



The WHO Council  
on the Economics of  
Health for All

# Valuing Health for All:

## Rethinking and building a whole-of-society approach

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## EXECUTIVE SUMMARY

In the latest policy brief – on the value of health for all – the [WHO Council on the Economics of Health for All](#) proposes three key objectives from the planetary to the individual scale:

- **valuing planetary health**, including essential common goods such as clean water, clean air and a stable climate, with respect to planetary and local ecological boundaries;
- **valuing the diverse social foundations and activities that promote equity**, including social cohesion, supporting people in need and enabling communities to thrive, and;
- **valuing human health and well-being**, with every person able to prosper physically, mentally and emotionally, and endowed with the capabilities and freedom needed to lead lives of dignity, opportunity and community.

What would it take to create economies that served these objectives rather than profit for a few? How can we create metrics that reflect what is ultimately of value?

- We must first recognize that no universal metric can encompass, without distorting, all the diverse components of Health for All – especially not a monolithically monetary measure like GDP. We must move towards a data collection and measurement apparatus globally that completely abandons such indices. Second, alternative metrics must value the health of people and planet along multiple dimensions through a full-spectrum holistic approach – one that enables information to be transparently debated and replicated across diverse local contexts.
- We don't need to reinvent the wheel: the 17 UN Sustainable Development Goals provide a robust starting point for improved metrics and indicators for measuring the values of Health for All. Another promising model that highlights the importance of ecological and planetary boundaries, gaining fast traction amongst city governments around the world, is Doughnut Economics.

- Such frameworks need to include detailed new metrics that value goods and services indispensable to Health for All but currently unaccounted for – from food growing and cooking to cleaning, childcare and other unpaid household and community activities, including environmental conservation, predominantly performed by women. Time use data can help reveal these largely hidden activities, begin to capture their true value and support policy making in a number of ways, including in-depth knowledge on what requires additional investments.

**Rethinking value is the critical first step.** For these new metrics to embed saner perspectives into policymaking, we also need to reform strategic finance, legal and economic levers across public, private and third sectors. As the previous Council brief *Financing Health for All: Increase, transform and redirect* has argued, this means broadening the tax base, introducing taxation that is more progressive, increasing financial literacy, enhancing financial inclusion, strengthening public sector capacity in building equitable financial architectures, and eliminating financial obstacles in relation to access to health services.

**Reshaping and redirection of the economy based on these values, guided by new metrics, is another step.** In this Council brief, the Council proposes a framework for building up an economy for health, highlighting finance and economic levers as well as those addressing social determinants of health and health systems.

Economics has until now measured the price of everything and the value of nothing. That needs to change now. We need to measure the **value of everything** – the things that truly matter. We need to revalue health and wellbeing – and its sustenance through care without financial burden – as the central measure of success in society and economy.

## Building a Health-for-All economy

To build an economy for Health for All, we need to adopt a whole-of-society approach so as to use the full range of policy levers, including financial and economic levers, and develop new approaches across all sectors. This recognizes that Health for All is the result of a wide range of interrelated factors. In order to realize the impacts desired, we must invest in the values of Health for All and put them into effect, which calls for diverse areas of action at multiple levels:

### ➤ The planetary system: holistic and sustainable development

Action needed at this level encompasses economic, social, cultural and political factors and how they are managed in relation to the living system of human society, and the local and planetary boundaries of Earth's life-supporting systems. Human society is embedded within these systems and depends upon them. They are the root and structural causes that shape health across the life course as well as the diversity observed across individuals, groups and populations.

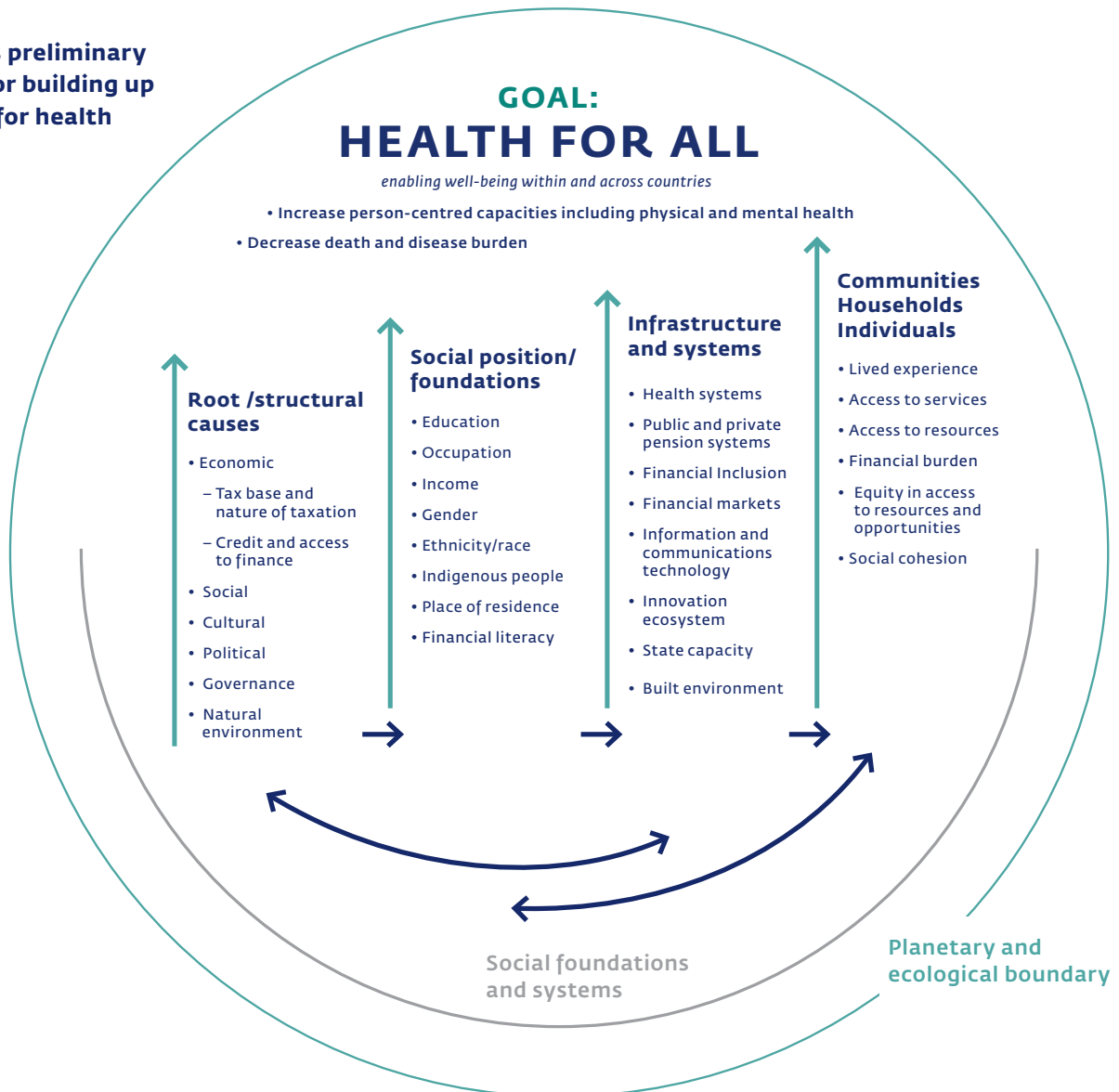
### ➤ The societal system: strengthening systems and promoting equity

This level includes action addressing two important elements. One element concerns social position and foundation, which reflect norms and the degree to which the overall context stratifies individuals into different positions in society, whether by socio-economic status or other characteristics. The other element concerns infrastructure and systems – institutions and organizations and their policies and actions – that can promote health, mitigate inequities and generate social cohesion.

### ➤ The lived experience: the life and health of individuals and families

This level concerns communities, households and individuals, and varying access to resources and opportunities by every person within a society.

## The Council's preliminary framework for building up an economy for health



# INTRODUCTION

**It often takes a crisis or a catastrophe to expose what we truly value as a society, and to lay bare our failure to build an economy around such values. If in normal times we fail to value what equips us to tackle the biggest challenges facing humanity – from climate change to Health for All – when the challenges do arise, no amount of money thrown at them at the last minute will fix their root causes.**

This brief, the third in a series published by the WHO Council on the Economics of Health for All, considers two key questions around the issue of value and the economy:

- If health and well-being are within the reach of every person on this planet and Health for All is the goal, then what do societies need to value to achieve it?
- How do we create metrics to steer and evaluate the reshaping and redirection that the economy must undergo to achieve Health for All?

