

Maximising impact

Leveraging behavioural science to develop better public health policies and practices

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From Classrooms to Cabinet

A Cross-Sectoral Approach to School Health in Fiji

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Head of Wellness | National Coordinator HPS
MHMS | MoE



Content

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- Background
- School Health Policy review and consultation
- Rationale
- Multistakeholder engagement strategy
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- Evidence base for the policy
- Gaining political and financial buy in
- Monitoring
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Rationale – life course approach to improved health and wellbeing

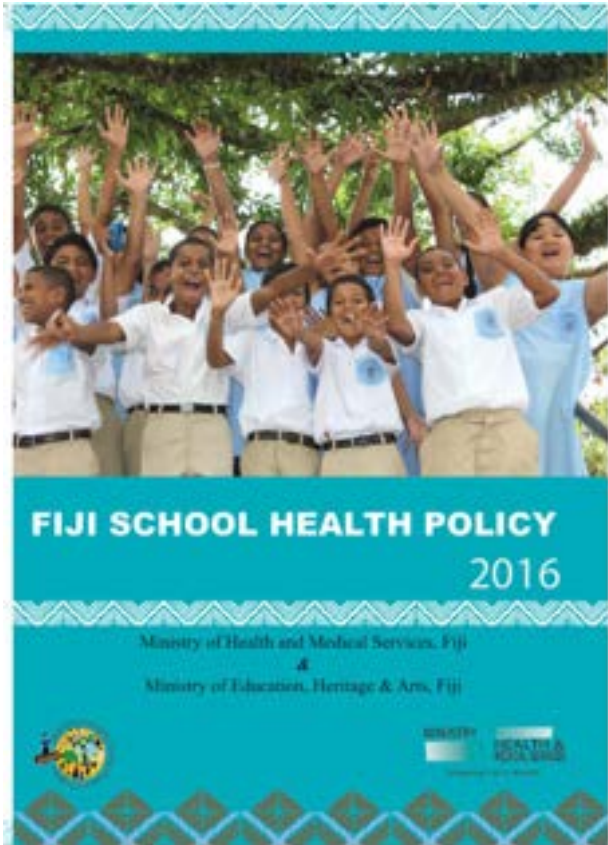


Healthy childhood and adolescence are the foundation for healthy future populations, including as people age

- Fiji School Health Policy was strategically aligned to the World Health Organization Regional framework to achieve the vision of health through the life course by focusing on nurturing healthy children and adolescents
- The strategic approach focused on investing in schools as “incubators for health”.
- Childhood and adolescence are key life stages in which many of the root causes and potential solutions for improving health reside
 - ==> schools play an important role in nurturing health and well-being in students and communities.



Background



- In 2016 the Fiji National School Health Policy was endorsed by MHMS and MoE.
- In 2023 - both ministries identified the need to review and plan a coordinated approach and development of guidelines for ministries and partners involved in school health and wellness programs.
 - 2016 School Health Policy commenced review process
- Action ==> MHMS and MoE needed to develop a collaborative approach with other stakeholders to ensure that the health and wellness of children is given prominence.

HEALTH PROMOTING SCHOOLS WORKSHOP

“Nurturing Resilient and Healthy Future Generations”

6-10 MARCH 2023

Suva, Fiji





Rationale for new policy development

- Drivers: Rising NCD burden (85% of deaths), high child obesity (22%), anemia (45%).
- 2016 policy gaps
- Needed alignment with WHO's 'Health Promoting Schools' framework.
- Systems Theory: policy change required interlinked health, education, economic systems reform.
- Adequate funding and resources required for policy into action

- Implementation plan with targeted Monitoring and Evaluation (M&E)
- Health promoting school's framework component
- Alignment to the Regional Framework on Nurturing Resilient and Healthy Future Generations (WHO) in the Western Pacific
- M&E
- Information gap between MHMS and MoE (integrated information systems was needed)
- Call for culturally relevant and appropriate interventions
- Optimal referral pathways
- Updated and evidenced based health promotion curricula
- Poor performance of school canteens and unhealthy catering options
- None or unstandardized programmes in secondary schools of ECC
- Inclusion of emerging issues in child and adolescent health changing health trends ==> need for adaptation of interventions



