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Meeting statement: Call to action for step-change in health behaviours

Katrine Bach Habersaat^{a,*}, Anastasia Koylyu^a, Tiina Likki^a, Nils Fietje^a, Martha Scherzer^a, Vee Snijders^a, Alona Mazhnaia^a, Svenja Roy^a, Merita Berisha^{b,c}, Florie Miftari Basholli^{b,c}, Sabina Catic^d, Iveta Nagyova^{e,f}, Jonas Sivelä^g, Francesca Cirulli^h, Lien Van der Biestⁱ, Sladjana Baros^j, Šeila Cilović Lagarija^k, Mathilde Schilling^l, Hannah U. Nohlen^m, Maria João Forjazⁿ, María Romay-Barja^o, İlayda Üçüncü^p, Edith Flaschberger^q, Tatjana Krajnc Nikolić^r, Olena Nesterova^s, Igne Lukmine^t, Yaiza Rivero-Montesdeoca^u, Julika Loss^v, Diana Andreasyan^w, Milena Carmina Oikonomou^x, Karina Godoy-Ramirez^y, Susanne Karregård^z, Robert Murphy^{aa}, Jelena Niskanovic^{aa}, Leen Van Brusselⁱ, Miguel Telo de Arriaga^{ab}, Bogdan Wojtyniak^{ac}, Cortney Price^{ad}, Nurila Altmysheva^{ae}, Karin Stein Jost^{af}, Roxane Berjaoui^{ag}, Panu Saaristo^{ah}, Joanna Glazewska^{ai}, Marina Topuridze^{aj,ak}, Brett Craig^a, Parvina Mukhtarova^{al}, Marina Duishenkulova^{ae}, Sarah Pace^{am}, Mary MacLennan^{an}, Marina Bachanovikj^{ao}, Elke Jakubowski^{ap}, Halima Zeroug-Vial^{aq}, Ashley Gould^{ar}, Adam Cutler^{as}, Mariken Leurs^{at}, Natalia Silitrari^{au}, Eugenia Claudia Bratu^{av,aw}, Jenny Young^{ax}, Viviane Melo Bianco^{ay}, Robb Butler^a

^a WHO Regional Office for Europe, Marmorvej 51, Copenhagen, Denmark^b Department of Social Medicine, Institute of Public Health, Pristina, Kosovo^c Faculty of Medicine, University of Pristina, Kosovo^d Institute for Public Health of Montenegro, Dzona Dzeksona bb, Podgorica, Montenegro^e Department of Social and Behavioural Medicine, Faculty of Medicine, PJ Safarik University, Kosice, Slovakia^f European Public Health Association (EUPHA), the Netherlands^g Finnish Institute for Health and Welfare (THL), Mannerheimintie 166, PL 30, FI-00271, Helsinki, Finland^h Center for Behavioral Sciences and Mental Health, Istituto Superiore di Sanità, Viale Regina Elena 299, 00161, Rome, Italyⁱ Flanders Institute for Healthy Living, Gustave Schildknechtstraat 9, 1020, Brussels, Belgium^j Institute of Public Health of Serbia "Dr Milan Jovanovic Batut", Dr Subotica 5, Belgrade, Serbia^k Institute of Public Health Federation of Bosnia and Herzegovina, M.Tita 9, Sarajevo, Bosnia and Herzegovina^l CUBIC – The Center for Utilizing Behavioral Insights for Children, Save the Children International, St Vincent House, 30 Orange Street, London, WC2H 7HH, United Kingdom^m Joint Research Centre, European Commission, 1049, Bruxelles, Brussel, Belgiumⁿ National Center of Epidemiology, Institute of Health Carlos III and RECAPPs, Avda. Monforte de Lemos 5, 28029, Madrid, Spain^o National Centre of Tropical Medicine, Institute of Health Carlos III and CIBERINFEC, Avda. Monforte de Lemos 5, 28029, Madrid, Spain^p Republic of Türkiye Ministry of Health, Ankara, Turkey^q Austrian National Public Health Institute, Stubenring 6, 1010, Vienna, Austria^r National Institute of Public Health Slovenia, Arhitekta Novaka 2b, 9000, Murska Sobota, Slovenia^s State Institution "Public Health Center of the Ministry of Health of Ukraine", Denmark^t Ministry of Health of the Republic of Lithuania, Vilnius Str. 33, LT-01402, Vilnius, Lithuania^u Luxembourg Health Directorate, 13a rue de Bitbourg, 1273 Luxembourg^v Robert Koch Institute, General Pape Str. 62-64, 12101, Berlin, Germany^w National Institute of Health, Ministry of Health, Republic of Armenia, Yerevan, 0051, Komitas Street 49/4, Armenia^x WHO European Office for Investment for Health and Development, C/O Ospedale S. Giovanni e Paolo, Corridoio San Domenico, 6777 Castello, 30122, Venice, Italy^y Public Health Agency of Sweden, Nobels väg 18, 171 65 Solna, Sweden^z Department of Health, Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14, Ireland^{aa} Public Health Institute Republic of Srpska, Jovana Ducica 1, Banja Luka, Bosnia and Herzegovina^{ab} Direção-Geral da Saúde, Alameda D. Afonso Henriques, 45, 1049-005, Lisboa, Portugal^{ac} National Institute of Public Health NIH – National Research Institute, Chocimska 24, 00-791, Warsaw, Poland^{ad} Food and Agriculture Organization of the United Nations (FAO), Viale Delle Terme di Caracalla, 00152, Rome, Italy

