World Health Organization

Implementing the global framework on well-being at country level

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Preface

Our world is facing a series of severe and interconnected shocks that are threatening, stalling or even reversing development progress, particularly in some of the poorest countries. These crises have far-reaching effects on people's health and well-being. The COVID-19 pandemic exposed deep vulnerabilities in public health systems and caused immense suffering, the estimated global excess deaths associated with COVID-19 is 20 million lives. The pandemic triggered a major global economic crisis, leading to widespread job losses and disruptions to global supply chains. Recovery has been slow and uneven, especially in developing countries with limited resources to support vaccination and economic recovery.

Just as the world began to stabilize, a series of conflicts, political convulsions and economic shocks have intensified economic hardship, driving food and energy prices to record highs, exacerbating a global cost-of-living crisis, and prompting central banks worldwide to tighten monetary policy, adding further economic pressure to households and businesses.

These events make it clear that we are facing more than isolated setbacks; we are living through a "poly-crisis", where climate change, environmental degradation, widening inequalities, and political instability compound one another, undermining the very foundations of societal well-being. Current approaches to health, the environment, and the economy are proving inadequate in the face of these interconnected threats. Addressing them in isolation is no longer viable.

The Sustainable Development Goals (SDGs) provide a comprehensive framework for addressing these crises holistically. But making real progress requires more than just commitment: it demands new forms of moral responsibility and leadership, collaboration and altruism. We need to reform siloed systems and institutions, foster innovation, and ensure that knowledge and resources are shared equitably. This requires individuals and communities to think in truly integrated and creative ways, embracing local wisdom and lived experiences as essential tools for change. Ignoring this imperative is not an option.

To achieve this, we must prioritize a transformative vision: the creation of "well-being societies" – environments where people can reach their full potential, live healthy and fulfilling lives in harmony with nature, and actively contribute to their communities. These societies must be built on key principles:

- Recognizing that well-being goes beyond the absence of disease, and encompasses physical, mental and social well-being.

- Understanding that well-being depends on a complex interplay of social, economic and environmental conditions.
- Embracing a whole-of-government and whole-of-society approach to decision-making that looks beyond narrow economic metrics.

This document outlines a comprehensive approach for creating well-being societies. It offers clear strategic directions, practical guidance, and a call to action for all stakeholders. Crucially, it reinforces the idea that achieving well-being is not the responsibility of the health sector alone. We must move beyond traditional silos and embrace a coordinated, multisectoral approach.

This is not just a theoretical exercise or academic discussion. It is an urgent and practical response to the crises we face. We must shift our focus from simply treating illness to actively promoting well-being in every aspect of society. I urge you to engage with this document and join us in this critical work as together, we build a healthier, more equitable, and sustainable future.

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

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Abbreviations

AI	artificial intelligence
AMR	antimicrobial resistance
ATACH	Alliance for Transformative Action on Climate Change and Health
CHW	community health worker
COP	Conference of the Parties
EU	European Union
GDP	gross domestic product
LMIC	low- and middle-income countries
NCD	noncommunicable diseases
OECD	Organisation for Economic Co-operation and Development
PHC	primary health care
SDGs	Sustainable Development Goals
SDH	social determinants of health
UHC	universal health coverage
WHO	World Health Organization

Executive summary

The world is at a critical juncture. It faces an unprecedented convergence of crises – including climate change, widening inequalities, and persistent public health challenges – that threaten the well-being of people and the planet. As the United Nations Secretary-General has warned, the Sustainable Development Goals (SDGs) offer a roadmap to navigate these challenges, but failure to act puts humanity at risk.

In response, the global health community is embracing a transformative vision: well-being societies – societies that prioritize human and planetary health, equity, and sustainability over narrow economic growth metrics. This vision calls for breaking down silos and adopting a whole-of-government, whole-of-society approach to policy-making.

Implementing the global framework on well-being at country level: policy pathways offers practical insights for ministries of health to support this transition. It adapts the WHO *Achieving well-being: a global framework for integrating well-being into public health utilizing a health promotion approach* into concrete, actionable strategies that help governments shape policies to enhance well-being.

The document highlights five key policy pathways, providing ministries of health with strategic directions to champion change:

- Nurturing Planet Earth and its ecosystems: Building climate-resilient health systems and policies that protect both human and environmental health.
- Social protection and welfare systems: Designing equitable systems that guarantee access to essential services, prevent poverty, and promote social inclusion.
- Equitable universal health coverage: Strengthening health systems through a primary health care approach, integrating public health, social care, and preventive services.
- Equitable economies: Advocating for economic policies that serve human development, ensuring sustainable trade, reducing inequalities, and aligning commerce with well-being goals.
- Equitable digital systems: Ensuring universal access to digital health tools and services while addressing digital inclusion, literacy, and ethical artificial intelligence (AI) governance in health care.

Shifting toward well-being societies demands a new way of measuring progress – one that moves beyond gross domestic product and prioritizes health, inclusion and sustainability. Ministries of health have a critical leadership role in driving this transformation, not only as policy-makers but also as advocates, collaborators and community engagers.

This document is a call to action: With global inequalities widening and environmental challenges escalating, urgent action is needed. By embracing these policy pathways, ministries of health can lead the way in creating a healthier, more just and sustainable world for future generations.

Introduction

Humanity at a crossroads: The urgent need for well-being societies

The world is facing a convergence of interconnected crises that pose significant challenges to humanity's future. As the United Nations Secretary-General has stated, these crises are holistically addressed in the Sustainable Development Goals (SDGs), and ignoring them is done at our peril. This complex "poly-crisis" – encompassing climate change, environmental destruction, widening social and economic inequalities, and political instability – is actively undermining public health, economic security, and social cohesion, necessitating urgent and systemic action.

Rather than addressing these challenges in isolation, a new approach is needed. One that recognizes the interconnectedness of these crises and tackles the root causes of societal well-being erosion. This requires moving beyond traditional, siloed approaches and embracing whole-of-government and whole-of-society perspectives. It necessitates a fundamental shift in values and actions, prioritizing the well-being of people and the planet.

What are well-being societies?

Well-being societies, as envisioned by Members States of the World Health Organization (WHO), represent a transformative approach to addressing the interconnected challenges of the 21st century. They are societies that prioritize the holistic well-being of all people and the planet, recognizing that true progress cannot be achieved through narrow economic metrics alone *(1)*. Well-being in this context is defined not merely as the absence of disease but as a state where everyone can achieve their full potential in terms of physical and mental health.

Well-being societies place a strong emphasis on both the quality of life and individuals' meaningful contributions to society. This means creating conditions where people feel valued, empowered and connected to their communities. It also means ensuring that everyone has the opportunity to engage in meaningful work and contribute to the common good.

A fundamental principle of well-being societies is the recognition that well-being is determined by a complex interplay of social, economic and environmental conditions. This understanding challenges the traditional silos that separate policy areas. It requires addressing the social determinants of health (SDH), such as poverty, inequality, and environmental degradation, that create barriers to well-being for so many people.

At the heart of achieving well-being societies is the commitment to inclusion and equity. This means ensuring that everyone, regardless of their background or circumstances, has the opportunity to live a healthy and fulfilling life. It means tackling the systemic inequalities that create disparities in health outcomes and opportunities. It also requires a recognition of the unique needs and perspectives of diverse communities, working in partnership with them to create solutions that are truly inclusive.

The Global framework: A roadmap to well-being societies

In response to the urgent need for a transformative change toward well-being societies, the Seventy-sixth World Health Assembly in 2023 adopted the groundbreaking *Global framework for integrating well-being into public health utilizing a health promotion approach (2)*. This framework serves as a roadmap for Member States and partners to achieve

the ambitious goal of creating societies that prioritize the well-being of all people and the planet.

The Global framework is distinguished by three key aspects:

- **Providing key strategic directions:** It outlines six strategic directions to guide the creation of well-being societies, encompassing areas such as:
  - Nurturing Planet Earth and its ecosystems.
  - Designing social protection and welfare systems based on equity, inclusion, and solidarity.
  - Designing equitable economies that serve human development.
  - Promoting equitable universal health coverage.
  - Promoting equitable digital systems.
  - Measuring and monitoring well-being.
- **Bringing together successful strategies:** It draws on the most effective strategies and policy orientations from the global health community, providing a comprehensive and evidence-based approach.
- **Serving as a guide for Member States and partners:** The framework acts as an 'umbrella guide', offering a common language and purpose for government ministries, public and private sector partners, and civil society to work together in a coordinated manner. It recognizes that achieving well-being is a shared responsibility that extends beyond the health sector.

This Global framework represents a significant step forward in the global movement toward well-being societies. It provides a clear vision, practical guidance, and a call to action for all stakeholders to work together to create a healthier, more equitable, and sustainable future for all.

Bridging vision and action: Empowering ministries of health to create well-being societies

Building upon the Global framework, this document, *Implementing the global framework on well-being at country level*: *policy pathways,* serves as a practical guide for ministries of health to translate the framework's vision into tangible actions *(3)*.

A crucial aspect of this transition is the establishment of good governance for health and well-being. This entails embracing participatory and collaborative governance models, ensuring transparency and accountability in decision-making processes, and fostering a responsive and inclusive approach to policy development and implementation. Ministries of health should prioritize:

- Participatory governance: Creating mechanisms that enable citizens and communities to actively participate in shaping health and well-being agendas, such as through citizen assemblies, community forums, and participatory budgeting initiatives.
- Transparency and accountability: Ensuring that decision-making processes are transparent, information is readily accessible, and mechanisms exist for holding governments accountable for their commitments to well-being.
- Responsiveness and inclusiveness: Fostering a policy environment that is responsive to the diverse needs and perspectives of all members of society, ensuring that no one is left behind in the transition to well-being societies.

This document equips ministries of health with concrete policy pathways to navigate the complexities of contemporary challenges and contribute to building well-being societies. This is achieved by providing actionable guidance across five key areas aligned with the strategic directions of the Global framework:

- **Nurturing Planet Earth and its ecosystems**: This section emphasizes the interconnectedness of human and planetary health. Ministries of health are encouraged to champion policies that

promote environmental sustainability and mitigate the health impacts of climate change, pollution and biodiversity loss. This includes advocating for a One Health approach, which recognizes the interdependence of human, animal and environmental health, and pushing for climate-resilient, low-carbon health systems.

- **Promoting social protection and welfare systems based on equity, inclusion and solidarity:** This section highlights the crucial role of social protection and welfare systems in safeguarding the well-being of all members of society. Ministries of health are called upon to advocate for policies that guarantee equitable access to essential services, such as health care, education and housing, and to promote targeted programmes that provide support to vulnerable populations. The focus is on creating a safety net that prevents people from falling into poverty and ensures a basic standard of living for all.
- **Promoting equitable universal health coverage**: Acknowledging the persistent public health challenges of the 21st century, this section focuses on strengthening health systems to achieve equitable universal health coverage (UHC). Ministries of health are guided to promote a strong primary health care (PHC) approach that integrates public health, social care and preventive services, with particular attention to noncommunicable diseases and mental health. This entails advocating for increased investment in primary care, addressing the SDH, and reaching underserved populations through community outreach programmes.
- **Promoting equitable economies that serve human development**: This section addresses the critical link between economic systems and well-being. Ministries of health are encouraged to advocate for economic policies that prioritize human development and sustainability over narrow economic growth. This includes pushing for measures that reduce economic inequalities, promote decent work, and ensure that trade and commerce contribute to well-being *(4–6)*.
- **Promoting equitable digital systems**: Recognizing the transformative potential and challenges of digital technologies, this section focuses on ensuring equitable access to digital health tools and services while mitigating potential negative impacts. Ministries of health are encouraged to lead the development of a national digital health equity strategy that addresses digital inclusion, digital literacy, data privacy and ethical governance of artificial intelligence (AI) in health care.

By providing ministries of health with these practical policy pathways, the document facilitates the transition toward well-being societies. It empowers health leaders to act as catalysts for change, advocating for policies that prioritize the health and well-being of all people and the planet *(7,8)*.

The development of the document followed a structured process combining literature review, expert consultation, collaborative drafting, and peer review. Prior to drafting, groups of experts were convened by EuroHealthNet to identify key themes, share insights, and discuss priorities. Authors with relevant subject matter expertise led the development of each policy pathway, drawing on these discussions as well as their own experience and analysis of relevant academic and grey literature. In some cases, such as the section on social protection and welfare, drafting was undertaken collaboratively by an informal larger group that included academic partners.

Evidence gathering involved targeted reviews of existing literature and policy documents, supplemented by the professional expertise of the contributing authors. A reference list was compiled for each policy pathway to document the main sources consulted. In addition, all policy pathways were peer-reviewed to ensure technical accuracy, coherence and consistency.

Each policy pathway was then refined through a series of virtual consultations and written exchanges with the WHO secretariat, including several meetings with technical units to discuss the framing and content of the recommendations. Written feedback from WHO departments was incorporated at multiple stages of the drafting process.

Examples were selected based on their relevance to the thematic content of each pathway, their clarity in illustrating key concepts or approaches, and their contribution to ensuring broad geographical

representation. A technical review was carried out across all five sections to ensure balanced regional coverage.

In shaping evidence into actionable policy pathways, contributors considered factors such as feasibility, resource implications, political context, and implications for equity. These considerations helped ensure that the pathways were grounded in both evidence and practical realities across different country settings.

Leading the transformation: The role of ministries of health in advancing well-being societies

Implementing the global framework on well-being at country level: policy pathways positions ministries of health as pivotal actors in the global movement toward well-being societies. By championing a whole-of-government approach and collaborating with partners across sectors, ministries of health can contribute to creating the conditions for societies where everyone can thrive.

It outlines key policy pathways that ministries of health can utilize to fulfil their leadership potential, highlighting the **multifaceted role of health leaders in advancing well-being societies**. More specific actions are identified in the following sections to support health ministries in their roles:

As leaders: Ministries of health can set the stage for transformative change by demonstrating bold leadership and commitment to well-being agendas. This involves:

- Securing high-level political commitment to a well-being approach, engaging senior colleagues in government and advocating for a shift in the narrative surrounding economic growth. The focus should be on reframing economic progress to encompass well-being, equity and sustainability – and reflecting this in indicators.
- Prioritizing long-term goals and benefits in creating health ministry plans and budgets, while also showcasing early successes to maintain momentum and garner support for well-being initiatives.
- Setting and implementing an ambitious agenda for advancing well-being societies and ensuring that adequate financial resources and mechanisms, such as well-being budgets, are in place.
- Providing effective stewardship by establishing institutional arrangements, mobilizing resources, and ensuring transparency and accountability in the implementation of the well-being agenda.
- Investing in capacity building to equip health policy-makers with the knowledge and skills to lead, advocate for, and drive healthy public policies and a green and healthy transition.