Multisectoral engagement strategy

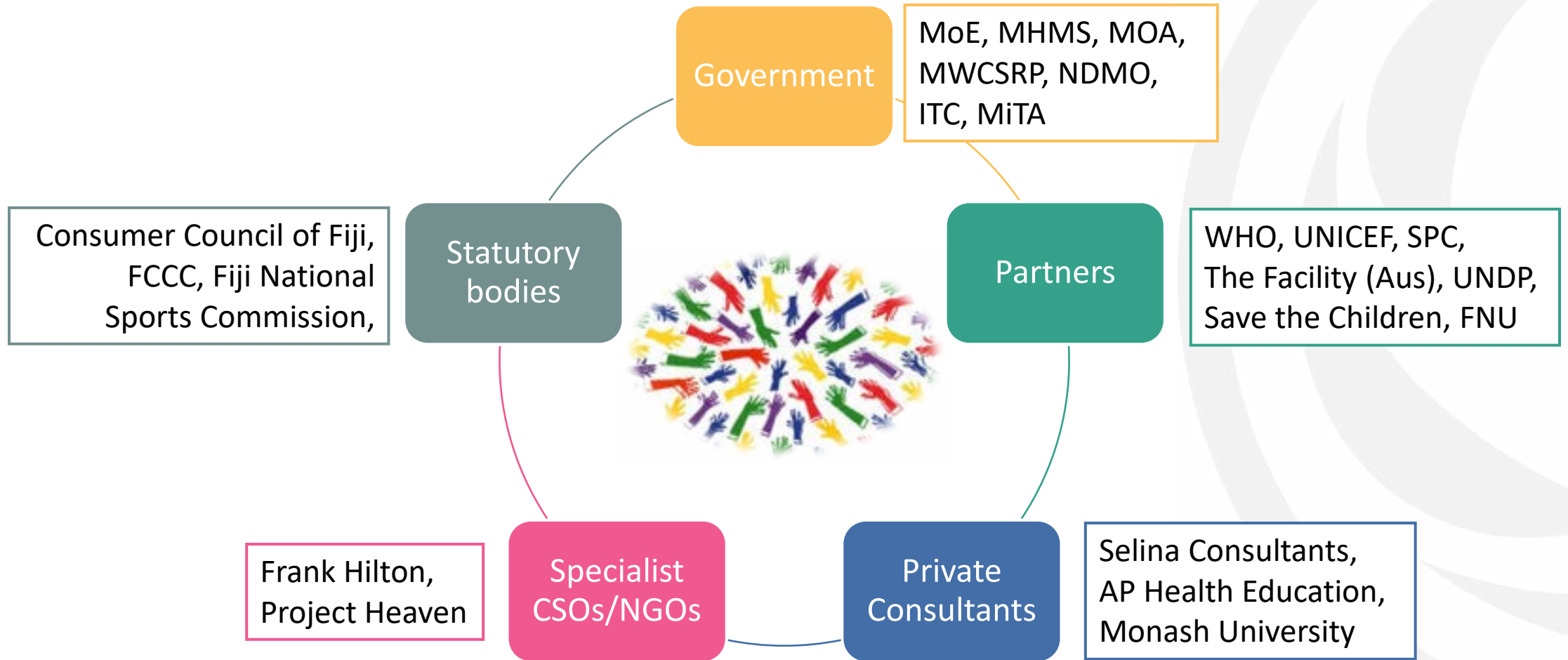
- Whole-of-Government, Whole-of-Society model.
- Used Healthy Islands Vision (1995) as legacy mandate.
- Built on institutional trust from WHO and development partners.
- Network Governance Theory: Created shared accountability and dynamic cooperation among sectors.