Addressing such questions requires a whole-of-government and whole-of-society approach, moving beyond the current siloed approach to Health for All. We cannot expect that a narrow focus on individual diseases, instead of people and systems, can lead to progress towards Health for All.<sup>1</sup> Although there is a push for primary health care and person-centred approaches, not all countries are able to do so in practice. The same is the case if we maintain a dependence on foreign aid, instead of creating sustainable finance and long-term investment. It would mean embracing a more collaborative, holistic, dynamic, multi-stakeholder and cross-sectoral approach to the management of complex challenges.<sup>2</sup>

Indeed, many governments did this in their initial response to the coronavirus disease (COVID-19) pandemic, assembling full cabinets and diverse portfolios.<sup>3-8</sup> Money was created for recovery programmes, and city mayors found themselves suddenly able to eliminate longstanding challenges, such as homelessness.<sup>9</sup> Why must we wait for a pandemic to do the obvious? Will these short-term solutions be sustained after this acute crisis?

As we outlined in our first two policy briefs on innovation<sup>10</sup> and finance,<sup>11</sup> even as we continue to experience new variants of COVID-19, we are already slipping back into a business-as-usual approach to health, implying that the health sector can singlehandedly tackle a pandemic. This would be a catastrophic mistake – and a missed opportunity – that would leave the world once more unprepared for the next health crisis. More than ever we must coalesce our thinking about planetary health (and the critical issues concerning global warming), human health, and ways to structure economies around people-centred goals.

An all-of-society approach must include real-world decision-making and a response involving these interlinked areas. The approach must be holistic and take into account the needs of all parts—and members – of a society. Such change is critical and overdue, because what is valued gets measured, and what gets measured drives decisions. The decisions have immediate and long-lasting impacts.

**We need to start with the primary goal of Health for All to decide what we should value. We then work backwards to reorient economic and financial policy levers, thereby positioning health as an investment and ensuring Health for All.**

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- Problems with what is currently valued, including a pathological obsession with GDP
- Rethinking value for Health for All: addressing people and the planet and promoting equity
- Measuring Health for All values
- Building a Health-for-All economy
- Change is possible and can happen overnight

# SUMMARY OF KEY PRINCIPLES

## Values for Health for All

What we value determines the decisions we make and their consequences. We need to learn from COVID-19 and reflect on our relationships with each other and with the rest of the natural world, to make Health for All an objective of economic development and not merely a means of attaining it. This must be at the centre of our value system.<sup>12</sup>

To realize Health for All—a state in which health and well-being are within the reach of every person on our planet—we must make the following values the centrepieces of a new system of value and measurement:

- **valuing planetary health**, including essential common goods such as clean water, clean air and a stable climate, with respect to planetary and local ecological boundaries;
- **valuing the diverse social foundations and activities that promote equity**, including social cohesion, supporting people in need and enabling communities to thrive, and;
- **valuing human health and well-being**, with every person able to prosper physically, mentally and emotionally, and endowed with the capabilities and freedom needed to lead lives of dignity, opportunity and community.

## Building a Health-for-All economy

To build an economy for Health for All, we need to adopt a whole-of-society approach so as to use the full range of policy levers, including financial and economic levers, and develop new approaches across all sectors. This recognizes that Health for All is the result of a wide range of interrelated factors.

In order to realize the impacts desired, we must invest in the values of Health for All and put them into effect, which calls for diverse areas of action at multiple levels:

- **The planetary system: holistic and sustainable development**  
Action needed at this level encompasses economic, social, cultural and political factors and how they are managed in relation to the living system of human society, and the local and planetary boundaries of Earth's life-supporting systems. Human society is embedded within these systems and depends upon them. They are the root and structural causes that shape health across the life course as well as the diversity observed across individuals, groups and populations.
- **The societal system: strengthening systems and promoting equity**  
This level includes action addressing two important elements. One element concerns social position and foundation, which reflect norms and the degree to which the overall context stratifies individuals into different positions in society, whether by socio-economic status or other characteristics. The other element concerns infrastructure and systems – institutions and organizations and their policies and actions – that can promote health, mitigate inequities and generate social cohesion.
- **The lived experience: the life and health of individuals and families**  
This level concerns communities, households and individuals, and varying access to resources and opportunities by every person within a society.

## 1. Problems with what is currently valued

“The cynic knows the price of everything and the value of nothing”, Oscar Wilde once famously quipped. In our economy, the myriad and complex dimensions of value are collapsed into the singular measure of price. What is valuable commands a higher price; what commands a higher price is considered more valuable – so goes the conventional narrative. In this context, value creation is limited to productivity and profit measured by money (the medium through which prices are expressed) and the focus of economic and fiscal policies becomes narrow.<sup>13</sup> In practice, trees are not valued for being a forest, sheltering biodiversity, absorbing carbon, but only as inputs for other economic activities, such as logging.

The Council is aware that some economists have voiced criticisms to this approach in the past and have offered alternatives. **Amartya Sen proposes that development can only result from enhanced freedom in political choice and access to essential services, not merely from market participation.** For example, in *Development as freedom*, value is aligned with the various forms of freedom that reinforce each other, and determine the quality of life of individuals and communities.<sup>14</sup> Moreover, Nancy Folbre emphasizes the urgent need to recognize the values of altruism and reciprocity and to use them to drive economic policies that benefit communities, families and individuals – as well as men and women equally.<sup>15</sup>

Council members have also challenged the conventional economic narrative. In *The value of everything: making and taking in the global economy*, Mariana Mazzucato argues that the status quo has made it hard to distinguish value creation (that is co-created across society) from value extraction. The latter involves charging for services (such as many financial transactions and other forms of rent) with no judgement on the distribution or benefits across society<sup>16</sup> despite the fact that more equal societies almost always do better.<sup>17</sup> Critically, by conflating price with

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Planetary health is also in crisis.<sup>18</sup> More than half (58.4 %) of the Earth is under moderate or intense human pressure. The global human footprint on previously undisturbed habitats has been increasing rapidly since 2000. The largest proportional losses are occurring in tropical forests, where carbon impacts are an astounding 626 % worse than originally estimated and biodiversity loss ranges from 40.3 % to 76.5 % in the worst-affected areas.<sup>19</sup> Effectively, we have become complicit in capitalism’s degradation of life-supporting systems that underpin planetary health, its dismantling of essential health and social care systems, and its fracturing of the community ties and social fabrics that connect us all.<sup>20,21</sup>

### The pathological obsession with GDP

Key to the problem of confusing price with value is the subsequent pathological obsession with gross domestic product (GDP) – an inappropriate measure of progress that perversely rewards profit-generating activities which harm people and destroy ecosystems, undermining what we really value. GDP sums up actual and imputed monetary transactions in an economy; it has become the most significant indicator for policy-makers. Yet it includes goods and services that damage health and reduce social welfare. It is also inflated by wasteful spending on health services, drugs or devices, that may harm or make no difference to people’s health. Importantly, it ignores many crucial activities that are vital for health and for the very survival of humans and of our planet. Similarly, it overlooks unremunerated care for children and older persons, yet people, most often women, who work in care jobs are generally underpaid because a profit-centred economy does not place a monetary value on care.

This is embedded in national accounts. On one hand, they consider the single largest sector of global work – the unpaid labour traditionally done by women – of little or no importance and obscured by money-based measures.<sup>22,23</sup> On the other, national accounting systems have celebrated and rewarded the destruction and exploitation of Earth’s ecosystems in the pursuit of a greater GDP (see **Box 1**). Although revisions promoted by the United Nations<sup>24</sup> and the European Union<sup>25</sup> in 2021 are promising, these need to be implemented and evaluated for impact.

Political leaders and institutions obsessed with GDP struggle to embrace Health for All or sustainable development. Indeed, countries find money and resources to pay for wars, but not to improve the lives of people.<sup>26,27</sup> In 2020, global GDP increased by US\$2.2 trillion because of expenditure on armaments<sup>28</sup> while a mere fraction of that – US\$50 billion – is needed to vaccinate the entire world,<sup>29</sup> and US\$23 billion is required to fund the Access to COVID-19 Tools (ACT) Accelerator.<sup>30</sup> If the global community actually valued Health for All, governments would not have invested 40 times the amount required for health on war and destruction. The resulting inequity is stark. The 10 richest people in the world have doubled their fortunes since the start of the COVID-19 pandemic that has driven over 160 million more people into poverty. What is more, the 20 richest people in the world emit 8,000 times more carbon than the world’s poorest one billion people.<sup>31</sup>

Attempts to re-imagine GDP remain marginal and insufficient for the radical change needed to achieve Health for All (Table 1). Constructive efforts to re-imagine GDP as a more compatible measure have sought to incorporate non-market goods and services, account for diverse values and inequities, and shift the focus from short-term profits to long-term sustainability.

The examples of use in Table 1 indicate that change is possible, and demonstrate that some countries are making a conscious effort to shift accounting away from GDP fundamentalism.