As advocates: Ministries of health need to act as advocates for policies that promote health equity across all sectors. This involves:

- Working to ensure high-level representation of health in discussions and negotiations for decisions that impact health, formalizing collaborations through multilateral frameworks or ad hoc arrangements.
- Promoting health as a priority concern within the government's vision, recognizing that this can be addressed by different government entities and partners.
- Championing specific thematic areas linked to health and well-being, particularly those requiring collaboration across sectors.

As collaborators: Recognizing that well-being is a shared responsibility that extends beyond the health sector, ministries of health should act as collaborators, fostering partnerships across sectors and levels of governance:

- **Horizontally:** Building bridges across different government ministries, setting up collaborative governance structures such as cross-ministerial working groups, promoting the use of health impact assessments to consider the health and well-being implications of policies across sectors, and fostering a common language around well-being.
- **Vertically:** Engaging with policy-makers at regional and local levels to support the implementation and coordination of well-being strategies. This involves

sharing resources, establishing communication networks, and ensuring that interventions are aligned with national goals and objectives.

- **Internationally:** Sharing experiences and best practices with other countries to facilitate learning and innovation in the pursuit of well-being societies.

As regulators: Ministries of health can leverage their regulatory power to ensure that markets and economic activities prioritize well-being:

- Making **all public funding conditional upon optimizing their contributions to the public good**, requiring businesses and organizations to align their practices with societal well-being goals.
- Proposing and advocating for **strong legislative action, conditionalities and standards on the commercial and environmental determinants of health**, aiming to restrict or prohibit activities that are harmful to health and well-being.
- Engaging in **constructive dialogue with the private sector** to raise awareness of the health impacts of commercial practices, share data and insights, and identify opportunities for businesses to contribute to societal well-being, while appropriately managing conflicts of interest.

As community engagers: Ministries of health should act as community engagers, working in partnership with communities to co-develop inclusive well-being initiatives:

- **Prioritizing meaningful and inclusive engagement with communities** to ensure that initiatives reflect the needs, lived experiences and priorities of the people they are intended to serve.
- Adopting **co-creative processes** that empower communities to actively participate in the design, development and implementation of well-being policies and programmes. This can include establishing community advisory boards, conducting participatory budgeting exercises, or implementing citizen science initiatives.
- Ensuring that **community voices are heard and considered** in decision-making processes related to health and well-being, building trust and ownership.

As champions of new metrics: To accurately reflect progress toward well-being societies, ministries of health can advocate for new ways of measuring societal progress that move beyond traditional economic indicators such as gross domestic product (GDP) *(9,10)*. This involves:

- **Strengthening systems for collecting data** on well-being status and outcomes, expanding data collection to include social, economic, human, and planetary well-being indicators, and paying particular attention to areas that have been traditionally under-analysed, such as unpaid household work or the distribution of household income. This can also build on the planned actions in the UN Pact for the Future.
- **Analysing data through an equity lens** to assess the distributional impacts of policies and investments, and integrating disaggregated indicators of population well-being into routine health data collection and reporting to monitor progress in reducing inequalities.
- Working to **quantify health and well-being co-benefits** to demonstrate the value of intersectoral collaboration and inform resource allocation decisions. This could include producing regular reports on the co-benefits of well-being policies, highlighting the positive impacts on health, the environment and the economy.
- Promoting the **adoption and use of comprehensive well-being frameworks and indicators**, to guide policy development and track progress toward well-being societies.

By embracing these multifaceted roles, ministries of health can act as powerful catalysts in the creation of well-being societies. By providing bold leadership, fostering collaboration, leveraging regulatory power, engaging communities, and championing new metrics, health leaders can work to achieve a healthier, more equitable, and sustainable future for all.

Transitioning to well-being societies: A call to action for ministries of health

The urgency of transitioning to well-being societies cannot be overstated. The world faces a convergence of interconnected crises – environmental degradation, widening inequalities and persistent public health challenges – that threaten the health and well-being of current and future generations. Addressing these complex and interrelated challenges requires a fundamental change in how societies conceptualize progress and well-being. This means moving beyond traditional measures of economic growth, such as GDP, and embracing a more holistic approach that prioritizes the health and well-being of people and the planet.

Ministries of health have a critical leadership role to play in driving this transition. By leveraging their unique position and expertise, as outlined, health leaders can advocate for and implement policies that promote health, well-being and equity across all sectors of society.

The key to success lies in strong political commitment, coordination across government sectors, and the integration of well-being considerations into all public policies. Ministries of health must work collaboratively with other government ministries, civil society organizations, communities and the private sector to create a shared vision, and implement effective strategies for advancing well-being societies.

This document serves as a call to action, urging ministries of health to use it as a guide for:

- **Providing bold leadership** by championing well-being agendas, advocating for a shift in the narrative around economic progress, and setting examples for other sectors to follow.
- **Fostering collaboration** across government sectors and levels of governance to ensure a coordinated and coherent approach to advancing well-being.
- **Leveraging regulatory power** to create a level playing field that prioritizes well-being, ensuring that markets and economic activities contribute to the public good.
- **Engaging with communities** in meaningful and inclusive ways to co-develop well-being initiatives that reflect local needs and priorities.
- **Championing new ways of measuring societal progress** that move beyond GDP and capture what truly matters for human and planetary well-being.

By embracing the strategic policy pathways outlined in this document, ministries of health can help create societies where everyone has the opportunity to thrive and reach their full potential for well-being, now and for generations to come.

1. Nurturing planet earth and its ecosystems

Key data points

- An estimated 13 million deaths are attributed to environmental factors globally each year *(11)*.
- Noncommunicable diseases (NCDs) are responsible for up to 75% of non-pandemic-related deaths globally *(12)*.
- 99% of the population breathes air that exceeds WHO quality limits *(13)*, and air pollution contributed to around 440 000 deaths among children under 5 years old in 2021 *(14)*.
- A 1° (Celsius) increase in the planet's temperature since 1975 is driving regional and seasonal temperature extremes, intensifying heavy rainfall, damaging habitats for plants and animals and changing our biodiversity *(15)*. A 1° (Celsius) increase in global temperatures is significantly associated with a 2.2% global increase in overall mental health-related mortality *(16)*.
- One out of four people globally lack access to safely managed drinking-water *(17)*.
- An over reliance on and increased prevalence of ultra-processed foods is harming the health of the people, planet and places with increasing rates of NCDs *(18)* and a 20% increase in greenhouse gas emissions *(19)*.
- Estimates suggest by 2050 there could be 1.2 billion climate-related refugees due to extreme weather events and land lost to cultivation *(20)*.
- Between 2030 and 2050, climate change is expected to cause approximately 250 000 additional deaths per year, from malnutrition, malaria, diarrhoea and heat s tress. Most of this burden will be felt in low- and middle-income countries (LMICs) *(21)*. By 2030, the financial toll of the health crisis attributed to climate change is estimated to reach between US$ 2 and US$ 4 billion. This will exacerbate poverty and health inequities, particularly in disadvantaged regions *(22)*.
- Estimates suggest that 38 million children each year have their education disrupted due to the climate crisis *(23)*.

In light of **climate change, biodiversity loss and pollution**, human activity is clearly harming the planet and its natural ecosystems. In turn, these worsening environmental conditions harm human health via many mechanisms and processes. Climate change – causing worsening extreme weather events such as storms and flooding, heatwaves and droughts, as well as changes in food production, vector ecology and air pollution – has been described as "**the single biggest health threat facing humanity**" *(24,25)*.

In addition to the impacts of climate change on lives and livelihoods in terms of mortality, injuries and income loss due to extreme weather events, the environmental and climate crisis are also contributing to an increase in noncommunicable diseases (NCDs) such as cancer, diabetes, respiratory and cardiovascular diseases, and increasing the risks of foodborne, waterborne and vector-borne communicable diseases. These consequences on health can be multiple. For instance, while current food production and consumption systems have

impacts on climate change, they also negatively impacts human health by producing food high in fats, salt and sugar and using harmful content (e.g palm oil), while also contributing to deforestation *(26)*. Climate change has also been shown to negatively affect people's mental and emotional well-being *(27)*.

These **impacts are unequally distributed**, with more vulnerable groups – including children, the elderly, lower socioeconomic groups, and people with underlying health conditions – more likely to be at risk and less able to adapt. At the same time, populations and countries that are suffering the most have often contributed least to climate change, pollution and biodiversity loss *(28)*.

Drastic change is required, building on major international political agreements such as the Conference of the Parties (COP), United Nations Framework Convention on Climate Change (UNFCCC) commitments *(29)*, the Kunming–Montreal Global Biodiversity Framework, and the Sustainable Development Goals. These commitments require collective global and intersectoral response rather than siloed approaches, for example through more sustainable food production systems, the promotion of active travel and resilient health systems. **Placing the health and well-being of people and planet at the centre of all policies is fundamental to ensuring resilient, inclusive, sustainable and equitable societies**.

Nature plays a vital role in enhancing human health and well-being. Exposure to green and blue spaces, for instance, helps to reduce mortality and morbidity from chronic diseases, provides opportunities for physical activity and obesity reduction, can improve mental health and pregnancy outcomes, and helps increase social cohesion *(30,31)*. In parallel, ensuring the protection and enhancement of green spaces helps to nurture the planet by improving air quality, enhancing biodiversity, moderating temperatures and reducing noise *(32–34)*.

The public health response

The past decade has seen an increasing focus on the health risks resulting from climate change, environmental pollution and biodiversity loss, and the co-benefits for human and ecosystem health of transformative actions. There is a growing body of evidence underlying **how the planet and people's health are linked,** as well as how the risks and consequences are unequally distributed**.** For example, the Lancet Countdown on health and climate change *(25)* is an international research collaboration that independently monitors the evolving ***impacts of climate change on health***, and the emerging health opportunities of climate action. Guidelines and standards have been developed to provide reference points and assess risks to people and the planet, such as the WHO Air quality guidelines *(35)*. Governments are committing to **improving health by addressing the triple crisis**, for instance in the *Budapest Declaration* adopted by ministers of the WHO European Region *(36)* and the resulting European Environment and Health Process (EHP) partnerships (*37*). At the international level, COP28 (*2023*) included an inaugural 'health day' in its agenda, as well as a climate–health ministerial meeting, and the resulting *COP28 Declaration on Climate and Health* included a recommendation to better prepare the most vulnerable populations for the impacts of climate change and combat inequalities within and among countries *(38)*.

Another example of a collaborative, action-oriented effort is in **One Health**, an integrated approach that recognizes the interconnection between the health of people, animals and the environment. In 2022, WHO, the United Nations Environment Programme (UNEP), Food and Agriculture Organization of the United Nations (FAO), and the World Organisation for Animal Health (WOAH) jointly developed *a One Health joint plan of action (2022–2026)* aimed at better understanding, anticipating and managing health challenges across sectors, and at the global, regional and national levels *(39)*. It highlights the value of working in interdisciplinary teams and adopting a systems-based approach to supporting the health of humans, animals and the ecosystem and identifying and addressing the factors that underly complex economic, social and environmental determinants of health.

Governments are also taking **climate mitigation and adaptation** seriously as part of health systems and health policies, as demonstrated by the WHO Alliance for Transformative Action on Climate and

Health (ATACH) initiative, launched at COP26 (*2021*). The alliance works to achieve the ambition of building resilient and sustainable health systems *(40)*. Such initiatives demonstrate a broad awareness of the necessity of cutting carbon emissions to 'net zero' across a wide range of health and welfare services.

However, despite efforts to reduce health risks posed by climate change, pollution and biodiversity loss, much more needs to be done to scale up responses. Meanwhile, recognized and interrelated public health risks (e.g. access to safe drinking-water) also persist across the globe.

Policy pathways to nurture planet earth and its ecosystem

It is critical to "protect the planet from degradation, including through sustainable consumption and production, sustainably managing its natural resources and taking urgent action on climate change, so that it can support the needs of the present and future generations." (Preamble, Agenda 2030)

Building a healthier and greener environment requires a multisectoral approach that recognizes the intersection between people, animals, plants and their shared environment, as embodied by the Sustainable Development Goals *(41)*. Health ministers have a critical role in driving a green, fair and healthy transition. They can take action both within the health sector and across different sectors through effective collaboration to promote: **1) a One Health approach; 2) climate-resilient low-carbon health systems; 3) policies with co-benefits for health and environment; 4) addressing inequalities**.

Pathway 1.1. Integrating a One Health approach across relevant policy initiatives and activities

Ministers of health can **embed a One Health approach across their activities**, making use of the guidance provided by the One Health joint plan of action *(34)*, which is built around three pathways of action:

- Policy, legislation, advocacy and financing.
- Organizational development, implementation and sectoral integration.
- Data, evidence and knowledge.

In particular, ministers of health can take this forward by:

- Integrating **One Health language and ideas** in planning and implementation of practices and policies.
- Raising awareness about the **added value of the One Health approach** with colleagues across different sectors, promoting an exchange of views on how One Health can support balanced policy-making that promotes human, environmental and animal well-being.
- **Making use of data and evidence** from environmental and animal sectors in human health policy-making.
- Establishing a **One Health-competent workforce** by providing training and capacity-building opportunities as part of developing a climate-literate health workforce.
- Strengthening knowledge and capacity around **antimicrobial resistance** (AMR).
- Working with other ministers of relevant and related departments, such as those for housing, commerce and transport, to ensure **cross-sectoral cooperation and collaboration** to meet the needs of the One Health agenda.

Example

The WHO European Region has organized national workshops to build capacity and knowledge about the One Health approach and supporting countries in developing national action plans for AMR *(42)*.

