
Health promotion and disease prevention

Presentation to Summer School ProMIS,
Mondello, Italy 05/07/23

Yannish Naik (Technical Officer)

WHO European Office for Investment for Health
and Development (Venice, Italy)



European Region



The Well-being Economy

Healthy, caring, prosperous societies

Today:

- People want to *thrive not just to survive*. They want to live in **healthy and safe communities** and expect their authorities to deliver public policies which secure a **better life today and for future generations**.
- The public, governments and the international community want **vibrant economies, nonviolent societies, well-educated and informed citizens**, and **resilient, sustainable environments**.

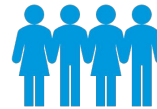
Geneva Charter for Well-being 2021



Value, respect and nurture planet earth and its ecosystems



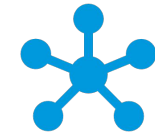
Design an equitable economy that serves human development within planetary and local ecological boundaries



Develop healthy public policy for the common good



Achieve universal health coverage



Address the impacts of digital transformation

A global framework for integrating wellbeing into public health using a health promotion approach, adopted by the World Health Assembly

Human well-being in Europe

The bottom 20% of the population in the WHO European Region experience:

HIGHER

Illness Limiting Daily Life

Comparing between the top and the bottom 20% of the population by income

2x MALE **2x** FEMALE



Limiting illness leaves the individual and their family at risk of poverty and social exclusion

HIGHER

Poor Life Satisfaction

Comparing between the top and the bottom 20% of the population by income

3x MALE **2.5x** FEMALE



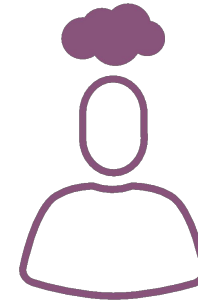
Poor life satisfaction captures how people feel about their lives— and indicates that people are not thriving and flourishing

HIGHER

Poor Mental Health

Comparing between the top and the bottom 20% of the population by income

2x MALE **1.5x** FEMALE



Depression and anxiety are among the top 5 causes of the overall disease burden in the WHO European Region

HIGHER

Poor Self-Reported Health

Comparing between the top and the bottom 20% of the population by income

2x MALE **2x** FEMALE



Poor self-reported health is a good predictor of future health problems

Societal well-being risks across Europe



Inadequate access to good quality, affordable health services



Income insecurity and inadequate social protection



Poor quality, unsafe or unaffordable housing, fuel, food, and neighbourhoods



Poor quality education, and lack of trust, belonging and political participation



Job insecurity, poor working conditions and long-term unemployment

Common underlying causes of the big challenges of our time

Including those related to health and well-being



Economic development models focusing on profit over people

Intensive production and consumption of goods contribute to pandemic risks, ecological degradation and NCDs

Structural factors affecting ability to buy and access goods and services create inequities in risk of NCDs and vulnerability to health harms



Inequitable distribution of opportunities and resources

Deepening gaps in society affecting social, economic and environmental determinants



*Underestimation of the importance of public services
Producing public value from private assets is underdeveloped and unsystematic*

Less public accountability harms service standards, as well as equality of access and care, maintenance and investment

Why are we here?



- Economic development models focusing on profit over people

64% young people with low well-being in 2021 in EU



- Inequitable distribution of opportunities and resources

600,000 excess deaths in areas with low human development coupled with low health system investment