**TABLE 1. Reimagining the value ecosystem for Health for All – from local success stories to global acceptance**

WHAT IS WRONG WITH GDP	INCREMENTAL ATTEMPTS TO IMPROVE	EXAMPLES OF USE
<p>↘ <b>No accounting for detrimental impacts or wasteful spending</b></p>	<p>Adjust GDP by the cost of income inequality, lost leisure, crime and environmental degradation that is harmful for health yet requires bold abstractions to develop monetary values.</p>	<p>The Genuine Progress Indicator is used in Finland to promote sustainable development<sup>33,34</sup> and is linked to a drop in greenhouse gas (GHG) emissions post-2010. The System of Environmental Economic Accounting – Ecosystem Accounting<sup>24</sup> and the gross ecosystem product<sup>35</sup> – are two alternatives focusing on the health of the planet.</p>
<p>↘ <b>Ignoring beneficial goods</b></p>	<p>Account for subsistence agriculture and unpaid household, volunteering and community work that is essential for Health for All.</p>	<p>Accounting for unpaid domestic labour, volunteering, and community work would have increased the GDP of Australia in 2006 by 42–59% based on ‘satellite accounts’.<sup>36</sup></p>
<p>↘ <b>Missing features relevant for Health for All</b></p>	<p>Go beyond GDP to assess health and sustainability across social, economic, and environmental dimensions.<sup>37</sup></p>	<p>Scotland’s National Performance Framework complements the budget review process through scorecards across 55 indicators (including health) that show whether performance is improving, stable or deteriorating.<sup>38</sup></p>
<p>↘ <b>Disregarding indigenous values</b></p>	<p>Acknowledge the spiritual health, cultural wellness and biodiversity protection<sup>39</sup> for the 370–500 million indigenous people living in over 90 countries.<sup>40</sup></p>	<p>A survey on Melanesian traditional values, conducted in 2010, led to changes in legislation in 2014 that restored the land rights (and met the basic needs of 88% of the respondents) for more than 80% of Vanuatu.<sup>20</sup></p>
<p>↘ <b>Relying on a composite average measure</b></p>	<p>Use disaggregated data to measure inequities by income (for instance with the aid of the Gini coefficient), education, occupation, gender, race and ethnicity.<sup>41</sup></p>	<p>In Mongolia 48.4% of poor people have no access to sanitation facilities, compared to 25% of non-poor people; time-use data inform policy-makers about access to public infrastructure.</p>
<p>↘ <b>Focusing on short-term efficiency instead of long-sustainability</b></p>	<p>Value the long-term performance of the health sector, the whole economy and society.</p>	<p>With its ‘efficient’ hospital bed ratio of 2.9 per 1,000 people and no surge capacity, the United States of America recorded 39 COVID-19-related deaths per 100,000 citizens by 30 June 2020, compared to Germany’s ‘inefficient’ system with eight hospital beds per 1,000 people and only 11 deaths per 100,000 citizens.<sup>43</sup></p>
<p>↘ <b>Encouraging private gain and excessive financialization</b></p>	<p>Recognize the importance of sustainable investment within the environmental, social and corporate governance (ESG) framework.</p>	<p>The French Civil Code was amended in 2019 to allow companies to manage their affairs in their own corporate interests (rather than those of their shareholders), while taking into account the social and environmental issues related to their operations.<sup>44</sup></p>



For instance, Finland has committed to using the Genuine Progress Indicator (GPI), which measures sustainability (Box 1), and also documents the growing difference between GDP and the GPI. The difference is that the GPI highlights defence expenditures and exposes the so-called externalities that are crucial for Health for All. Additionally, the GPI adjusts GDP negatively for income inequality, cost of crime, environmental degradation and loss of leisure; and positively for the availability of public infrastructure, housework and volunteering.<sup>32</sup>

Since the publication of *The limits to growth*, the seminal report of the Club of Rome, countries have been making tangible and encouraging efforts to shift their economies away from a rigid focus on GDP growth.<sup>45</sup> A case in point is Bhutan, which in 1972 introduced the idea for a Gross National Happiness Index (GNH). The index includes 72 indicators in nine areas, among them ecological diversity, good governance, living standards, health and community vitality. Its goal is to assess the potential impact and performance of sector-specific and overall policies, in terms of their contribution to GNH at every level of government.<sup>46</sup> At the end of 2020 Finland joined the Wellbeing Economy Governments' network<sup>47</sup> established in 2018 by Iceland, New Zealand and Scotland, and also including Wales, to transform the economic system into one that delivers social justice on a healthy planet.<sup>48</sup> As First Minister of Scotland Nicola Sturgeon explains, economic policy should be focused on collective well-being, not just the wealth of populations.<sup>49</sup>

This entails turning the economy's focus back to equal pay, childcare, mental health and access to green spaces, alongside other domains that could help resolve global challenges.<sup>49</sup> More recently, in 2021, in the United States Congress, a new bill was introduced proposing that federal agencies and Government offices use the GPI for economic and budgetary reporting.<sup>50</sup>

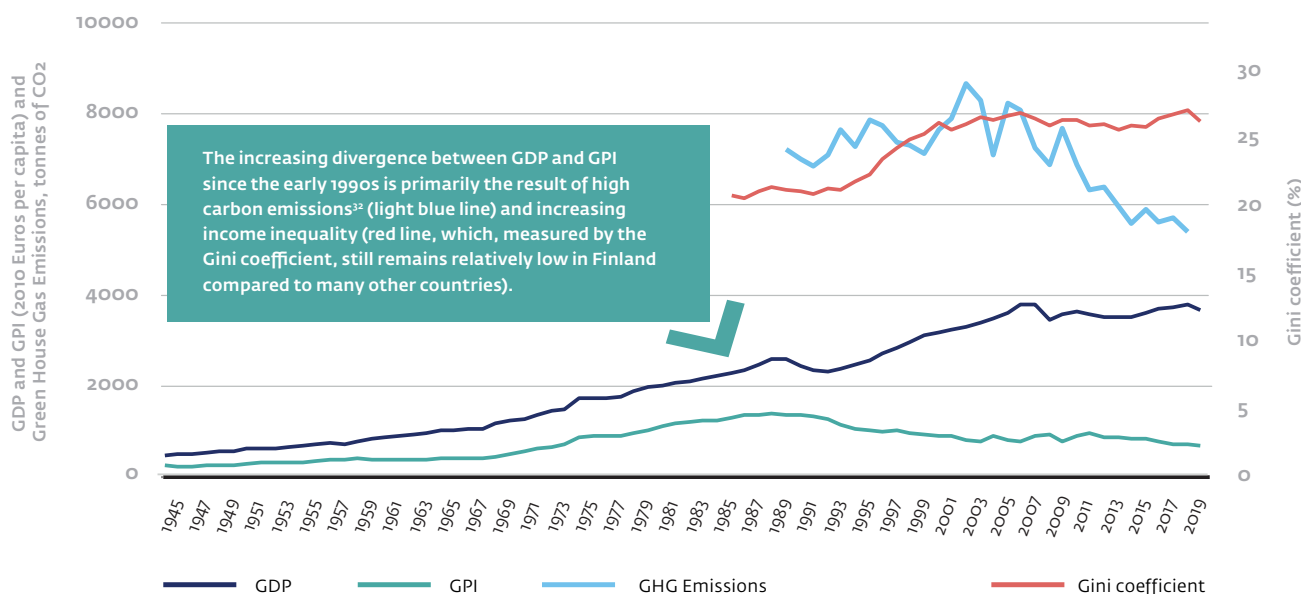
Yet such attempts remain peripheral to policymaking and limited to a few countries. They are excluded from the decisions of firms or investors, and will be wholly inadequate in the foreseeable future to promote Health for All on the right scale. **Put simply, no amount of tinkering with GDP as the measure of progress can address the fundamental schism between the goal of Health for All and what our society values today.** Instead, the things that we ought to value must take centre stage in decision-making.

**BOX 1: GENUINE PROGRESS INDICATOR IN FINLAND ENFORCES COMMITMENTS**

In 2010, the Government of Finland decided to put in place a more holistic measure of economic progress and produced data on the GPI (Figure 1) documents that GDP (dark blue line) and GPI (green line) grew steadily between 1945 and 1989, with GDP being higher than GPI.<sup>32</sup>

The Finnish Government acknowledged that environmental and social sustainability were its biggest challenges and in 2010 included a sustainability assessment in its annual cycle of policy planning. The Finnish National Commission on Sustainable Development made a commitment to bring about "the Finland we want by 2050", whereby public administration, together with other actors, pledged to promote sustainable development in all their work and operations.<sup>33</sup> While a decline in GHG emissions after 2010 may reflect the implementation of this strategy, further reduction in inequality has been a core Government priority since 2019.

