Health and Substance Use; Migration; Monitoring, Forecasting, and Inequalities; and Research for Health. A session with the United Nations Global Pulse (the Secretary-General's Innovation Lab[13]) was also held because of the team's role in monitoring the UN 2.0 Quintet of Change[14]. The consultation covered topics such as: who are the data reporters and audience for reports?; what was the process and methods used to develop the indicators?; what types of indicators are included?; and what type of data sources are used? Indicators and associated documents (such as strategies) were identified that measure progress at entity level on the use of behavioural sciences and on other topics being mainstreamed across institutions (such as gender) and methodology/tools for collecting the data. These data were synthesized to inform the development of the behavioural sciences indicators.

Document review

A document review was conducted to identify existing frameworks and conditions for mainstreaming, models of the national health system, and how behavioural sciences were used in national public health. The documents were identified by reference from the internal WHO consultation (above) and the key informant interviews (below), articles derived from searches on Google and Google scholar for keywords such as 'indicators', 'mainstreaming', 'advocating for', or 'functions of' and 'behavioural sciences', and for specific literature associated with the monitoring of public health programmes and initiatives identified in the internal consultation. The documents

included strategy documents, policy briefs, program reports, and academic literature relevant to the mainstreaming of behavioural sciences into national public health systems. Each document was reviewed systematically using a structured template designed to extract key information across several categories. These included a summary of core concepts and insights, the frameworks referenced (along with descriptions), and a profile of the institution or system into which behavioural sciences was being mainstreamed. The review also focused on identifying enabling conditions for mainstreaming, the points in the policy cycle where behavioural sciences were applied, and how behavioural sciences units were structured and function within public institutions. Other dimensions included the goals and behavioural orientation of these units, as well as their maturity and the sophistication of use of the behavioural sciences. This process provided valuable contextual grounding and highlighted real-world examples of how cross-cutting themes or disciplines (including the behavioural sciences) are being embedded – offering both aspirational models and practical constraints.

Key informant interviews

Informants were identified using agreed criteria. Semi-structured key informant interviews were held for one hour with consent for recording. Interviews began with open-ended, exploratory questions to build rapport and uncover new insights, before transitioning to structured questions based on a pre-developed guide, allowing adaptation to each informant's expertise. The recordings were transcribed and analyzed using thematic analysis. This method was chosen for its flexibility and suitability in identifying and interpreting patterns within qualitative data. This process involved familiarization, coding, theme generation, theme review, and insight compilation. The latter synthesized findings and selected illustrative quotes to anchor themes in participants' real-world experiences.

Twenty-one interviews were conducted with 27 informants with diversity across sector, region, and area of expertise. There were five interviews with informants from Ministries of Health (MoH), six from academia, seven from International Organisations (IOs), one from Non-Governmental Organisations (NGOs), and two from the private sector. The interviews were with informants based in the following WHO regions: African x2; American x8; Eastern Mediterranean x1; European x8; South-East Asian x1; Western Pacific x1). Their expertise was distributed as follows (informants can have multiple areas of expertise): 19 used behavioural sciences to deliver health projects for government; 15 established or led a behavioural sciences function and understands what it entails; ten provided advice or resources to government for the use of behavioural sciences for health; six monitored and/or evaluated behavioural sciences (or related) activities.

Findings of the formative research

Core concepts and frameworks

The formative research identified three initiatives that were especially relevant to the development of a logical framework and indicators for the mainstreaming of behavioural sciences into national

public health: the European Institute for Gender Equality model of gender mainstreaming, the European regional action framework for behavioural and cultural insights for health, 2022-2027[15], and the UN 2.0 Action Plan[16].

The European Institute for Gender Equality model of gender mainstreaming describes how a institutionalization strategy of statutory instruments with supporting conditions (including implementation plans, infrastructure, resources, accountability, expertise and collaboration) and tailored methods and tools can lead to an appropriate workforce and inclusion of relevant evidence in policies, resulting in better-functioning institutions, more effective processes, and better outcomes[17,18,19]. The model's integration pathway indicates how gender is mainstreamed through policy cycles or processes and helps visualize where gender functions are added and how they evolve over time. The enabling environment outlines the conditions or capacities needed to support the mainstreaming of gender. Further information and experiences about gender mainstreaming and associated indicators were derived from the Council of Europe[20], UN Women[21,22,23], and the United Nations Sustainable Development Group[24]. Other frameworks and strategies for the mainstreaming of other health topics were also included in the document review including international initiatives for digital health[25,26], disabilities[27,28,29], and innovation[30,31,32].

