
Using Behavioural and Cultural Insights to Tailor Emergency Response

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9 February 2023



European Region



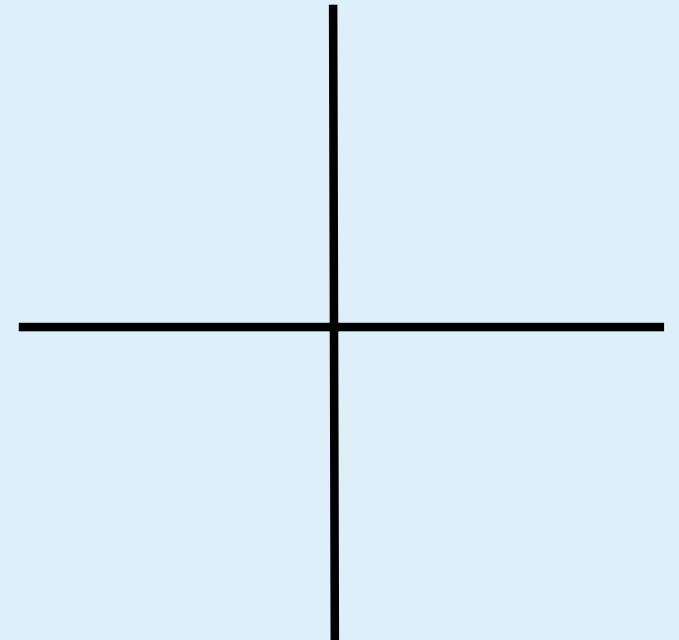
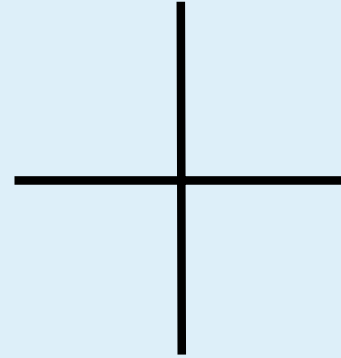
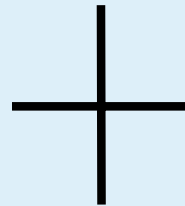
Behavioural and Cultural Insights (BCI)

Our definition:

systematically gaining **insights** into the contextual and individual factors that affect health behaviours

AND

using these insights to design, develop, implement and **evaluate** policies, services and communication that improve health and well-being and reduce inequity



Behavioural and Cultural Insights Unit

- One of four flagships
- Recently passed resolution and action framework
- Tailoring health programmes approach
- Emergency and non-emergency
 - COVID-19
 - Ukraine