**FIGURE 1. GDP, GPI, GHG emissions and Gini coefficient, Finland, 1945 –2019**





## 2. Rethinking value for Health for All: addressing people and the planet and promoting equity

Moving beyond the siloed and reductionist approach to reimagining value is a matter of urgency. Health is still considered as just another input in the production of economic growth, or worse, a cost.<sup>51-53</sup>

We need to work backward from the goal of Health for All, to arrive at the concrete structures, institutions, policies and governance systems that can put the goal into practice.<sup>54</sup> In other words: build the economy for the goal, rather than making the economy the goal. If Health for All is defined as health and well-being within the reach of every citizen of every country globally, it implies “the removal of the obstacles to health – that is to say, the elimination of malnutrition, ignorance, contaminated drinking water and unhygienic housing – quite as much as it does the solution of purely medical problems such as a lack of doctors, hospital beds, drugs and vaccines”.<sup>55</sup>

We thus propose making the following values foundational for Health for All and the centrepieces of a new system of value and measurement:

- **valuing planetary health**, including essential common goods such as clean water, clean air and a stable climate, with respect to planetary and local ecological boundaries;
- **valuing the diverse social foundations and activities that promote equity**, including social cohesion, supporting people in need, and enabling communities to thrive, and;
- **valuing human health and well-being**, with every person able to prosper physically, mentally and emotionally, and provided with the capabilities and freedom needed to lead lives of dignity, opportunity and community.

» Setting out these values is the first step. The next step is: how do we put them into practice for an economy that serves Health for All? «

### 3. Measuring Health for All values

#### Metrics must correspond to the things we value

We need measures that value goods and services that are indispensable for health but are often of no value to the existing systems in place. This includes recognizing the distribution of factors that create differences in the health of people and local communities. The factors include the accumulated disadvantage, discrimination and experience that underlie inequities, which are not limited to opportunities for health.<sup>56</sup> We therefore need to understand people's lived experiences directly from where they live, work, learn and play, and account for all of the activities that people carry out that contribute to health. They include safeguarding natural resources, food and agricultural production, cleaning, cooking, taking care of children and family members who have impairments, and other unpaid household duties predominantly performed by women. Importantly, we must also offset the narrow focus on economic goals and recognize that people around the world have different values and value differently what contributes to Health for All (see **Box 2**).

#### BOX 2. BRINGING INDIGENOUS VALUE TO THE FORE IN VANUATU

Indigenous people are a significant population: between 370 and 500 million indigenous people live in over 90 countries. Yet, they have a life expectancy up to 20 years lower compared to non-indigenous people.<sup>49</sup> Indigenous populations have traditionally taken a more holistic view of health that includes spiritual oneness and cultural wellness, and that values consensual and collaborative approaches<sup>39</sup> and living in harmony with nature. In June 2010, Vanuatu began a survey based on Melanesian traditional values that safeguard environmental protection, livelihoods, social equity and nutrition. The survey revealed that 88 % of the people felt their accessible lands met their basic needs, and that access to customary lands was more important than money for most families. The data led to legislative change in 2014 that returned powers over land ownership and leasing to local owner groups for more than 80% of Vanuatu.<sup>20</sup>



### Building a dashboard for Health for All

» No single universal metric can encompass the different components of Health for All «

No single universal metric can encompass the different components of Health for All. Decisions never reflect an isolated indicator or model, but can guide multiple goals. Getting to the moon was not just about aerospace, but about investing in nutrition, electronics, new materials and data transmission – which ultimately led to the software industry.<sup>2</sup>

Our metrics must therefore value the health of people and the planet and promote equity, across multiple dimensions, so that information can be transparently assessed and used globally or locally. This demands a set of indicators that consider the contextual and dynamic relationships between goals and areas of action through an open architecture.

### Valuing planetary health: holistic and sustainable development

In setting bold objectives, and intersectoral missions, we do not need to reinvent the wheel: we have the 17 UN Sustainable Development Goals (SDGs). Countries around the world made a political commitment in 2015 to elevate progress in multiple sectors through a whole-of-society effort (Figure 2). The goals include a promising set of 169 targets to reach by 2030, with some 200 indicators addressing the supranational, national and subnational levels that bring the values of Health for All to the fore. The year 2021 saw countries establish methods for around one-third of the indicators and report on one or more data points for just over half of the SDG indicators for 2015–2019.<sup>57</sup> Yet indicators do not necessarily measure everything that is important for Health for All.

FIGURE 2. The 17 Sustainable Development Goals



Practice and implementation are the best way to optimize the use of indicators and develop new metrics.

## » The SDG framework is a necessary and robust starting point to guide economic policy towards Health for All «

### BOX 3: BUDGETING FOR PROGRESS TOWARDS SDGS

Government budgets are prepared to provision for public expenditure on and investment in the achievement of policy goals. Typically the aim is to increase GDP, with the implicit assumption that the achievement of other social and development goals will follow. However, instead of focusing on GDP, some governments take a more direct approach in creating budgets to foster progress towards the achievement of SDGs or other sectoral objectives. Such budgeting for SDGs also allows governments to take a holistic whole-of-government approach rather than allocating expenditures to individual ministries. Several governments, among them those of Bahrain, Bangladesh, Gabon,<sup>58</sup> Ghana, Nepal, Pakistan, Peru,<sup>59</sup> Uganda<sup>60</sup>, and the Indian state governments of Assam and Odisha, have started creating SDG budgets.<sup>61</sup>

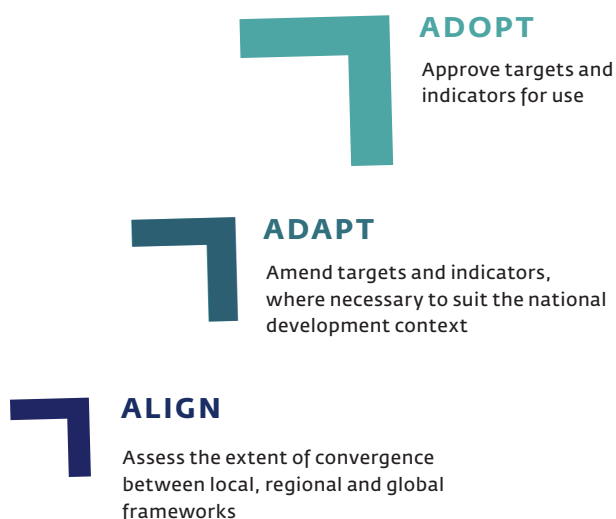
The Government of Ghana has been creating SDG budgets since 2015 with the objective of improving the well-being of the Ghanaian people along four policy priorities in the economic, social, environmental and institutional spheres. The Government also undertakes a voluntary national review on progress towards achieving the SDGs in 2030.<sup>62</sup> Its national development blueprint, *An agenda for jobs: creating prosperity and equal opportunity for all (2017 – 2024)*, is a further reflection

Ghana (**Box 3**) demonstrates that with sufficient political will and vision, the SDG framework is a necessary and robust starting point to guide economic policy towards Health for All. Moreover, the use of a broad set of indicators for budgetary policies creates the opportunity to organize government action across sectors. This requires a commitment to cross-sectoral budgeting or explicit mechanisms to support different sectors working together towards the common objective of Health for All.

of the integration of the SDGs into national decision-making. The Ghanaian approach is a three-step process:<sup>62</sup> align, adapt and adopt (**Figure 3**).

This assesses whether the goals of the budgetary process and development plan are aligned with the achievement of the SDGs; how the targets and indicators can be further adapted to the 2030 Agenda; and how these are then adopted as goals in the next budget or development blueprint. In this way, the Ghanaian Government allocates resources and takes policy action to move the country closer to achieving the SDGs. Indeed, at least 50% of SDG targets were monitored in the most recent development plans.