Pathway 1.2. Delivering climate-resilient and low-carbon health systems

Globally, the health sector is responsible for 5% of all greenhouse gas emissions *(43)*. Health ministers can have a direct impact on improving human and ecosystem health by ensuring that **health systems**

are more climate-resilient and environmentally sustainable. The Alliance for Transformative Action on Climate Change and Health (ATACH) provides a roadmap for building climate-resilient and low-carbon sustainable health systems *(43)*. Over 80 countries have joined the alliance, and health ministers can commit to joining and implementing ATACH provisions, which focus on:

- **Developing climate-resilient health systems**. For instance, by conducting climate change and health vulnerability and adaptation assessments at population and health facility levels, developing a national health adaptation plan, and facilitating access to climate change funding for health.
- **Developing sustainable low-carbon health systems.** For instance, by setting a target date to achieve net zero emissions within health systems, ideally by 2050, delivering a baseline assessment of greenhouse gas emissions, and committing to a roadmap towards a sustainable low-carbon health system.

In addition, health ministers can also consider:

- **Investing more in health promotion and disease prevention**, helping to reduce the high environmental costs of a health system that is overly focused on 'repair and cure' *(44)*. Measures that enable people to adopt healthier as well as more environmentally friendly behaviours are often similar and can enforce each other *(45)*.
- **Investing in research** and **facilitating the implementation and uptake of novel practices** such as nature-based social prescribing (e.g. walks in nature, open water swimming, gardening, etc.), which can benefit physical and mental health as well as our natural environments *(46)*.
- **Paying close attention to the role of supply chains and procurement**, for instance ensuring that minimum criteria for public procurement are established and implemented within health care facilities (including canteens, considering plastic use, etc.) that consider health and sustainability guidelines.
- Paying attention to **environmental contamination with antibiotics**.

Examples

- The National Health Service in England is committed to delivering the world's first net zero health service *(47)* and the *Delivering a net zero National Health Service* report has now been issued as statutory guidance *(48)*.
- Japan has issued 'green' prescriptions for *Shinrin-Yoku* (forest bathing) since the 1980s to relieve stress and anxiety *(49)*.
- Austria uses the 'KLIC Health 2050' instrument to design and adapt care systems that proactively address both acute and long-term impacts of climate change, co-developed with the local population *(50)*.

Pathway 1.3. Investing in policies and/or programmes that also achieve health and environmental benefits

Many policies outside the health sector, such as those related to **transport, green spaces, food, energy and housing**, have direct and important impacts on human health. Ministers of health can advocate for – and where possible invest in – policies that help to promote a green and healthy transition. Throughout these initiatives, decision-makers should **meaningfully engage with local communities** to help ensure that policies and programmes are co-created and correspond to people's needs.

Possible actions include:

- Engaging with the **transport sector** to promote a shift towards active travel (e.g. walking, cycling) and public transport. Actions include reducing the costs of public transport (or providing free public transport) and ensuring accessible, adequate and intermodal networks, developing extended and safe cycling and walking infrastructure, and putting in place low emission zones. Accessible active transport options can also benefit social inclusion and participation.
- Highlighting the **physical, mental and social benefits of green and blue spaces** and liaising

with relevant colleagues to ensure these spaces are well-designed, safe and easily accessible to everyone, particularly in urban spaces.

- Advocating for **sustainable, healthy, resilient and equitable food systems** at every stage from production to consumption, and for measures that facilitate the uptake of healthy, sustainable food. Actions include providing incentives for producing and consuming healthy foods, exempting fruits and vegetables from taxation, carbon taxes, and encouraging efforts to develop integrated nutritional and sustainability guidelines.
- Highlighting the **health risks of homes that are too hot or too cold, and of indoor air pollution (e.g. through cooking on gas)**, and advocating for implementing and financing energy efficient and heat resilient buildings with appropriate ventilation *(51)*.
- **Redirecting subsidies that are harmful to human and ecosystem health** – for instance those associated with fossil fuels – towards health- and environment-enhancing interventions.
- **Making the economic argument** to ensure these policies are viewed as investments rather than costs. For instance, highlighting the high cost of inaction and developing evidence to quantify the health benefits of implementing the *Paris Agreement on Climate Change*. The Lancet Countdown collaboration estimates that in 2021 the monetized value of premature mortality due to air pollution amounted to US$ 4.95 trillion globally *(25)*.

Examples

- Global: 'Breathe Cities' brings together 11 cities aiming to reduce air pollution, by supporting implementation of policies for cleaner urban air *(52)*.
- Global: The Milan Urban Food Policy Pact provides a working tool for participating cities to develop food systems that are healthy, sustainable, inclusive, resilient, safe, climate friendly, and affordable *(53)*.
- South Africa conducts impact evaluations to enable reforms in the energy sector and reduce greenhouse gas emissions *(54)*.

Pathway 1.4. Addressing health inequalities in the health and environmental sectors

The health impacts of climate change, biodiversity loss and pollution are not equally distributed. Health ministers should strive to ensure that actions seeking to improve people and ecosystem health **help to reduce – and do not exacerbate – health inequalities**, within countries but also on a global scale, building on the Paris Agreement's "common but differentiated responsibilities". This can be promoted by:

- Ensuring the provision of safe, accessible, and high-quality **public transport systems, housing and green and blue spaces, as well as affordable and healthy food, clean air and clean water** for all.
- Advocating for **climate adaptation measures** that protect populations and countries most at risk of climate change and its health impacts, building on integrated assessments of health and climate risks. Within countries, this could include ensuring that public authorities apply the principle of 'proportional universalism' with respect to climate change adaptation and mitigation measures, to ensure that resources are invested in areas with the most need or the greatest risk of climate-related impacts, and where they can generate the greatest return on investment.
- Supporting measures to **enable economic inclusion through green opportunities.** This could entail offering training and/or upskilling to enable people to apply for jobs or volunteering opportunities in a green health care sector.
- **Identifying high-risk groups and communities** in emergency preparedness and response plans for natural disasters. Put in place protection measures in these plans to include provision for social protection, housing, and food security.
- Ensuring that **urban regeneration plans** use equity measures to protect from pollution, flooding and other major environmental risks.
- **Involving marginalized or underserved groups** in design and evaluation of health and environmental plans and interventions.

Examples

- Global: The Conference of the Parties (COP) supports developing countries vulnerable to the adverse effects of climate change through the 'Fund for Responding to Loss and Damage' *(55)*.
- The United States Office of Climate Change and Health Equity aims to protect everyone's health from the threats of climate change, especially those experiencing a higher share of exposures and impacts *(56)*.

Conclusion

The ultimate goal of a systems approach to health and the environment is to sustainably improve the health and well-being of people and the planet. Such transformational change is complex but vital **to ensure that current and future generations can live healthy lives on a healthy planet**. Health policy-makers can take urgent actions by collaborating with international colleagues across various sectors to jointly undertake ambitious global initiatives. These efforts aim to achieve the objectives of the Paris Agreement on Climate Change, the Sustainable Development Goals, and adaptation targets established in processes such as the COP.

To ensure everyone's involvement, changes must be straightforward and easily accessible. The health sector can play an important role in ensuring **everyone has the capacity, opportunity and motivation to make sustainable, healthy changes to everyday behaviours** *(57)*. This can focus on the facilitation and creation of healthy environments *(58)*, which can be physical (e.g. pedestrianized town centres) and/or social (e.g. campaigns that promote active modes of transport), but must aim to **reduce climate-damaging behaviours, increase climate education,** and **enable everyone to be physically active and to make active, healthier choices** *(59,60)*. The development of healthy environments must also extend towards ending hunger and eradicating food injustice and ensuring that the production system itself is robust and flexible enough to withstand the shocks of geopolitical unrest and increasingly frequent extreme weather events.

2. Promoting social protection and welfare systems based on equity, inclusion and solidarity

Key data points

- Globally, 3.8 billion people remain entirely unprotected and uncovered by statutory social protection programmes *(61)*.
- By 2030, 575 million people will still be living in extreme poverty *(61)*.
- 35% of the gap between the top 20 and bottom 20% by income in self-reported health in Europe are associated with income security and social protection *(62)*.
- In 2022, 11.7 % of 15–29-year-olds in the European Union were neither in employment nor in education and training *(63)*.
- In 2019–21, across 40 of the world's richest countries, over 1 in 5 children lived in relative income poverty *(64)*.
- Globally, around 23.2% of children aged under five years suffer from stunted height for their age, and in least developed countries the estimate is 33.9% in 2024 *(65)*.

If current trends continue, only one third of countries will achieve the Sustainable Development Goal target of halving their national poverty levels by 2030 *(61)*. Poverty and poor living conditions result in human suffering, loss of dignity, and lost opportunities to develop capabilities and skills needed to support a productive workforce. Lack of basic income and housing security – in cases of unemployment or other shocks to livelihoods – lead to ill health, poverty economic exclusion and declining levels of trust in public institutions *(66)*. Unemployment protection is often lacking for young people, those who are self-employed or work on digital platforms, as well as agricultural and migrant workers.

This section is focused social protection payments and also on the wider welfare systems and services that support the needs of individuals and groups in society. Although the focus is on the national level, it underscores the need for multi-level governance and the opportunity space that national governments need to create to enable coordinated action at the local level, while at the same time relying on public participation, legitimacy and trust.

Insufficient social protection and welfare schemes accelerate social disparities: When people are facing life crises and have no means to seek governmental social support, they develop a sense of lack of recognition and marginalization, which can lead to disengagement, turbulence and polarization, weakening of social contracts and erosion of public trust. Any remedial efforts are costly and generate further social instability *(67)*.

Societal transitions and the cost-of-living crisis have brought new forms of vulnerability: The cost-of-living crisis that emerged in the wake of

the COVID-19 pandemic and subsequent political instability have disproportionately affected those who already had limited capacity to cope. In 2022, food prices increased by 40–70% in central Asia, the Caucasus, central and southern Europe *(68)*. Furthermore, diminished public services as a result of cuts to the public sector and reduced accountability associated with privatization can exacerbate the gap in health and social equity *(69)*.

Climate change and extreme weather events will increasingly intersect with the inequities in social protection. The acceleration of the green and digital transition is triggering significant structural changes in labour markets worldwide: Many low-paid jobs will likely be replaced, along with an acceleration of changes in skills requirements and the geographic distribution of green jobs *(70)*. The international economic context and global markets accelerate the emergence of precarious, low-paid and low-quality jobs. In-work poverty is a growing problem in many countries.

Lack of social and welfare protection puts pressure on the health sector: The financial constraints faced by countries may threaten public spending on social protection and welfare, thus exacerbating poverty and social exclusion, sometimes over several generations, which can lead to declining health and widening inequalities in health. Without complementary public support for the provision of social protection and proportionate universal welfare, societies will continue to leave people behind.

The public health response

Social protection systems are intended to put in place financial security arrangements that support individuals – from the cradle to the grave – to cope with live-cycle risks, including sickness, old age, childhood or unemployment by offering income replacement. They may also include support for families and vulnerable groups, as well as support towards pro-actively supporting integration into the labour market. **Welfare systems** and social services, in turn, are wider in scope, providing support to ensure that basic human needs such as food and shelter are met. Social protection is enshrined in the *Universal Declaration of Human Rights*. Effective social policies not only mitigate poverty and inequality but also foster resilience, promote inclusivity, and ensure the dignity of all citizens. They are critical to ensuring social and health equity.

The health-related response within governments to issues dealing with social protection and welfare has largely been fragmented. It typically focuses on preventing financial hardship in accessing health care services or resulting from sickness (UHC). However, even where there is a recognition of the role of social protection in ameliorating the SDH, the public health response is focused on: (a) generating evidence on the health inequity gaps within and between countries; (b) identifying root causes of public health challenges; and (c) promoting isolated interventions on specific public health issues and population groups.

Consequently, in most countries, there has not been a concerted effort to establish sustainable, pro-health social protection and welfare policies and programmes *(71)*. **This siloed approach, with sectors often competing for funds, has created barriers to adopting holistic solutions, and has not been adequate in improving living conditions, enhancing equity, or promoting social cohesion and solidarity for individuals**. This has undermined efforts to improve health and well-being *(72)*.

The COVID-19 pandemic prompted a significant social protection response in the WHO European Region, with a notable rise in spending, on average by 2.5% of GDP *(73)*. However, the measures favoured certain groups, such as those with secure employment contracts, unemployed and older individuals, leaving behind young people, people employed in the platform economy jobs and those with less education. Inadequate support for families and children in many countries led to a disproportionate impact on women, resulting in increased poverty and their exclusion from the workforce in 2020 *(74)*.

Considering that individuals and groups have different starts and opportunities in life, it is critical to take this holistic approach across relevant ministries and ensure income security and social protection, through social insurance, social assistance and labour market support. Social protection and welfare systems are central in making this happen.

Policy pathways to promote social protection and welfare systems based on equity, inclusion and solidarity

Strengthening welfare and social protection helps to guarantee equitable access to basic commodities including food, housing, education, health and transportation, and provides a basic income for all – the conditions required for all human beings to fulfil their potential in dignity.

Governments should **create the conditions for people to lead healthy lives across the life stages** through policies, programmes and mechanisms designed to reduce poverty, inequality and vulnerability and build resilience, social support and empowerment. Public investments should focus on preventing poverty, reducing vulnerability, and minimizing exposure to related risks. They should also ensure access to essential services like education and health care, strengthen individuals' ability to safeguard against income loss and other hazards, and promote social inclusion, leaving no one behind.

The policy pathways cover the mechanisms of social assistance, social insurance, and labour market support, according to five critical areas: **1) Equity-focused social assistance; 2) Citizenship and community-based solidarity support systems; 3) Social insurance; 4) Skills and lifelong learning; 5) Healthy employment and in-work poverty**.

Pathway 2.1. Strengthening social assistance through systems that provide universal services that are proportional to need and protect against vulnerability

Social assistance refers to public funding allocated to transfers and services to ensure optimal individual development from early in life, including schemes for the most vulnerable groups. They include social protection floors (nationally defined sets of basic social security guarantees over the life cycle, ensuring all those who are in need have access to essential health care and to basic income security, which together secure effective access to goods and services) *(75)*. Social assistance programmes serve as a crucial safety net for individuals and families facing acute and chronic financial distress or vulnerability *(76–78)*. Social assistance should be designed to provide adequate support to those in need and protect against vulnerability while fostering trust, social cohesion, support and empowerment. The assistance should be universal (i.e. for the whole population) and proportional to needs (i.e. those with greater levels of health and social disadvantage than the best off in society receiving support appropriate to their level of disadvantage), and include essential guarantees for healthy early life development, including access to equitable and quality child care and education, as well as adequate nutrition, shelter and prevention of disease. *(79–85)*.