Techniques used to gain buy-in from stakeholders

- Effective Communication (conveyed the intent of the policy, the need for change and engagement)
- Building Relationships (being aware of the various stakeholders who have a vested interest in the policy and are implementors of the policy at various levels)
- Demonstrating Value (talking organizational/institutional targets and aligning these across the stakeholders – also using the NCD prevention and development lens and angle assisted in engaging stakeholders and demonstrating the value of collaboration and coordination)



Stakeholders involved in review process



	Name	Designation
	1 Dr James Fong	Permanent Secretary
	2 Ms Muniamma Gounder	Director Policy
Wellness Unit		
	3 Dr Devina Nand	Head of Wellness
	4 Dr Maria Cabio	NA Mental Health
	5 Ms Ateca Kama	Chief Dietitian and Nutritionist
	6 Mr Peni Veilave	Settings Coordinator
	7 Ms Alvina Deo	Manager NFNC
Family Health unit		
	8 Dr Rachel Devi	Head of Family Health
	9 Sr Litiana Volavola	Immunization
	10 Sr Sesenieli Vesikula	Maternal Child Health
	11 Dr Dashika Balak	HIV/STI
	12 Ms Ajinita Devi	SRH
	13 Ms Ranjana	ECD
Oral Health		
	14 Dr Jone Turagaluvu	NA Oral Health
Rheumatic Heart Disease		
	15 Poonam Pal	RHD Central Coordinator
Environmental Health		
	16 Mr Vimal Deo	CHI
Central Division (Suva SD School Health Team)		
	17 Sr Vaciseva Tubuitamana	Team Leader
	18 Ms Savaira Kosi	SDHI
Central Division (Rewa SD School Health Team)		
	19 Sr Sharon Naidu	Team Leader
	20 Ms Lynette Chand	Dietitian

Eastern Division		
	21 Akosita Sukanaivalu	DON
	22 Jowalesi Taukei	Divisional Dietitian
Western Division (LY SD School Health Team)		
	23 Amelia Uluivuda	DON
	24 Yogita	Divisional Dietitian
Northern Division (Macuata SD School Health Team)		
	25 Sainimere Vulibeci	Divisional Dietitian
	26 Naomi Ligaiviu	DON

WHO		
	45 Dr Tomo Kanda	Team Leader – Health through
	46 Mr Saula Volavola	TA Health Promotion
	47 Ms. Shelley Wallace	TA- Nutrition
	48 Ms Amele Maravou	WHO Head Admin
	49 Ms Ana Suliano	WHO Admin
	50 Mina Kashiwabarra	TA Tobacco
	51 Nola Vanualailai	TA NCD Surveillance

Ministry of Education	
27 Mr Timoci Bure	Actg PSE
28 Mr Metuisela Gauna	Head Policy Unit
29 Ms Ruci Qele	PEO CAS/TEST
30 Ms Sereana Davui	Senior Curriculum Specialist (HL)
31 Mr Abdul Shah	Senior Curriculum Specialist (PE)
32 Mr Sandeep Singh	Head IT
33 Alumeci	Inclusive Education
34 Laiyakini	ECD
MOE /WHO SSA	
35 Mr Mohammed Khalif	National Coordinator-HPS
36 Mr Sekaia Waqaniburotu	District Coordinator – Suva
37 Ms Tuliana Ratunaulu	District Coordinator – Nausori
38 Ms Filomena Bulavakarua	District Coordinator-Eastern
39 Ms Fugawai Vuli	District Coordinator- Rakiraki
40 Mr Mohammed Feroz	District Coordinator- Ba/Tavua
41 Ms Priya Sharma	District Coordinator - Nadi/L/Y
42 Mr Parvin Chand	District Coordinator- Nadroga N
43 Mr Saimone Cabealawa	District Coordinator – M/Bua
44 Mr Petero Sioweli	District Coordinator- Cakaudrove