**FIGURE 3. Three-step process of budgeting for SDGs in Ghana**



**Including social foundations and ecological boundaries in the dashboard approach.**

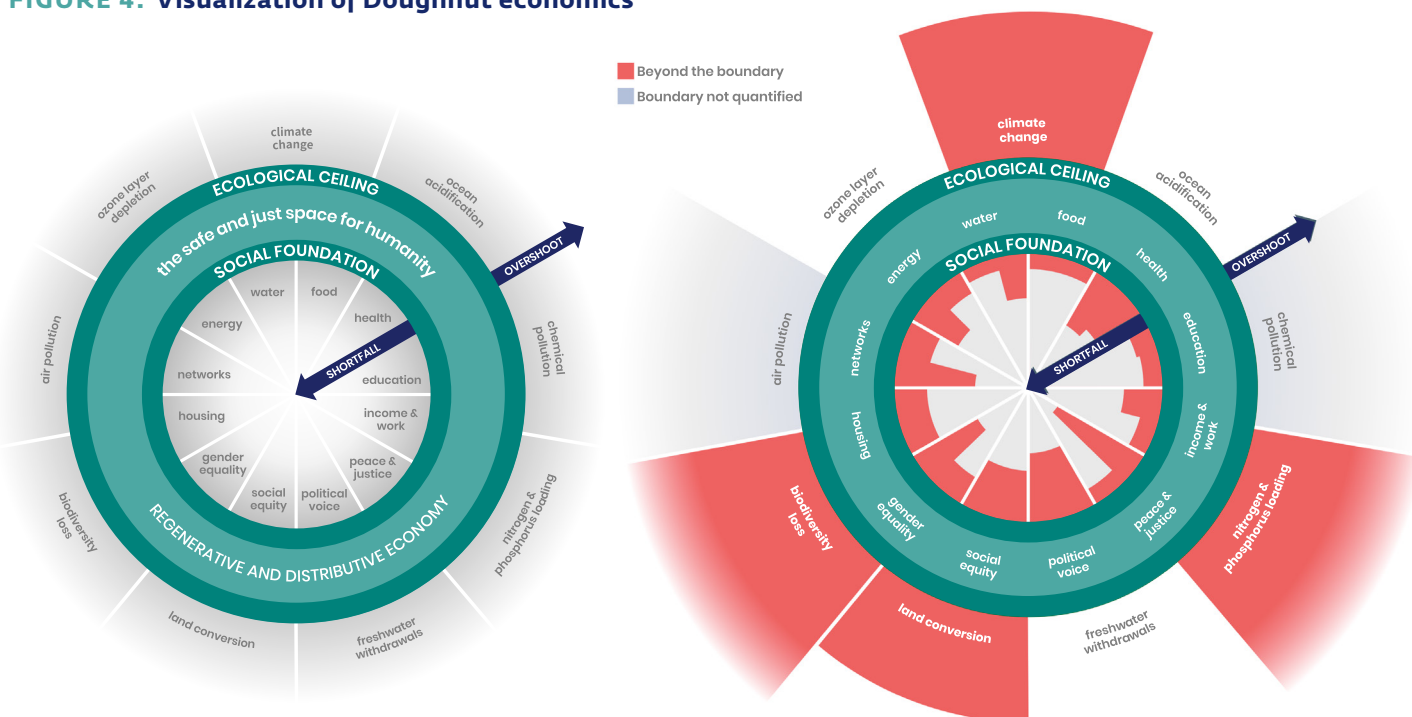
The SDGs demonstrate a global commitment to a wider set of values and a general shift to a dashboard of goals and indicators that concern people and the planet. However, it remains unclear how diverse areas relate to each other and how progress is distributed equitably across the world. The Doughnut model of social and planetary boundaries exemplifies a starting point for developing and visualizing Health-for-All dashboards across multiple scales.<sup>63</sup> It consists of two concentric rings: an inner social foundation, to ensure that no one is left falling short on life’s essentials; and an outer ecological ceiling, to ensure that humanity does not collectively overshoot the planetary boundaries that safeguard Earth’s life-supporting systems, including a stable climate, healthy oceans, thriving ecosystems and a protective ozone layer overhead.<sup>64</sup> Between these two sets of boundaries lies a doughnut-shaped space that meets the needs of all people within the means of the living planet – a space in which humanity can thrive (Figure 4).<sup>63</sup> The social priorities set by the SDGs determine the dimensions of the social foundation, while the ecological ceiling consists of the planetary boundaries framework established by Earth Systems scientists.<sup>65</sup>

The right panel of Figure 4 uses the best available indicators to depict the state of humanity and the living world on the global scale, as visualized by the red wedges of social shortfall and ecological overshoot. This image captures just how far the world is from human and planetary health, and juxtaposes the severity of human deprivation with that of ecological degradation. Turning this situation around is central to the achievement of Health for All.

National Doughnut metrics and graphics have also been created for almost 150 countries, using internationally comparable data, and they reveal that **no nation currently operates within the planet’s boundaries while also meeting the needs of all its people.**<sup>66</sup> Many low-income nations still experience severe social shortfalls but without overshooting their share of ecological pressure on the planet. In contrast, many high-income nations are far closer to achieving their social foundation, but severely overshoot planetary boundaries through their carbon and material footprints – and in so doing, undermine the prospect for human and ecological health for all other nations. In this sense no country can be called developed: **every nation must take an unprecedented journey of transformation to bring about human and planetary health.**<sup>67</sup>

One valuable attribute of the Doughnut framework is its open architecture, which allows for downscaling and adaptation to local contexts. It also makes it possible to embrace the framework’s evolution as new social and ecological dimensions come to light and more effective metrics emerge. Accordingly, various city and regional administrations, such as Amsterdam, Barcelona, Brussels, Curaçao, Glasgow and Yerevan are working to create Doughnut dashboards and explore them as a tool to support holistic policy-making. At the same time, civic-led organizations are also creating Doughnut-inspired dashboards to assess and promote well-being for all within planetary boundaries. This will enable people to continue to develop and thrive in the localities where the organizations operate – including Barbados, Berlin, Devon and Melbourne.<sup>68</sup>

**FIGURE 4: Visualization of Doughnut economics**



One Health is another example of sustainably balancing and optimizing the health of people, animals and ecosystems, recognizing that they are closely linked and inter-dependent. It reflects international cooperation between the Food and Agriculture Organization of the United Nations, the World Organization for Animal Health, the United Nations Environment Programme and the World Health Organization (WHO). This approach is particularly important for Health for All, given that three quarters of all emerging infectious diseases (possibly including COVID-19) originate in animals.<sup>69</sup> One Health was effectively used long before COVID-19 to investigate and manage Q fever outbreaks in the Netherlands (2007–2012) and Australia (2012–2014), with the contribution of people engaged with human, animal, environmental and public health.<sup>70</sup>

### Valuing the diverse social foundations and activities that promote equity: strengthening systems and leaving no one behind

The way society is structured often determines people’s unequal access to resources and opportunities—including those leading to better health—along various dimensions such as income, gender, education, place of residence, occupation, race, ethnicity and other socio-economic and socio-demographic factors.<sup>40,56</sup> In the absence of progressive measures taken at State or government level, prevailing socio-economic hierarchies generate inequities among communities, households and individuals in terms of opportunities. Such inequalities also concern the quantity and quality of services or products that individuals can access, and the socio-economic conditions that determine health. While access to health services is vital, it is equally important to recognize broader social determinants of health and to allocate resources for them. They include good education, decent working conditions and clean environments, such as water and sanitation facilities, whose complex interaction can either help or hinder the achievement of Health for All.

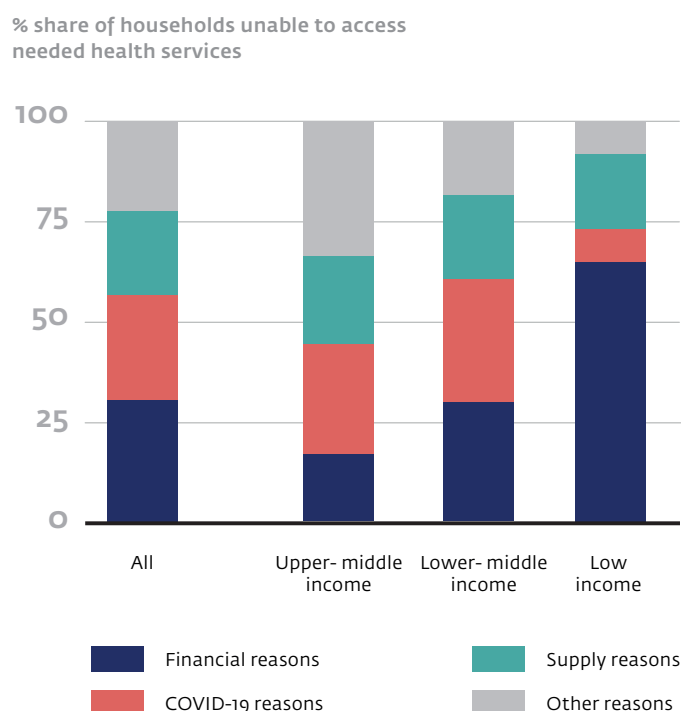
Since the COVID-19 pandemic, a combination of lockdowns, fear and loss of income has only exacerbated limited access to social services and a diminished capacity to cope with basic living expenses, disproportionately penalizing people with low-incomes. Even for 29 European countries, the headcount poverty index increased from 5% to 9%.<sup>71</sup> The situation could be much worse in many low- and middle-income countries, such as Nigeria, where extreme poverty is estimated to have shot up from 84 million in 2019 to 92 million by the end of 2020, affecting 45% of the population.<sup>72</sup> A focus on the GDP metric fails to capture other relevant domains of human welfare and the distribution of impacts within a country, and obscures an evolving context such as this.

**Universal Health Coverage.** In terms of societal systems, the COVID-19 pandemic has laid bare the critical importance of Universal Health Coverage (UHC) – defined as good quality health services available to all when and where needed without incurring financial hardship. It calls for strong health systems that can shape social norms and improve socioeconomic impacts.