* Corresponding author.

E-mail address: habersaatk@who.int (K. Bach Habersaat).<https://doi.org/10.1016/j.puhip.2024.100498>

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^{ae} Republic Center for Health Promotion and Mass Communication, Ministry of Health, 8 Logvinenko Str., Bishkek, Kyrgyz Republic

^{af} WHO Headquarters, Avenue Appia 20, 1211, Geneva, Switzerland

^{ag} Directorate General for Health, Ministry of Health and Prevention, 14 Avenue Duquesne, Paris, France

^{ah} International Federation of Red Cross and Red Crescent Societies, Europe Region, Budapest, Hungary

^{ai} Ministry of Health of the Republic of Poland, Department of Public Health, Poland

^{aj} National Center for Disease Control and Public Health, Georgia, 99 Kakheti Highway, Tbilisi, Georgia, 0198

^{ak} Petre Shotadze Tbilisi Medical Academy, Ketevan Dedopali Ave., 51/2, Tbilisi, Georgia, 0144

^{al} National Healthy Lifestyle Center, Dushanbe Dehoti 48 Str, Tajikistan

^{am} Ministry for Health and Active Ageing, Office of the Superintendent of Public Health, Pieta, Malta

^{an} UN Behavioural Science Group, UN Innovation Network, Qatar

^{ao} Institute of Public Health of the Republic of North Macedonia, 50 Divizija No.6, Skopje, Republic of North Macedonia

^{ap} For the Directorate General for Public Health, Federal Ministry of Health, Berlin, and the German Society for Public Health Services, Germany

^{aq} Mental Health and social Vulnerability National Observatory, ORSPERE-SAMDARRA, 95 Boulevard Pinel, 69500 Bron, France

^{ar} Public Health Wales, Capital Quarter 2 Tyndall Street, Cardiff, CF10 4BZ, United Kingdom

^{as} Israel Ministry of Health, 39 Yirmiyahu St. Jerusalem, Israel

^{at} National Institute for Public Health and the Environment, Antonie van Leeuwenhoeklaan 9, 3721 MA, Bilthoven, the Netherlands

^{au} National Agency for Public Health, 67 A Gheorghe Asachi Str. Chisinau, Republic of Moldova

^{av} National Institute of Public Health, Bucharest, Romania

^{aw} University of Medicine and Pharmacy "Carol Davila" Bucharest, Faculty of Medicine, Romania

^{ax} Scottish Government, 3 E, St Andrew's House, 2 Regent Rd, Edinburgh, Scotland, EH1 3DG, United Kingdom

^{ay} UNICEF Regional Office for Europe and Central Asia, 4 Route des Morillons, CH-1211, Geneva, Switzerland

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ABSTRACT

Background: Enabling, supporting and promoting positive health-related behaviours is critical in addressing the major public health challenges of our time, and the multifaceted nature of behaviours requires an evidence-based approach. This statement seeks to suggest how a much-needed enhanced use of behavioural and cultural science and insights for health could be advanced.

Study design and methods: and methods: Public health authorities of Europe and Central Asia and international partner organizations in September 2023 met in Copenhagen, Denmark, to discuss the way forward. Drawing on 1) country reporting to WHO, 2) interview study with public health authorities and 3) the meeting deliberations, this meeting statement was developed.