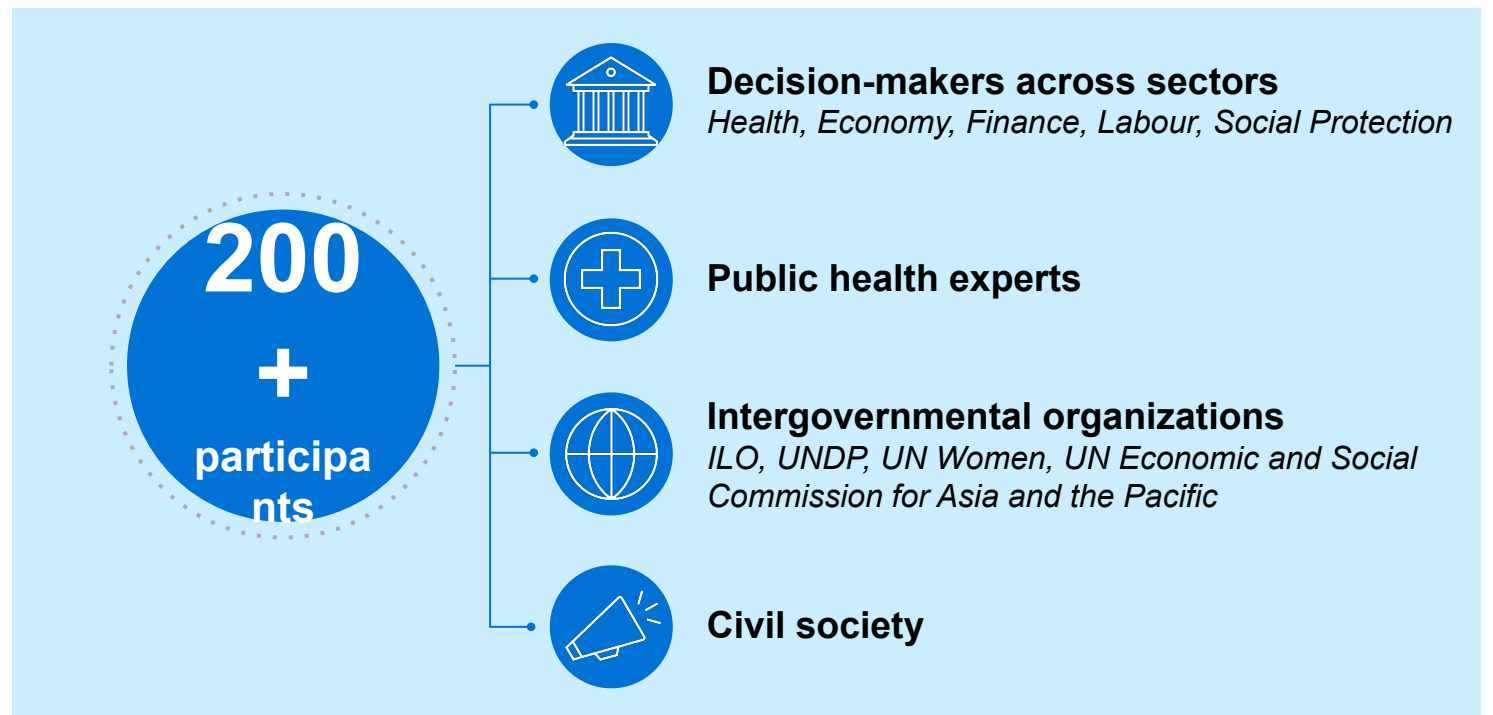
- Underestimation of the importance of public services to safeguard trust and social and fiscal resilience

40% lower level of Trust in government among people out of work and least likely to afford food, fuel, medicines and shelter

