

Statement of the Slovak Republic
152th Executive Board
Agenda Item 14 – Health Promotiuon and Wellbeing

Madam Chair,

Slovakia welcomes the work in the field of health promotion and recognizes also hypothetical conceptual design of wellbeing as a theoretical model. The progress which we see is that health promotion no longer focuses on health alone, but it is now closely related to the well-being of individuals, in addition to the society as a whole counting with all determinants linked to the health in positive or negative connotation. It offers a chance to balance the needs of individuals and society. Unfortunately, GDP has failed to robustly capture the human experience or predict resilience in the times of crisis and obscures the presence of inequity as a key determinant of suffering. It is clear that the global community needs a new organisational principle - the one that envisions and measures progress by focusing on the conditions that support health, resilience and overall wellbeing based on the Ottawa Charter.

Slovakia underlines that an expanded focus on shared responsibility cannot be achieved without safeguarding those who suffer from lack of essential needs and who are exposed to toxic environment, trauma, traumatic stress and grief from conflicts, lack of coverage of humanitarian needs and inequalities accompanied by discrimination, stigmatization and deepening the vulnerability. Without addressing and setting out at least a basic level of wellbeing, including its measurement through appropriate research, the concept of wellbeing will be related only to certain countries or groups (based on the *objective poverty* and SDHs or communities with enough access to all types of the resources for covering their needs and subjective and objective determinants of health). The wellbeing for all can be achieved through evidence-based interventions and policies that address the economic, physical, and social environments in which people are born, live, learn, work, play, worship, and age.

The COVID-19 pandemic represents a unique case study, which has exposed the relationship between the health of individuals and the health of society as a whole. An individual's decision not to wear a mask at a grocery store or other indoor gathering place can result in the virus' spread to other people who are present.

Short part: Policy frameworks that address wellbeing are not without controversies and pitfalls and, therefore, Slovakia would like to see a real action from the side of WHO Regional Offices in a way that they start effective evaluation, modeling and facilitation of the process leading into the guidance on how all countries in their regions can benefit of the wellbeing concept as well as on preparing national strategies to improve health in meaning of conceptual definition of wellbeing across the society with „no one left behind“. The countries with WHO Country Offices should take the first step, which is to start measuring the indicators based on contextualization. Also, we would like to draw the attention the fact that currently, there is no achievable common understanding of global benchmark in this field. The major reason being is a devastating impact of ongoing conflicts, poverty and inflation on health. It is also important to note that more consultations are needed in this respect

Long part: Policy frameworks that center wellbeing are not without controversies and pitfalls. First, there is controversy over which measures of wellbeing are most appropriate to serve as benchmarks for policy. There are issues of reliability and validity in both of subjective and objective measures of wellbeing.

Second, while wellbeing calls for a shift from centering economic valuations of progress (e.g. GDP), economic logic runs deep in current policy making. It is vital that attempts to improve wellbeing do not deepen inequity by improving conditions for privileged groups in society while leaving others behind.

It is also important to reflect on the balance between meeting needs on one hand, with ensuring participation, engagement and the opportunity to influence the course of events as key aspects of wellbeing on the other. How can policy frames aimed at promoting wellbeing ensure that all people feel included in society and possess a sense of belonging toward a collective present and future within which they can engage?

Therefore, we would like to see real action on behalf of WHO regional offices to lead this process of evaluation, identification and facilitation the process of understanding how all countries in their region can benefit with this concept into the practice and to help them prepare national strategies to improve health in meaning of conceptual definition of wellbeing across the society with „no one left behind“. The countries with WHO country offices should establish sets of the tools and indicators based on the contextualization while there is not currently achievable concept of global benchmark in this field due to ongoing devastating conflicts, poverty, inflation with direct affection on security and poverty of the people, for the national and regional health strategy, WHO country offices and regional offices have to find direction for implementation and allocation of resources with SDGs philosophy, last but not least agree on data sets collection for benchmarking at least on regional level for measuring impact in this programmatic activities, and together with universities and research organisations to analyze best models for promoting health and well-being at the state and local levels in all communities with strengthening individual health with using existing facilitator e.g. behavioral and cultural insights, access to health care, prevention, patient safety and all types of trauma and traumatic stress psychosocial actions including occupational health and prevention of all kinds of violations and conflicts.

Slovakia urges the discussion about effective wellbeing policy tool development, while working to reduce inequity overall and also seeks to ensure that people have access to the social, economic and environmental resources. These resources fall under the categories of generalized resistance resources (e.g. social capital, schools, employment etc.) and specific resistance resources (e.g. relevant social services and health care), which is also in line with *salutogenic theory*. Universal access to these resources and a clearly communicated collective intention to make them available for everyone can contribute to a sense of coherence at individual and societal levels. Societies that meet the basic needs of their constituents can create environments that are more structured, predictable and explicable.

While the global community will still face unknown threats, people and nations that live in environments with baseline wellbeing can comprehend (health and other kinds of literacy), manage, and find meaning in events as they proactively respond and prevent them. These aspects of sense of coherence are clearly encompassed in eudemonic notions of wellbeing. As a matter of fact, people in a wellbeing-oriented society enjoy a good quality of life and so the community members and leaders have confidence that they have the resources necessary to tackle the challenges.

Health promotion practice can strengthen, deepen and increase the positive impact of the wellbeing agenda by harnessing countries' extensive knowledge base, practical tools and the relevant experiences based on the behavioral and cultural context.

A final question to reflect upon is the one whether the focus on wellbeing would distract the community from other core principles such as justice, democracy, peace, tolerance or it is possible to address it as we move forward from a health promotion perspective.