Partners	
51 Dr Deana Leahy	AP Health Education, Monash University
52 Dr Si Thu Win Tin	SPC
53 Ms Afsrin Ali	Save The Children Fund
54 Ms Melaia Tikotoga	Ministry of iTaukei affairs
55 Ms Ela Tukutukulevu	Ministry of Women
56 Dr Suki Yuehiro	UNICEF
57 Mr Joji Liga/Moira Rodan	Fiji Sports Commission
58 Ms Selina Kuruleca	Selina Consultants
59 Mr. Eric Rafai	HORIDAMIT
60 Mr Ashneel Kumar	MIT - MoH
61 Sureni Perera	Frank Hilton
62 Project Heaven rep	Primary Eye and Ear Screening
63 Seema Naidu	GEDSI
64 Philip Hulcome	Facility
65 Katie	Facility
66 Jo Samuela	Facility
67 PD	UNICEF
68 Frances Vulivuli	UNICEF
69 NDMO rep	NDMO
70 Revai Makanje	UNDP
71 Ponijese Bainimoli	ITC
72 Seema Shandil	Consumer Council of Fiji
73 Vinash Singh	Consumer Council of Fiji
74 Joel Abraham	FCCC



Review process and key findings

- March 2023 National Consultation Workshop (5-day, 74+ stakeholders).
- Used school-level HPS assessments and NCD data.
- Gaps: 2016 policy lacked a few areas:
 - Implementation plan with targeted M&E
 - Health promoting school's component
 - Alignment to the Regional Framework on Nurturing Resilient and Healthy Future Generations (WHO) in the Western Pacific
 - M&E
 - Information gap between MHMS and MoE (integrated information systems was needed)
 - Call for culturally relevant and appropriate interventions
 - Optimal referral pathways
 - Updated and evidenced Health inputs in the education curricula
 - Poor performance of school canteens and unhealthy catering options
 - No or unstandardized programmes in secondary schools of ECC
 - Inclusion of emerging issues in child and adolescent health and changing health trends or interventions made available
- Needed alignment with WHO's 'Health Promoting Schools' framework.
- Systems Theory: Policy change required interlinked health, education, economic systems reform.
- Need to fund and resource the policy adequately
- Evidence-Informed Policymaking (EIP): Combined data, global models, and local lived experience.



School health policy review landscape



Consultation for review of the SHP 2016 – (5 days); 6-10 March 2023



Development of the new SHP & IP from March 2023 - 2024 ; supported by WB with consultants (FNU Dr Gade Waqa & WHO (Master Khalif) – written by Devina Nand (MHMS), Saula Volalvola (WHO), Mohammed Khalif (WHO), Gade Waqa (FNU)



Endorsement of the Policy from Cabinet

Cabinet Decision 22.4.24



Revisions of the SHP in summary

- Inclusion of HPS
- Alignment to MoE, MHMS and other cross sectoral policies such as child protection, child rights

Indicator Matrix inclusion with emphasis being on:
Share of students who are identified as malnourished (underweight, stunted, wasted, overweight or obese) referred for treatment and management (percent)



- Inclusion of marketing of unhealthy products (foods and beverages) to children
- Inclusion of integrated approach to SHP – including RHD, Eye/Ear screening and Development (inclusive screening)
- Inclusion of SHP expansion to Secondary Schools
- Inclusion of staff and students in the policy clauses
- Inclusion of Implementation Plan with costing



Revised HPS and SHP

The Health Promoting Schools and School Health Policy Implementation Plan consists of priority actions, responsibilities, timeframes and financial and human resources implications to enable implementation of the policy. Each priority action is mapped against the relevant policy procedure. The Health Promoting Schools and School Health Policy Implementation Plan presents priority actions in line with 17 themes with a monitoring plan:

Health promoting school and school health program

Values and life skills

Nutrition and school food environments (including school canteen, cafeterias and boarding schools)

School food garden

Limiting children and adolescents from marketing advertising and sponsorship of unhealthy foods and beverages for a better and healthier lifestyle

Gender growth and development

Sexually transmitted infection (STI), human immunodeficiency virus (HIV) and teenage pregnancy in schools

Child rights and responsibilities

Child protection

Mental health behaviour management and counseling
Preventing and controlling tobacco, drugs and substance abuse in leaning environment

Physical education

Special and inclusive needs, disability and rehabilitation

Students code of conduct

School infrastructure, environment, and ohs

Climate change

WASH



School health policy goal



The institutionalization of wellness in all schools in Fiji engaging cross-sectoral, strategic partnerships, where children achieve their optimal learning potential, with ideal growth and development, in a supported and enabling environment.