The European regional action framework offers pathways for advancing the integration of behavioural sciences into national public health systems for more people-centred and effective health-related policy, service and communication at the country and regional level. It was developed through a collaborative process between the Member States in the European Region and the WHO Regional Office for Europe and adopted by the WHO Regional Committee for Europe. It includes five strategic commitments, agreed by the Member States, and a progress model for regular country reporting on activities.

Behavioural sciences are also a key pillar of the UN 2.0 Quintet of Change[33], which aims to deliver a UN system with 21st century expertise and organizational culture to deliver stronger results, better Member State support, and faster SDG progress. To embed UN 2.0 into existing plans, guides and teams, the UN 2.0 Action Plan includes the tracking of progress as one of four essential actions for all UN entities. This includes conducting annual progress self-assessments using UN 2.0 scorecards, presenting results to the UN System Chief Executives Board for Coordination, and providing templates for similar self-assessments at entity, country, and team levels. It uses a survey consisting of 24 basic questions on behavioural science capabilities in five sections (strategy & capabilities, people, hiring & training, organizational culture, partnerships, and artificial intelligence).

The formative research also identified some ministries of health that used indicators to track behavioural science activities, such as the number of projects, trainings conducted, and the size of communities of practice. While these indicators were well-suited to the ministry and unit strategic frameworks from which they were developed, as a set they are not coherent. Some countries (England[34], Saudi Arabia[35], United States of America[36]) had developed strategies and/or conceptual frameworks for how the behavioural sciences can and should be integrated into national public

health and Saudi Arabia had used this to inform the development of key performance indicators. The formative research identified several domains where indicators could meaningfully track integration: institutional capacity (including staffing and funding), collaboration across sectors and geographies, capacity building through training, generation and use of evidence, strategic embedding of behavioural sciences in policies, and the uptake and impact of behavioural insights on decision-making. Despite this progress, challenges remain. Efforts are often siloed and unstandardized across contexts, successful pilots do not always lead to scale-up, and coordination is particularly difficult in decentralized systems. These insights underscore the need for a more harmonized and systematic approach to indicator design and use.

Core functions and outputs of a behavioural sciences functions

The domains mentioned above were further detailed to inform the design of an institutional conceptual framework by providing a description of how the behavioural sciences are mainstreamed into national public health: the core functions and outputs of a behavioural sciences functions, units or teams embedded within Ministries of Health and their associated agencies and institutes [37].

- Using behavioural insights to inform policy and strategy: integrating behavioral evidence in the upstream stages of problem definition, political prioritization, and strategy formulation as well as during the design or improvement of programmes, services, communications[38,39]. The upstream stages were identified as being less common and likely to be implemented by more mature behavioural sciences functions. Informing policy and strategy with insights about human behaviour and decision making was also found to have an awareness-building aspect and engagement with leadership, and particularly leaders who were budget holders, was key to the opportunity for behavioural sciences to be used in strategic areas and for sustained resourcing. Key outputs of these activities include policy briefs, advocacy materials, and behavioural evidence embedded in national guidelines.

- Generating behavioural insights through research: using behavioural diagnostics and participatory, human-centred approaches to design and evaluate interventions that can be implemented to directly improve outcomes or applied to policies, programmes, services, and communications to improve their effectiveness[34]. Additionally, demonstrating impact and value through evaluated interventions, even if modest, helps support the value proposition for the mainstreaming of behavioural sciences into national public health. Key outputs of these activities include reports of behavioural diagnostics and reports of co-designed interventions with (cost-) effectiveness analyses.

- Building capacity: delivering pre-service and in-service training to strengthen the knowledge and skills of officials in relevant programmes of ministries of health and associated agencies for the use of the latest evidence, frameworks, and tools from the behavioural sciences; engagement of those officials in the application of that knowledge and skills to the generation of behavioural insights and/or to inform policy and strategy; fostering cross-departmental and cross-regional

collaboration and external partnerships[36]. Low behavioural sciences literacy – especially in low- and middle-income countries – was reported to reduce the acceptance of core concepts. Building capacity was found to create engagement and demand for opportunities to generate behavioural insights. Key outputs of these activities include curricula, trainings, and the publication of practical tools/toolkits.

Conditions or capacities for mainstreaming

In line with the European Institute for Gender Equality model of gender mainstreaming, the formative research also highlighted important conditions or capacities for the effective and sustainable mainstreaming of behavioural sciences into national public health in addition to funding and staff resources:

- Leadership support (including budget holders)
  Effective mainstreaming of behavioural sciences requires early and sustained engagement with senior ministry leadership to ensure strategic alignment, institutional ownership and a sustainable supply of resources[34]. This engagement must include the management of expectations, as policymakers often overestimate the potential impact of behavioural interventions; setting realistic expectations is essential to maintaining trust in the approach. A disconnect between technical and political stakeholders can hinder progress in mainstreaming a behavioural science approach —while technical teams may support behavioural science and provide some resources, final decisions often rest with political leaders who may not fully understand its value, limiting the uptake of evidence-based insights in policymaking.