It is not enough to monitor the delivery of health services, as many individuals and families, particularly in middle- and low-income countries, face harsh financial realities that bar their access to quality-assured health services. And many who do obtain services experience financial hardship as a direct consequence. When households must either forego care because of financial barriers, or when access to health services results in financial hardship, then the population in need of health care lacks financial protection. Under the SDGs, Universal Health Coverage, a pathway towards Health for All, is measured by monitoring the use of health services and the financial hardship that comes with paying for them.

The use of services in low- and middle-income countries will dramatically advance Health for All. **Figure 5** shows that in low-income countries about 65% of households that could not obtain essential health services had financial constraints. This is more than triple the proportion of households who lack access to health services because they are unavailable (20%).<sup>73</sup>

**FIGURE 5: Reasons for lack of access to essential health services by country-income group, available data 2021, WHO<sup>73</sup>**





This shocking pattern across countries is repeated across other metrics – a trend that will only continue unless we change what we value and invest in. As of 1 March 2022, COVID-19 vaccination rates (vaccine doses given per 100 people) by country-income group stand at 17 for low-income countries, 108 for lower middle-income, 190 for upper middle-income and 190 for high-income countries.<sup>74</sup> Finally, there is a need to document and address inequities within countries.

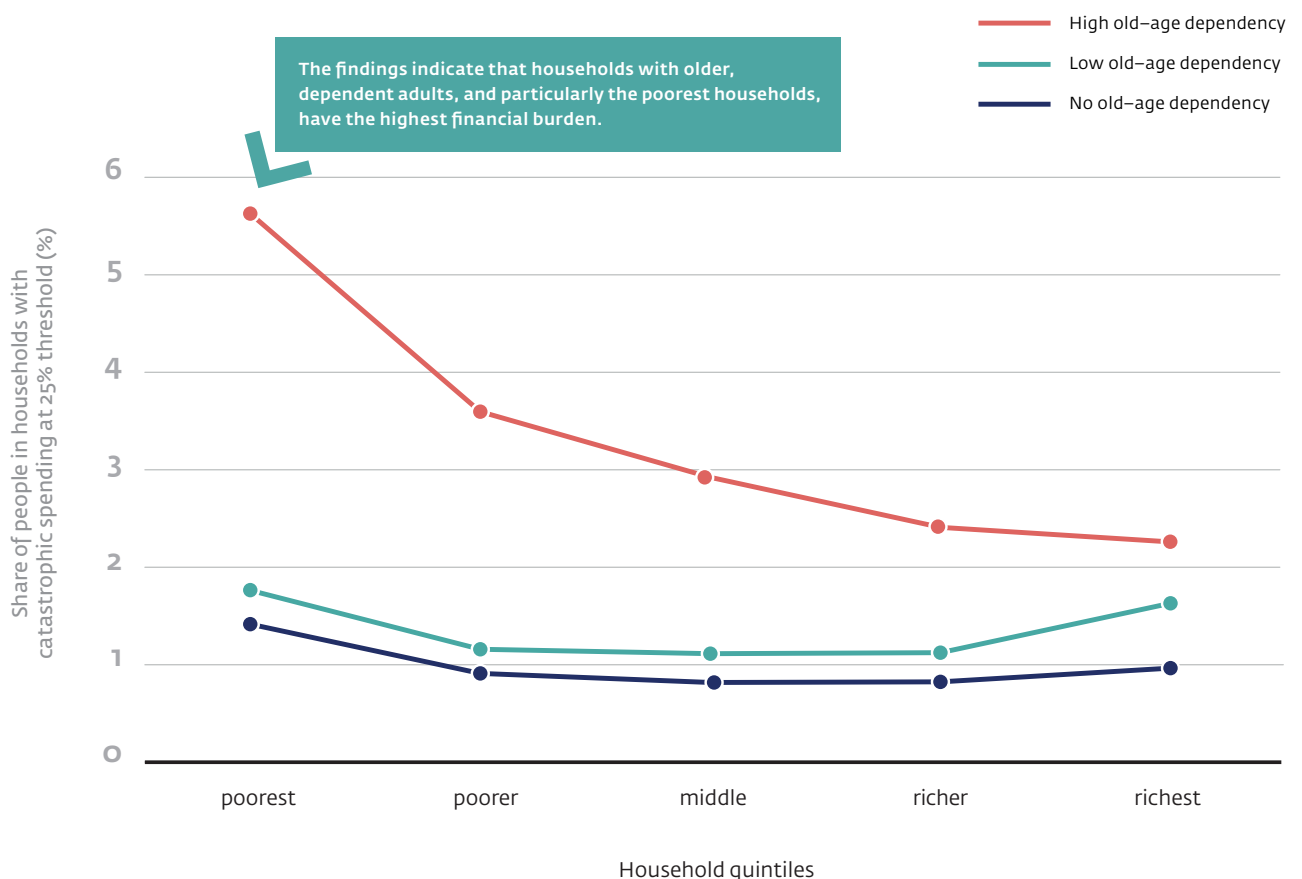
For example, **Figure 6** summarizes financial hardship (among people who have spent money to seek care) drawing on data from 133 countries (54 low-income, 62 lower middle-income, 36 upper middle-income and 26 high-income countries). The findings indicate that the poorest households and particularly those with older, dependent adults, have the highest financial burden<sup>75</sup> which further justifies UHC to cover people of all ages.<sup>76</sup>

### Valuing human health and wellbeing: life and health of individuals and families

Goods and services without a market value can be highly relevant for Health for All. They include crucial activities that directly promote health, that are unpaid. Moreover, unpaid, volunteer, conservation and community work often promotes biodiversity, community well-being and social cohesion. However, official statistical agencies<sup>23</sup> document it only sporadically, which renders it unavailable for policy-making.

While the United Nations System of National Accounts introduced satellite accounts in 1993<sup>77</sup> for unpaid work, existing methods do not advance the goal of Health for All. For example, they overlooked subsistence agriculture that is crucial for households to survive and thrive in many low-income countries, apparently to help limit survey costs.<sup>20</sup> We can no longer accept such excuses and must use values to drive what should be measured. The new Ecosystem Accounting<sup>24</sup> proposed in 2021, might fill in some persistent gaps when implemented.

**FIGURE 6: Incidence of catastrophic spending, by consumption quintiles and older adults’ dependency status, 1991–2018<sup>75</sup>**



Rigorous time-use data can measure what we value – as an alternative to GDP – by providing important information on inequities in health and accounting for people and activities otherwise excluded from measurement. **Figure 7** shows that across 46 countries, women spend two and a half times more hours per day than men on unpaid work, including subsistence agriculture, cleaning, cooking and taking care of children and vulnerable family members.<sup>78</sup> Official statistics do not reflect women’s unpaid efforts. For example, the last available estimate for Australia from 2006 shows that unpaid household, volunteer and community work would increase GDP by some 42–59% depending on the valuation method used.<sup>36</sup> Likewise time-use surveys conducted in Africa revealed an astonishing picture. Women spent 2.3 to 17.95 more hours – up to 49% more on domestic and care activities – compared to men.<sup>79</sup> However, women’s opportunity cost for education, cultural or leisure activities is also unaccounted for.

» Across 46 countries, women spend two and a half times more hours per day than men on unpaid work. «

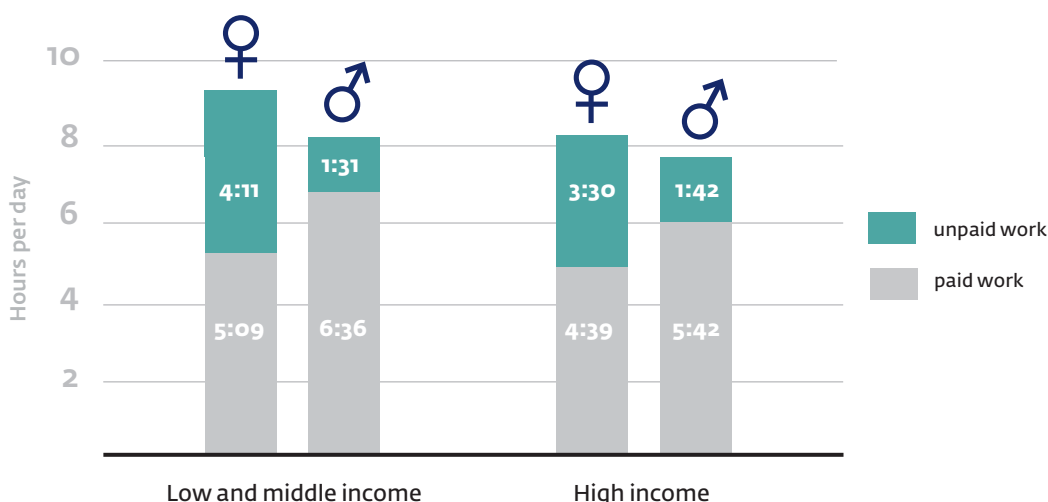
When it is current, information can support policy making in a number of ways.<sup>80</sup> For example, time-use data can help address long-standing problems such as poor water quality, a major determinant of health. In Mongolia, women in households with piped-in water spend 138 minutes per day less on unpaid work than those relying on surface water from lakes, rivers or ponds.<sup>42</sup> Such information can provide policy-makers with in-depth knowledge about the lack of public infrastructure that requires additional investment (**Box 4**).