Evidence base for new policy

- WHO HPS standards, national child health data, WHO STEPs Survey, FEMIS gaps.
- Policy Impact Evaluation: Quantified loss from NCDs at 11% GDP (~USD600m).
- Routine information systems such as CMRIS (aggregate school health dataset) and Health Promoting Schools datasets
- Life-Course Theory: Early health investments for long-term societal gain.
- Cost-effectiveness of school health programs demonstrated globally.



Inter-ministerial engagement and endorsement

- Technical Working Group led by MHMS and MoE.
- Cross-unit consultations within MoH (Family Health, Nutrition, PHIS) and MoE (Curriculum, FEMIS).
- Cabinet Paper CP(24)100 endorsed full policy and implementation plan in April 2024.
- Organizational Change Theory: Policy champions enabled structural collaboration. These policy champions included the Permanent Secretaries of Health and Education
- Additionally, the stars aligned for this policy



Gaining political and financial buy-in

- Support letters from MoE, briefings to MoF and World Bank.
- World Bank Budget Support Mission - our team lobbied for support for the policy development and implementation
- Budget Support Operations for FY 2025/2026 (Fiji Growth & Resilience Program) - and this was deemed to be on of the areas supported by this operation – because of this we managed to get a line budget for the policy which is currently with MHMS
- Policy framed as economic investment in future workforce.
- Endorsed by Cabinet with phased development budget support.
- Policy Framing : Aligned health with productivity and economic resilience.
- Policy Framing : Changing the paradigm in NCDs needs to be done earlier



Monitoring



IMPLEMENTATION STATUS OF CABINET DECISIONS

April – June 2024

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Ministry of Health and Medical Services										
No.	Decision	April – June 2024 Update								
129	<p><u>Fiji Health Promoting Schools and School Health Policy 2024 –2029</u> <u>CP(24)100</u> [22/04/2024]</p> <p>Cabinet:</p> <p>(i) noted the content of the Memorandum; (ii) endorsed the Fiji Health Promoting Schools and School Health Policy 2024-2029, and its Implementation Plan; and (iii) agreed that funding for the Implementation Plan over the next five years from 2024 – 2029, be subject to consultation with the Ministry of Finance, Strategic Planning, National Development and Statistics.</p>	<p>Implementation Status (select one)</p> <table border="1"> <tr> <td>Fully implemented (<i>provide details</i>)</td> <td></td> </tr> <tr> <td>Partially implemented (will be completed in next two quarters) (<i>provide details</i>)</td> <td></td> </tr> <tr> <td>On-going implementation (over a long period of time) (<i>provide details</i>)</td> <td>X</td> </tr> <tr> <td>Implementation yet to begin (<i>explain the delay</i>)</td> <td></td> </tr> </table> <p>Particulars (Details/Explanation):</p>	Fully implemented (<i>provide details</i>)		Partially implemented (will be completed in next two quarters) (<i>provide details</i>)		On-going implementation (over a long period of time) (<i>provide details</i>)	X	Implementation yet to begin (<i>explain the delay</i>)	
Fully implemented (<i>provide details</i>)										
Partially implemented (will be completed in next two quarters) (<i>provide details</i>)										
On-going implementation (over a long period of time) (<i>provide details</i>)	X									
Implementation yet to begin (<i>explain the delay</i>)										



Summary and conclusion

- Policy created in response to urgent health needs and policy performance gaps.
- Driven by collaborative review with 74+ stakeholders and development partner guidance.
- Grounded in WHO HPS framework, local evidence, and multisectoral cooperation.
- Now endorsed, the policy we hope to implement it well and track outcomes and eventually the impact.
- We are also keen to ensure proper evaluation of this policy takes place prior to the end of its tenure

How to use behavioural science to develop policy: Some practical examples

Simon L. Bacon, PhD, FTOS, FCCS, FABMR

Titulaire de la Chaire du FRQS en intelligence artificielle et en santé numérique pour la modification de comportements de santé