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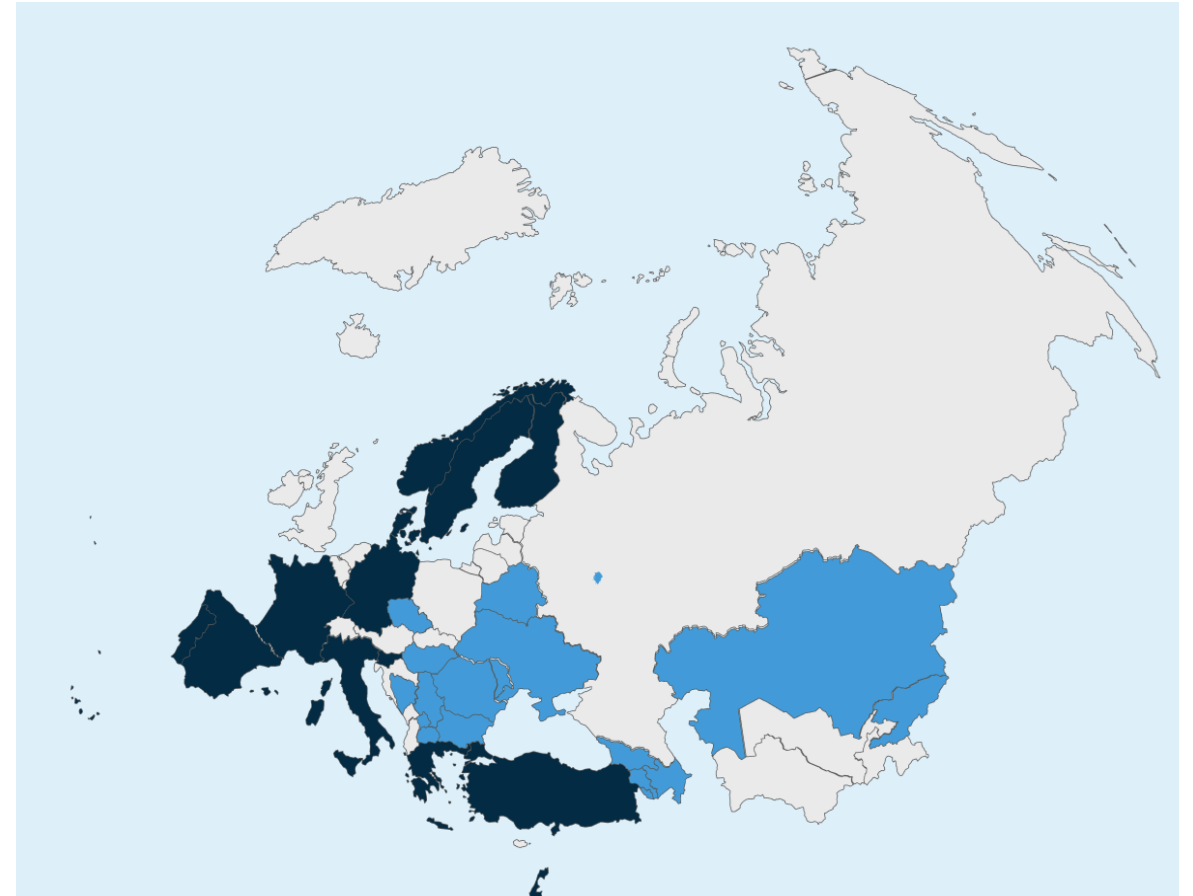
A guide to Tailoring Health Programmes (THP)

Using behavioural
and cultural insights
to improve the
outcomes of health
policies, services and
communications



COVID-19 Behavioural Insights Surveys

- Standard protocol and questionnaire adapted in countries
- Quantitative, cross-sectional surveys
- Sample of 1,000 per round
- Representative of population: age (18+), sex and geographical distribution
- National and WHO ethical approval
- Variables include behaviours, perceptions, well-being, demographics
- Telephone (CATI), web-based interviews or a combination
- Evaluation underway



- 30 countries and areas in the Region have used the tool
- 18 countries with direct support from WHO Regional Office
- Data collection started in March/April 2020
- Over 120,000 individual voices heard from countries supported by WHO
- Community of Practice

Health Literacy

Greater confidence in being able to find, understand and use health information contributes to:

- ✓ Higher vaccine intentions
- ✓ Greater likelihood of following PHSM
- ✓ Better well-being
- ✓ More positive emotional state
- ✓ Greater trust in health professionals