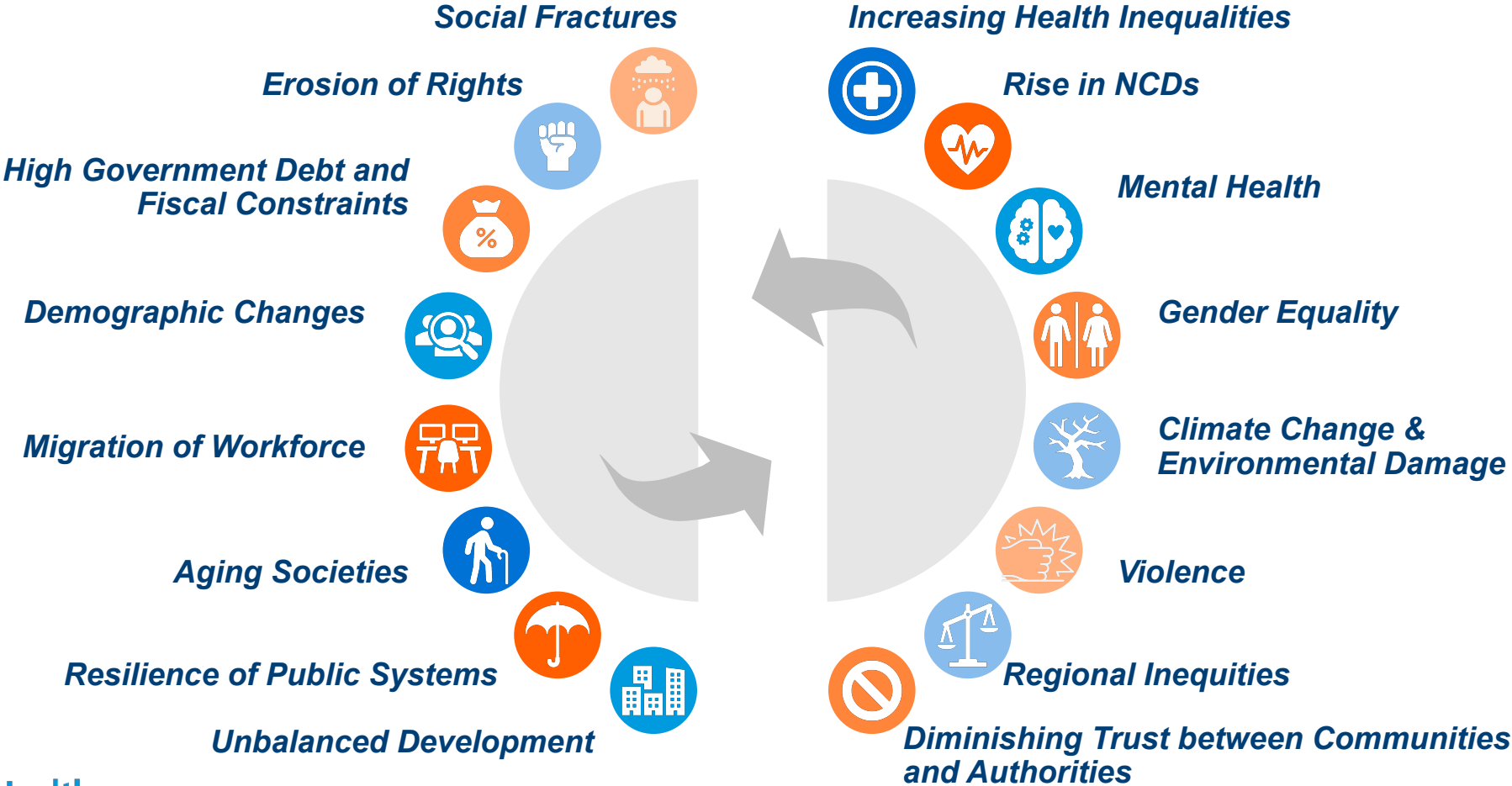


WHO European Regional High-level Forum on *Health in the Well-being Economy* (Mar. 2023)

A forum to 'show and share' ways for shifting investment resources into the four well-being capitals, building political support, widening the network of partners and alliances, setting an agenda for how health and equity are central to the well-being economy



Policy-makers and politicians facing big challenges that need new solutions





The well-being economy is one where public and private investment, spending and resources are used to improve human, societal, economic and planetary well-being that can be enjoyed by all.



Well-being Economy Approach

An economy which secures well-being for all people today and for future generations, as well as the planet

Recognising that the solutions to produce well-being lie with different sectors

of government and society and **therefore engaging a broad range of stakeholders** including the population as part of implementing the **solutions through dialogue**

Creating the conditions for people to lead healthy lives

Deliver policies, essential goods and services that **enable people to live in dignity, to thrive and contribute to society** – also known as **public health goods and policies**