Ancien titulaire de la Chaire SRAP-IRSC sur les essais cliniques comportementaux novateurs axés sur les patients

Professeur titulaire, Département de santé, kinésiologie et physiologie appliquée, Université Concordia

Co-directeur, Centre de médecine comportementale de Montréal, CIUSSS-NIM



Land acknowledgement

- Concordia University and the CIUSSS-NIM depends on traditional Indigenous territories to provide us physical space, sustenance, safety, and community to work, live, and play.
- The Kanien'kehá:ka Nation is recognised as the custodians of the lands and waters on which Concordia University and the CIUSSS-NIM stands today. Tiohtiá:ke commonly known as Montreal is historically known as a gathering place for many First Nations.
- We acknowledge that our ability to live and work on these lands today is a direct benefit of policies of expulsion and assimilation of Indigenous peoples during the time of settlement and Confederation, and since.
- The harms of these policies are many and *are still being felt in Indigenous communities today*. We express gratitude towards the Indigenous peoples who have and will continue to steward these lands. We commit to amplifying the voices of Indigenous peoples and working against the everyday forces of white supremacy and colonialism present in the research sector.



Disclosures

- Industry Grants/Research Support: Investigator-initiated research and educational grants
 - Moderna (2021), Abbvie (2014-16)
- Consulting Fees: Behaviour change related CME, trial behaviours, and statistical analysis
 - Abcellera (2025-ongoing), Sygesa (2016-2019), Astra-Zenica (2017)
- Speaker Fees: Behaviour change of health behaviours
 - Respiplus (2021), Novartis (2015), Jansen (2014)
- Advisory Board: Development of medication adherence education and ehealth behaviour change programs
 - Lucilab (2021-ongoing), Respiplus (2021), Astra-Zenica (2021), Sanofi (2019), Bayer (2018)





Learning objectives

- By the end of the presentation, you will be able to:
 - Apply behavioural science to develop a strategy to engage a policy maker in adopting a new policy





Behavioural science and behavioural medicine

- Behavioural Science
 - The *intersectoral scientific study* of behaviour
 - What enables it, what prevents it, and how best to elicit and maintain it (including decision-making)
 - Key goal of *developing and testing interventions* to change behaviours in multiple contexts at multiple levels
 - e.g., individual, population, policy
- Behavioural Medicine
 - The use of behavioural science to target **health**



Examples of the kinds of behaviours can we target

Classic health behaviours

- Physical activity
- Diet
- Smoking

Policy behaviours

- Reading a policy brief
- Advocating for a policy
- Championing a policy





Behavioural science in the context of policies Evidence as the corner stone



Private provider performs best

Public provider performs best

Provision of information

- Study of 954 politicians
 - Danish city councillors
 - Asked about preference of delivery
- What role the private sector should play in the delivery of public services?
- Random study of 'false' rehab centre data
 - Clear data private > public sector
 - Clear data public > private sector
- 2nd level of randomisation
 - Amount of information
- Results
 - People are biased by their attitudes
 - With more data they become more resolute in their biases



