World Health Organization

DRAFT DOCUMENT FOR CALL FOR INPUTS

A conceptual framework and indicators to guide the mainstreaming of the behavioural sciences into national public health

2 September 2025

Glossary for this draft document

Term	Definition
Behavioural data	An observation recorded to understand, explain or predict behaviours.
Behavioural diagnosis	Identification of the influences (barriers and enablers) on a behaviour.
Behavioural evidence	Verified findings about behaviour.
Behavioural insights	Actionable conclusions about human behaviour based on behavioural evidence or data.
Behavioural insights function	A formalized designation of purpose, where expertise in the use of behavioural science frameworks, evidence and methodologies is applied to improve the development and implementation of policies, programmes, services or communications.
Behavioural sciences	Multidisciplinary fields whose aim is to understand, explain, predict and/or influence individual, community or population-level human behaviours.
Institutionalization	The act of making something become established as part of the normal systems, practices, etc. of an organization, society or culture.
Mainstreaming	The process of making something to be considered normal by most people.

Abbreviations

Abbreviation	
EURO	WHO Regional Office for the European Region
SC	Strategic Commitment
UN	United Nations
WHA	World Health Assembly
WHO	World Health Organization

Background

Successful public health initiatives require a consideration of human behaviours, which are the actions that people do in response to internal events or external events. As such, the behavioural sciences, a multidisciplinary set of fields that share an aim to understand, explain, predict and/or influence human behaviour, have tremendous potential to improve the design, implementation, and evaluation of public health initiatives.

In recognition of this potential, in May 2023, the World Health Assembly (WHA) unanimously adopted the World Health Assembly Resolution 76.7 on Behavioural Sciences for Better Health to strengthen the mainstreaming of the behavioural sciences in public health. Defined for this document, as the process through which the use of the behavioural sciences is normalized in the activities and outputs of ministries of health and their associated agencies and institutes, the mainstreaming of behavioural sciences promises to ensure public health initiatives are designed around an evidence-based understanding of human behaviour. As laid out in the Resolution, such mainstreaming therefore has the promise to improve health outcomes across health systems by, for example, illuminating the barriers and enablers of health behaviours, involving communities in decisions that affect community health, and assisting with the implementation of preventative interventions (see the background document for more details). For these reasons, the behavioural sciences have also been embedded into similar initiatives across the regions of the World Health Organization (WHO), including the European regional action framework for behavioural and cultural insights for equitable health EUR/RC72/R1, the African regional strategy for community engagement AFR-RC73-9, and the Western Pacific Communication for Health initiative WPR/RC74.R4, the Southeast Asian Strategic Action Framework for Strengthening Community Engagement and Resilience to Health Emergencies. Behavioural sciences are also a key pillar of the United Nations (UN) transformation programme, the UN 2.0 Quintet of Change. These initiatives, and especially Resolution WHA76.7, create a mandate to mainstream the behavioural sciences in national public health.

However, this mainstreaming cannot happen without a clear framework that defines the changes that should occur as part of the mainstreaming process. Nor will the mainstreaming occur without an understanding of the process through which it can be practically achieved via institutions operating within the health system. Finally, mainstreaming will be facilitated by indicators to measure and track progress within one or more of those national health institutions.

A set of indicators to track the mainstreaming of the behavioural sciences in national public health institutions was developed by Member States in the WHO European region in 2022 for use in those countries (EUR/RC72/R1). This current document extends the efforts of the European region by proposing a conceptual framework and an associated set of indicators, both of which should be suitable globally. The conceptual framework defines what it means to mainstream behavioural sciences in public health and how such mainstreaming can be achieved via institutions within the health system. The indicators are derived from the conceptual framework and can be used to

assess the instantiation and implementation of the mainstreaming process via the institutionalization of the behavioural sciences within a national health institution, especially a ministry of health and its associated agencies and institutes[i,ii]. The indicators can therefore be used to guide Member States, WHO, and supporting partners in their efforts to achieve the objective of mainstreaming the behavioural sciences in national public health systems across the globe.

The conceptual framework and indicators have been developed through a process of formative research. As described in the background document, the formative research consisted of a mapping of insights within WHO, a review of relevant documents, and a series of key informant interviews to supplement and validate the insights from the other two activities. The initial version of the conceptual framework was triangulated against related initiatives to assess its content and coverage. The framework was then analyzed to identify and derive the key concepts that the indicators would need to measure. Each key concept was then used to derive an indicator that provides a face-valid measurement of the concept while minimizing the burden of assessment. The initial draft of the conceptual framework and indicators were then reviewed by an internal WHO Interdepartmental Working Group and revised based on their comments.

This document describes the conceptual framework and indicators in order to solicit feedback on their relevance to national public health systems, the resolution, and their usefulness for measuring and guiding the mainstreaming process.

Conceptual Framework

This document presents a conceptual framework to support the goal of mainstreaming behavioural sciences in national public health. The conceptual framework aims to clarify how behavioural sciences can be effectively mainstreamed in health systems, what structures and processes enable this mainstreaming, how this mainstreaming can be instantiated via the integration into national public health institutions, and places where measurement can be used to assess progress toward mainstreaming within those institutions. At the heart of the approach is a clear and deliberate recognition that people, both the ones that a health system intends to serve and the ones driving the system, are central to how policies are shaped, services are delivered, and outcomes are achieved. Our conceptual framework is designed to reflect this centrality across each of its elements. Thus, the conceptual framework is grounded in the principle that behavioural sciences should work with and through people, not only as subjects of interventions, but as partners, decision-makers, implementers, and experts of their own contexts.

The conceptual framework has two parts that are distinct and complementary:

1. **Systems Impact Model:** This model describes impact across an entire national public health system, including national and local government across all policies, healthcare services, non-governmental organizations, civil society, and community groups. The model therefore serves as a system-wide map that describes where and under what conditions behavioural sciences can be mainstreamed in national health systems.

2. **Institutional Impact Model:** This model describes impact within national government institutions responsible for public health. The Institutional Impact Model focuses especially on ministries of health and their associated agencies and institutes and includes work commissioned by those organizations. The model is therefore designed to be institution-specific and functionally targeted. It focuses on what it will take for ministries of health and their associated agencies and institutes to generate and use behavioural insights, institutionalize their use, and deliver them sustainably over time.

The Systems Impact Model provides the structural framework for understanding how behavioural sciences can be embedded within the public health system. It identifies the domains of the system and situates them within the policy cycle stages while also overlaying the enabling conditions necessary for mainstreaming. Together, these layers offer a systematic view of where behavioural sciences can be mainstreamed in the system, the results of such mainstreaming, and the elements that institutions within the system should enact to support mainstreaming.

In contrast, the Institutional Impact Model describes how change actually occurs within a ministry of health and its associated agencies and institutes. The Institutional Impact Model focuses not on the structure of the system but on the pathways of action upon that system via government agencies that are institutionalizing the behavioural sciences within their functional processes. The Institutional Impact Model identifies the inputs, activities, outputs, and outcomes that each of these functions produces and links them to a shared long-term goal of improving public health outcomes through systems-level use of the behavioural sciences.

The two tools are interconnected. The Systems Impact Model provides the systems-level architecture – the components, stages, and conditions – within which change needs to occur. The Institutional Impact Model provides the movement within that architecture within the government health institutions, describing how actors engage with the institutions, how capacities are built, and how feedback loops drive continuous adaptation and improvement for those institutions. The Systems Impact Model describes the intended long-term public health outcomes and impact whereas the Institutional Impact Model describes how an institution like a ministry of health can achieve that impact.