Ministers of health can **play a leadership and regulating role in shaping policies and systems that ensure equitable access to health services, contributing to broader welfare and social services objectives**. Implementing universal access to essential services such as health care, education and housing can serve as a foundation for social assistance, guaranteeing basic rights for all individuals regardless of socioeconomic status *(86–88)*. The following policy options contribute to destigmatizing welfare benefits through universal provision and unconditional benefits.

- **Promoting a healthy standard of living for all**, by preventing disease, ensuring early years provision, and creating the conditions of daily life that support mental and physical health.
- **Encouraging universal welfare systems and providing basic income security** that is universal on one hand, but proportional to social needs on the other.
- **Prioritizing preventive measures** to protect adults and children from poor health, financial hardship, and social isolation.
- **Advancing universal early years provision** of health, child care and education with resources that are proportional to social need.
- **Fostering better alignment and integration of social protection and welfare policies** to ensure that people's financial security, health and social/

economic needs and other needs for a decent life are met.

- **Improving pathways to access to social security and welfare services** either through greater integration of benefit and service providers or by improved ways of guiding potential recipients through the system (e.g. "one stop shops").
- **Aiming to extend national social protection systems** to ensure nationally defined adequate income guarantees and universal access to health care, including medicines and mental health services and support.
- **Facilitating intersectoral collaboration** to manage prices and to ensure availability of essential goods and services such as fuel, food, and adequate and affordable housing.

Universal provision should be complemented by resources and services that are provided proportionate to need. In this context, one component of this can be targeted services (e.g. to address a particular aspect of poverty). However, targeting alone will leave many with unmet needs and hence will leave much pre-existing inequality in place. Introducing **targeted services and cash transfer programmes** can provide immediate relief to vulnerable populations while also empowering individuals to meet their specific needs and priorities *(89–91)*. Some guiding principles to leaving no one behind are as follows.

- **Recognizing and addressing the intersecting dimensions of identity (e.g. gender, ethnicity, religion) and vulnerability** to tailor social policies that are culturally appropriate. This will ensure a sensitive response to the unique challenges faced by groups left behind.
- **Developing preparedness for shock-responsive programmes** to protect individuals and their families from poverty during societal financial or health crises, as well as environmental and climate crises.
- **Creating welfare benefits that meet the income needs** of those with higher needs (e.g. due to having children, disabilities or other higher costs).

Examples

- Latin America and the Caribbean countries are investing in 'early childhood development' interventions in the region, focusing on education, health, and nutrition *(92)*.
- The Institute of Health Equity in the United Kingdom of Great Britain and Northern Ireland is co-designing a 'Health equity framework' that will support a dynamic measurement tool to inform pilot interventions that make a sustainable impact on health and well-being *(93)*.
- Brazil is contributing to a decrease in overall childhood mortality through a conditional cash transfer programme called 'Bolsa familia' *(94)*.
- Canada, France and the United States of America have introduced the 'Housing First' programme for chronically homeless people with mental illness and addictions. It provides support with finding housing, rent subsidies, but grants tenancy rights and responsibilities to encourage self-sufficiency regardless of mental conditions. It has led to improvements in housing stability, quality of life and community functioning *(95–97)*.
- Global: The 'Global Coalition to End Child Poverty' draws on global practices tackling child poverty. These include building national support, expanding child-sensitive social protection, improving access to quality public services, and promoting decent work to help families *(98)*.
- In India, the World Bank, in collaboration with the governments of India and Bihar, launched the 'Bihar Integrated Social Protection Strengthening Project' with an $84 million credit agreement, aimed to improve the quality, timeliness and effectiveness of social protection programmes for vulnerable populations, including people with disabilities, older persons and widows. After six years, the number of beneficiaries and their satisfaction with the services increased *(99)*.

Pathway 2.2. Mobilizing citizenship and community-based solidarity support systems

Community-driven initiatives and networks can complement formal social assistance programmes, fostering solidarity and resilience within local communities *(100–102)*. Relevant policy options include:

- **Including a focus on and strengthening systems for creating healthy, inclusive and sustainable places and communities** through paying attention to the settings in which people live, such as neighbourhoods, schools, communities, workplaces and other public spaces, and making access to social protection visible and accessible.
- **Promoting uptake** by involving relevant civil society organizations and users in the design and implementation of schemes and systems.
- **Involving civil society organizations** representing social protection recipients in the design of social protection schemes and civic partnerships to support uptake, particularly for marginalized groups.
- **Developing integrated investments for health and social protection** that enable people to thrive.
- **Tackling racism and the social exclusion of minorities** and other left-behind groups.
- **Deepening democratic participation** and proportionately reaching out to left-behind groups and communities to ensure informed decision-making and promote the effectiveness of services.

Examples

- United Kingdom: Health justice partnerships are collaborations between health services and organizations specializing in welfare rights to address social and economic conditions that negatively impact health *(103)*.
- In Zimbabwe, the 'Friendship Bench' programme mobilizes community-based responses to improve mental health. It trains community health workers to deliver talk therapy and peer led support groups, using a task-shifting approach to provide an affordable and sustainable solution for individuals with mild to moderate mental health disorders *(104)*.

Pathway 2.3. Promoting comprehensive and adaptive social insurance schemes

Social insurance refers to government-led programmes co-funded by private contributions – usually though formal sector employers and their employees – to protect people from risks associated with sickness, old age, disability, work injury and unemployment. To strengthen social insurance in well-being societies, health ministers can help to drive change by the following:

- Advocating with colleagues across employment and social sectors for the **comprehensive coverage of social insurance schemes**, ensuring that a broad range of risks and contingencies are covered (including precarious employment and emerging challenges such as climate-related disasters).
- **Championing long-term viability of social insurance systems** by advocating with colleagues in the economic sector to design regulation that ensures systems are based on sound actuarial principles, balanced contributions, and prudent fiscal management in the context of progressive taxation systems.
- **Designing adaptive social insurance frameworks** through cross-sector partnerships, ensuring

legislative protection for informal workers and promoting social value contracting to maximize social, environmental, and economic benefits.

- **Initiating cross-ministerial coordination of policies** that are adaptable to changing socioeconomic dynamics, technological advancements and demographic shifts, thereby ensuring relevance and effectiveness over time. In some countries health and social affairs are within the responsibility of a single ministry.

Examples

- In Norway, the national insurance scheme grants a range of benefits, including old-age pensions, disability benefits, cash benefits in case of sickness, maternity, adoption and unemployment, medical benefits in case of sickness, as well as maternity and funeral grants *(105)*. The Norwegian Minister of Health and Care collaborates with other ministers (e.g. Children and Families, Education, Labour and Social Inclusion) to develop coherent social protection and social mobility policies *(106)*. Similar types of systems and cross-sectoral collaboration are also in use in other countries.
- Brazil offered the social protection programme 'Auxilio emergencial' to stabilize income and reduce poverty and inequality especially in low-income households, during the COVID-19 pandemic *(107)*.

Pathway 2.4. Investing in pro-active labour market measures, including training, skills development and lifelong learning, and connecting people with the right jobs, including by supporting a green transition

Labour market schemes refer to policies and programmes designed to facilitate employment and to promote effective participation in the labour market, such as training programmes and job placement services *(108,109)*. Such schemes also play a vital role in promoting green and inclusive growth, enhancing productivity, facilitating equitable access to employment opportunities and labour market transitions, and reducing unemployment *(110–112)*. Ministers of health can advocate for optimized labour market schemes within well-being societies and also through investing in education, training, and life-long learning initiatives within the health sector and across sectors. This will equip individuals (e.g. young people who are not in employment, education or training, refugees and asylum seekers, single mothers, persons with health conditions and disabilities) with the skills and capabilities needed to thrive in a rapidly evolving labour market *(113,114)*.

Working with colleagues across social, employment and environment sectors, as well as the private sector, ministers of health can drive change through several approaches, including advocacy and programme support in other sectors:

- **Supporting people in sectors at risk from climate transition** to retrain and gain new skills (providing programmes and opportunities).
- **Advocating for effective active labour market policies** to connect people with jobs and address any barriers to employment – with a focus on groups who are furthest away from the labour market.
- **Initiating and improving occupational health programmes** to support people with mental and physical health problems into quality, sustainable work.
- **Promoting flexible work arrangements**, such as telecommuting, part-time employment, and job sharing, which can enhance work-life balance, promote gender equality, and facilitate greater social inclusion.
- **Supporting the transition to a formal, green and local economy** with a focus on empowering informal workers. **Advocating for job creation** in healthy and sustainable sectors while helping workers in climate-affected industries retrain. **Promoting collaboration with businesses** to facilitate a fair and green transition, ensuring support for both their workforce and suppliers.

Examples

- The United States delivers a high-quality preschool programme – the Perry Preschool Project – to children living in poverty, which contributes to improved economic performance in adulthood *(115)*.
- In the United States, the 'Individual placement and support' model supports mainstream education, technical training, and eventually employment, for people with serious mental health illness *(116)*.
- African countries use the African Continental Free Trade Area to spur intraregional trade and foreign direct investment to boost employment, economic growth and reduce poverty *(117)*.
- Global: The joint UN initiative Tobacco Free Farms helps farmers shift from tobacco growing to alternative crops to ensure their employment in that is not dependent on tobacco *(118)*.
- The United Kingdom requires all public sector contracting to consider not only financial costs but also consider the 'Social Value' within their procurement decision making to achieve community benefits *(119)*.

Pathway 2.5. Regulating for healthy employment and addressing in-work poverty

Labour market interventions are also designed to provide protection for people living in poverty who are able to work, to obtain decent quality work, and aim to ensure basic standards and rights for those who are in work or actively seeking work. Interventions can be active or passive. Active interventions include government initiatives aimed at supporting jobseekers, including the unemployed, underemployed and those seeking better job opportunities to expand employment prospects for jobseekers and improve the efficiency of matching job vacancies with suitable candidates, thereby strengthening overall labour market performance. Passive interventions include maternity benefits, injury compensation and sickness benefits for those already in work, financed by the employer. Passive interventions also include changes to legislation, for example establishing a minimum wage or safe working conditions *(110,120)*.

Many people, especially those working in the informal sector, work under precarious working conditions and do not have access to social protection. This also includes those working in precarious employment, such as part-time employees, and agency workers. People with disabilities, the chronically ill and elderly people who may wish to work are often not reached by labour market interventions. Moreover, the effects of social disadvantage on health are cumulative and are transmitted inter-generationally *(121)*. As a result, those in poverty, including those in poor quality work, are more likely to develop chronic diseases earlier than others, and are also more likely to suffer from multiple, limiting morbidity affecting their ability to earn a decent living.

Ministers of health can work with colleagues across economic, social and employment sectors to advocate for the following:

- **Promoting and protecting fiscal space for social protection and re-allocating public expenditures complementary to health expenditure** (e.g. subsidies to facilitate first employment, recruitment based on quota to hire people living with disabilities etc.).
- **Addressing in-work poverty with a combination of measures**, including adequate social protection payments, minimum wage regulations and wage indexation that guarantee a basic income – including for people in informal work.
- **Creating fair employment and decent work** for all through engaging with employers and trade unions – fostering constructive dialogue between employers, workers and government authorities to improve collective bargaining and promote social cohesion, increase minimum wages, improve working conditions, guarantee safe and healthy working environments free of violence and harassment.

- **Putting in place adequate regulations for health and safety** in the workplace as well as working conditions.
- **Making health services available** by integrating a mental health and well-being perspective into employment practices and active labour market programmes.
- **Including health promotion and disease prevention interventions** in employability programmes and include public health considerations into active labour market policies.

Examples

- France fights in-work poverty through the Active solidarity income tool, which ensures decent incomes, improves social support and occupational (re)integration *(122)*.
- In its Tackling child poverty delivery plan, Scotland acknowledges income from employment as one of the key drivers of poverty. Measures include significantly increasing employment services, increasing child payment benefits, and delivering a new parental transition fund to tackle financial barriers caregivers face in entering the labour market, particularly over the initial period of employment *(123)*.
- In the United Kingdom, the Institute of Health Equity enables employers and those who procure services to take actions and improve health outcomes for hidden workers *(124)*.
- The European Union (EU) grants broader and modernized rights for all workers by transposing the European Commission's Directive on Transparent and Predictable Working Conditions into national law *(125)*.
- The EU proposes a set of recommendations to combat in-work poverty in Europe, based on an analysis of national policies *(126)*.

Conclusion

What does social protection do for health? Conversely, what does health do for social protection and employability?

Social protection and welfare measures should correspond to the diverse social structures and specificities of different individuals and communities and countries. Promoting universal social protection and welfare policies, proportionate to needs and alongside programmes and systems for better social cohesion and equity, implies high level commitment as it calls for re-orienting public purpose towards **fairness, equity, inclusion and intergenerational solidarity** *(127)*. Supporting and legislating for local partnerships is critical to tailor community responses while ensuring political accountability for social protection schemes at the national level.

Governments should exert efforts to expand social protective and welfare schemes, amplifying adaptive and shock-responsive social protection schemes together with adequate sustainable and catalytic financing. Because of competing priorities, some measures may be challenged, and having the public mobilized and supportive will enhance political legitimacy through social dialogues and participatory processes. It is also important to put systems in place for the regular monitoring review and evaluation of policies and schemes, to ensure levels of uptake and support are sufficient, proportional to need and that resources invested are being effectively utilized.

Evidence suggests that when responsive social and welfare protections measure are in place, there is an **increase in the public's trust in politicians and institutions**, also creating virtuous cycles of social cohesion and workforce productivity. When people feel that they matter through being protected, trusted and invested in, they are more likely to contribute to work and the economy, less likely to get ill and in need for health care, and more likely to live well and flourish *(128)*.

Key take away messages for Ministers of Health include:

- Talking and collaborating with other Ministries across sectors to ensure a whole-of-government approach and shaping a multi-level response by empowering the local level.
- Promoting for more investments in health and social protection in a complementary manner, and not as a competing agenda
- Shaping a narrative that showcase the win-win situation of a greater coordination and collaboration across sectors.
- Advocating, shaping and institutionalizing social participation in governance and democratic processes.