The COVID-19 example

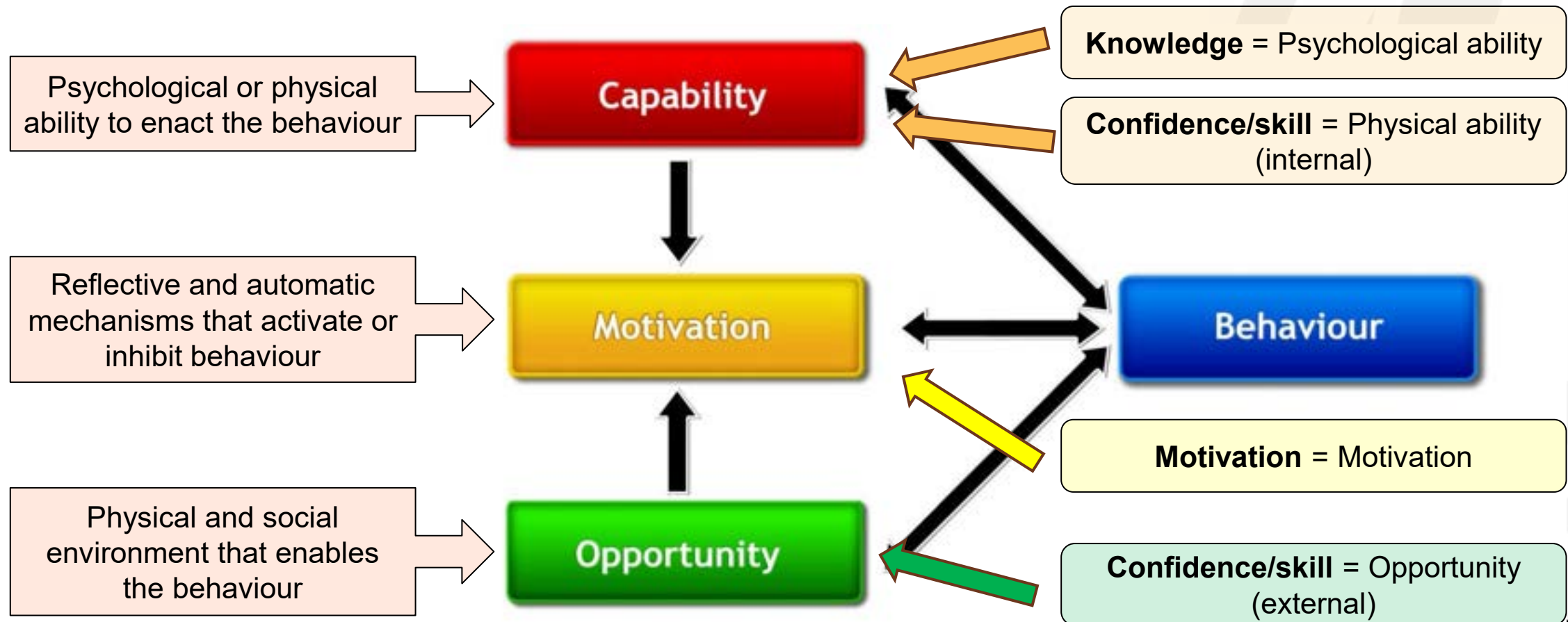




How to identify what factors are driving a behaviour



COM-B ('capability', 'opportunity', 'motivation' and 'behaviour') model





What influences policy makers behaviour



Psychological capability		Physical capability	
The goals of the policy are spelled out		The policy is part of my professional duties	
The goals of the policy are concrete		My own involvement has changed	
The policy is focused on improving the health of the population			
Automatic motivation		Reflective motivation	
Feeling obliged to do something in this field		I am satisfied with the results	
Physical opportunity		Social opportunity	
There is enough personnel to enact the policy		There is a strong need for this policy in the population	
My organisation has the necessary capacities		The co-operation within my organization has changed	
There are sufficient financial resources		The political climate has changed	
The involvement of the population has changed		The support from other sectors has changed	
The action has achieved the intended behavior change in the population		The co-operation between political levels involved has changed	
Considering cost-benefits, the policy was worthwhile		The co-operation between public and private organisations has changed	
Various programs were implemented		The lobby for the policy has changed	
		The population supports the policy	
		The media's interest has changed	





So once we know
What do we do?



Measurement – what to do with the information

- Use of the BCT Theory and Technique’s tool
 - Connecting Mechanisms of Action (i.e., area of need) to BCT’s
 - <https://theoryandtechniquetool.humanbehaviourchange.org>

- Kn = Knowledge (capability)
- Sk = Skill (capability)
- In = Intentions (motivation)