The Institutional Impact Model was used to derive the indicators based on the theory that transformative systems change is dependent upon institutional change. The theory assumes that ministries of health and their associated agencies and institutes will guide and lead the health systems they oversee through strategic leadership and governance. Indeed, the Systems Impact Model provides a framework to understand how government institutions might achieve this impact. Furthermore, an institution can be more directly assessed, guided, and influenced through the deployment and measurement of indicators than an entire system. The following text therefore focuses on describing the Institutional Impact Model; details of the Systems Impact Model are presented in the Annex.

Institutional Impact Model

The Institutional Impact Model highlights pathways that a ministry of health and its associated agencies can use to mainstream behavioural sciences within the national public health system. Within a specific institution, the people using these pathways to accomplish the mainstreaming may be members of leadership, but they may also be members of a behavioural insights unit or people with behavioural science expertise. The Institutional Impact Model is structured around three of these mainstreaming pathways: Policy Engagement, Research Projects, and Capacity Building. These three pathways were chosen based on findings from the formative research, which found that the behavioural sciences are a general capability that should be cultivated across multiple functions within the national government health institution.

The **policy engagement** pathway represents the strategic and political dimensions of mainstreaming the behavioural sciences. It is through this pathway that advocates for the behavioural sciences should gain buy-in among policymakers. This pathway is also the means through which behavioural insights become embedded within policy frameworks and receive the governance and financial attention necessary to move beyond peripheral ad-hoc implementation. Further, this pathway establishes the mandate needed to conduct behavioural research, generate evidence and build institutional capacity for behavioural science, thereby enabling and reinforcing progress across the other two pathways.

The **research project** pathway is the one through which behavioural sciences data are generated and transformed into insights. This pathway therefore covers the full cycle of insight generation and application – from understanding behavioural barriers, to designing evidence-informed interventions, to testing and evaluating outcomes[iii]. It forms the technical backbone of behavioural sciences mainstreaming and ensures that interventions are context-specific, adaptive, and grounded in real-world evidence. This pathway provides evidence needed to advocate for behavioural sciences and its mainstreaming into ministries of health and their associated agencies, feeding into the policy engagement pathway.

The **capacity building** pathway reflects the people, systems, and resources required to make behavioural sciences a routine part of public health decision-making. Thus, this pathway is critical for sustainability. This pathway ensures that there is internal capacity to deliver and iterate over time. This internal capacity in turn provides the capabilities required to carry out behavioural research and generate evidence – potentially in partnership with external experts – as well using that evidence to advocate for behavioural science, thus feeding into the other pathways.

Each of these pathways follows a clear progression, highlighting the mainstreaming of behavioural sciences into ministries of health and their associated agencies over time. Each pathway moves from **inputs** such as political support, strategic partnerships, and tools, through a set of **activities** which produce concrete **outputs** such as behavioural insights units, behaviour change strategies informed by evidence, and trained national and regional level staff. These **outputs**, in turn, contribute to broader **outcomes** such as the use of behavioural sciences in planning and service

delivery, adaptive and evidence-based public health interventions, and expertise within the public health workforce to generate and apply behavioural insights. Together, the three pathways converge toward a shared long-term impact: ***Ministries of health and their associated agencies and institutes use behavioural sciences systematically and effectively to design, implement, and evaluate health interventions – resulting in improved health outcomes.***

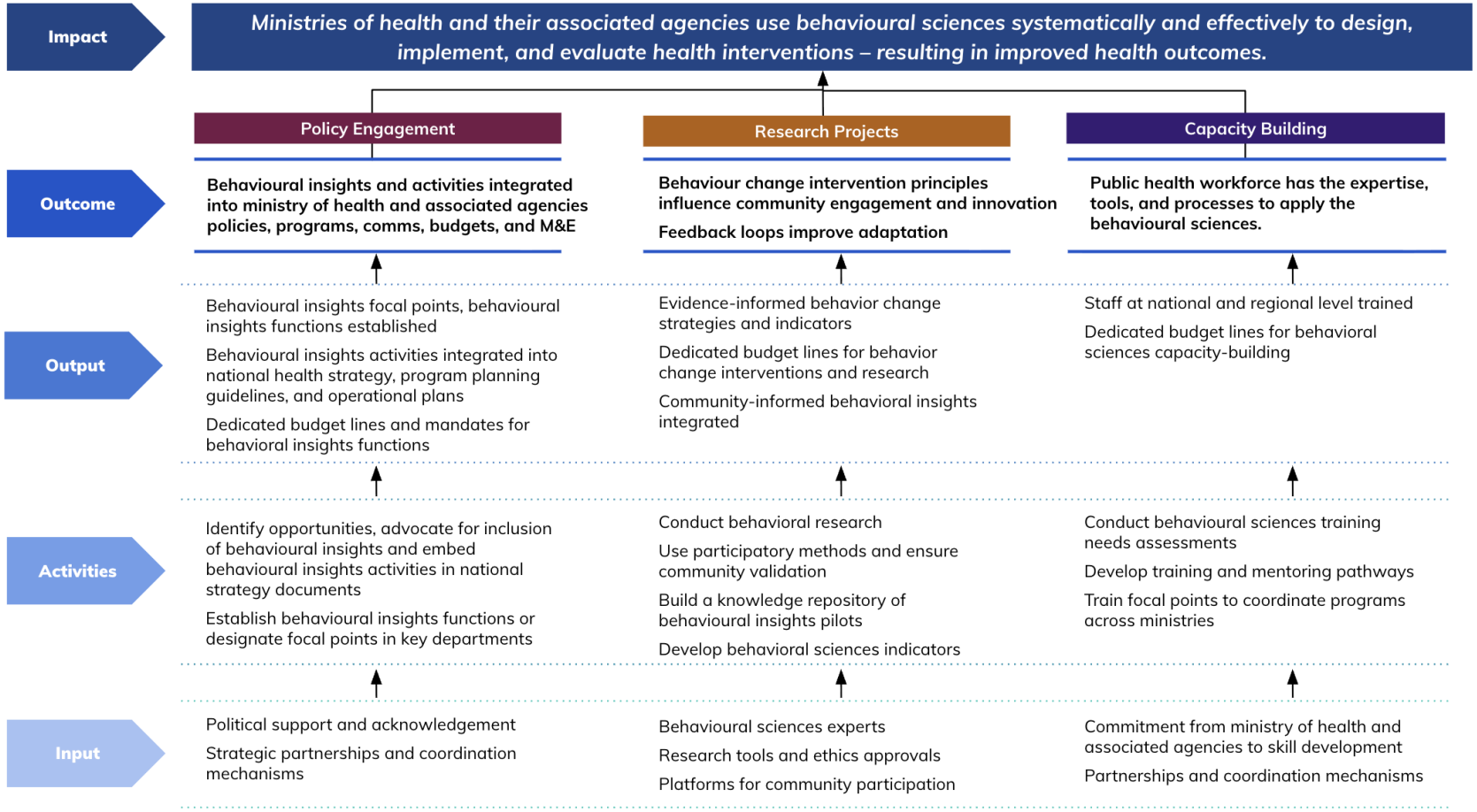
Inter-relationships between the three institutional impact pathways

The mainstreaming process is not linear, and the Institutional Impact Model reflects this. The three institutional impact pathways therefore do not operate in isolation but interact with and reinforce one another in the following ways:

- **Policy Engagement → Research Projects.** When policies or strategic plans formally adopt behavioural sciences principles (for example, by requiring behavioural diagnostics in programme planning), that output becomes a directive or activity in the Research Projects stream – prompting programme designers to initiate behavioural studies and integrate behavioural sciences methods and processes.
- **Policy Engagement → Capacity Building.** Policy mandates or governance structures may include requirements for staff to be trained in the behavioural sciences, or for formal behavioural insights unit roles to be created. This output drives capacity-building activities such as curriculum development, trainings, or onboarding processes.
- **Research Projects → Policy Engagement.** Behavioural diagnostics, applied research, evidence from pilots, and evaluations provide concrete insights that shape future policy. For example, when the steps of Define, Diagnose, Design, Implement, and Evaluate[iv] are used in a behavioural sciences approach, they generate evidence on what works in addressing a particular health problem, these findings are used to advocate for integrating behavioural design into national policies or budget frameworks dedicated to that problem.
- **Research Projects → Capacity Building.** Insights from Research Projects highlight specific capacity gaps and produce case examples. These can directly inform the design of behavioural sciences training programmes and institutional learning agendas.
- **Capacity Building → Research Projects.** Once staff are trained in behavioural research methods, they become the human resource foundation for executing Research Project activities. These include conducting diagnoses, designing interventions, and running evaluations. Without this trained cadre, the Research Project pathway may not be able to function sustainably.
- **Capacity Building → Policy Engagement.** Trained staff, especially at senior or advisory levels, become internal advocates for the behavioural sciences. They participate in policy consultation processes, provide evidence-backed inputs to national planning, and help sustain behavioural sciences within institutional decision-making.