3. Promoting equitable universal health coverage

Key data points

- Since 2000, LMICs saw the most significant improvements in UHC but experienced the largest increases in in catastrophic out-of-pocket health spending *(129)*.
- Globally, five noncommunicable diseases (NCDs) (i.e. cardiovascular disease, chronic respiratory disease, cancer, diabetes and mental health conditions) have been estimated to cost US$ 47 trillion between 2010 and 2030, an average of more than US$ 2 trillion per year *(130)*.
- The annual global economic burden of mental illness was estimated to be US$ 2.5 trillion in 2010, increasing to US$ 16 trillion in 2030; most of this burden was due to lost productivity, defined as absenteeism *(131)*.
- A study published in 2024 investigating the costs of mental disorders in South Asia reported that in 15 of 18 studies that included productivity losses to individuals and/or carers, these costs more than outweighed health care costs. For instance, in one specific private hospital setting in Pakistan, mean monthly productivity and health care cost for depression was US$ 805 and in India productivity losses by primary caregivers to those diagnosed with psychoses ranges from US$ 73–US$ 334 per month in one community hospital *(132)*.
- In the United States, mental health conditions and cardiovascular diseases impose the highest health-related costs, followed by cancer, diabetes and chronic respiratory diseases. In per capita terms, the economic burden of all NCDs in 2015–2050 has been estimated at US$ 265 000. The total NCD burden roughly corresponds to an annual tax rate of 10.8% on aggregate income *(133)*.
- The British National Child Development Study followed 17 634 children born in 1958. Those with childhood psychological problems had family incomes 28% lower than those without by age 50 *(134)*.
- In 10 Latin American countries, there is estimated to be a loss of international US$ 7.3 trillion for the 2020–2050 period (4% of collective GDP) due to NCDs. This amounts to 10–15 times current annual health spending in the region *(135)*.
- In 2022, COVID-19 was estimated by the International Monetary Fund to have cost over US$ 12.5 trillion *(136)*.
- It has been estimated that scaling up primary health care interventions across low- and middle-income countries could save 60 million lives and increase average life expectancy by 3.7 years by 2030 *(137)*.

The 21st century is characterized by **persistent and interrelated major public health challenges ranging from infectious and NCDs to social disparities and environmental hazards**. These include global pandemics, with the emergence of infectious diseases such as COVID-19 that require robust global preparedness and response systems. Major challenges also include antimicrobial resistance, posing threats to the treatments of infectious diseases, vaccine hesitancy, rising prevalence of

NCDs and mental health issues, substance use, extreme weather events and changing infectious disease impacts due to climate change, and environment-related issues such as air pollution, hazardous substances and unsafe water.

When combined with the global demographic shift toward an ageing population and rapid and unplanned urbanization, as well as rising social inequities, these public health issues generate disparities in health outcomes between populations with different socioeconomic conditions and geographic location. This growing variation in living conditions and opportunities to thrive pose real challenges to public health and put pressure on health care services. In turn, fragile health care services combined with poor living conditions can lead to extreme distress and undermine efforts to achieve UHC, with significant costs to the well-being of societies as a whole.

Public health response

Sustainable Development Goal 3, focused on good health and well-being, incorporates Target 3.8, which aims to achieve UHC, including financial risk protection, access to quality essential health services and access to safe, effective, quality and affordable essential medicines, diagnostics and vaccines for all. While these activities are mainly conducted by the health sector, **the need to promote health, prevent ill health and address inequities through actions on the SDH is also recognized as critical**. The social, physical, commercial and economic environments and conditions in which people are born, grow, live, work and age, as well as wider forces and systems, shape and define people's daily lives. These forces influence affect economic and social norms, and therefore also impact individual and community belief systems and social interactions that also influence health-related behaviours *(138)*.

The public health response to achieve SDG 3 has been to (re-)emphasize the importance of PHC, and of bringing health care to the centre of the community, as reflected in the Alma-Ata and Astana Declarations *(139)*. Health authorities are also stressing the need to strengthen the efficacy of primary care practices, by integrating better health promotion, and SDH-related interventions. In this context, it is crucial to reconsider the **basic package of essential PHC services, to ensure they include more integrated services and provide holistic support addressing the underlying causes of ill health**. These services should include those that reduce NCD risk factors such as unhealthy diets, physical inactivity, excessive alcohol consumption and tobacco use, as well as stress and loneliness. Providing more integrated, holistic services also entails the collection and utilization of SDH-related data to help define health care priorities and effective interventions. For example, the Royal College of Physicians in the United Kingdom has proposed to increase physician knowledge about the impacts of air pollution on health, to help medical professionals advocate for reducing air pollution and urge national and local government to increase efforts to reduce polluting activities *(140)*. WHO has also launched a new toolkit to empower health and care workers to effectively communicate about climate change and health *(141)*. This is part of more general shift by the organization to include the broader determinants of health into health workforce education and training *(142)*.

Health authorities are also making efforts to **engage communities in the co-design and co-implementation of PHC initiatives**, with the dual aims of delivering tailored initiatives and supporting health workers. Such approaches have proven effective for issues related to reproductive health and communicable diseases, but less so for issues related to NCDs. Community engagement in the co-design and co-implementation of health initiatives can contribute to addressing health disparities related to living conditions. Emerging WHO frameworks emphasize that involving communities can lead to more responsive and equitable health services, although the effectiveness of these approaches may be constrained by factors such as structural inequalities and the complex nature of SDHs *(143,144)*. Nevertheless, these approaches can contribute to bolstering frail PHC systems by identifying and acting on social and environmental conditions that affect health-related behaviours, addressing underlying causes, reducing costs of treatment, and improving quality of life.

Health systems must therefore step-up efforts to integrate public health and social medicine into PHC services using data on SDHs and community

engagement. As a significant economic actor, health systems can also play a key role in improving health, well-being and equity in their countries and communities, by using all available resources and levers available to them as employers and procurers of goods and services.

Policy pathways to promote equitable universal health coverage through primary health care, health promotion and preventive services

It is vital to provide health for all through a package of essential PHC services, to ensure holistic support and address the underlying causes of ill health, including NCDs, provided by a fulfilled workforce working in resilient health systems.

Public health interventions at local, national and global level have been reported to generate significant return on investment in terms of health and economic outcomes as well as cost savings for health systems *(145)*. Powerful evidence suggests that effective primary care can produce a range of economic benefits through its potential to improve health outcomes, health system efficiency and health equity *(146)*. More and better investments in public health and health promoting PHC will ensure more equitable UHC, leading to improvements in people's lives, reduced inequalities, and more resilient societies.

Achieving the objective of UHC requires a shift in mindset and approaches to the funding and organization of health systems, focusing on: **1) employment and procurement policies; 2) public health services; 3) community-outreach services; 4) equity-focused approach.**

Pathway 3.1. Adopting policies on employment and procurement within the health sector that contribute to better health and well-being of people and planet

Health systems are central to the functioning of local economies. As anchoring institutions, they are a major source of employment and produce goods and services that directly contribute to economic growth. Well-functioning health systems generate positive externalities, notably in relation to health and economic security. Health systems have a considerable impact on generating health and well-being in their communities, not just through the services they provide, but through the services they procure, and via their environmental and employment policies.

The health sector can drive positive change by:

- **Ensuring adequate pay** and inclusive, non-discriminatory working conditions within health systems. This includes paying care workers, who are often women, sufficient salaries, and moving unpaid care workers into formal sector jobs, recognizing and recording their work.
- **Implementing programmes to protect and promote the health and well-being among staff** and reduce burnout (through e.g. improved physical activity, high-quality diets, mental health support etc.) *(147)*.
- **Capitalizing on community health workers** by providing standardized training/qualification programmes that optimize this hugely valuable (but under-utilized) workforce, which can reduce flow into formal health services *(148,149)*.
- **Enabling more women to lead** in the health sector *(150)*.
- **Implementing regulations to ensure publicly-funded bodies procure healthy and sustainable goods and services**
- **Reducing pollution and waste** across health systems, while seizing opportunities to use resources within the systems to restore nature.

Examples

- In Italy, the Ospedale dell'Angelo Mestre, a technologically advanced hospital, features landscaped gardens, green roofs and outdoor spaces that contribute to water drainage and promote patients' and staff well-being *(151)*.
- The Netherlands: The region of Utrecht applies a 'social return' clause to all public tenders, requiring over €100 000 contracts to allocate 5% toward social value initiatives *(152)*.
- United Kingdom: In Preston, the municipal council applies a 'community wealth building approach' that uses procurement and employment levers to maximize value and benefits for local residents *(153)*.
- United Kingdom: NHS England offers a range of individual coaching support programmes, 'Looking After You', for primary care staff *(147,154)*.

Pathway 3.2. Essential public health services: primary care, NCDs prevention and mental health

To have sustainable, resilient health systems, it is critical to transition from treatment-focused to prevention-focused health systems that integrate primary, social care and preventative services and that strengthen intersectoral approaches. Investment in public health and primary care, as a percentage of total health expenditure, continues to be very low relative to the value they can deliver in terms of enhancing quality of life, improving health outcomes and health system efficiency, and increasing health equity. Health authorities should aim to enable primary care systems that provide targeted and holistic services, leading to improved health outcomes at the individual and population level. This would also enable health systems to become more cost-effective when it comes to reducing the economic and social burden of NCDs and mental health conditions.

The following policies could contribute to this vision:

- **Further invest in primary care, social care and preventive services** at all levels, **ensuring adequate funding, staff and resources** to transition to more prevention-focused health systems. This could include enabling health authorities to take relevant leadership roles in establishing the mandates and administrative structures, tools and mechanisms needed to ensure that different sectors work together to co-produce health and well-being. At the national level, health authorities can initiate or call for improvements in legislation to ensure healthier and more sustainable food and digital environments, and that health metrics are included in relevant governance tools, like distributional impact assessments. At the local level ensuring zoning laws contributes to healthy and sustainable living environments and settings.
- **Increase health professional capacity** to recognize and address issues related to determinants of health to recognize what services users need, based on their living and working conditions. For health professionals working in the policy arena, this requires skills on how to engage and negotiate across sectors. At the practitioner level, it can entail training on community health profiles and/or basic skills in health psychology to help patients identify underlying causes of poor health and to link them with the appropriate services.
- **Increase the use of non-medical approaches to reduce NCDs risk and improve mental health outcomes**, such as health behaviour interventions, social prescribing, and nature-based social prescribing.
- **Prevent adverse child experiences** through promotion of positive parenting strategies both at universal level and at more intense level for high-risk families.
- **Engage in efforts to strengthen health-promoting school approaches** that build health literacy in schools.
- **Link informal care workers to support services and networks**.

Examples

- In Ireland, Men's Sheds is a community-based men's health promotion programme, that engages and empowers middle-aged and older men – often seen as a 'hard-to-reach' group – to take charge of their health *(155)*.
- Belgium**:** The region of Flanders brings comfortable living at homes and neighbourhoods by addressing safety, social connectedness, both formal and informal care, integrated health services through the Caring Neighbourhoods initiative *(156)*.
- United Kingdom: In the Green Social Prescribing approach, trusted professionals prescribe nature-based therapies and outdoor activities alongside referrals to support for housing or finances *(157)*.
- In the United Kingdom, the Beacon Project delivers fruit and vegetables on prescription through vouchers. Health professionals reach out via barbershops, community shops, and other community spaces to patients at risk from high blood pressure *(158)*.
- In the United States, Trenton Health Team coordinates health services and provides peer support and education ensuring access to healthy foods, to enable patients with diabetes to manage their disease *(159)*.
- In over 30 countries, 'Triple P' is a multi-level system with coverage ranging from universal media campaigns to intensive support for high-risk families, aimed at promoting positive parenting strategies to prevent adverse child experiences *(160)*.
- Kazakhstan incorporates mental health services and social support in multidisciplinary PHC teams to meet the needs of the community, contributing to a decline in adolescents' suicide rate and premature mortality from NCDs *(161)*.

Pathway 3.3. Implementing community outreach for health and social programmes and services for hard-to-reach population groups

Outreach programmes led by community health workers (CHWs), family physicians and community health centres play a vital role in reaching underserved populations. A recent systematic review of CHW interventions in low- and middle-income countries highlighted their success in engaging marginalized groups but noted that health inequalities often persist *(162)*. To enhance equity, these programmes must foster strong partnerships between CHWs, communities and policy-makers to tackle root causes of inequity. Their impact also relies on properly valuing and training CHWs, providing fair working conditions and empowering them to advocate for health equity.

Outreach programmes should:

- Be identified based on **locations that are most in need of outreach programmes and services** based on a situation analysis and needs assessments.
- **Be adequately funded and staffed.** Outreach workers should have the training and monitoring needed to provide quality services, and should be adequately reimbursed.
- **Be sensitive to the social and cultural contexts**, and the scope and remit of outreach worker's activities should be sufficiently wide to address these, as well as the underlying determinants of health.
- **Promote effective partnerships** between outreach workers and other stakeholders, to address structural determinants of disadvantage.
- **Address financial barriers** to uptake of advice and referrals provided by outreach workers.
- **Identify and employ socially and contextually appropriate technologies** to implement outreach activities.

Examples

- In the European Union, the 'EU Long Term Vision' aims to revitalize rural areas by providing efficient, accessible and affordable services, promoting health equity, economic growth, preventive and early intervention and encouraging people to reside in rural areas *(163)*.
- India: Community health workers in the Mitanin Programme address SDH by going beyond health-specific interventions, focusing on community mobilization and local priorities *(164)*.
- In Spain, the Valencian community has established a network of municipalities, called 'XarxaSalut', that aims to integrate health into local policies through a framework of evidence-based actions and intersectoral collaboration, supported by a regional decree *(165)*.