Results: The meeting statement presents a joint call for step-change accelerated use of evidence-based approaches for health behaviours. Actionable next steps for public health authorities and international and regional development partners in health are presented.

Conclusions: The way forward involves increased resource allocation, integration of behavioural insights into health strategies, advocacy through case and cost-effectiveness examples and capacity building.

What this study adds

- Data on the use of behavioural science and cultural context analysis among public health authorities in 53 countries.
- Clear and actionable next steps for international organizations and national public health authorities to advance the use of behavioural science and cultural context analysis for health.

Implications for policy and practice

- This meeting statement discusses and proposes in concrete terms how the new resolutions on behavioural and cultural insights for health can be translated into action at country level.
- The focus of this meeting statement is to pinpoint the barriers, drivers and opportunities for advancing the use of behavioural science and cultural context analysis for health among public health authorities.
- It is the first time ever that data on the use of these practices are published in a journal and discussed by those involved.

Introduction

Behaviours are central to all major public health challenges, and their multifaceted nature requires a refined, evidence-based approach to deliver better health and reduced health inequity [1–3]. Many factors affect health, including individual knowledge and motivation as well as complex external factors in the sociocultural, physical and structural environment. Behavioural insights and cultural context analysis enable a deeper understanding of both individual and contextual barriers and drivers to health behaviours and how these are best addressed. If these

factors are not well understood, initiatives that seek to address specific health behaviours may be in vain. However, if they are explored using robust methods, such evidence can inform the development of people-centred and more equitable health policies, health services and health communications that are tailored to the needs and circumstances of those affected and thus more effective in enabling, supporting and promoting behaviour. This value is not just theoretical: numerous studies have backed the benefits of approaches based on such behavioural and cultural insights and their impact in terms of enhanced population health and return on investment [4–7].

While these approaches are being used to some extent in health, recent landmarks underscore that public health authorities are moving forward in the European Region and beyond: The WHO European Programme of Work 2020–2025, for the first time highlighted behavioural insights as one of four flagship priorities (termed behavioural and cultural insights (BCI) by WHO Regional Office for Europe). Building on this, the countries of this Region have appointed official BCI focal points, i.e. persons who serve as contact point for BCI and liaise with WHO in relation to this area of work. In 2021–2022, these focal points worked together to develop the first-ever regional resolution and action framework for this field of work, adopted by all Member States in September 2022. This regional resolution set ambitious targets within five strategic commitments: 1) to build stakeholder support for BCI, 2) to conduct BCI research, 3) to translate these insights and apply BCI to improve health outcomes, 4) to commit resources and 5) to implement strategic plans [3] (see supplementary materials). The resolution also committed countries to report to WHO on their BCI-related implementation. Importantly, in May 2023, a global resolution on behavioural sciences for better health was also adopted, confirming a unified call for applying these approaches for health across the world [2].

Methods

Building on these achievements, the co-authors of this paper met at the first regional meeting on behavioural and cultural insights for health, at the WHO Regional Office for Europe in Copenhagen, Denmark on 12–14 September 2023. This gathering provided opportunities to discuss challenges and opportunities, as well as tangible actions and the way forward. Prior to the meeting, countries had reported to WHO Europe on their health behaviour-related work [8],¹ and an interview study had been conducted jointly by WHO Europe and ECDC with public health authorities [9] on the barriers and opportunities they face when implementing structures and interventions related to BCI.

Results

While many public health authorities have leaned into this type of work to reach the targets set, several gaps were identified. There is a need to scale up sustainable funding and stakeholder engagement and to holistically embed behavioural and cultural insights into structures and planning processes and into the design and strengthening of health policies, services and communication. This was shown in the results of the country reporting. For example, when asked to self-assess the extent to which they commit sustainable human and financial resources to work related to BCI, on a scale from 1 (low) to 5 (high), 65 % of public health authorities in the WHO European Region self-assess at the lowest levels 1 or 2, and none self-assess at level 5 (see supplementary materials). When asked about the extent of BCI-related research conducted, the rates are higher: 56 % self-assess at levels 3 or higher. Still, less than 1 in 3 (29 %) have conducted an impact evaluation to assess the impact of an activity that aimed to enhance positive health behaviours over the last 2 years. Only two countries have a dedicated national strategy for the use of BCI for health.