Figure 1 shows the full Institutional Impact Model.

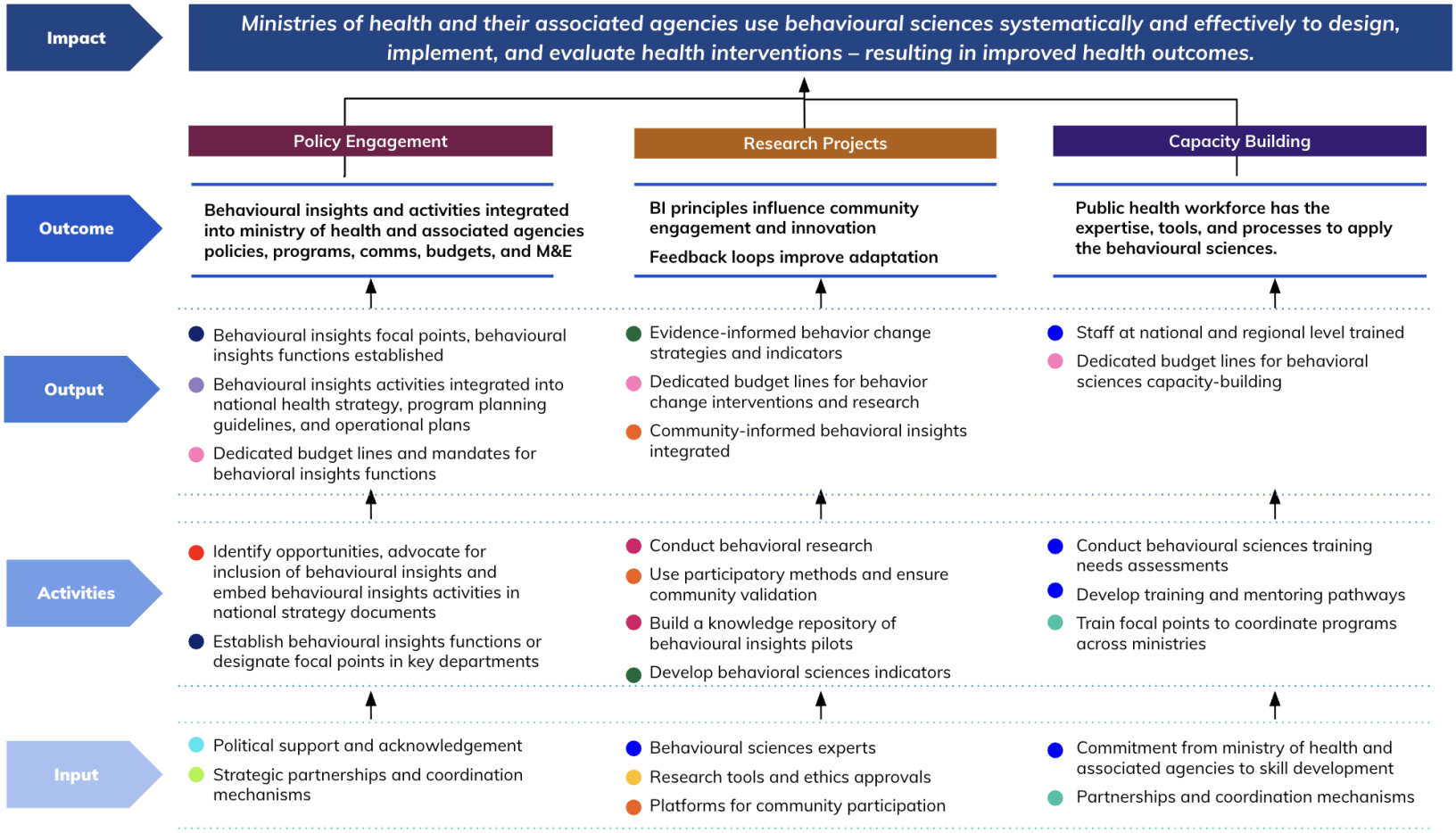
Figure 1. Institutional Impact Model for the mainstreaming of behavioural sciences in national public health organizations.



Deriving indicators from the Institutional Impact Model

The contents of the Institutional Impact Model were analyzed for themes to derive an initial list of concepts that would be assessed through indicators. This derivation is displayed in Figure 2.

Figure 2. The derivation of concepts from the Institutional Impact Model to inform the development of potential indicators.



This initial list was then triangulated against Resolution WHA76.7, the WHO assessment framework of the WHO Office for the European Region (EURO), the UN 2.0 Quintet of Change tracking survey, and the themes that emerged from the formative research for this project. Comparison was also made to the European Institute for Gender Equality's gender mainstreaming framework as a mature model used to support governmental entities to institutionalize mainstreaming (Table 1). The green ticks in the Table 1 indicate that the indicator concept was present in the corresponding resolution, framework, strategy, or research (the concept was not present where there are crosses in the table).

Table 1. Indicator concepts mapped to resolutions, frameworks, and strategies and the formative research.

Concept	**Resolution, framework, strategy or formative research to which the concept were mapped**					
	Conceptual Framework	WHA76.7	WHO EURO	UN 2.0	Formative Research	Gender Mainstreaming
Existing Capacity	✓	×	✓	✓	✓	×
Building Capacity	✓	✓	×	✓	✓	✓
Demand	✓	✓	✓	✓	✓	✓
Research	✓	×	✓	×	✓	✓
Use	✓	×	✓	✓	✓	✓
Funding	✓	✓	✓	✓	✓	✓
Leadership Support	✓	✓	×	✓	✓	×
Participatory Approaches	✓	✓	×	✓	×	×
Ethical Oversight	✓	×	×	×	×	×
Tracking Systems	✓	✓	×	✓	✓	✓
Internal Coordination	✓	×	✓	×	×	✓
External Coordination	✓	×	✓	×	×	✓

The resulting list of concepts cover and expand upon the concepts covered by the WHO EURO indicator framework. Shared concepts, such as Strategic commitment SC4 in the WHO EURO framework, which combines human resources and financial resources are split into separate indicators "existing capacity" and "funding" in Table 1. The additional concepts in Table 1 that are not found in the WHO EURO framework follow from the Institutional Impact Model. Because the concepts in Table 1 were derived from a coherent model for institutionalizing the behavioural sciences into national public health, assessing these concepts should provide a comprehensive measure of progress towards the broader goal of mainstreaming the behavioural sciences into national public health.

Overview of proposed indicators

The proposed indicators cover the concepts extracted from the Institutional Impact Model. One indicator was developed per concept. To build on, and align with, the prior work by the European Member States, the indicator format followed the format used by WHO EURO. Those indicators focus on self-assessments because the concepts covered by the indicators are broad.