	Kn	Sk	SPRI	BaCa	Op	BaCo	Re	In
2.5. Monitoring of outcome(s) of behaviour ...		Non-links	Non-links	Non-links	Non-links			
2.6. Biofeedback	Links		Non-links	Inconclusive				
2.7. Feedback on outcome(s) of behaviour								
3.1. Social support (unspecified)		Non-links	Inconclusive					
3.2. Social support (practical)			Non-links					
3.3. Social support (emotional)								
4.1. Instruction on how to perform behaviour	Links		Non-links	Links				
4.2. Information about antecedents	Links	Non-links	Non-links		Non-links		Non-links	
4.3. Re-attribution								
5.1. Information about health consequences	Links	Non-links		Non-links		Links	Non-links	Links
5.2. Salience of consequences		Non-links		Non-links		Links		
5.3. Information about social and environme...	Links	Non-links		Non-links		Links		
5.4. Monitoring of emotional consequences		Non-links						
5.5. Anticipated regret						Links		
5.6. Information about emotional consequen...		Non-links		Non-links				
6.1. Demonstration of the behaviour		Inconclusive		Links				
6.2. Social comparison		Non-links	Inconclusive					
6.3. Information about others' approval		Non-links						Inconclusive
7.1. Prompts/cues	Non-links		Non-links	Non-links	Non-links	Non-links	Inconclusive	
7.5. Remove aversive stimulus	Non-links	Non-links	Non-links					
7.7. Exposure								
7.8. Associative learning								Inconclusive
8.1. Behavioural practice/rehearsal	Links	Non-links	Links					
8.2. Behaviour substitution			Non-links					



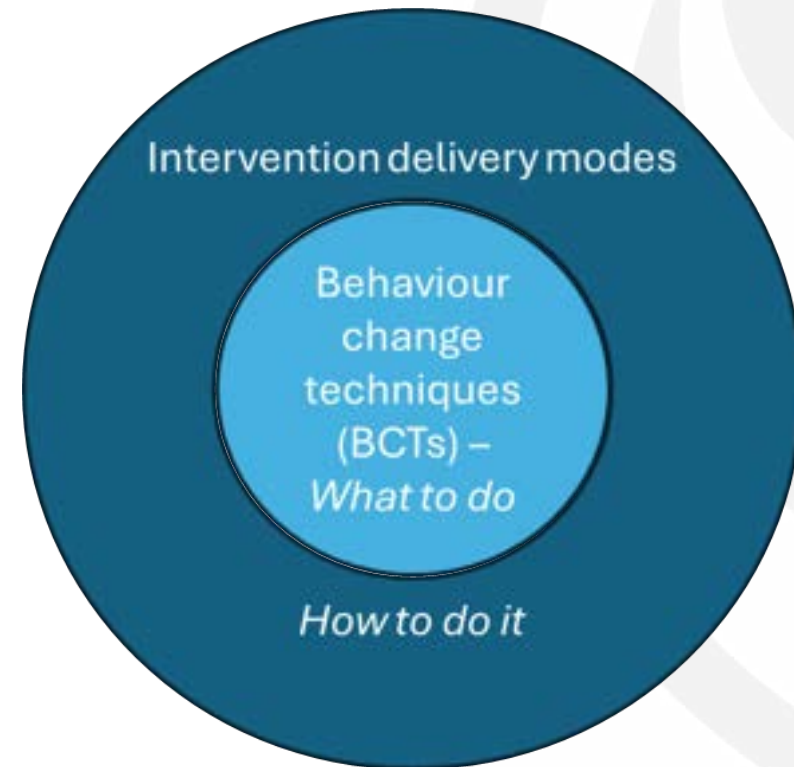
Examples of how we could intervene?

- Capability
 - Placing knowledge in a context that allows for implementation
- Motivation
 - Find out what they care about and identify how the policy gets them what they want
- Opportunity
 - Identify way in which the policy can be reframed to create benefits for co-operation with other organisations
- Policy making is fundamentally a social process that depends on relationships and trust between different knowledge users and interest holders.



What is a behaviour change intervention (BCI)?

- Behavioural/behaviour change intervention
 - Complex series of interacting techniques which are combined; and
 - delivered in a certain way
 - to change a specific behaviour, e.g., physical activity





Learning objectives

- By the end of the presentation, you will be able to:
 - Apply behavioural science to develop a strategy to engage a policy maker in adopting a new policy

**“Things do not change:
We change”**

Henry David Thoreau



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