Country reporting, the interview study and the meeting discussions together brought to light further challenges. Knowledge and skills gaps particularly related to behavioural science and cultural context analysis, theoretical framework application and impact evaluation methodologies. Several issues make this field of work complex to work in: the need to integrate with other fields in health, the diversity of theoretical frameworks and the rigour required in methodologies. Furthermore, organizational cultures can be resistant to change, and communication pathways to decision-makers can hinder efficient use of the insights gained with BCI-related research in policy design and implementation.

Still, the interview study and meeting discussion also revealed a silver lining: there is a notable commitment to and optimism for BCI-related work and a push to refine health policies, services and communication with an evidence-based approach to understanding health behaviours. Meeting participants strongly agree that to successfully combat major public health challenges such as cancer, hypertension, epidemics, antimicrobial resistance, effects of climate change, health inequity and more, we need to explore and address the root causes of health behaviours. The WHO resolutions, action framework and reporting requirements are considered to be good drivers of change, particularly when this area of work is associated with high quality work based on a scientific approach using theories, models and data.

Discussion

The interview study with public health authorities and the meeting discussions identified actionable next steps (Table 1). Resource allocation and holistically embedding BCI into health strategies and planning

¹ The WHO European Region comprises 53 Member States in Europe and Central Asia. Reporting for activities during 2021–2022 was completed by public health authorities in 48 countries, territories, areas and entities in the Region, representing 44 Member States.

Table 1

Actionable next steps for advancing the use of evidence-based approaches to behaviours in health, structured by countries' Strategic Commitments [1,3].

Strategic commitments	Actionable next steps to realize the Strategic Commitments made by WHO European Region Member States ^a
BUILD SUPPORT AMONG STAKEHOLDERS	
Public health authorities	<ul style="list-style-type: none"> Streamline communication lines to decision-makers and communicate evidence to them in tailored and useful formats Use WHO resolutions, reporting requirements, meetings and high-level advocacy to increase the visibility, understanding and prioritization of behavioural insights and cultural context analysis. Identify who makes decisions and who can be a gamechanger, and prioritize advocacy efforts to focus on possible spearheads and agents of change Map stakeholders with capacity and who are already doing related work, and explore collaboration opportunities Work together with professional and patient associations, community-based organizations and other relevant groups
International and regional development partners in health	<ul style="list-style-type: none"> Share best practice examples, lessons learned and value of the work done in webinars, grey and white publications, conferences and more Develop advocacy packages and materials to support country advocacy efforts Develop tools and guidance to support public health authorities monitor the use and value of work in their country Advocate at policy level for the integration of behavioural insights and cultural context analysis into national structures and planning processes
All	<ul style="list-style-type: none"> Demonstrate the impact, including through appealing case examples tailored for relevant audiences Advocate for domestic and international funding (or calls for proposals) for research, capacity building and evaluation of evidence-informed activities targeting health behaviours
CONDUCT RESEARCH/APPLY INSIGHTS TO IMPROVE POLICIES, SERVICES AND COMMUNICATION	
Public health authorities	<ul style="list-style-type: none"> Establish methods and mechanisms to collate and use behavioural insights, cultural context and linked data Integrate behavioural insights and cultural context analysis into organizational processes, policy and health service design and planning Experiment, seek new solutions and be transparent about the limitations
International and regional development partners in health	<ul style="list-style-type: none"> Establish communities of practice and networking structures, serving inter-country exchange, joint lessons learned and learning Further develop the theoretical and methodological foundation, with tools for the application of relevant models and theories and further development of behavioural and cultural models and frameworks for use in public health
All	<ul style="list-style-type: none"> Prioritize projects with highest potential impact Engage in joint collaboration projects, leveraging the comparative advantages of public health authorities, public health practitioners, academia, countries and regions
COMMIT SUSTAINABLE HUMAN AND FINANCIAL RESOURCES	
Public health authorities	<ul style="list-style-type: none"> Include behavioural insights-related work in annual operational planning, with allocated time and budget for personnel, materials etc. (budget varying place to place) Establish enabling and coordination structures within public health authority, for example

(continued on next page)

Table 1 (continued)