Self-assessments run the risk of introducing measurement bias, especially because people have different perspectives and make different inferences from data, which can change over time, especially as reporters change. To mitigate the risk of measurement bias, the following three steps were taken:

1. **Create detailed definitions of each concept.** The definitions were derived from the Institutional Impact Model, and, because the Institutional Impact Model was developed from the formative research, the definitions should also reflect the lived realities of people using behavioural sciences in ministries of health and associated agencies and institutes.
2. **Create detailed definitions of the specific measurement levels for each concept.** In creating these definitions, it was important to ensure that each definition was detailed and distinct and that the measurement levels fell within a clear ordered hierarchy. These definitions should provide guideposts that help anchor where a behavioural insights function should fall within the defined hierarchy, even for assessors without much knowledge of behavioural science.
3. **Add preferred sources of supporting evidence that could be requested to substantiate each self-rating.** For each indicator, evidence that could be requested alongside each assessment was considered. This evidence would be requested alongside a short justification of how the evidence connects to the self-rating. Evidence was selected that should be easily and readily available, but that would encourage reflection upon, and triangulation with, the self-ratings.

Upon formulating detailed definitions, measurement levels, and supporting evidence, each indicator was subsequently mapped to any corresponding components of Resolution WHA76.7, as well as any corresponding Strategic Commitments from the WHO EURO assessment framework.

The mapping of indicators to the WHO EURO Strategic Commitments, in particular, demonstrates how the proposed indicators align with and build upon the existing work of WHO EURO while adding the benefit of connecting to a conceptual framework that applies across world regions.

Details of proposed indicators

Indicator Short Name	Existing Capacity
Indicator Name	Existing Behavioural Sciences Capacity

Indicator Definition

"Existing Capacity" refers to the human resources within the ministry of health and associated agencies and institutes that provide the ability to apply or use the behavioural sciences to achieve institutional goals. This requires people trained in relevant disciplines, such as psychology, behavioural economics, sociology, anthropology, or related fields. This encompasses both i) the skills and expertise of technical staff within the institution to advise in response to demand, apply research methods to generate behavioural evidence, synthesize actionable behavioural insights, and use those insights to solve practical problems; and ii) the organizational capacity of the institution's behavioural insights function, which can come in the form of a dedicated behavioural insights unit or can be distributed across organizational structures, roles, or designations. Existing capacity is often revealed through an organogram, which could show a dedicated behavioural insights unit, or job descriptions, which could list tasks related to behavioural science.

Indicator question and response options

What is the current capacity within the ministry of health and associated agencies and institutes to generate behavioural evidence, synthesize behavioural insights, and/or apply behavioural insights?

- **No capacity:** There are no technical staff with relevant skills and expertise that apply these skills to their work, and no dedicated roles, units, or teams to support behavioural sciences work.
- **Some capacity:** A small and limited number of technical staff have relevant skills and expertise or experience, in behavioural sciences but only use the behavioural sciences ad-hoc on individual projects alongside, or as part of, their other work duties without a specific mandate to do so. There are no formal structures to guide or sustain efforts to apply behavioural science.
- **Moderate capacity:** Some technical staff are trained or have experience in behavioural sciences and its application, and behavioural sciences is included as part of their formal scope of work. Informal or emerging groups, units, or teams may be under development in specific health topics. However, the level of resources was not sufficient for systematic application across many health topics.
- **Structured capacity:** Trained technical staff support multiple health topics, and behavioural sciences is the main focus of their job. Formal structures are in place to support behavioural sciences, such as dedicated roles for behavioural sciences, behavioural sciences teams within specific programme areas, and/or behavioural insights units that serve the entire institution.
- **Strong institutionalized capacity:** Dedicated and well-trained technical staff with well-defined job descriptions that focus on behavioural sciences are available across the ministry and associated agencies and institutes. These personnel are supported by coordination and integration

	mechanisms such as dedicated teams and units for the systematic application of behavioural sciences across all priority health topics.
Preferred Sources of Supporting Evidence:	Organogram, along with job descriptions and the skills and responsibilities associated with those job descriptions
Strategic Element in Institutional Impact Model:	Input; Output

Rationale:
Related components of Resolution WHA76.7:

- (1.5) 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.

Related Strategic Commitment from WHO EURO:

- (SC4) Commit human and financial resources for behavioural and cultural insights and ensure their sustainability

Indicator Short Name	Building Capacity
Indicator Name	Building Behavioural Sciences Capacity

Indicator Definition

"Building Capacity" refers to deliberate efforts to strengthen capabilities, motivations, and opportunities of personnel to use the behavioural sciences and research methods within the ministry of health and its associated agencies and institutes through trainings, workshops, or other similar initiatives. Building capacity often surfaces via the existence of dedicated internal behavioural sciences curricula or modules, or support for the use of external behavioural sciences training resources.

Indicator question and response options

To what extent are efforts being made to build behavioural sciences capacity within the ministry of health and its associated agencies and institutes?

- **No efforts:** There are no behavioural sciences training initiatives, workshops, or other efforts to enhance the capacity of staff to understand and apply behavioural insights.
- **Some effort:** Occasional behavioural sciences training initiatives are conducted but they are not coordinated across programmes or departments, and the quality of training is not consistent.
- **Moderate effort:** Some programmes or departments engage in good quality behavioural sciences training, but there is limited coordination across departments or programmes. Or most programmes or departments engage in coordinated behavioural sciences training, but the quality of the training requires improvement.

- **Structured effort:** Most programmes or departments of the ministry of health and its associated agencies and institutes engage consistently in coordinated, good quality behavioural sciences training programmes.
- **Systematic effort:** There is an institutionalized approach to behavioural sciences training across the whole public health system (including the ministry of health and its associated agencies and institutes as well as public hospitals, clinics, and medical faculties) and the training consistently achieves a high standard of quality.

Preferred Sources of Supporting Evidence:	Training curriculum, target audience, and work plan for the behavioural sciences training
Strategic Elements in Institutional Impact Model:	Input; Output; Activities; Outcome

Rationale:
Related components of Resolution WHA76.7:

- (1.4) to develop and allocate sustainable human and financial resources for building or strengthening technical capacity for the use of behavioural science in public health.
- (1.7) 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.

Related Strategic Commitment from WHO EURO:

- None

Indicator Short Name	Demand
Indicator Name	Demand for Behavioural Sciences

Indicator Definition

"Demand" refers to the extent to which staff within the ministry of health and associated agencies and institutes identify opportunities and seek advice from behavioural sciences experts, who may be internal or external to their organization, so that those staff can then apply behavioural sciences to their work. Requests to apply behavioural sciences are assumed to reflect the degree to which technical staff, management, and leadership who are not experts in the behavioural sciences nevertheless see value and need in the application of the behavioural sciences to their work.

Indicator question and response options
What is the current level of demand within the ministry of health and associated agencies and institutes for behavioural insights?

- **No demand:** Staff of the ministry of health and associated agencies and institutes do not identify any opportunities and seek advice from experts. The assumption is that staff do not see the behavioural sciences as relevant to their work or have not received adequate training.
- **Some demand:** Some scattered, individual staff of the ministry of health and associated agencies and institutes only request support from experts for some of their works. The assumption is that only a few staff view behavioural sciences as relevant to their work, can spot opportunities to apply it, and have been adequately trained.
- **Moderate demand:** Either many staff request expert behavioural sciences support for some of their work or there are consistent requests from some staff for most or all of their work. The assumption is that many staff of the ministry and associated agencies view behavioural sciences as relevant to their work, can spot opportunities to apply it, and have been trained.
- **Widespread demand:** There are a large number of requests for expert support from a wide variety of people within the ministry of health and associated agencies and institutes, but few requests for support for the most visible and impactful projects. The assumption is that behavioural sciences are widely viewed as relevant to the work of the institution and mechanisms to identify opportunities to apply the behavioural sciences are institutionalized in some teams or programmes.
- **Deep and institutionalized demand:** There are systematic requests to use behavioural sciences from across the ministry of health and associated agencies and institutes through an institutionalized system, including for highly visible and impactful projects, from the planning and conceptualization phase. The assumption is that behavioural sciences are viewed as important to the work of the institutions, including among members of senior leadership, and opportunities to apply the behavioural sciences are institutionalized.