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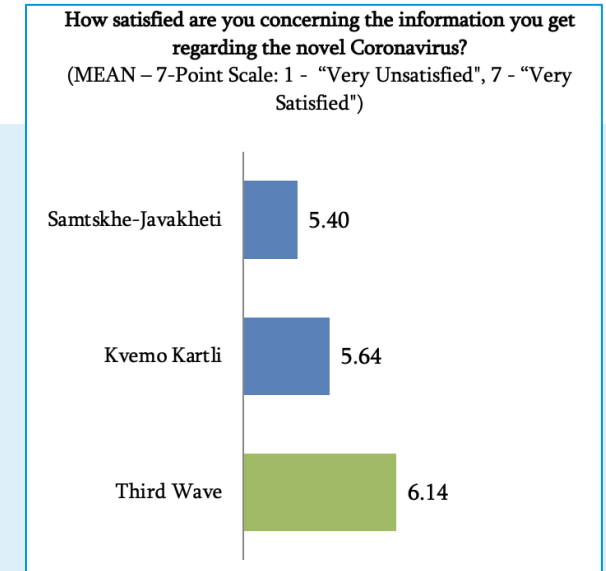
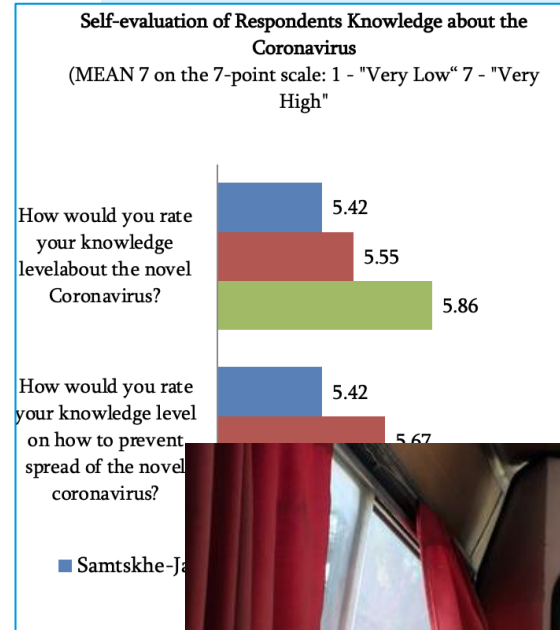
Tailoring action for minority populations

Insights:

In Georgia, data collected early in the pandemic showed that ethnic minorities were less aware of the virus, had lower risk perception than the majority population and used different media channels. People living in these areas needed information in Azerbaijani and Armenian languages shared through diverse channels.

Action:

These findings were used to inform targeted interventions for ethnic minorities, including engagement with local leaders and influencers to test and disseminate messages.



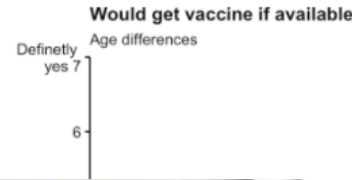
Informing RCCE for COVID vaccination campaigns

Insights:

BI data showed that young people were less likely to follow recommended PHSM and were consistently less likely to say they would get vaccinated. As this population became eligible for vaccination in Moldova, special efforts were needed to increase acceptance.

Action:

The CO engaged with universities and the Association of Medical Students and Residents to implement a peer-to-peer campaign. Medical students visited each university to encourage students to get vaccinated both in person and online. “Put your shoulder in” visuals were shared throughout the campaign, through social media and other networks.



Informing RCCE for COVID vaccination campaigns


Insights:

In Kosovo*, the BI survey and vaccine segmentation analysis showed that over 60% of respondents expressed willingness to vaccinate but had concerns about side effects, safety, and effectiveness of the vaccines.


Action:

The WHO Pristina Office shared these results with international partners, and JICA took action. Working with famous Kosovar Olympians, a series of videos were created to emphasize that the strongest and healthiest people in Kosovo trust COVID-19 vaccines and are already vaccinated.

*All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

 **Concerned Acceptors** *"I'm not worried about getting COVID-19 myself. I know vaccination can help protect everyone, but I still have concerns about these vaccines."*

- Motivation**
- Higher vaccine uptake and intention
 - More likely to support routine immunization

 **Willing but worried** *"I'm afraid I could get this virus, but I have a lot of concerns about vaccines. I want to be convinced they're safe and effective."*

- Motivation**
- Average vaccine uptake and average acceptance of routine immunization
 - Higher intentions to get COVID-19 vaccination
 - Higher COVID-19 risk perception - more likely to find DHSM fair




Bëhu pjesë e ekipit fitues
VAKSINOHU!

Republika e Kosovës
Republika Kosovo-Republic of Kosovo
Qeveria - Vlada-Government
MINISTRIA E SHENDETËSISË
MINISTARSTVO ZDRAVLJA
MINISTRY OF HEALTH

JICA

Trust

People who trust the government and other institutions are more likely to follow recommended behaviours.