Strategic commitments	Actionable next steps to realize the Strategic Commitments made by WHO European Region Member States ^a
	<p>through setting up cross-functional teams or units that can support this work</p> <ul style="list-style-type: none"> Consider how different staff skills set (quantitative, qualitative, behavioural insights, cultural context of health) can be leveraged to support a more consistent evidence-based approach to behaviours within the public health authority Build on already existing skills and work within the health authority and support it further with tools, examples, feed-back loops etc. that enable the widespread and sustainable use of behavioural insights and cultural context analysis Commission work from academic groups, or appoint academic consultants to the public sector, with expertise in related fields
International and regional development partners in health	<ul style="list-style-type: none"> Provide technical advice and support for in-country projects as needed and required Develop guidance and capacity building platforms, online and face-to-face, on key aspects, including <ul style="list-style-type: none"> How to apply a behavioural insights/cultural context lens to health policies, services and communication Evidence-based intervention design for health behaviours Impact evaluation Quantitative and population survey research methods Qualitative research methods Literature synthesis methods Establish shared facility for online experiments for diagnostics and pre-testing interventions across countries
All	<ul style="list-style-type: none"> Invest sustainable resources into evidence-based approaches for behaviours in health Conduct joint resource mobilization efforts
IMPLEMENT STRATEGIC PLANS	
Public health authorities	<ul style="list-style-type: none"> Develop a national plan for applying behavioural and cultural insights to health Systematically embed behavioural and cultural insights into national health plans and strategies across health areas Ensure the commitment and implementation of plans/strategies by executing these plans/strategies, with annual reviews
International and regional development partners in health	<ul style="list-style-type: none"> Integrate behavioural and cultural insights for health into tools and guidance across health areas Develop case examples, templates and guidance on how to develop a national plan or integrate behavioural and cultural insights into existing health-related plans, capturing lessons learned from national levels

^a The resolution and action framework adopted by European Region Member States at the 72nd WHO Regional Committee for Europe, September 2022, identified a range of pathways for each Strategic Commitment. This table supplements this with actionable next steps for advancing the implementation of these pathways.

processes stand out as critical. Demonstrating the real-world impact and value-for-money of these approaches is needed to catalyze internal and external buy-in, and easier organizational pathways are needed to bridge the gap between those exploring the factors that affect behaviour and those making decisions about actions that can enable, support and promote these behaviours. There is a need to build capacity and update skills, understandings and frameworks. Public health authorities must engage with stakeholders to advocate for these approaches and create conducive environments for interdisciplinary collaboration, including with academia. Together this can allow dynamic, evolving and

responsive approaches to public health challenges that involve behaviour.

Such organizational change in public health can be a big undertaking [10]. However, in most places this work builds on many years of related work and thus should be perceived, not as a complete shift, but as strengthening the population perspective and integrating an additional, evidence-based approach to existing streams of work. For example, workstreams related to health literacy, health promotion, health equity, health policy, health services, health communications and more.

WHO and all partner organizations in health at local, regional and international levels play an indispensable role.² Facilitating platforms for dialogue and sharing, advocacy with decision-makers, conducting and sharing in-depth analysis of success stories and not least catering to the comprehensive capacity-building needs are crucial pillars of the support that these organizations can offer. They should be instrumental in organizing collaborations, emphasizing the primacy of behavioural science and cultural context, promoting best practices and catalyzing change at all levels.

Call to action

In light of the country reporting and interview study, meeting participants agree on an unequivocal call for public health to embrace an evidence-based and systematic approach to optimizing the policies, services and communications that aim to address health behaviours and deliver better and equitable health. The clarion call from the global and regional resolutions underscores a critical juncture in global health. There is a unique opportunity for a step-change in exploring and addressing health behaviours through the lens of evidence-based BCI approaches. The responsibility now rests on public health authorities, WHO, global and regional partners, academic institutions and the wider public health ecosystem to heed this call. This requires a collaborative effort, a commitment to continuous learning and innovation, and a shared vision for a healthier future, leaving no one behind.

Author statements

The authors affiliated with the World Health Organization (WHO) are alone responsible for the views expressed in this publication and they do not necessarily represent the decisions or policies of the WHO.

The interview study reported received exception from ethical approval from the WHO Ethical Review Committee (Protocol ID ERC.0003867).

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.phepr.2024.100498>.

² In addition to country representatives, the meeting was attended by EuroHealthNet, European Commission Joint Research Centre, European Public Health Association (EUPHA), Executive Office of the United Nations Secretary-General, Food and Agriculture Organization of the United Nations (FAO), International Federation of Red Cross and Red Crescent Societies (IFRC), Save the Children, United Nations Children's Fund (UNICEF) Europe and Central Asia Regional Office, and United Nations Educational, Scientific and Cultural Organization (UNESCO) as well as WHO headquarters, four WHO regional offices and five WHO country offices.

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