**BOX 4: TIME-USE DATA IN URUGUAY**

Uruguay is one of the few countries that measure unpaid work to develop relevant policies. As one of the first countries in Latin America to grant women the right to vote, in 1938, Uruguay has built strong feminist advocacy support. Uruguay has a rapidly ageing population, that has nearly doubled between 1963 and 2011. An ageing population highlights the need to confront the problem of unpaid care, which is compounded by a significant gender gap in labour force participation – a persistent 20 percentage points. In order to measure its care deficit, Uruguay launched its first national time-use module in a household survey in 2007 and repeated it in 2011 and 2013.<sup>81</sup>

Using inputs from civil society and academia, a new government drafted and approved a national care plan (2016 – 2020), which mandates an integrated national care system, taking a life-course perspective that includes expanded services for preschool children, older adults and people with disabilities. To finance such services, rather than introducing any new tax revenues, the 2015 budget law reallocated US\$67 million in 2017 for early childhood services (36%), older adults (29%), people with disabilities (22%), and the remainder for administrative expenses.<sup>82</sup> These actions put in practice what policy change calls for: a whole-of-society approach based on high-quality data focusing on what we value, and for effective communication of the results.

**FIGURE 7: The gender gap in unpaid work in 23 low- and middle-income and 23 high-income countries, 2005–2013 (latest available year)** <sup>78</sup>



## Ensuring a whole-of-society approach

A whole-of-government approach is indispensable for creating the policy space to finance and invest in Health for All, accessible to the entire global population, whether this refers to free or affordable health services or to broader determinants of health. One way to elevate Health For All values is to enlarge the traditional set of macroeconomic indicators, such as consumer prices, unemployment and interest rates, by including indicators that monitor private expenditure and debt incurred to respond to ill health – out of pocket payments. This must complement a joint approach to mobilize investments for all other sectors that contribute to health. It is not a competition but rather recognition of the need for a whole-of-society approach, across government departments, economic sectors and local communities. This must form part of the radical redirection needed to build an economy for Health for All.

Ministries and other State institutions responsible for financial and economic policy can redesign the systems that in turn shape the conditions for the public sector to work with and steer the private sector.<sup>71</sup> However, the whole-of-government approach is necessary but insufficient. It is crucial to engage other stakeholders, including civil society organizations, voting populations and social movements, who usually push for reforms that are critical to achieving Health for All. Moreover, alignment across international institutions is vital if efforts to reimagine the notion of value are to succeed.

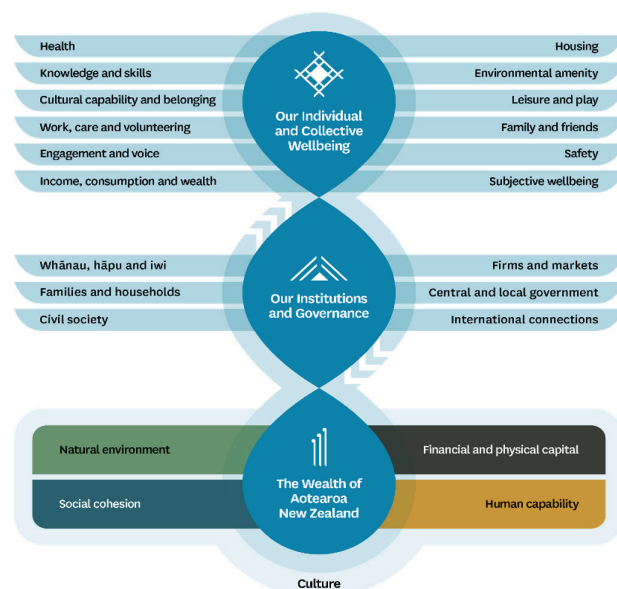
While many countries pursue policy change as a short-term response to the coronavirus crisis, others already understand and employ a long-term view, geared towards paradigm change. **Our global policy response needs to shift from short-term crisis response to long-term preparedness, acknowledging that collective action is indispensable.** Japan is a clear example. Faced with challenges such as an ageing population, secular stagnation of the economy and a high risk of natural disasters,<sup>83</sup> the Japanese quickly understood that disasters were everyone’s problem, not just the Government’s. During the pandemic, mask-wearing has been virtually universal. At the same time, Japan has had the lowest death rate among the Group of Seven countries throughout the pandemic (1.77 deaths per million people as of 1 March 2022).<sup>74</sup> Another example is New Zealand (**Box 5**). Japan and New Zealand should be viewed, not as outliers, but rather as trailblazers showing the path that other countries will soon follow in response to societal and planetary health crises. The WHO Council sees this holistic approach as the way forward in the effort to adequately measure and evaluate progress towards Health for All within the means of the living planet.

### BOX 5. THE LIVING STANDARDS FRAMEWORK DASHBOARD OF THE GOVERNMENT OF AOTEAROA NEW ZEALAND

The need for policy-making to move beyond a GDP-centric approach has never been starker than during a global pandemic. Action that the Ministries of Finance, Health, Education, Development, Public Service, Emergency Management and others needed to take collectively had to be holistic, calling for the use of a more relevant and comprehensive information set than what most government agencies typically produce. In this context, the Living Standards Framework dashboard, created by the Government of Aotearoa New Zealand in 2018, is particularly useful and has enhanced decision-making. The dashboard informs reporting on well-being and policy advice on cross-governmental priorities for well-being in Aotearoa New Zealand and across four analytical areas: distribution, resilience, productivity and sustainability (**Figure 8**).<sup>84</sup>

The dashboard reflects a flexible framework designed for adaptation by agencies, and local and regional governments to suit their needs and values, especially since the Living Standards Framework dashboard does not (and cannot) comprehensively incorporate everything that is important for all purposes and regions. Yet a dynamic dashboard-approach allows for the development of so-called well-being budgets, enabling the Government of Aotearoa New Zealand to account for its expenditures and revenues and how they contribute to the well-being of citizens, rather than to GDP. This is evident in how the Government is now evaluating environmental sustainability in its state of the environment reports. They include 61 indicators, such as rare ecosystems, exotic land cover, by-catch of protected species, annual glacier-ice volumes, highly erodible land and the conservation status of indigenous land species.