Investing and producing the essential well-being capitals

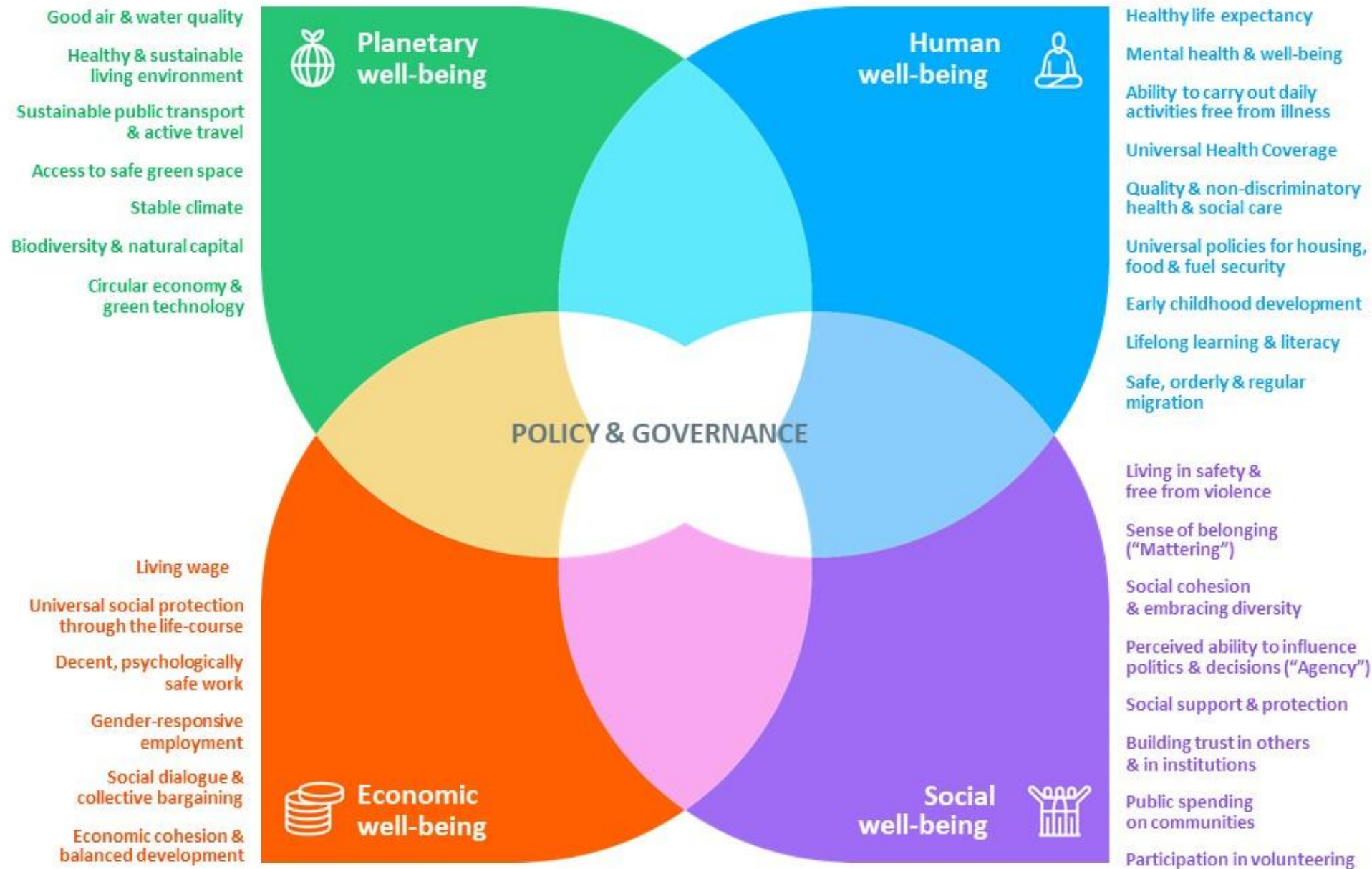
Public and private investment, spending and resources are used to improve **human, social, planetary** and **economic** well-being in a way that is fair and equitable

Equity, Inclusion, Sustainability



Optimising co-benefits from the four well-being capitals

Explicitly considering in policy design and investment decisions the **benefits and risks to the four capitals**



Where is health in the well-being economy?

The role of the health sector & health policies in developing a well-being economy is not well articulated or understood

Risk 1: The health sector continues business-as-usual, not realising its full potential



Transforming health systems to deliver equitable human, social, planetary and economic well-being

We don't yet see **health systems, public health policies and goods**, or **HLE** and distribution systematically or concretely included in mainstream investment priorities, frameworks and tools

Risk 2: Undervaluing, underestimating, under-provisioning of health services, public health policies healthy population

Risk 3: Health continues to be seen as a cost/expense



Integrate wellbeing (and health equity) into fiscal and economic policy
Shift understanding of the purpose of the economy and how it works