Data allow for analysis of characteristics of those who trust or don't trust the institutions or information.



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Increasing transparency

Action:

In Slovenia, IPH embarked on a *transparency strategy* to build trust. BI data is made publicly available on an interactive website, providing clear and transparent communication of data as a means to build trust in the response overall and particularly in the vaccination campaign.

The online dashboards provides the latest data on vaccinations and gives detailed insight into the progress of vaccination among different populations. Its official “speedometer” showing the increasing vaccination rate works as a motivator for collective action against COVID-19.

Data from the dashboard are used almost daily in the media.

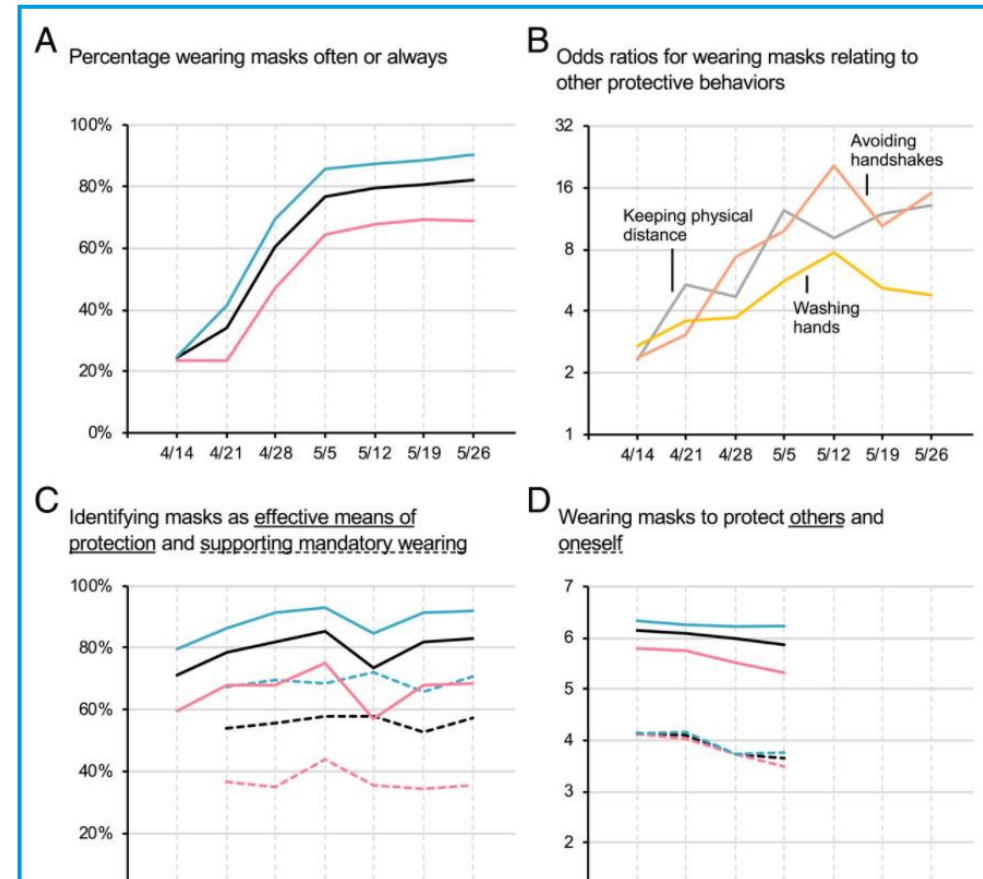


Protective Behaviours

In Denmark, there was heated discussion about the introduction of masks.

BI survey data was presented from both Germany and Denmark showing that mandating mask use would result in high uptake of mask wearing and other PHSM.

Based on this and other data, the Danish government introduced a mask mandate on public transportation.