- Alignment with internal demand and internal coordination
  Successful integration and systematic use of behavioural evidence and context-specific behavioural data for policymaking and programme design is more likely when behavioural sciences address government-prioritized problems and are embedded in both strategy and everyday decision-making. Early involvement in the policy process is important and progress is often slowed by bureaucratic structures and institutional silos, with efforts relying on individual relationships rather than formal processes. Formal internal coordination structures can align the timely application of behavioural sciences to internal demand and enable the behavioural sciences to serve as a flexible tool across departments.

- Existing institutional capacity and partnerships
  Technical staff who were well-trained and with a focus on behavioural sciences were important enablers of the mainstreaming of behavioural sciences into national public health, especially when supported by coordination and integration mechanisms such as dedicated teams and units[36,40]. This capacity was needed to deliver the core functions and create the outputs identified above. And the use of established behavioural sciences frameworks supported institutionalization. Countries have taken varied approaches to providing this capacity – from centralized expert teams to long-term decentralized partnerships – there was no one-size-fits-all model, and effectiveness depends on local context and coordination[41].

- Institutionalized research mechanisms and ethical oversight
  Institutionalized research mechanisms and ethical oversight and the internal social acceptance of research activities across public health can facilitate the implementation of behavioural sciences work[42].

Recommendations/'principles' for the development of the indicators

1. Translate the resolution language into measurable technical indicators:
   Having formally stated 'objectives' in resolutions, strategies and frameworks are an advantage for defining what to measure but that a common challenge is to modify these into measurable technical indicators.

2. Communicate a clear model of why the indicators are relevant to health systems and how they will be used
   A specific objective and conceptual framework should be developed for clear communication and clarity should be developed for how the indicators are relevant to the systems and how they will be used – and by whom. The indicators should be used as entry points/tracers in a supportive and guiding approach. Furthermore, respondents advised that the indicators should be appropriate to the maturity of the behavioural sciences field with a balance of realistic and aspirational measures.

3. Align the indicators to the maturity of the initiative and build on existing approaches
   In relation to maturity, other initiatives had started by using process or policy survey. For precedence, the use or adaptation of existing indicators (and data collection systems), was reported to have increased validity and acceptability.

4. Maximise feasibility and efficiency of data collection in the design of the indicators
   Common activities involved in monitoring and guiding were data collection, compilation, analysis, communication and use by Member States and by WHO. It is important to carefully manage the human resource and time requirements for these activities to maximize efficiency. Indicator sets often had 10-20 'main' indicators that were supported with sub-questions and free text qualifiers[43].

5. Optimize the clarity
   Indicators and their definitions should be designed to be simple, clear and concise to minimize confusion, misinterpretation, and the need for clarification. Indicators collected through surveys sometimes optimized reporting by using binary or rating scales.

6. Strengthen the mandate
   Feasibility testing is important to build buy-in/ownership from Member States[44]. This buy-in/ownership is key to maximising response rates, sustainability of reporting over time, and avoidance of tick-box exercises even when resolutions require reporting. In response, WHO plans to give Member States the opportunity to volunteer for feasibility testing in the Member State Programmatic Information Session in October 2025.

7. Use verification for accuracy and consistency
   WHO surveys asked for explanations of how the rating was justified and requested supporting evidence to be uploaded to enable a manual verification process to contribute to accuracy and consistency over time and between Member States. Where possible, this evidence was published for knowledge sharing and transparency.

Conclusion

There is a need to develop a conceptual framework and indicators to monitor and guide the mainstreaming of behavioural sciences into national public health systems as evident from global and regional Member State resolutions, strategies, and frameworks. Research to date indicates the need to translate components of resolutions and strategies into measurable technical indicators with alignment to the conceptual framework through a process of engagement with Member States - building on existing frameworks and indicator sets. The engagement should assess the feasibility of reporting the indicators and verifying information - and clarify how the indicators will be used – and by who.

The research identified the core components of behavioural sciences that would be expected to be delivered by a Member State, which the conceptual framework should cover, such as the human and financial resources to implement behavioural sciences work through participatory approaches; the leadership, partnerships, and opportunities to use behavioural sciences; the embedding of behavioural sciences into health strategies; and the monitoring, evaluation, and sharing of lessons learned. The research also identified the process for mainstreaming behavioural sciences into public health systems (such as engagement and buy-in, building an understanding of the approach, and applying behavioural sciences theory and methods) and some of the barriers and enablers to the application of behavioural sciences.

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