Pathway 3.4. Mainstreaming an equity approach throughout health system policies and programmes

Meeting the needs of vulnerable populations is critical to ensure resilient health systems under a well-being approach. This equity approach should be mainstreamed across all other recommendations and is valid in both high-income as well as LMICs. Some initiatives to consider are:

- **Developing context-specific strategic plans to address inequalities** in health and well-being, aimed at the prevention of NCDs including mental health disorders over the long term.
- **Investing in the systematic use of health impact assessments** with an equity focus, across all levels of governance.
- **Identifying indicators based on disaggregated data** that reflect geographic and social inequalities in health. Ensure these are consistently used and monitored across administrative levels, and incorporated into relevant policy tools and mechanisms.
- **Addressing barriers to accessing essential services,** such as: financial barriers (i.e. out-of-pocket spending), as well as 'invisible' barriers (e.g. related to lack of time, competing priorities, lack of trust in health institutions, low health literacy, cultural factors and/or language barriers). For the most deprived and marginalized people and communities, health is often a low priority. Governments must ensure they have shelter, food and other basic needs met *(166)*. Refugees or people who are displaced are particularly vulnerable *(167)*.
- **Ensuring that health policies and interventions are co-designed**, co-developed and co-implemented by citizens and communities, helping to reconcile the operational logic of technical knowledge with norms, values and social and cultural patterns in communities, and building trust and sustainability. This is particularly relevant for outreach to vulnerable communities.
- **Promoting health justice partnerships** between health care and legal services to provide support on a range of issues, such as housing and debt which are leading contributory factors to mental health conditions.

Examples

- Global: Health justice partnerships link health care and legal services to support patients with social welfare issues such as welfare benefits, debt, housing, education and employment, effectively addressing inequalities *(168)*.
- Italy: In Turin, community houses bring local health authorities and community members together to identify, implement and evaluate actions that address determinants of health, promote health and reduce health inequalities, following the 'Marmot' approach to tackling health inequalities, used in England and Wales *(169,170)*.
- Global: Health systems can build a culture of equity through partnerships and shared agendas, such as partnerships to develop effective strategies to tackle ethnic health inequalities *(171)*.

Conclusion

Improving health and health equity are not outcomes that can be generated by the health sector alone. However, **health ministers and health professionals can and should take a leadership role in instigating the system-wide changes needed to improve health outcomes and reduce health inequalities**. There is considerable evidence that the most cost-effective and efficient way to ensure UHC is to invest more in primary care systems that integrate better essential public health functions, with a stronger focus on NCDs and the underlying determinants of health. Despite widespread recognition and acknowledgment of the benefits and need for such approaches, progress towards achieving SDG 3 has been stagnating over the past years. In other words, **a greater focus and more investments are still needed to shift from health systems that emphasize cure and treatment to those that focus on what can be done to protect and promote health and prevent disease**.

If ministers of health advocate for and implement the policy pathways described above, the evidence indicates that there will be a reduction in health care costs borne by individuals and health systems, and that they will become more efficient. Improving health and health equity generates positive externalities for all of society, by for example increasing productivity of individuals and their potential carers.

There is also much more that the health sector can do as a significant economic actor, employer and procurer of goods and services. Health authorities must therefore step up efforts to generate the skills and the resources needed, as set out above, to create health systems designed to address the challenges of the 21st century; **they have a leading role to play in moving towards societies of greater health and well-being**.

4. Equitable economies that serve human development

Key data points

- ☑ On average, the poorest half of the global population owns just PPP €2900 per adult (US$4100), while the top 10% owns roughly 190 times as much *(172)*.
- ☑ Adjusted labour share of gross domestic product (GDP) across the G20 countries has decreased from an average of 58% to 55% between 1992 and 2011 *(173)*.
- ☑ Wide inequalities exist between countries: in the United States, those in the top 1% of national income own 20.9% of national wealth; in Brazil, the top 1% owns 19.7% of wealth; in South Africa 19.3%; in India 21.7% *(174)*.
- ☑ Global spending on health care as a share of world income has been increasing, but high-income countries have been spending about twice as much of their income on than low-income countries *(175)*.
- ☑ The economic burden of poor mental health drive economic costs of up to o 4% of GDP in Organisation for Economic Co-operation and Development (OECD) countries *(176)*.
- ☑ Much of the pandemic wealth stimulus packages injected by central banks into economies worldwide have been absorbed by the wealthiest. In addition, while 95 food and energy corporations more than doubled their profits in 2022, in many countries, inflation outpaced wages, and roughly one in ten people on earth went hungry *(177 -179)*.
- ☑ Increases in GDP beyond a threshold of basic needs do not lead to further increases in well-being. An explanation is that material consumption also results in negative health externalities. The costs in the United Kingdom of related diseases is £ 62 billion for the National Health Service, and £ 184 billion for the economy. Shifting to environmentally sustainable and non-material consumption could limit the prevalence of noncommunicable and mental diseases *(180)*.

Contemporary economic development models too often harm, rather than benefit societies *(181)*. They are based on massive and intensive production and consumption of goods that contribute to the rise of NCDs and degradation of natural ecosystems. They undervalue activities that contribute to social and environmental common goods, and prioritize profits for the few, rather than health and well-being for all *(182)*. **Policies driven by profit-only criteria leave many people outside of the economy, and risks of poverty, insecurity of food, housing and energy are on the rise**. Communities that don't benefit from government policies, but see others benefit, lose trust in authorities. This leads to social fractures that undermine the ability of societies to deal with shocks and innovate as well as developing sustainability.

The economic strategies in question have led to negative global consequences, such as sharply rising obesity rates among both children and adults, growing antimicrobial resistance, and increased addiction to painkillers *(183)*. The inequitable distribution of resources (whether natural, income, and, notably, wealth) reflects political legacies, and impacts the social, structural, economic, political, environmental and commercial determinants of health of people and the planet. **Economic inequities are a key driver of health inequities** and have

become more prominent between, and in particular within, regions and individual countries *(184)*.

In the wake of the COVID-19 pandemic, many countries have faced an increasing debt burden and have imposed cuts on public sector expenses. This has contributed to more fragile health and social protection systems and has weakened public services based on increasing privatization of public assets and bureaucracies.

Public health response

From a public health perspective, **economic and commercial determinants of health can have a critical impact on well-being and health equity**, and a significant body of work has been undertaken to define and understand these mechanisms *(185,186)*. Determinants include global and national economic processes, financial systems and businesses, and the tobacco, food, drinks, alcohol and fossil fuel sectors *(187)*. Integrating a comprehensive understanding of health determinants into policy-making highlights how social, political and economic factors – whether they are disadvantages or privileges – influence people's lives and well-being. This demands that policy-makers collaborate across various sectors and with different stakeholders, embracing a comprehensive approach that involves the whole of society.

The focus of public health has always been on enabling conditions for protecting and promoting peoples' health. Water, air quality, food safety, housing safety, decent work, equal opportunities – how we achieve these in the context of financialization of health, commercial interest and profit maximization above all requires new public health approaches.

While gaps remain, there is already much that is known about how the economy would need to be shaped to deliver human well-being and health equity as core objectives. In addition, there are now many examples to draw on where countries have put in place such actions. It is vital to **continue developing the knowledge base around the economic and commercial determinants of health**, and to identify policy actions that can deliver human, social, economic and planetary well-being – leading to a well-being economy approach, benefiting the health and well-being of humans and of the planet, as well as health equity.

Policy pathways to promote equitable economies that serve human development and sustainable communities and societies

It is critical to ensure that all human beings can enjoy prosperous and fulfilling lives and that economic, social and technological progress occurs in harmony with nature.

The policy pathways covers key considerations across the following key thematic areas: **1) Equity-focused economic and fiscal governance; 2) Revenue and spending; 3) Commerce and trade; 4) Employment.**

While many of these pathways lie beyond a ministry of health's portfolio, health ministers are nevertheless vital champions and advocates of these approaches.

Pathway 4.1. Strengthening economic governance for greater health equity and the green transition

Ministers of health have an important role to play in making the case for putting health, well-being, and health equity at the heart of decision-making in sectors beyond health. They can join forces with environmental and social justice actors to encourage economic and fiscal actors to ensure a fair and just green transition. Some of the tools that can help to put this in place include the following:

- **Ensuring the public sector is not just a market 'fixer' but a market shaper** and public innovator (e.g. through fiscal and procurement policies).
- **Strengthening the health and equity components in integrated impact assessment tools, and their use within economic and finance decision-making**, considering the benefits for both current and future generations, as well as the co-benefits and harms of policy and investment decisions for human, social, planetary and economic well-being.
- **Mainstreaming analyses of distributional and justice impacts** of budgetary measures.

- **Strengthening participatory processes** including collective bargaining, and engagement with trade unions and civil society, to capture what really matters to everyone and securing buy-in.
- **Allocating public funding to specific regional development issues that governments are trying to address**, rather than according to established GDP indicators, to ensure that funds are more effective in reaching the goals at hand.
- **Adapting how we measure economic success and societal progress**, advocating to move beyond GDP and towards a comprehensive well-being-based indicator framework, to shift the focus on 'growth', irrespective of what is being 'grown', towards more investments in 'what is good for people and planet'. *(188)*.

Examples

- Austria: The Constitution requires gender budgeting at every level of government, including reporting of gender equality achievements and outcomes, and auditing of budget programme impacts *(185,189)*.
- In Brazil, the Ministry of Science, Technology and Innovation has launched the National Strategy for the Development of the Health Economic-Industrial Complex, in relation and complementary to the national Growth Acceleration Plan and Ecological and Digital Development Plan *(190)*.
- Cities such as Amsterdam, Brussels and Melbourne are experimenting with the 'doughnut economy' model, which defines economic prosperity as meeting twelve social foundation criteria without exceeding nine ecological limits *(191)*.
- Iceland has developed an indicator framework for social, economic and environmental progress, including health measures, and established well-being priorities to guide fiscal strategy, focusing investments on the well-being of people, society and culture *(192)*.
- Canada: The Department of Finance has introduced the Quality of life framework, covering prosperity, health, environment, society and good governance, as well as fairness and inclusion, and sustainability and resilience, gathers data to support decision-making and budgeting *(193)*.
- Scotland: Has reformed the education system to prioritize learners, promote equity and excellence through education, and emphasize the link between education, health and well-being in schools *(194)*.
- In the European Union, a recent European Commission (EC) Communication offers guidance to Member States on assessing the distributional impact of their policies. Although a 2013 EU regulation recommended analysing the distributional impact of budgetary plans, this information is rarely submitted to the EC, such as during the European Semester process *(195,196)*.

Pathway 4.2. Raising revenues and direct new spending or redirect existing spending towards well-being, equity and healthy societies

Ministers of health can advocate with colleagues in economic and finance departments for:

- Using **effective progressive taxation** – including health taxes and taxing unearned income – as a key way to raise revenue for investments in well-being, equity and healthy societies and reduce income inequalities.
- Considering mechanisms such as **wealth taxes, windfall taxes, financial transaction taxes, carbon taxes** and other approaches such as debt-swaps, novel bonds and impact investment – while paying attention to the equity implications of such approaches.
- Developing fiscal strategies to **direct spending towards well-being, equity and healthy society outcomes**, including ecosystem health. For instance, through consider means such as well-being, gender and participatory budgeting.

- Protecting and continuing to invest in **strong public services** and government capacity – especially in key sectors such as transport, education, health and utilities – as well as public goods for health such as affordable and secure housing.
- Ensuring that a greater part of health systems budgets and resources are **redirected towards health promotion and disease prevention**, ensuring that health systems are a key driver of well-being economies.
- **Considering not just the costs, but also the benefits of investments**, such as improvements in population health and well-being *(197)*.
- **Allocating public funding to specific regional development issues that governments are trying to address, rather than according to established GDP indicators,** to ensure that funds are more effective in reaching the goals at hand.
- Supporting programmes, in the context of public and community health initiatives, that **enable people to build their savings and financial assets.**
- **Investing in ensuring quality early childhood, primary and secondary education systems**, and make every school a health-promoting school, particularly those in deprived and low-income areas, and invest resources into services that support the well-being of families and the safe growth of children.

Examples

- In New Zealand, the Public Finance (Well-being) Amendment Bill mandated annual government reports on budgetary well-being objectives, with the treasury tracking the state of well-being through the Living Standards Framework *(198,199)*.
- Kyrgyzstan: Adopted a new tax code in 2022 to improve the efficiency of public funds, evaluate tax incentives, and ensure compliance with the country's development priorities and the SDGs *(200)*. SDG 3 (Good health and well-being) receives 9% of the tax incentives.
- Sweden: Provides free school meals for all pupils, and Vinnova, an innovation agency, is working with public and private actors to develop a school meal system that supports social, ecological, and economic sustainability *(201,202)*.
- Global: The 'Debt2Health' scheme supports debt cancellations in return for investments in health. To date, over US$ 470 million in debt has been cancelled, with over US$ 330 million directed toward health programmes *(203)*.
- Poland has improved tax compliance by monitoring illicit financial flows, addressing the tax gap between potential and actual tax revenue, and digitizing their tax system. This has redirected the revenue to health, education, welfare and infrastructure *(204)*.
- The European Union has introduced windfall taxes on energy firms, using the raised revenues to redistribute excess profit toward social programmes *(205)*.
- United States: DotHouse Health, a community health centre in Boston, offers services to improve patients' financial lives, including free tax preparation, multilingual financial education classes, and assistance with insurance and benefits applications *(206)*.

Pathway 4.3. Ensuring commerce and trade contribute to well-being

Building on the measures set out in the preceding sections, ministers of health can further advocate with colleagues across sectors for *(207)*:

- **Making public investments in public–private collaborations** conditional upon contributing to the public good.
- **Minimizing harm from commercial determinants of health** by strengthening legislation to restrict commercial practices on public health grounds.
- **Putting a greater emphasis on health** as part of environmental, social and governance (ESG) frameworks, to leverage the potential of the private sector.
- **Subsidizing healthy and environmentally sustainable products** and initiatives across the transport, food and energy sectors, and **taxing products and activities** that are harmful to human health and the environment, also contributing to reducing inequalities by making healthy, sustainable choices affordable.
- **Making potential health and environmental impacts a stronger consideration** and condition in trade and investment agreements.
- **Working to accelerate and equity-proof transitions within key economic sectors** (e.g. food systems, digital and energy) towards health and sustainability, engaging with the private sector to recognize and accelerate positive trends, while at the same time regulating and legislating where needed and thereby reducing activities that are harmful to well-being, as well as redressing actual conflicts of interest.
- **Protecting vulnerable people from high debts** by introducing mortgage and rent caps, complementary to ensuring basic social protection.