Preferred Sources of Supporting Evidence:	WHO workforce survey questions 3, 4, and 17
Strategic Element in Institutional Impact Model:	Input

Rationale:

Related components of Resolution WHA76.7:

- (1.1) 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.
- (1.2) to identify opportunities to use behavioural science in developing and strengthening effective, tailored, equitable and human-centered health-related policies and functions across sectors, while ensuring commitment, capability and coordination across sectors in achieving the health-related Sustainable Development Goals.

Related Strategic Commitment from WHO EURO:

- (SC1) Build understanding and support of behavioural and cultural insights among key stakeholders

Indicator Short Name	Research
Indicator Name	Conduct of Research to Generate Behavioural Insights

Indicator Definition

"Research" refers to whether the ministry of health and associated agencies and institutes are generating behavioural insights from behavioural data and evidence through a process of systematic inquiry. The common steps in this process are Define, Diagnose, Design, Implement, and Evaluate[iii] to understand the influences on health behaviours and test the effectiveness of interventions. The research can either occur in-house or be commissioned, and can use either primary research methods, such as observations, in-depth interviews, surveys, randomized controlled trials, and focus group discussions, or secondary research methods, such as literature reviews and systematic reviews. Whatever the method, research in the behavioural sciences requires formulating a research question, incorporating past research to shape that question, selecting an appropriate research method to answer the question, and producing original knowledge to answer that question while also creating enough documentation that the findings could be built upon. It reflects the capacity to build an evidence base tailored to local contexts through appropriate behavioural sciences methods. Behavioural sciences research should be participatory[iii] – the extent of this is captured separately in the indicator on 'Participatory Approaches'.

Indicator question and response options

To what extent do the ministry of health and associated agencies and institutes conduct behavioural sciences research to inform public health?

- **No research activities:** The ministry of health and associated agencies and institutes do not conduct any behavioural sciences research.
- **Some research activities:** The ministry of health and associated agencies and institutes conduct limited behavioural sciences research (one or a few single studies). These efforts are occasional and are usually not made public.
- **Moderate research activities:** The ministry of health and associated agencies and institutes conduct several behavioural sciences research studies on a few health topics that are relevant to institutional priorities. This research can be in-house or commissioned and use either qualitative or quantitative methods. A few of the reports, methods, and evidence from these activities are shared publicly in a relevant website, repository, or journal.
- **Structured research activities:** The ministry of health and associated agencies and institutes routinely conduct methodologically sound behavioural sciences research which is applied to many relevant health topics. The research can be in-house or commissioned, and research methods are selected based on their appropriateness to the research question. The research is focused on institutional priorities but is also connected to the wider literature. Some of the findings build upon each other. Some of the reports are shared publicly in a relevant location website, repository, or journal, along with the underlying methods and behavioural data.
- **Institutionalized research activities:** Behavioural sciences research is institutionalized as a core part of the work of the ministry of health and associated agencies and institutes. The research is methodologically sound with methods selected that are appropriate for the research questions and the research is applied systematically across most relevant health topics. The institutions have well-developed lines of research that build on each other to answer questions relevant to

	the work of the institutions. Many of the reports and their underlying methods and behavioural data are shared publicly in a relevant website, repository, or journal.
Preferred Sources of Supporting Evidence:	Examples of research conducted including study name, research objectives, methods, partners, location, and type of study, along with the places where the report, methods, and underlying behavioural data are publicly hosted (if they are shared publicly)
Strategic Element in Institutional Impact Model:	Activity

Rationale:

Related components of Resolution WHA76.7:

- (1.6) 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.
- (1.3) 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.

Related Strategic Commitment from WHO EURO:

- (SC2) Conduct behavioural and cultural insights research

Indicator Short Name	Use
Indicator Name	Use of Behavioural Insights in Strategy and Policy

Indicator Definition

"Use" refers to the extent to which ministries of health and their associated agencies and institutes use behavioural insights to inform health policy, strategy, and guidance documents, especially for specific public health topics. It captures the extent to which insights extracted from behavioural evidence are used during the health policymaking process and the extent to which policy, strategy, and guidance are behaviourally informed. This is the extent to which they have been designed or adapted using behavioural data, evidence, insights, theories, or frameworks to make them more effective, relevant and/or acceptable. "Use" often surfaces via the explicit mention of behavioural insights in policy, strategy, and guidance documents.

Indicator question and response options

Consider the ministry's policies, strategies, and guidance including disease prevention and early detection, health promotion, emergency management, health protection, community engagement and social participation[v]. To what extent are behavioural insights used in policies, strategies, and guidance in these areas and more?

- **No use:** Behavioural insights are not used in any strategy, policy, or guidance documents including disease prevention and early detection, health promotion, emergency management, health protection, community engagement and social participation.
- **Some use:** Behavioural insights are used occasionally in the formulation of a single document in two or three public health topics, or multiple documents in a single public health topic.
- **Moderate use:** Behavioural insights are used in the formulation of a single document across five or more public health topics, or multiple documents in two or three topics.
- **Systematic use:** Behavioural insights are used in multiple documents in five or more public health topics or are comprehensively used throughout the strategy, policy, and guidance documents of two or three public health topics.
- **Widespread systematic use:** Behavioural sciences are used throughout policy documents in most public health topics.

Preferred Sources of Supporting Evidence:	Examples of health policy, strategy, or guidance documents that explicitly mention behavioural insights
Strategic Element in Institutional Impact Model:	Output

Rationale:

Related components of Resolution WHA76.7:

- (1.2) to identify opportunities to use behavioural science in developing and strengthening effective, tailored, equitable and human-centered health-related policies and functions across sectors, while ensuring commitment, capability and coordination across sectors in achieving the health-related Sustainable Development Goals.

Related Strategic Commitment from WHO EURO:

- (SC3) Apply behavioural and cultural insights to improve outcomes of health-related policies, services, and communications

Indicator Short Name	Funding
Indicator Name	Allocation of Financial Resources for the Mainstreaming of Behavioural Science

Indicator Definition

"Funding" refers to the dedicated allocation of financial resources to mainstream behavioural sciences into the work of the ministry and its associated agencies and institutes. This includes funding to

strengthen behavioural sciences capabilities and conduct behavioural sciences research. Functions mentioned in other indicators, such as embedding behavioural insights into strategy and policy, using participatory approaches, ensuring ethical oversight, and establishing institutional information systems for tracking behavioural sciences are assumed to not require significant or dedicated financial resources.

Indicator question and response options

To what extent is funding allocated to strengthen behavioural sciences capacity (please refer to your response to the Indicators on Existing Capacity and Building Capacity)?

- **No funding allocated:** No funding is available to strengthen behavioural sciences capacity.
- **Insufficient funding allocated:** Some funding is available to strengthen behavioural sciences capacity, but not enough to advance the goal of mainstreaming behavioural sciences in the work of the ministry of health and its associated agencies and institutes.
- **Adequate funding allocated:** Enough funding is available to build behavioural sciences capacity at a level that would advance the goal of mainstreaming behavioural sciences in the work of the ministry of health and its associated agencies and institutes.

To what extent is funding allocated to conduct behavioural sciences research (please refer to your response to the Indicator on Research)?