Role of the health sector in a well-being economy

Driver of well-being economies

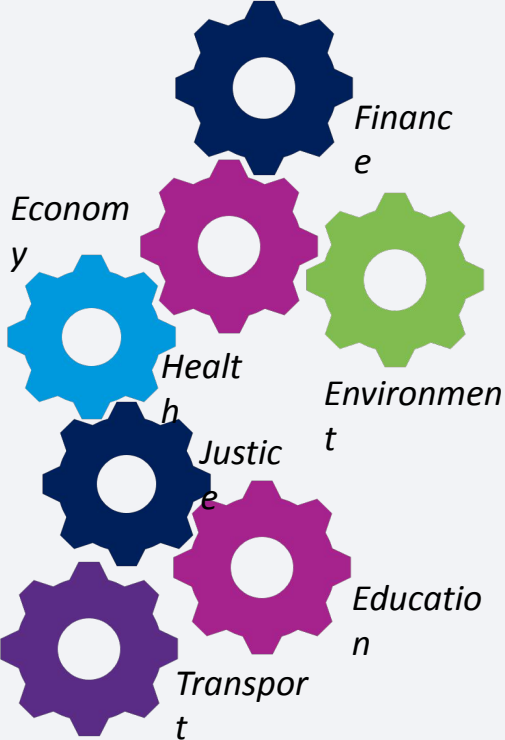


Co-creator and Partner

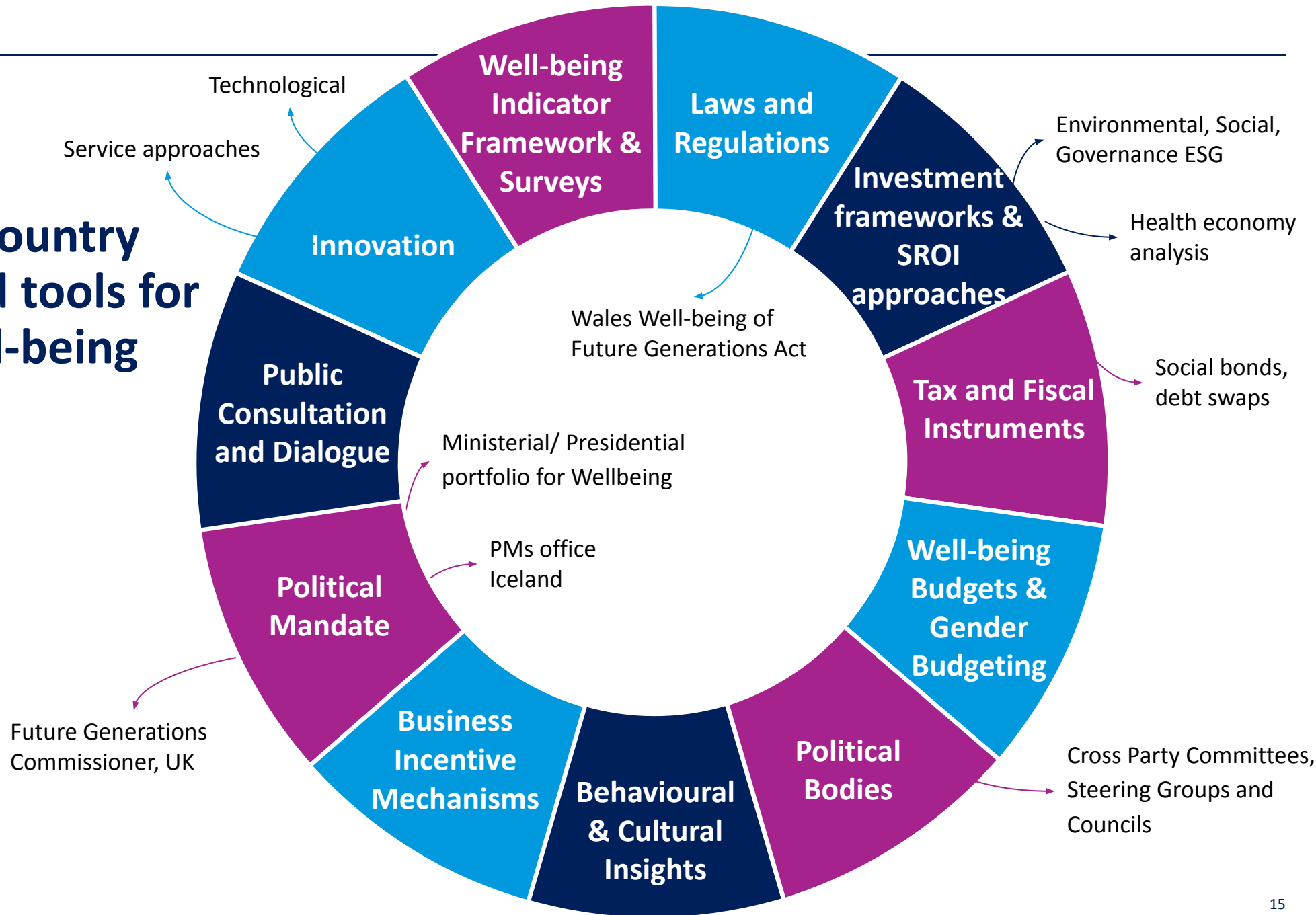
Health working with business, energy, education, labor and other sectors to address challenges that no sector can solve alone