Examples

- In Thailand, the Ministry of Public Health and Ministry of Foreign Affairs introduced the national 'Global Health Strategic Framework' to balance trade and health benefits through international trade policy, ensuring health security and strengthening Thailand's global health capacity *(208)*.
- Public Health Wales conducted a health impact assessment of the comprehensive and progressive Trans-Pacific Partnership trade agreement, which found the potential for both positive and negative effects, including that its terms could limit Wales' ability to take strong public health actions in the future *(209)*.

Pathway 4.4. Ensuring that everyone can access the benefits of healthy employment

Ministers of health can advocate with colleagues in the employment sector for:

- **Introducing minimum wage policies as well as wage indexation** in times of monetary inflation and economic stagnation.
- **Ensuring decent employment and working conditions**, through strong legislation and regulation including around health and safety.
- **Ensuring gender-responsive employment policies** including around parental leave and reducing the gender–pay gap.
- **Promoting healthy jobs**, facilitating professional progression in the health sector, and supporting measures to enable economic inclusion, as well as fostering social and green employment opportunities.

Examples

- Barbados: Established a social partnership mechanism in 1990, bringing together the private sector, trade unions and government, for nationwide consultation on socioeconomic issues. This collaboration resulted in a protocol for multisectoral collaboration on the determinants of health *(210)*.
- In Northern Ireland, the West Belfast and Greater Shankill Health Employment Partnership, supported by the Northern Ireland Department of Health, promoted upskilling and training opportunities for people who were economically inactive and lower paid workers, leading to unemployed people finding employment, lower paid staff obtaining promotions, and savings on unemployment benefits *(211)*.
- European Union: Various initiatives such as the European Pillar of Social Rights, and legislation on minimum wages and social dumping prevention, actively work to build an economy that benefits people *(212)*.

Conclusion

Health is essential to developing a well-being economy, and a well-being economy approach can improve health outcomes while contributing to inclusive and sustainable development. This will require collaboration across sectors – health, economic development and finance – as well as internationally, building on existing mechanisms of collaboration such as the processes developed and managed by United Nations agencies. Health actors will need support to be able to fulfil their potential role in a well-being economy approach, as this transition will involve a substantial shift in policy and practice.

The way some economic policies are designed and implemented, and how investment is prioritized, contributes to poor, unequal and unjust health outcomes. At the same time, the economy holds the potential to enable greater investment in health and well-being. Realising `Health for All' will depend on reshaping economic approaches to better support equitable health outcomes.

Health must be seen as a long-term development, not a short-term cost. By valuing and investing in health, economies and societies become stronger, more secure and more equal. All people can flourish and be productive, caring and creative members of society, reaching their potential of well-being. This is also the key reason why the cost of inaction - not valuing and funding intersectoral health programmes - incurs many multiples of the financial cost of action. By not investing, governments end up spending more on all the social costs that result from an unhealthy population and environments, and poorly productive population.

Efforts to improve health cannot be considered independent from decisions about economic policy. Health is not just the responsibility of the health sector - health and health equity should be approached from a cross-sectoral perspective. Importantly, human health cannot be considered in isolation from the health of our planet, and both human and ecosystems health cannot be pursued by any one state in isolation from others.

A broadened frame of health and investments in health should build on, rather than replace, the efficient and equitable use of resources within the health sector. At the same time, it calls for a shift in how wider economic and investment decisions are made - moving beyond a narrow focus on returns to consider how costs and benefits are distributed, and what their implications are for health and well-being. This is essential to designing an economy that truly supports Health for All *(213)*.

5. Promoting equitable digital systems

Key data points

- ☑ The world has become digital and mobile *(214)*, with the World Bank reports 108 mobile subscriptions per 100 people *(215)*.
- ☑ 63% of the global population uses the internet *(214)*.
- ☑ The number of digital health users are estimated to exceed 1.4 billion in 2025 *(216)*.
- ☑ The speed of artificial intelligence (AI) adoption places a huge burden on the health workforce – rising from $2.1 billion in 2018 and projected to more than $36 billion in 2025 *(217)*.
- ☑ Many countries have yet to implement policies to drive digital health literacy – in the WHO/European Region only half have developed policies for digital health literacy, while only 19 have developed criteria for assessment of quality of digital health interventions *(218)*.
- ☑ The global labour market is becoming increasingly digital and remote, with shorter contracts: online 'gig' work accounts for up to 12% of the global labour force *(219)*.
- ☑ Digital health interventions risk not considering health equity – with as many as 82% of published initiatives not taking this into account *(220)*.
- ☑ Cyberbullying is on the rise: 54% of teens have reported incidences, with girls more exposed than boys *(221)*.

The world is seeing rapid technological change, with uneven uptake across and within countries leading, for example, to changes in manufacturing, work environments, business, public administration and how information is exchanged, with increasing numbers of people using smartphones. Many of these technologies bring huge advantages but also carry risks, which may not yet be fully understood *(222)*.

The digital transformation has reshaped the political, economic and social landscape, resulting in both positive and adverse effects on social inequalities, as well as on health and well-being of people and planet. Some key societal developments include the following.

The technological and digital transition has transformed economies, with impacts varying across sectors. It has led to increased productivity and contributed to improving profit margins, higher innovation capacity, better production control, labour productivity, and reduced time-to-market. For certain job categories it has contributed to reducing hardship, creating new jobs and improving employment resilience during public health crises.

However, this transition also calls for skill-intensive types of work and creates severe skills and competencies mismatches. This challenge is particularly evident among the ageing labour force, potentially causing employment disruptions, marginalization, inequality, and job losses. Consequently, this **exacerbates the equity gap** and affects health and well-being. A leap towards a society with further integration of artificial intelligence (AI) will have an even more profound impact, requiring careful consideration of its implications on the workforce, skills development, and social equity

(223,224). In the health sector, specific mismatches may also lead to increased burnout given underlying motivations: many health workers choose their job because of human interaction while giving care; while this transition is also seen as a solution to overcome staff shortages and reduce the costs of care, it will also change the relationship between health professionals, and informal carers, and their patients/clients. This will require a renewed discussion on governmental and individual responsibilities for health *(225)*.

The 'smartification' of the work environment can have negative impacts on health and well-being. While it may enhance well-being of the workforce – through AI-enabled, data-driven enterprise, information access and monitoring, easy decision-making processes and multiple communication channels – the system can also be exploited by employers. New technologies allow a push for more performance, wage exemption, or underpayment and excessive monitoring of the workforce's performance and behaviour, as such making it difficult to separate professional and personal spheres, undermining privacy, dignity, independence, impacting health, mental health and overall well-being, demanding strong ethical supervision *(226)*. With a rising need for care of older people, digital solutions are also sought to overcome lack of personnel and reduce costs. Solutions such as robots could increasingly help in care provision and with loneliness, but here too ethical considerations are important.

New business models have emerged, particularly in online services in transport, food and tourism. These models have led to new consumption patterns and lifestyles that prioritize more rapid and easier consumption of goods, including fast food, with significant impacts on public health. Online work is a growing part of many labour markets, and a growing source of income for millions of people. The demand for online workers is rising faster in developing countries than in industrialized countries *(227)*. These new business models often lack significant work security, health safety, or sustainable income. Moreover, many of them use technologies and algorithms that are also able to influence consumer behaviours in potentially unethical ways and towards unhealthy products *(228,229)*.

Public administrative procedures have moved their services to digital and online systems, often resulting in the creation or exacerbation of digital divides. This shift has further marginalized people in vulnerable situations, such as older population groups and individuals with low levels of literacy, language barriers and limited access to the necessary means or infrastructure. This change toward digital administrative systems is also influencing health and care systems. Increasing use of electronic health records has, for example, many potential benefits for the implementation of innovative approaches to care that are person-centred and integrated. It can enhance prevention models and diversify options for accessing support (e.g. telemedicine, remote monitoring, etc.). However, there are also risks, such as discriminatory or biased algorithms, inequalities in access to digital care services, and disparities based on the population's varying levels of digital health literacy. And so far, strategies for promoting equity in digital health are still rare and emerging *(230)*.

The persistence of the digital divide poses significant challenges for underserved groups, hindering their ability to engage in the digital economy and access essential services. Underserved populations will continue to face poorer health outcomes due to limited access to affordable and quality care, delayed diagnosis, and difficulty in managing chronic conditions – potentially leading to further erosion of trust. Inequities also raise concerns about data privacy and security, potentially resulting in unsafe management of sensitive data and decreased trust in health care systems. This can further create a detrimental cycle, where reluctance to adopt digital health technologies hampers progress toward personalized solutions and initiatives, contributing to health care stagnation. The failure to achieve equity in digital health services can have a broader negative impact on society, exacerbating social and economic inequalities, potentially destabilizing entire communities *(231–232)*.

Social media platforms are increasingly used to communicate, obtain information and make decisions. While these platforms offer new opportunities for social interactions and knowledge-sharing, there are also possible adverse features. These include heightened time spent on digital activities and in virtual settings, addiction, information

overload, exposure to hate speech, bullying, the spread of misinformation, the rise of fake news and marketing targeting vulnerable populations with unhealthy products. Social media has had a direct impact on young people's health and mental well-being as it has slowly created new social norms, moved standards of beauty, increased addiction, led to harassment and sometimes to suicide. At a population level, the use of social media has also led to political instability, social unrest and erosion of trust in public health advice and services *(233)*.

While the technological and digital transformation can represent a positive evolution for a well-being society, motivated by prosperity and social connection in a globalized world, technology can also have potential impacts on human dignity, freedom and well-being. If not adequately supported by a robust legislative framework – that ensures equitable access and harnesses the potential of technology for human beings and the planet to flourish and enhances digital literacy of the population – this transformation can be detrimental to health, as well as social cohesion and stability *(234)*.

Policy on digital technology and the implementation in a well-being society should therefore be guided by three key principles *(235,236)*:

human-centredness, so that technological innovations and advancements should be modified and regulated with the needs and welfare of all people in mind; **environmental sustainability** ensuring that industry value the planetary boundaries and the equal distribution of wealth; and **resilience** against future potential disruptions.

Public health response

Public health responses to the fast-paced technological and digital transformation of our societies, and to the goal of achieving **digital health equity**, take place within health systems and beyond.

Within the health system, there is a growing recognition of the need for targeted measures to address inequitable aspects of this transformation and to achieve better results on digital health equity. This has significant implications for individuals, communities and health care systems. Health decision-makers are recognizing the challenges of digital health equity and are beginning to develop comprehensive strategies to ensure that everyone can benefit from the transformative potential of digital technologies in health. Addressing the digital divide and enhancing digital health literacy requires proportionate universal action tailored to meet varying needs across socioeconomic gradients. As digital health impacts everyone, inclusive strategies are essential for its success.

The public health response is also emerging **beyond the health sector**, as ministers of health are increasingly understanding that achieving digital health equity also includes taking action on the adverse health and mental health impacts of social media, misleading digital marketing and digital consumption of unhealthy products, online work platforms, online bullying/harassment and addressing dis- and misinformation. Policies and interventions to strengthen digital health literacy across the life-course are being developed and piloted in various countries, and several countries are exploring the role of health in a well-being economy context *(237)*. For example, the WHO Regional Office for Europe developed a position paper on ensuring **online safety for children** by tackling digital marketing, online algorithms and other approaches that are used to specifically target children and bring increased health risks. These risks include increasing promotion of alcohol, tobacco and unhealthy foods, as well as addiction to online games, and increased screen time which can impact on mental health and result in a lack of physical activity *(238,239)*.

Implementing **holistic systems approaches** is crucial to truly harnessing the potential of the ongoing digital transformation. This is essential to prevent the stagnation of health systems that fail to leverage the transformative potential of digital tools, the digitalization of health data, telemedicine, novel technologies, and skills development. These advancements can significantly improve health outcomes, reduce costs and improve patient experiences.

Policy pathways to promote equitable and accessible digital systems

It is critical to foster accessible and equitable digital systems that serve as public utilities, contribute to social cohesion and are based on transparent regulations that are respectful of individual choices, free of commercial interest and disinformation.

A well-being society envisions digital health equity where everyone, regardless of their background or location, experiences no harmful health-related consequences of the digital transformation, and has equal and affordable access to digital (health) technologies to improve their health outcomes.

Health equity refers to the absence of health inequities, differences in health that are unnecessary, avoidable, unfair and unjust. **Digital health equity** could be defined **as equitable opportunities for individuals to benefit from the digital transition to improve their health** and goes beyond the narrow definition of equal access to digital health care services. The policy pathways in this section will use this broad definition of digital health equity as part of systemic, whole-of-society approaches to improve better health and well-being for all.

A well-being society not only ensures equity but also promotes dignity, empowerment, resilience and sustainability. This principle is central in several foresight studies, including the Nordic Health 2030 Model *(240)*, which outlines the role of both health care and health promotion services. It emphasizes a balanced approach of citizen and system interaction, providing data-driven, personalized services with an ongoing feedback loop from co-creating citizens. Indeed, one of the keys to delivering the potential of digital tools and technologies in well-being societies is **trust**. Without trust from citizens, staff and between stakeholders, investment in digital infrastructures will often be slow, expensive and add to frustration and burnout *(241)*. Thus, a vision of an equitable digital healthy future begins with direct and open, cross-governmental dialogue that ministers of health are well placed to initiate, lead and nurture.

The key policy pathways focus on: **1) a National Digital Health Equity Task Force; 2) Equity-based digital skills; 3) Data collection on access; 4) Technical solutions for equitable access; 5) Rights-based AI governance.**

Pathway 5.1. Setting up a national digital health equity task force to facilitate partnerships for equitable digital transition

Achieving digital health equity as part of well-being societies requires a concerted effort from governments, cross-sectoral stakeholders, health service providers, public health and health promotion workers, health insurance and technology companies, mass media, civil society and community representatives. By working together, countries and digital stakeholders can create a world where technologies are not a source of inequality or harmful to health, but a tool for improving health and well-being, as well as creating a more equitable health care system for all. Ministers of health can – using both financial and non-financial tools – incentivize collaboration between stakeholders to leverage resources and expertise between health, social and community care, technology and the environment *(242)*. Direct citizen involvement is key to ensuring that interventions are inclusive and close to community needs, for example through decision-making panels, system co-design, and using asset-based community development as a methodology.

Ministers of health can lead this process by **establishing and hosting a National Digital Health Equity Task Force**. Such a multidisciplinary and cross-sectoral task force aims to develop and implement a comprehensive national strategy for digital health equity spanning health care technologies, as well as health and well-being impacts of other digital systems and services. It could consider the following (non-exhaustive) list of actions:

- **Taking stock, research and evaluating** the range of digital technologies and services in society, prevailing digital divides across different populations, communities and ages and potential impacts on health and health equity.