- **No funding allocated:** No funding is available to conduct behavioural sciences research.
- **Insufficient funding allocated:** Some funding is available to conduct behavioural sciences research, but not enough to advance the goal of mainstreaming behavioural sciences into the work of the ministry of health and its associated agencies and institutes.
- **Adequate funding allocated:** Enough funding is available to conduct behavioural sciences research that would advance the goal of mainstreaming behavioural sciences into the work of the ministry of health and its associated agencies and institutes.

Preferred Sources of Supporting Evidence:	Description of demand received but not addressed due to a lack of investment
Strategic Element in Institutional Impact Model:	Output

Rationale:

Related components of Resolution WHA76.7:

- (1.4) to develop and allocate sustainable human and financial resources for building or strengthening technical capacity for the use of behavioural science in public health.

Related Strategic Commitment from WHO EURO:

- (SC4) Commit human and financial resources for behavioural and cultural insights and ensure their sustainability

Indicator Short Name	Leadership Support
Indicator Name	Leadership Support for the Mainstreaming of Behavioural Sciences

Indicator Definition

"Leadership Support" refers to informal and formal endorsement from leadership within the ministry of health and associated agencies and institutes to mainstream behavioural sciences into the work of those organizations. Specifically, it encompasses a public political commitment in the form of advocacy and strategy from policymakers and decisionmakers to cultivate behavioural sciences capacity and support the use of behavioural insights.

Indicator question and response options

What level of leadership support exists to mainstream behavioural sciences in the work of the ministry of health and associated agencies and institutes?

- **No support:** There is no visible support from leadership to mainstream behavioural sciences in the work of the ministry of health and its associated agencies and institutes. Behavioural sciences are not mentioned in any public statements from leadership or institutional strategies.
- **Some support:** There are early signs of interest in behavioural sciences among leadership, such as individual champions. However, this early support has not translated into a formal strategy or commitment.
- **Moderate support:** Behavioural sciences are mentioned in some strategic or planning public documents. Leadership occasionally advocates for its relevance in internal or external settings. However, this support is not yet consistent or fully institutionalized.
- **Structured support:** Leadership has made a clear commitment to mainstream behavioural science, as evidenced by its inclusion in national or institutional health strategies. There is an established process to identify and explore opportunities to apply behavioural sciences in policy and programming.
- **Strong and structured support:** Leadership demonstrates sustained, high-level political commitment to the mainstreaming of behavioural sciences. Institutions may have published a dedicated national strategy or plan for the application of behavioural sciences for better health. Behavioural sciences are embedded across strategic planning, policy development, budgeting, and implementation processes.

Preferred Sources of Supporting Evidence:	Public organizational strategies that refer to behavioural sciences or insights
Strategic Element in Institutional Impact Model:	Activity

Rationale:

Related components of Resolution WHA76.7:

- (1.2) to identify opportunities to use behavioural science in developing and strengthening effective, tailored, equitable and human-centered health-related policies and functions across

sectors, while ensuring commitment, capability and coordination across sectors in achieving the health-related Sustainable Development Goals.

Related Strategic Commitment from WHO EURO:

- (SC5) Implement strategic plan(s) for the application of behavioural and cultural insights for better health

Indicator Short Name	Participatory Approaches
Indicator Name	Use of Participatory Approaches to Include Beneficiaries

Indicator Definition

"Participatory Approaches" refers to the extent to which end users or beneficiaries are involved in the full process of generating and using behavioural insights. This process includes prioritizing topics to research, identifying influences on behaviours, designing behavioural change interventions, generating behavioural insights, and applying them. This involvement requires using research methods and creating processes to ensure the involvement occurs at all staged of the Define, Diagnose, Design, Implement, Evaluate process.

Indicator question and response options

To what extent are end users or community members involved in behavioural sciences work within the ministry of health and associated agencies and institutes?

- **No participation:** End users or communities are not involved in any stages of research projects to generate behavioural insights. There are no mechanisms or plans in place to include their perspectives or feedback.
- **Some participation:** There is symbolic involvement of end users, such as a one-off consultation or survey. These activities do not meaningfully shape design decisions or priorities.
- **Moderate participation:** Some research projects that are designed using behavioural sciences include participatory components soliciting feedback. However, participation is inconsistent and often limited to data collection rather than collaborative design.
- **Structured participation:** There are established institutional processes for engaging end users in research projects to generate behavioural insights. Community voices are integrated into decision-making, and participation occurs at multiple stages of the process to define, diagnose, design, implement, and evaluate initiatives.
- **Strong and structured participation:** Participatory approaches are embedded in research projects across all intervention design processes. End users are treated as co-creators, with their perspectives consistently used to prioritize, design, and validate initiatives.

Preferred Sources of Supporting Evidence:	Descriptions of processes to ensure participation

Strategic Element in Institutional Impact Model:	Input; Activity; Output

Rationale:

Related components of Resolution WHA76.7:

- (1.3) 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.

Related Strategic Commitment from WHO EURO:

- None

Indicator Short Name	Ethical Oversight
Indicator Name	Robustness of Ethical Oversight Mechanisms

Indicator Definition

"Ethical Oversight" refers to the existence, strength, and appropriateness of mechanisms to ensure that the behavioural sciences work of the ministry of health and its associated agencies and institutions is ethical, and therefore acceptable to the ultimate beneficiaries. This refers both to the degree to which any ethical oversight mechanisms are able to flag ethical risks at the planning stages, the degree to which such mechanisms monitor for ongoing risks, and the degree to which these mechanisms reduce the burden of oversight for behavioural sciences work that is minimal risk.

Indicator question and response options

What processes are in place to ensure that the behavioural sciences work in the ministry of health and its associated agencies and institutions is compliant with relevant ethical and legal frameworks?

- **No existing processes:** There are no institutional guidelines or mechanisms in place to safeguard participant rights or well-being in public health research or intervention delivery.
- **Basic processes exist:** A basic code of conduct exists and some ethical practices are followed, such as consenting procedures. However, the practices are informal and inconsistently applied, and there is no mechanism to ensure adherence to the code of conduct.
- **Minimum standards met:** A code of conduct exists and the organization adheres to standard ethical practices, such as written informed consent and approval from an independent ethics review board. However, practices are often limited to compliance rather than proactive ethical engagement.
- **Ethical protocols exist:** Ethical procedures are institutionalized, with internal review mechanisms, clear protocols for consent, confidentiality, and participant safety. There is attention to cultural acceptability and the lived realities of communities.

- **Ethics embedded in practice:** Ethics is treated as a core institutional value and is embedded in the design, implementation, and evaluation of behavioural research programmes/projects. Processes are regularly updated in consultation with communities, and staff are trained in ethical practice and accountability. Procedures are in place to minimize burden for behavioural research programmes/projects that pose a minimal risk to beneficiaries.

Preferred Sources of Supporting Evidence:	Descriptions of submissions to, and registrations of protocols with, the institutional ethics process.
Strategic Element in Institutional Impact Model:	Input

Rationale:
Related components of Resolution WHA76.7:
- None

Related Strategic Commitment from WHO EURO:
- None

Indicator Short Name	Tracking Systems
Indicator Name	Information Systems Track Behavioural Science

Indicator Definition

"Tracking Systems" refers to the infrastructure and structured processes within health systems that monitor the use, outcomes, and institutionalization of behavioural sciences. This includes systems that collect, store and analyze behavioural data; evaluate the effectiveness and uptake of behaviour change interventions; track performance indicators specific to behavioural insights units or functions; and assess the reach and quality of behaviourally informed strategies. It enables the incorporation of behavioural data to support decision-making across the levels of the healthcare system and the ability to translate findings into actionable insights for policy and programme improvement. Tracking is usually facilitated by a designated focal point in the institution.