Data from Germany, showing that after mask wearing became mandatory in public transport and shops use increased steeply. For people wearing masks, the probability of hand washing was between 2.71 and 7.73 times greater than for people not wearing masks; for handshakes, the probability was between 2.37 and 20.50 times greater; and, for physical distancing, odds were between 2.32 and 13.13 times greater. See also <https://doi.org/10.1073/pnas.2011674117>

Qualitative Study Among Refugees From Ukraine

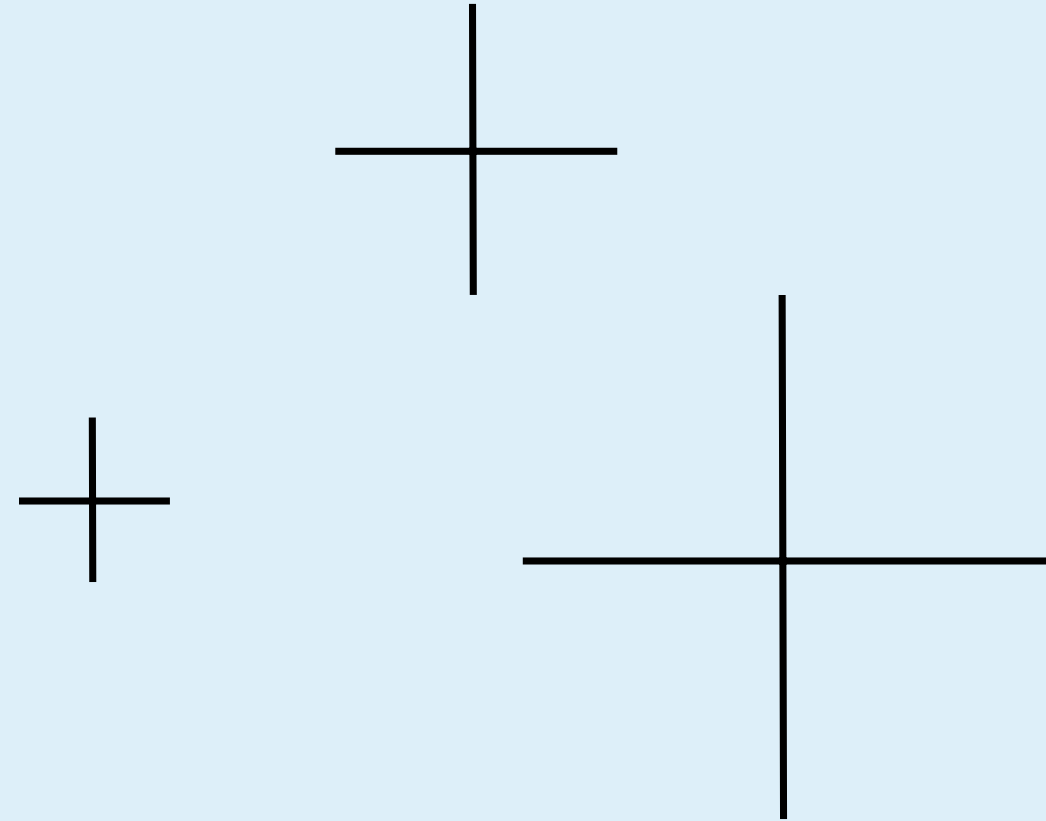
A person is seen from the back, wearing a blue vest over a dark shirt. The vest features the World Health Organization logo on the left and the text "World Health Organization" and "REGIONAL OFFICE FOR Europe" on the right. The background is a blurred outdoor setting with other people.

World Health
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- **Qualitative study designed** to gain insights into behavioural and cultural factors impacting access to and uptake of health services by people fleeing Ukraine, with the intention of **informing the response** in neighbouring countries.
 - **In-depth interviews** conducted online beginning in May 2022 with follow up interviews 3 months later.
 - **Ukrainian research company** collecting and analysing data.
 - Participants represent diversity across **age, location, lodging (formal/informal), education and caretaker role**
 - Key findings reveal **many similar issues across the countries** but also marked differences, particularly in how welcome and accepted refugees feel.
 - Results shared with governments and other stakeholders with **recommendations for action.**



10 key findings across countries

There is confusion related to the **referral systems** and frustration with long wait times for appointments and services, although many refugees realize that citizens also face such frustrations.