- **Proposing regulations and guidelines** to enforce controls within the digital ecosystem in line with the rapid pace of technological innovation.
- **Finding and/or encouraging the use of a trusted mechanism for health apps** approval and use to foster a trusted bridge from users and digital developers to health professionals.
- **Facilitating a discussion to evaluate the use of AI**-powered/supported decision-making mechanisms in health – and how to (re)evaluate their effectiveness.
- **Ensuring that the need for equity in uptake** also shapes the pace for initiatives and investments.

Examples

- In The Netherlands, Health Hub Utrecht drives digital transformation through a network of health care, social and educational organizations, implementing projects that promote the use of digital technologies to improve health care access and outcomes with a focus on preventing health inequalities *(243)*.
- Europe: The Nordic Interoperability Project uses digital technology to create a sustainable health system by connecting patient data for secondary use, establishing platforms to accredit health care apps and supporting innovations that give citizens access to health data at the point of care *(244)*.

Pathway 5.2. Strengthening equity-based digital skills and competencies development programmes for the health workforce and vulnerable groups

Individuals need to possess the necessary digital skills and knowledge to navigate and use digital tools effectively, including support for management of their own health data and leveraging AI technologies. They also need to have **adequate digital health literacy** to assess health information and impacts of internet use, digital marketing and social media, to understand digital health apps and tools and to reduce data-related risks, such as privacy and security, and exploitation of sensitive data. Efforts are needed to empower individuals and communities to manage their health with the support of digital tools and allow communities to actively participate in shaping digital health initiatives. This can also include support systems (e.g. 'future fit' libraries and community centres) where people at any level of digital skills can ask for guidance. As with Pathway 5.1, co-creation is critical to ensuring that digital health tools and services are designed and adapted to meet the specific needs and cultural preferences of diverse communities.

Ministers of health can lead and work in cooperation with educational systems and social welfare schemes, building skills on understanding, awareness and acceptance of digital tools by launching **digital health literacy training** and **digital media skills programmes,** and increasing investment in support schemes, particularly among vulnerable communities. Such national training programmes or academies should consider the following, non-exhaustive list of activities:

- **Building digital academies** for professionals in health care, public health, and social care.
- **Including use of social media training** for health promotion and health communication. Building communication and social media teams in health care settings helps deliver reliable and trustworthy public health information (in a future fit format) and foster adequate skills to reach current and future generations.
- **Bridging age gaps in strategies for health information delivery** – prioritizing skills and use of audiovisual methods, case collection and sharing, as well as storytelling – as these are essential to bridge insights into intelligence/data for building identification and trust.
- **Implementing targeted digital health literacy training programmes** for underserved communities, focusing on culturally appropriate and accessible approaches.
- **Supporting digital literacy** in general and empowering all citizens to take part in the digital future.

- **Developing interventions to monitor and enhance** levels of population (digital) health literacy.
- **Supporting digital self-management programmes**, especially using peer-to-peer approaches when possible.
- **Controlling health-related misinformation/ disinformation**, including through contextually appropriate regulation.
- **Building practical skills and reward digital upskilling** via microcredits for health professionals, award mechanism, and encouragement of dedicated digital implementers.

Examples

- In Turkey, the Istanbul International Centre for Private Sector Development's SDGs AI Laboratory has initiated a Data science fellowship programme to support young data scientists become professionals that drive inclusive digital transformation *(245)*.
- Rwanda: The African Digital Health Initiative is building nurses and midwives' skills while developing a digital health platform to engage Africa and Friends of Africa medical professionals abroad to expand digitized health care services *(246)*.
- Denmark: During the COVID-19 pandemic, two medical doctors created a health care professional-driven Facebook group called 'Ask a doctor about coronavirus', where volunteer doctors answered the public's questions, fostering an environment of trust and calmness *(247)*.
- The European Union has adopted the 'Better Internet for Kids' (BIK+), to improve age-appropriate digital services and protect, empower, and respect children online. More recently, the EU introduced the Artificial Intelligence Act to ensure safety and compliance with fundamental rights *(248)*.
- Sweden has tasked the Swedish Education Agency with a national strategy to develop a curriculum and step-based programme to improve digital skills, promote safer internet social media use among school children, and to harness the opportunities offered by digitalization in teaching and learning *(249)*.

Pathway 5.3. Support data collection on access to digital health based on equity

The digital transformation entails a widespread and increasing use of digital data. In a well-being society, data, data analytics and machine learning would be used to identify and address health inequalities through determinants of health as well as health services solutions, informing targeted interventions and policy/strategy decisions for a 'Health in all policies' approach. **Data privacy and security measures should be in place to protect sensitive information, fostering trust and encouraging participation.**

However, the key challenge is not safety, but inaction. Countries are "data rich and insights poor" and while progress is being made to improve the use and governance of health data, there is still significant work to be done *(250)*.

Ministers of health can initiate the creation of a **digital health equity dashboard** with key performance indicators supporting the National digital health equity strategy – and ensure citizen initiatives can suggest and co-design innovative frameworks. This will help enable a positive feedback loop for future policies and targeted approaches and be directly linked to equity initiatives in social care, education and other sectors. Such a dashboard can be used for the following non-exhaustive list of activities:

- **Regularly monitoring and evaluating progress** on the implementation of digital health equity initiatives, making data-driven adjustments to ensure effectiveness.

- **Integrating well-being society criteria in monitoring indicators** for workplaces, health care providers, and communities.
- **Making use of the OECD checklist of policies** for an integrated digital health ecosystem in planning and assessment *(251)*.
- **Building capacities to analyse health data and services** and ensure such insights are policy-relevant and useful.

Examples

- In Brazil, the International Centre for Equity in Health offers a comprehensive health equity database and tools to present and monitor inequalities *(252)*.
- United States: Has created an online equity dashboard for emergency departments that highlights different patients' characteristics stratified by age, race, ethnicity, language, sexual orientation and sexual identity. This tool allows the staff to explore trends in care and design targeted interventions to address disparities in clinical care *(253)*.
- United States: RTI International's 'RTI Rarity' health equity dashboard enables viewers to explore community-level risk of inequities in different domains such as life expectancy, cancer mortality and drug overdose *(254)*.

Pathway 5.4. Advocate for technical solutions for equitable access to digital health

In a well-being society there is universal access to digital infrastructure. Broadband internet and reliable mobile networks should be accessible to everyone, enabling seamless access to both digital health tools and other public sector services. Telemedicine services should be widely available and accessible, bridging geographical barriers and providing timely care to underserved populations. Digital health technologies should be affordable and accessible to all, eliminating financial barriers to adoption.

Ministers of health can lead inter-departmental discussions on how to **establish cross-cutting programmes for digital expansion, data safety and affordability** – and **develop a roadmap** to hold government institutions to account on progress. This roadmap could include the following non-exhaustive list of activities:

- **Investing and allocating funding** to expand broadband access, improving mobile networks, computer lending schemes and school pooling, considering financial programmes for smartphones and establishing community technology centres in underserved areas.
- **Implementing robust data security measures**, establishing transparent data governance practices, and clearly communicating data privacy policies to build trust and encourage participation.
- **Encouraging citizen initiatives** in access to health data and research.
- **Enhancing legislation on digital communication and information** that protects against personal data exploitation and reduces related vulnerabilities.
- **Promoting digital health services based on principles of universal design**, accessibility, usability, inclusion, and age-appropriateness.
- **Building evaluation models for holistic assessment** of system benefits of digital health interventions.
- **Developing tiered pricing models**, exploring open-source solutions, and providing subsidies to make digital health technologies more affordable for low-income populations.

Examples

- Latin America: The 'digital inclusion' model aims to expand connectivity to underserved and rural areas lacking internet access by collaborating with private and public sectors to drive infrastructure investments *(255)*.
- European Union: The European Health Data Space is a data-sharing platform that creates a single market for electronic health record systems, empowering individuals to control their health data and enable its exchange for health care delivery across the region. It also establishes a reliable system for re-using health data for research, innovation, policy-making and regulatory purposes *(256)*.
- In Viet Nam, the 'Doctors for Everyone' initiative promotes equitable access to health care by enabling individuals to schedule appointments and receive consultations from higher-level doctors at local health stations via online connections facilitated by health workers *(257)*.

Pathway 5.5. support the development of rights-based AI governance in health

The use of AI in the health sector presents significant opportunities to enhance operational efficiency, improve prevention, diagnosis and care. However, without proper governance AI systems could deepen existing inequalities and undermine fundamental rights. Strong governance and transparency is required to manage ethical, legal and cultural challenges, ensuring AI systems are safe, reliable, equitable and trusted.

Ministers of health can take the lead in inter-governmental discussions to advance an **AI health and well-being governance framework** that upholds ethical standards, equity and transparency in health care and health promotion. Recent WHO reports emphasize the importance of ethical AI governance to protect public interest, ensure inclusivity, and mitigate health inequities *(258)*. Furthermore, the G7's Hiroshima AI Process Declaration reinforces the need for global collaboration to establish comprehensive policy frameworks that prioritize human rights and ensure AI usage in public health and health care systems are transparent, safe and aligned with public benefit *(259)*.

The following elements are important to consider when advancing an AI health governance framework:

- **Ensuring ethical AI use** by prioritizing public interest, inclusion and health workforce optimization while safeguarding traditional competencies, ensuring equitable access, and protecting privacy with clear data management and both citizen and patient consent
- **Ensuring AI systems in health care** are trained on diverse, comprehensive and standardized data, with transparent decision-making and regular assessments to prevent bias and promote equitable benefits across populations. This should also include assessments of bias in historical data sets.
- **Ensuring human, multistakeholder oversight for AI systems** to promote fairness, equity and accountability in health care decision-making.
- **Implementing continuous post-market surveillance** to safeguard the long-term safety and efficacy of AI systems in health care, and monitor needs for emerging health workforce skills and innovative therapeutic options, including the use in various home-care settings.
- **Launching public communication campaigns** and consultations to promote transparency and fairness in the use of AI, addressing concerns and reducing both technological mistrust and health inequities.

Examples

- The European Union introduced an Artificial Intelligence Act, a legal framework that sets clear requirements and obligations for developers and deployers regarding specific AI applications *(260)*.
- Global: WHO guidance identifies the ethical challenges and risks in AI use for health, outlines principles to ensure AI for all, and provides recommendations to maximize AI's potential for health, while holding stakeholders accountable to health care workers and communities impacted by it *(261)*.
- The OECD has undertaken empirical and policy activities outlined in the Recommendation of the Council on Artificial Intelligence to support policy debate. It includes high-level, values-based principles and recommendations for national AI policies and international cooperation *(262)*.
- The G7 offers policy-related recommendations on a strong governance system, equitable access, ethical considerations, data security and the potential to improve efficiency, health outcomes and reduce work burdens *(263)*.

Conclusion

By implementing **comprehensive digital partnerships across sectors**, ministries of health can help support government policies and shape powerful bonds with varied stakeholders to harness the power of technologies and digitization, and help achieve more equitable and inclusive health and well-being outcomes for all.

By **bridging the digital divide** through co-created approaches and measures, countries can create the local basis for a world in which everyone can benefit from health initiatives that use the transformative potential of digital solutions to create well-being.

A **national digital health equity strategy** helps optimize current practices, boosting the quality of health and other systems, and allows for targeted approaches for citizens with special needs. Such a strategy also facilitates policy-making regarding the potential health-harming practices and other consequences of the digital and technological transition. A digital future is not a mechanistic one – it is a humanistic future, part of a well-being society, augmented by safe, accessible, affordable and healthy digital tools and trustworthy data-driven strategies.

Moving forward: Creating well-being societies

The world stands at a "poly-crisis" crossroads marked by environmental degradation, rising NCDs, increased living costs, and geopolitical instability. These challenges are interconnected and intensify one another, threatening both human and planetary well-being. Addressing them urgently and holistically is the only viable path forward to ensure sustainable well-being for all.

A fundamental change is essential: embracing the concept of 'well-being societies' is crucial. In these societies, individuals can achieve their full potential, live healthy lives in harmony with the planet, and contribute meaningfully to their communities. To achieve this vision, it is necessary to redefine measures of success, moving beyond GDP and adopting a holistic framework that prioritizes both people and planetary health. This transformation requires a fundamental re-orientation in decision-making, placing well-being at the core of governance and economic policies.

The policy pathways outlined in this document provide strategic approaches across five key areas:

- *Nurturing Planet Earth and its ecosystems*: Protecting and restoring the environment is crucial, with actions like adopting a One Health approach, building climate-resilient health systems, creating policies that yield health and environmental co-benefits, and addressing inequalities.
- *Promoting social protection and welfare systems based on equity, inclusion, and solidarity*: Resilient social systems are needed to protect individuals from vulnerabilities, ensuring equitable access to essential services.
- *Promoting equitable UHC*: Strong primary care, preventive health measures, and community outreach are vital to achieving UHC and addressing SDH.
- *Equitable economies that serve human development*: A fundamental change towards an economic model that prioritizes human well-being and health equity over purely economic growth is necessary.
- *Promoting equitable digital systems*: The digital transformation must benefit everyone, requiring actions to close the digital divide, promote digital literacy, and develop ethical and responsible AI in health.

Achieving these goals demands collective action. Governments, international organizations, civil society, the private sector, and individuals all have a shared responsibility to take action. Collaboration at all levels is key, and ministries of health must take a leading role in driving intersectoral coordination, advocating for a well-being approach across sectors, and ensuring health is prioritized within governmental agendas.

Continuous learning and adaptation are also crucial. As the well-being approach evolves and new challenges emerge, agility is needed – monitoring progress, evaluating policies, and adjusting strategies accordingly based on evidence and experience.

Equally important is the need for effective communication and societal dialogue. Gaining public support for well-being policies requires transparency, openness and participatory processes. Ministries of health should lead the way by fostering public awareness and encouraging community involvement in shaping policies that affect their lives.

The vision of well-being societies is both necessary and achievable – one that ensures the health and well-being of present and future generations while safeguarding the planet. Collective action can create a world that is more just, equitable and sustainable for all, filled with hope and optimism for the future.

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