Indicator question and response options

What systems exist to track the use of behavioural sciences and collect data on behavioural indicators?

- **No tracking:** The information systems of the ministry of health and its associated agencies and institutions do not track any behavioural indicators or behaviour change interventions. There are no key performance indicators related to behavioural insights units or their productivity, and no mechanisms are in place to collect or analyze behavioural data.
- **Limited tracking:** Some behavioural indicators are tracked informally or within isolated programmes/projects, but these are not standardized or integrated into information systems. Monitoring of behaviour change interventions is typically external. Specialized behavioural staff and/or behavioural insights units do not have institutional key performance indicators.

- **Basic tracking:** Behavioural indicators are included in select programmes or monitoring frameworks. Some evaluations of behavioural tools are conducted, and data collection processes exist but are not consistent across departments or regions. Specialized behavioural staff and/or behavioural insights units have performance metrics but limited internal accountability mechanisms. There is a focal point for tracking but no formal designation.
- **Systematic tracking:** The information systems of the ministry of health and its associated agencies and institutions systematically track behavioural indicators across major health programmes. There are formal procedures for monitoring and evaluating behavioural sciences tools, and behavioural data are regularly collected and reported. Specialized behavioural staff and/or behavioural insights units have defined key performance indicators and contribute regularly to performance reports. There is a designated focal point to coordinate the tracking.
- **Integrated and strategic tracking and use:** Behavioural indicators and behavioural sciences evaluations are embedded across information systems of the ministry of health and its associated agencies and institutions and aligned with strategic health objectives. Data from behaviour change interventions are analyzed and used to inform programme improvements and policymaking. Specialized behavioural staff and/or behavioural insights units operate within robust performance management systems and feedback loops.

Preferred Sources of Supporting Evidence:	A description of the key performance indicator framework for behavioural specialists and/or the behavioural insights unit.
Strategic Element in Institutional Impact Model:	Activity; Output

Rationale:
Related components of Resolution WHA76.7:
- None

Related Strategic Commitment from WHO EURO:
- None

Indicator Short Name	Internal Coordination
Indicator Name	Internal Stakeholder Coordination

Indicator Definition

"Internal Coordination" refers to the governance mechanisms or systems in place for the ministry of health and associated agencies and institutes to support the mainstreaming of behavioural sciences into the work of these institutions. This could include informal communication channels, formal working groups, cross-functional task forces, or institutionalized platforms or interdepartmental committees that facilitate engagement, joint planning, shared learning, and coordinated implementation of behavioural

sciences initiatives. "Internal Coordination" often surfaces through the formation of steering and internal advisory groups focused on behavioural science.

Indicator question and response options

What platforms or systems exist that enable the coordination of behavioural sciences activities within the work of the ministry of health and its associated agencies and institutions?

- **No internal coordination:** There are no formal or informal mechanisms within the organizations to coordinate behavioural science-related activities across units or programmes. There is no behavioural sciences work, or it is fragmented or ad-hoc.
- **Limited internal coordination:** Some informal communication or coordination occurs between units or programmes, but it is occasional. There is no formal group or defined process to support cross-unit coordination.
- **Emerging internal coordination:** A cross-functional working group or task force exists and there are periodic coordination meetings. However, these mechanisms are not yet systematic or embedded in formal processes.
- **Structured internal coordination:** Formal systems are in place to coordinate and provide governance for behavioural sciences across units or programmes. These include interdepartmental committees or platforms that meet regularly and have a clear mandate and representation from key sectors.
- **Institutionalized and active coordination:** Behavioural sciences coordination is fully institutionalized, with permanent platforms that include high-level stakeholders from multiple units or programmes. The platform shapes joint policies and programmes, provides governance, and facilitates learning, monitoring, and alignment of behavioural sciences efforts across sectors.

Preferred Sources of Supporting Evidence:	The names of behavioural sciences steering, advisory and/or governance groups.
Strategic Element in Institutional Impact Model:	Input; Activity

Rationale:

Related components of Resolution WHA76.7:

- (1.2) to identify opportunities to use behavioural science in developing and strengthening effective, tailored, equitable and human-centered health-related policies and functions across sectors, while ensuring commitment, capability and coordination across sectors in achieving the health-related Sustainable Development Goals.

Related Strategic Commitment from WHO EURO:

- (SC1) Build understanding and support of behavioural and cultural insights among key stakeholders

Indicator Short Name	External Coordination
Indicator Name	External Stakeholder Coordination

Indicator Definition

"External Coordination" refers to the mechanisms or systems in place that enable coordination and dialogue between technical staff specialized in behavioural sciences and external actors to support the mainstreaming of behavioural sciences into the work of the ministry of health and its associated agencies and institutes. "External actors" could include strategic partnerships with academics, civil society organizations, multilateral agencies, non-profits, and behavioural sciences teams in other Member States. Such coordination may support joint research, co-design of interventions, capacity building, and long-term collaboration for scaling behavioural sciences initiatives, interventions or innovations. "External Coordination" often surfaces through the presence of formal partnerships or Memorandums of Understanding.

Indicator question and response options

What strategic partnerships exist between behavioural experts within the ministry of health and its associated agencies and institutes and external stakeholders in behavioural sciences, such as academia, civil society organizations, multilateral organizations, non-profits, and behavioural teams in ministries of health within other Member States?

- **No external partnerships:** The ministry of health and its associated agencies and institutes does not maintain any active partnerships or collaborations with external stakeholders related to behavioural science. There are no mechanisms to engage with academia, civil society, or expert communities.
- **Limited external partnerships:** Some ad-hoc or programme/project-specific collaborations exist, but they are time-bound and not embedded in broader institutional strategy.
- **Emerging external partnerships:** The ministry of health and its associated agencies and institutes are beginning to build strategic relationships with external actors in the behavioural sciences. Some partners are involved in advisory roles, capacity building or joint research efforts. However, these relationships are not systematic or long-term.
- **Structured external partnerships:** The ministry of health and its associated agencies and institutes maintain formal and active partnerships with a variety of behavioural sciences stakeholders, such as academia, civil society, and multilateral organizations. Internal behavioural sciences experts are in contact with behavioural sciences experts within the national health institutions of other Member States. These partnerships contribute to programme design, research, evaluation, and capacity-building efforts.
- **Embedded external partnerships:** The ministry of health and its associated agencies and institutes have built a robust ecosystem of strategic partnerships with key behavioural sciences actors and share lessons learned with behavioural sciences experts within the national health institutions of other Member States. These partnerships are sustained and contribute to co-creating interventions, scaling innovations, and delivering long-term capacity-building.

Preferred Sources of Supporting Evidence:	An active memorandum of understanding with an external organization; shared protocols; multi-country approaches.

Strategic Element in Institutional Impact Model:	Input

Rationale:

Related components of Resolution WHA76.7:

- (1.8) 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.

Related Strategic Commitment from WHO EURO:

- (SC1) Build understanding and support of behavioural and cultural insights among key stakeholders

Annex: Systems Impact Model

The Systems Impact Model consists of three elements: a representation of a national public health system, a mainstreaming pathway, and the enabling environment. These three elements are combined to define how behavioural sciences can be mainstreamed into different elements of a national public health system, how such mainstreaming can be enabled, and the outcomes of such mainstreaming.

National public health system

The representation of a national public health system defines the public health elements into which behavioural sciences should be mainstreamed. The WHO Health Systems Framework was selected as an initial representation of "public health". Items from the framework were then selected which define the constitutive elements of an individual national public health system. This resulted in the following six components:

1. **Governance:** Structures responsible for setting strategic direction, coordinating across departments and sectors, and ensuring accountability.
2. **Human Resources:** The trained personnel and systems that deliver or support public health.
3. **Information:** Digital and data systems that track health outcomes, behaviours, and service use.
4. **Medicines and Technologies:** Availability, affordability, quality, and appropriate use of medicines, vaccines and other health technologies.
5. **Financing:** The mechanisms and strategies that fund public health activities.
6. **Service Delivery:** Direct interfaces such as primary healthcare workers and mobile health clinics between the health system and the population.