Example

Health Justice Partnerships: Joining up health services with legal support on issues such as housing and debt can improve the life circumstances of people accessing the service, as well as promoting mental well-being



Case studies, country deep dives and tools for shifting to well-being economies



Local and regional plays a crucial role in driving well-being economy thinking and action



Spatial planning



Spending and local investment



Regulation and licensing



Employment programmes and local hiring



Collaboration across departments and budget lines



Education and skills



Distributional impact assessments



Participation and co-creation

Case studies

Social Value

Utrecht Region, Netherlands. The region of Utrecht added a social return clause to **all public tenders, with contracts over €100.000** requiring **5%** of the contract value to be spent adding **social value** – for example **on education and employment** for people removed from the labour market

Health Employment Partnership

West Belfast, UK. Greater Shankill Health Employment Partnership **promoted opportunities for people who were economically inactive** and lower-paid workers

Impact

- ✓ **unemployed** people finding employment
- ✓ **lower paid** staff received **promotions**
- ✓ **saving on unemployment benefits**

Community Wealth Building

Preston Model, UK. Community wealth building – changes in public procurement to promote decent employment and support local supply chains

Impact

- ✓ **Reduced antidepressant prescribing and prevalence of depression**
- ✓ **9% increase in life satisfaction**
- ✓ **11% increase in median wages**

Community wealth-building checklist


Questions local organisations should be **asking themselves** about their contribution to the well-being, cohesion and resilience of the local community





- What percentage of your workforce is hired from the local area?
- Are you hiring people in a way that benefits the local community?
- Are you engaging human resources in the thinking around Anchor Institutions and inclusive growth?
- What percentage of your procurement spend goes to local businesses, or stays within the local region?
- Are you supporting local businesses through your supply chain?
- Are you engaging procurement officers in the process?
- How many local people are the suppliers employing?


The Regions for Health Network (RHN)