**FIGURE 8: The Living Standards Framework of the Aotearoa New Zealand Treasury.**

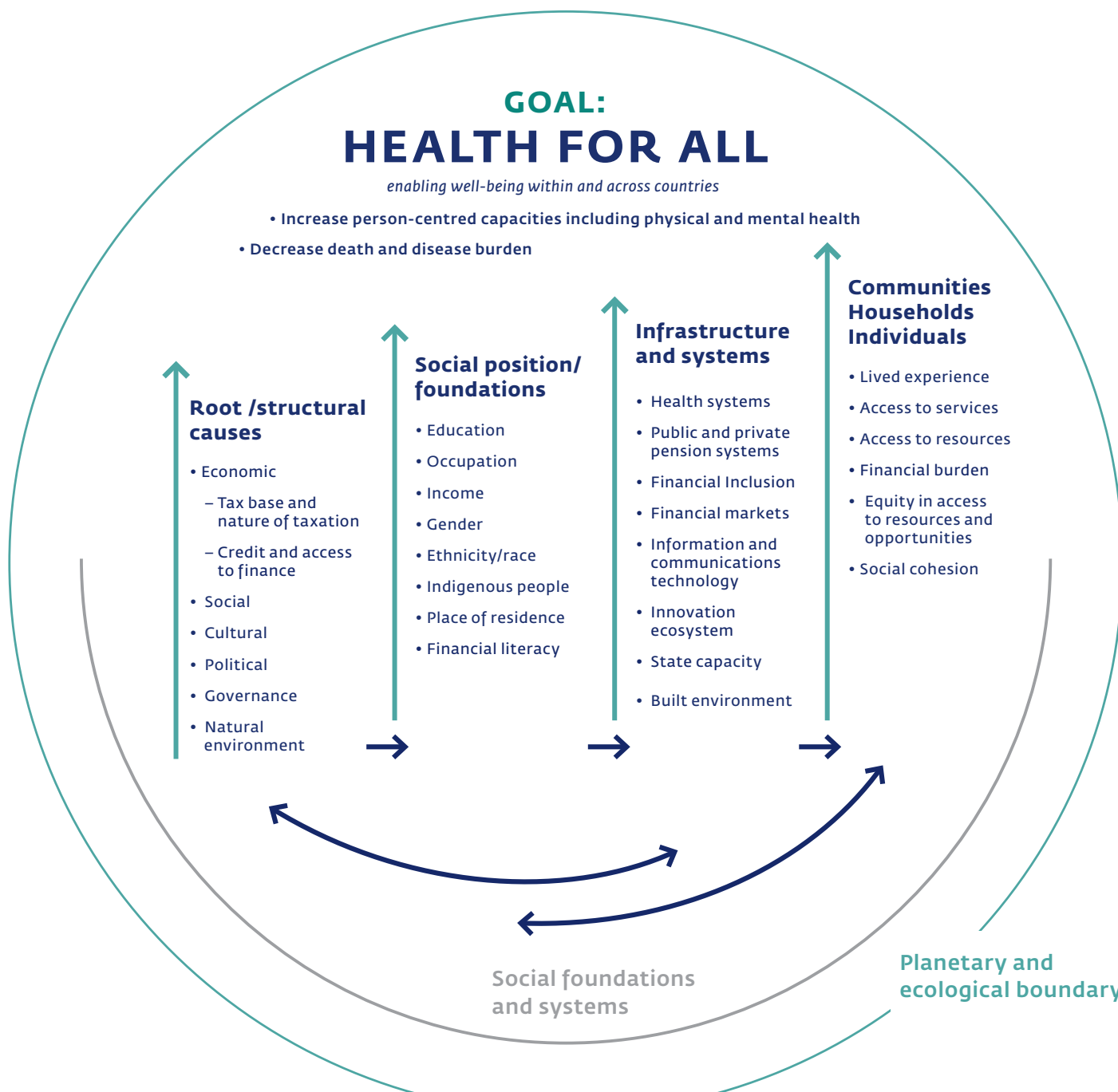


## 4. Building a Health for All economy

This Council brief has articulated a new conceptual framework around the values for Health for All: valuing planetary health, social foundations, and human health and well-being. In order to achieve a Health-for-All economy, we must address broader social determinants of health, such as good education, decent working conditions and safe environments. A full range of policy levers can be used across government and by a wide range of actors. This demands a whole-of-society approach, including extensive collaboration and coordination across different sectors and actors, to generate the needed change.

The Council proposes a framework that articulates inputs and mechanisms that will contribute towards Health for All (Figure 9). The framework spells out a wide range of interrelated factors, potential areas of action, and impacts. It builds on arguments advanced by people who have studied the relationship between the economy and health<sup>56,85,86</sup> to illustrate the great extent to which economic policies and systems, whether at global, national or sub-national levels, influence the prospects for realizing Health for All. Such prospects include the root or structural causes that affect the way societies are organized, the importance of socio-economic position, and infrastructure and systems that determine people’s access to resources and opportunities. Of equal importance is the manner in which these determinants shape the lived experiences of individuals and households.

**FIGURE 9: The Council’s preliminary framework for building up an economy for health**



## The economic levers for Health for All

Narrative change and policy change go hand-in-hand. At the 2022 World Economic Forum meeting, Janet Yellen, the United States Secretary of the Treasury, compared “modern supply side economics” whose focus areas are “labor supply, human capital, public infrastructure, R&D, and investments in a sustainable environment” with traditional views, and in doing so, reframed the terms and the policy actions that this policy change would imply.<sup>87</sup> Yellen emphasized that while the modern policy approach addresses inequality in particular, traditional approaches are responsible for deepening income and wealth disparities.

The Council’s mandate is to reimagine economics for Health for All, and some of the vital ways to bring about the necessary change in values, both in concept and practice, are pertinent to economics and finance. Designing a new ecosystem calls for a fundamental rethink of the conceptual basis of these levers. Yet, actions that influence the directions and operations of the levers before a paradigm shift will also affect the ways resources are generated, allocated and distributed, with Health for All as the goal.

To realize the desired impacts, it is crucial to invest in the values that underpin Health for All and put them into effect, which calls for action in diverse areas and at multiple levels. In our proposed framework (Figure 9), economic factors at multiple levels fall within the the scope of government, spanning ministries, parliaments, legal systems, along with other State institutions that address finance and economic policies, but also within the purview of other sectors, civil society and the private sector.

- **One crucial pathway to consider is monetary and fiscal policy (taxing and spending), as such levers can mitigate social stratification in a society, and move economies closer to the goal of Health for All.**

Depending on the pattern of inequality and evidence on what can be done, interventions may target specific people or groups, or they may be universal in nature. Selective interventions may target people lacking opportunities or access to effective services.

Meanwhile, proportionate universalism offers everyone the opportunity for inclusion, with scale and intensity proportional to the level of disadvantage or need. It also involves systems and programmes that invest in equitable and sustainable development. This approach involves mobilizing strategic finance and economic levers across public, private and third sectors.

- **Fiscal policy levers include broadening the tax base, introducing taxation that is more progressive, increasing financial literacy, enhancing financial inclusion, strengthening public-sector capacity to build equitable financial architectures and eliminating financial obstacles that restrict access to health services.**

Public-sector capacity can be strengthened through the decisions of central banks and the design of pension and other social protection systems. There is also a need for health sector-specific finance policies to increase fiscal space and budget allocations for Health for All. A crucial step is to hire human resources for health, rather than relying on unpaid workers to provide essential services, and to make provisions for supplies and infrastructure that reach all people.

» A radical reorientation will need to engage meaningfully with the private sector, where trillions of dollars are invested in health, particularly health services. «

The challenge is how to reorient such spending to invest in Health for All and improve opportunities for everyone at all ages, while addressing social foundations and keeping within the planet’s sustainable boundaries. This is possible. In the mission to the moon, co-investment followed a path that was also incorporated into the reward system, with NASA insisting on putting a cap on profits. But in health today, because the status quo assumes that only business can create value, profits are often privatized and uncapped.

Learning from green and climate-friendly initiatives can help us understand what to do and what to avoid, including tools to shape investments. This may involve ESG investments that apply non-financial factors as part of analytical processes and channel investments through financial instruments. Such initiatives include strengthening governance and changing the global and national legal or regulatory environments needed, particularly to expand, deepen and standardize health within the ESG.<sup>44</sup> To achieve Health for All, it is crucial to design initiatives that are systematic, mainstream and comprehensive. There is a need to avoid the pitfall of creating bespoke, boutique efforts to fill gaps, or accepting incremental fixes to markets that remain focused on GDP and that ignore inequities.

## 5. Change is possible and can happen overnight

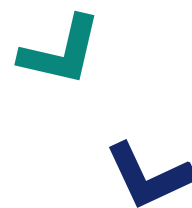
The road to a Health-for-All economy starts with placing value on the right actions. Only then can we focus on carrying out actions that have the right values. The WHO Council on the Economics of Health for All advocates a radical rethink of what to value, how to measure it, and to what end. The end is to advance the goal of Health for All, which can be summed up as the realization of human health and well-being for every person on our planet, alongside ecological sustainability and planetary health. The brief has made a critical assessment of the defective and misleading nature of existing metrics, particularly GDP. It has identified a number of new metrics, models and multiple indicators that can privilege Health for All through a whole-of-society approach.

The brief documents change already occurring in some countries, including Aotearoa New Zealand, Bangladesh, Finland, Ghana, Mongolia, Uruguay, Vanuatu and many others. In some areas of macroeconomics, existing and new policy levers are beginning to steer the economy towards Health for All. It is in our interest to encourage and develop this trend elsewhere, engaging, not just people and institutions who directly lead financial or economic policy<sup>88</sup>, or who operate exclusively within the health sector, but taking a whole-of-society approach.<sup>89</sup> Equally important is the need to respect planetary boundaries.<sup>67,90</sup>

The experience from climate change underscores the importance of values and of the mechanisms required to put the values into practice. The experience of COVID-19 shows that we can reject incremental or margin change, and rightly so, and that fundamental change can happen overnight. To shift the current paradigm towards Health for All, we must invest strategically in the systems that determine health.

» The road to a Health-for-All economy starts with placing value on the right actions. Only then can we focus on carrying out actions that have the right values. «

As a next step, the Council will develop further thinking on the issues above, among them, State capacity, impactful metrics for Health for All, and the ESG that centre on health. The next brief will address increasing governance capabilities for the long term, to help the public sector influence and work across sectors and non-State actors.



The WHO Council on the Economics of Health for All dedicates this brief to the value of peace – the foundation of our collective humanity.



The WHO Council on the Economics of Health for All was established on 13 November 2020 and held its first meeting on 6 May 2021 to provide guidance on the economics and health agenda of WHO. It is an independent council convened by **Dr Tedros Adhanom Ghebreyesus**, WHO Director-General.

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