These six components can be combined with the components of the integration pathway and the enabling environment to help define and structure how and where within the national public health system integration can take place.

Mainstreaming pathway

The mainstreaming pathway describes how behavioural sciences can be mainstreamed via policy cycles or processes. Given a specific component of a national public health system, the mainstreaming pathway can therefore define how behavioural insights functions can be added to that public health component and how those functions might evolve over time.

Drawing from European Institute for Gender Equality's gender mainstreaming framework, a policy process can be thought of as a multi-stage cycle consisting of the following four stages:

1. **Define:** Identify and define the gaps, bottlenecks and conditions affecting health outcomes.
2. **Plan:** Develop formal strategies or programmes that address identified issues.
3. **Implement:** Operationalize the planned strategies through existing health delivery and governance mechanisms.
4. **Check:** Evaluate progress, impact, and institutional learning using feedback systems and Monitoring and Evaluation frameworks.

These stages can be combined with a component of a national public health system to identify opportunities to integrate behavioural insights functions into the systems aspect, as well as how those functions might evolve over time.

The enabling environment

The enabling environment describes the conditions or capacities needed to support the mainstreaming of behavioural sciences into a national public health system. The enabling environment therefore defines the capacities that should exist within a national public health system in order for mainstreaming to take place.

Adapting from EIGE's gender mainstreaming framework, the following are enablers that define the prerequisites for successfully institutionalizing behavioural sciences in a national public health system:

1. **Preparation:** The extent to which a system is ready and willing to mainstream behavioural sciences, including political commitment and alignment with health priorities.
2. **Resources:** The availability and allocation of financial, technical, and human resources necessary to support the mainstreaming of behavioural sciences.
3. **Stakeholder Involvement:** Mechanisms for participatory engagement and collaboration across government, civil society, and affected populations.
4. **Monitoring & Evaluation:** Systems to assess the progress, effectiveness, and accountability of behavioural sciences activities.
5. **Knowledge Generation:** Efforts to document, share, and apply behavioural sciences and evidence from programmes and research.
6. **Behavioural Sciences Expertise:** The presence of individuals and institutions with specialized knowledge and skills in behavioural sciences across domains of the health system.

These enablers can be combined with a component of the public health system to define the necessary conditions for that component to mainstream behavioural sciences.

Combining elements of the Systems Impact Model

To use the Systems Impact Model, one identifies a component of the national public health system and combines that component with one or more stages of the mainstreaming pathway and one or more enabling conditions. The result is a staged process that identifies, for a particular public health component, how a behavioural insights function could be mainstreamed into that component, how that function might evolve over time, and the enabling conditions for such integration.

Two tables are presented below, which lay out the integration process for different components of the public health system, as well as the enabling conditions for such integration for each of these components.

Table 2. Six components of a national public health system and the integration pathway for those components

Policy Stage	Governance	Human Resources	Information	Medicine and Technologies	Financing	Service Delivery
Define	Identify policy and leadership gaps and integration opportunities for the behavioural sciences	Identify behavioural sciences skills gaps	Identify behavioural indicators in ministry information systems	Acknowledge the role of behavioural sciences in improving adherence, prescribing behaviours, and access	Review inclusion of behavioural sciences in financial planning	Assess behavioural barriers to service use
Plan	Develop governance strategies that include behavioural sciences	Incorporate behavioural sciences in Human Resources strategies	Design behavioural sciences modules for ministry information systems	Plan interventions that use behavioural levers in supply chains and procurement	Budget for behavioural sciences tools and trainings	Plan behaviourally informed delivery approaches
Implement	Activate behavioural sciences mandates and units	Roll out behavioural sciences trainings	Deploy data collection on behaviours	Deploy behavioural sciences tools in pharmacy workflows, medication packaging, and distribution systems	Fund behavioural sciences pilots or programmes	Deliver behaviourally based interventions
Check	Evaluate the progress of integration of behavioural sciences	Assess behavioural sciences knowledge use in practice	Monitor behavioural data reporting	Monitor behavioural outcomes like adherence, stock-out behaviours, and appropriate use	Assess efficiency of behavioural sciences investments	Evaluate behaviourally related health outcomes

Table 3. Six components of a national public health system and the enabling conditions for behavioural sciences mainstreaming into those components

Enabling Condition	Governance	Human Resources	Information	Medicine and Technologies	Financing	Service Delivery
Preparation	Role of behavioural sciences to inform policies acknowledged and opportunities to use behavioural sciences for policies identified	Behavioural sciences training needs assessment done, and behavioural sciences roles defined	Ministry information system readiness for behavioural metrics	Policies recognize the potential of behavioural sciences to address medicine access challenges	Fiscal audit for behavioural sciences completed	Behaviour-sensitive delivery readiness assessed
Resources	Budget lines for behavioural sciences governance	Dedicated behavioural sciences staff in Human Resources	Behavioural sciences funding in ministry information systems	Financing supports behavioural sciences tools, technology, and capacity for medicine adherence interventions	Funds earmarked for behavioural sciences	Behavioural sciences job aids available
Stakeholder Involvement	Inter-ministerial behavioural sciences platforms	Co-design of behavioural sciences training with staff	Data users consulted for behavioural sciences tools	Coordination with pharmacists, procurement agencies, and community groups to identify behavioural sciences opportunities	Finance staff involved in behavioural sciences design	Patient and provider feedback included
Monitoring & Evaluation	Key performance indicators for behavioural sciences strategy	Behavioural sciences training evaluation conducted	Behavioural data in ministry information systems	Systems track behavioural indicators like medication pick-up rates and adherence	Behavioural-science - linked financial performance tracked	Indicators linked to behavioural outcomes
Knowledge Generation	Behavioural sciences policy reviews informed by learning	Workforce behavioural sciences learning agenda	Ministry information system on behavioural sciences documented	Behavioural audits guide procurement and distribution decisions	Lessons from behavioural sciences pilots shared	Service-level behavioural sciences documentation
Behavioural Sciences Expertise	Institutional behavioural sciences experts in leadership	Behavioural sciences focal points in training institutions	Analysts skilled in behavioural sciences in ministry information system teams	Pharmacists and supply chain staff trained in behavioural approaches	Behavioural sciences advisors in finance teams	Trained behavioural sciences implementers on delivery teams

[i] Kuchenmüller, T., Boeira, L., Oliver, S. et al. Domains and processes for institutionalizing evidence-informed health policy-making: a critical interpretive synthesis. Health Res Policy Sys 20, 27 (2022). https://doi.org/10.1186/s12961-022-00820-7

[ii] Supporting the routine use of evidence during the policy-making process: a WHO Checklist. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO. https://iris.who.int/handle/10665/366181

[iii] Technical Note from the WHO Technical Advisory Group on behavioural insights and science for health. 2021. Principles and steps for applying a behavioural perspective to public health https://cdn.who.int/media/docs/default-source/documents/bi-tag-technical-note1_principles-and-steps.pdf?sfvrsn=efdefb39_5&download=true

[iv] Technical Note from the WHO Technical Advisory Group on behavioural insights and science for health. 2021. Principles and steps for applying a behavioural perspective to public health https://cdn.who.int/media/docs/default-source/documents/bi-tag-technical-note1_principles-and-steps.pdf?sfvrsn=efdefb39_5&download=true

[v] Defining essential public health functions and services to strengthen national workforce capacity. World Health Organization. 2024. Defining essential public health functions and services to strengthen national workforce capacity