Established in 1992

 **38** regions and associated countries

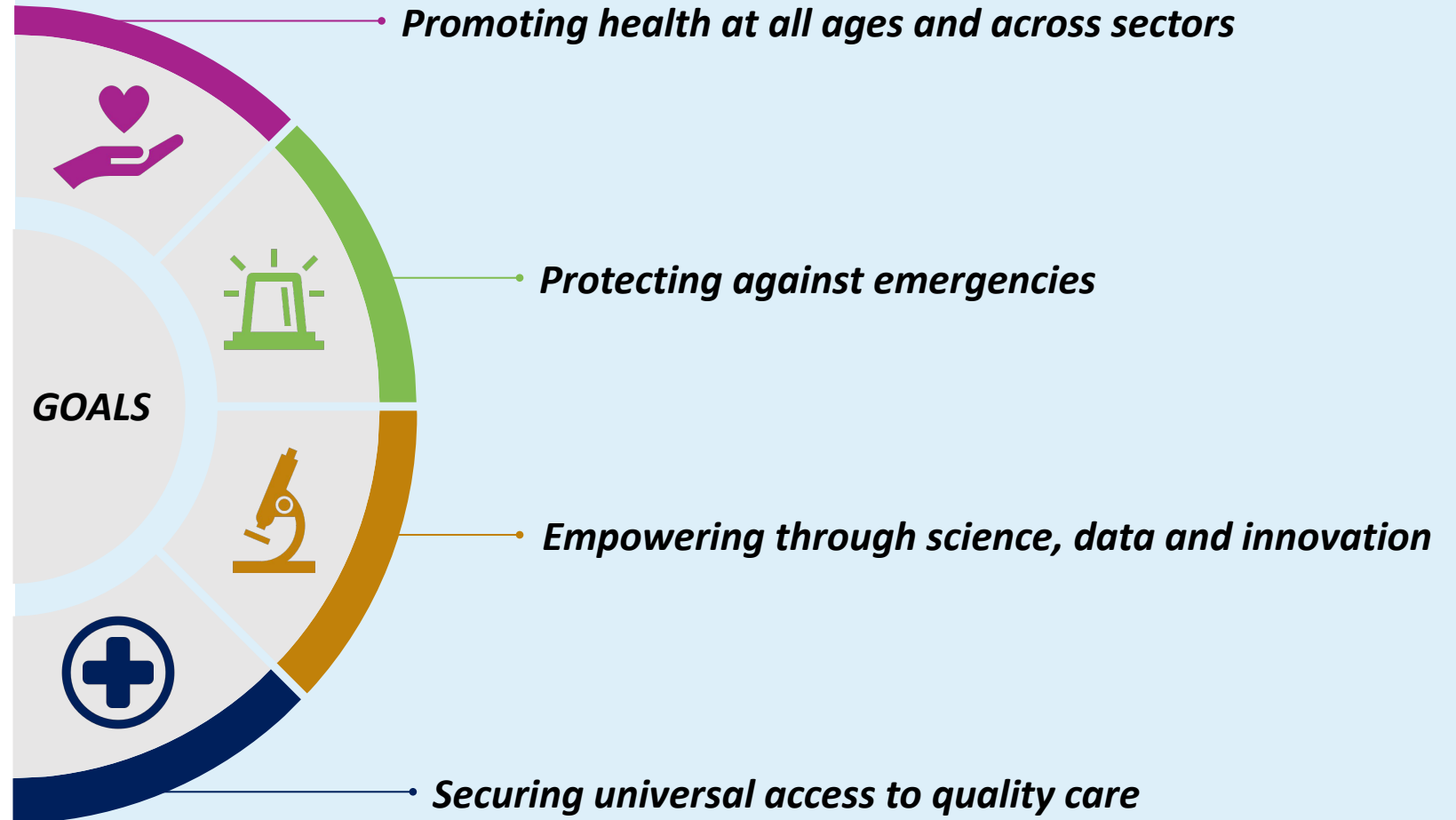
 **26** countries

 **10** partners

 **100+ million** people



European Region



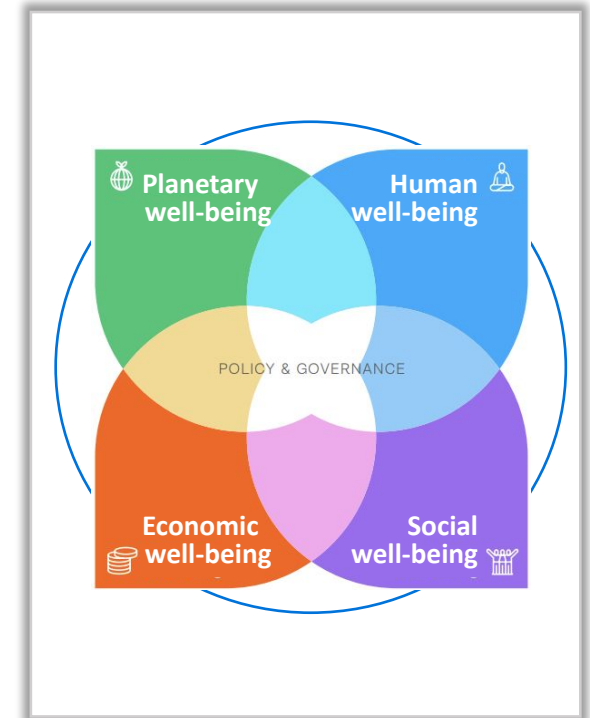
Evidence and Policy Tools



[Background paper to the European Regional High-level Forum](#)



[Deep dive on Iceland](#)



[Monitoring framework](#)

Thank you!



WHO European Office for Investment for Health and Development



World Health
Organization

European Region

75

HEALTH
FOR ALL