Medications are challenging for many due to the need for prescriptions and cost; some take less of their medication to make it last or travel back to Ukraine to purchase. **Dentistry** is also considered too expensive.

Many are **mothers** who are alone with their (sometimes infant) children, and some of those children have special needs, which adds to complexity. Extra support, such as childcare options, are highly valued.

Language is a barrier for many, as well as lower **health literacy**, especially for those who are older, have chronic illnesses and lower socioeconomic status.

Many people ask for more information and guidance about **vaccination**, both schedules for routine immunization and specialized adult vaccination (COVID, encephalitis).

Those who have chronic diseases and/or other **special needs** struggle to receive necessary care and information. Programmes that link people directly to health services (such as medevac, civil society groups supporting people with disabilities) are highly valued and effective.

Mental health services are offered in many places, but barriers relate to motivation (thinking others need it more), practical issues (no one to take care of children) and structural issues. Individual counselling is preferred over group counselling.

Refugees **trust** information from other refugees; social media is used frequently for this kind of sharing, but informal, face-to-face communication is also an important channel.

Ukrainians are **grateful** for the warm welcome they have received in neighbouring countries. Support comes especially from individual citizens of host countries, volunteers and civil society organizations. However, some participants recognize growing **'refugee fatigue.'**

The **term 'refugee'** is controversial. People often don't identify as such and might refuse services that are promoted with that heading.

Translating Findings into Action

Considerations: information



Possible pathways

Ensuring correct and needed information can help to

- mitigate burden on health services and emergency services
- ensure compliance with health structures and processes
- mitigate burden on volunteer organizations
- ensure refugees' needs are met and can create trust and social cohesion

Considerations: Ukrainian health system



Trust in Ukrainian doctors and health workers

- help overcome language barriers
- reduce burden on health system
- reduce level of anxiety and stress
- over time build better understanding between Romanian health system and Ukrainian communities

Expected outcomes

WHO CO

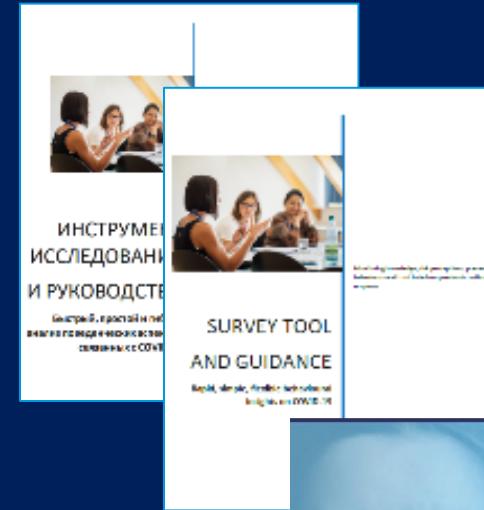
- Support for health system
- Video showing how to use health system
 - Video showcasing work of volunteers
- Joint press release from MoH and WHO CO about positive findings
- Intercultural sensitivity training for GPs

Understanding the obstacles faced by Ukrainian refugees in Romania

WHO CO

- Support for health system
- Video showing how to use health system
 - Video showcasing work of volunteers
- Joint press release from MoH and WHO CO about positive findings
- Intercultural sensitivity training for GPs

Collecting, analysing and applying behavioural and cultural insights as part of preparedness, readiness and response allows for tailoring and revising actions to best suit the context.



A guide to Tailoring Health Programmes (THP)

Using behavioural and cultural insights to improve the outcomes of health policies, services and communications

ROMANIA

Summary of qualitative study among Ukrainian refugees

Refugees need better health guidance.

Behavioural insights on health service needs and access
May-October 2022

Photo: Olga, a 20-year-old medical student who fled Ukraine due to the war, was photographed near the Romanian border.
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Thank you

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