Economics and health for all

Report by the Director-General

1. This report provides an overview of the recommendations of the independent WHO Council on the Economics of Health for All (2021–2023), including its new narrative on health and the economy; its major recommendations; and its deliberations on the implications for WHO. The report also notes the related past and present work conducted by WHO.

COUNCIL ON THE ECONOMICS OF HEALTH FOR ALL (2021–2023)

A new narrative on health and the economy

2. Recognizing the fundamental relationship between health and the economy, the WHO Director-General established the independent Council on the Economics of Health for All in May 2021. The goal of the Council was to provide new economic thinking on how health and well-being are valued, produced and distributed across the economy, with the objective of building societies that are healthy, inclusive, equitable and sustainable. The Council – which comprised 10 leading experts¹ from the fields of economics, finance, development, health policy and public health from around the world – issued its final report in May 2023, at an event hosted by the Government of Finland.²

3. During the Council’s two-year term, its reports³ focused on identifying ways to put the principle of health for all at the centre of government decision-making and private-sector collaboration at the national, regional and international levels. These reports addressed the Council’s four themes (namely valuing and measurement; financing; innovation; and strengthening public capacity), which are focused on reorienting economies towards the goal of establishing health for all. The recommendations reflect the Council’s work, drawing on evidence from countries and communities in each WHO region, discussions with external parties, an online public consultation and the discussions held at 20 Council meetings.

¹ See https://www.who.int/groups/who-council-on-the-economics-of-health-for-all/members, accessed 21 November 2023.


4. Most significantly, the Council proposed a new narrative on the relationship between the economy and health:

- First, it recognized that health is a fundamental human right, and that a healthy population is not just human and social capital or a by-product of economic growth.

- Secondly, it emphasized the urgent need to reorient economies to deliver health and well-being for all in an increasingly complex world. This is essential in order to address the existing inequities that the coronavirus disease (COVID-19) pandemic exposed, as well as the multiple and interlinked crises of health, inequality and climate, which do not respect national borders and disrupt solidarity and stability.

- Thirdly, it argued that the cost of inaction is higher than the cost of action. The Council cited World Bank and WHO estimates suggesting that it would cost only US$ 1.30 per person on the planet to build an effective global system of pandemic prevention and response that could avoid repeating the experience of COVID-19, whereas the costs of the pandemic were many times higher, including a contraction of global gross domestic product (GDP) by 3.1% between 2019 and 2020.

**Recommendations to reorient economies towards health for all**

5. The Council articulated 13 high-level recommendations in its final report (see Annex), which were formulated to inform policies and actions tailored to the context and priorities of each country. Policy-makers at the subnational, national, regional and global levels were urged to co-create and shape an economy that delivers on goals that are critical to human and planetary health and well-being, working with the private sector and civil society. This requires collective intelligence; a focus on society-wide outcomes, such as the Sustainable Development Goals; and balanced economic and financial decisions that positively impact individuals, households and communities. Together, these recommendations promote an economy that operates within planetary and ecological boundaries and promotes social justice.

6. The Council also recommended that WHO be appropriately financed and equipped with the capacity to play its critical global role in coordinating health for all, and working with new partners, as global and national economic policies and trends influence our environment, working practices and food and educational opportunities, all of which are crucial determinants of health. The Council further noted that public and private investments and collaboration should be purposed to build an economy that ensures finance that is proactive, enabling preventive investments and promoting gender equality, including valuing what all people contribute towards health for all.

**A call for comprehensive and urgent action**

7. The Council advocated that this new economic narrative has direct implications for economic decisions related to health. First, financing for health must be treated as a long-term investment rather than a short-term expenditure, with national planning and budgets transformed accordingly. This policy shift is grounded in the principles that health and the economy are interdependent, and that health is not only a key economic sector (for example, a major employer in many countries, with a market valued in excess of US$ 8 trillion and growing rapidly) but also a cross-cutting lens through which to view the contribution of many different sectors to health. Secondly, health is critical to the resilience and stability of economies worldwide, as the COVID-19 pandemic demonstrated. Thirdly, global and national economies and financial systems are crucial and increasingly important determinants of health. With
this perspective, the Council describes how states can move from reactively addressing market failures to proactively and collaboratively shaping markets that prioritize human and planetary health.

8. Given that health is the outcome of many different factors – many of which do not fall under the purview of health ministries – the Council stressed that in order to ensure health and well-being for all, a whole-of-government and whole-of-society approach are required. The Council advocated that finance ministers could support the central role of health in enabling macroeconomic stability and improving well-being, and could be supportive of placing health for all at the centre of social and economic systems. Action for health is therefore not limited to the health sector but must engage multiple sectors to address the social, economic and commercial determinants of health.

Implications for WHO’s current work

9. The Council identified key considerations for WHO in taking these recommendations forward:

   • The leadership of WHO in promoting health and well-being is fundamental, particularly as a counterbalance to market forces and vested interests.

   • WHO should strengthen its role in accelerating action to promote an economy for health for all, with a wider set of actors in international health and sustainable development, a key lesson of the COVID-19 pandemic.

   • WHO should build on the recognition that economies and financial systems are crucial determinants of health, expand WHO’s work on macroeconomics and health and ensure additional resources to enable comprehensive contributions by WHO in this area.

10. The Council recognized WHO’s ongoing support for organizing and financing health systems in a way that ensures equitable access to effective services for all, with financial protection; and that a whole-of-government approach is needed to realize these objectives, particularly in low-income countries. It also recognized the importance of WHO’s vital work on health and the climate, including through its engagement in the conference of the parties processes of the United Nations Climate Change Conference and in divestment strategies, but noted that more could be done to craft financing that promotes the co-benefits of health and climate action.

11. The Council underlined the importance of WHO’s engagement in actions supporting well-being for all, including those related to universal health coverage, guaranteeing a good education, decent working conditions and safe environments. The Council recognized WHO’s ongoing support for social and commercial determinants of health. Given the link between the health of people and the health of the planet, the Council noted that these efforts could be further strengthened and could include advocating for the transition to clean energy, more sustainable food systems and cleaner transportation systems, which have the potential to generate massive population health benefits in the coming years.

12. The Council proposed that WHO could further promote capacity-strengthening, such as through the WHO Academy and in partnership with other learning initiatives, in order to better equip country offices and health ministries to engage in dialogues with economic and finance sectors and to enhance overall public capacity to shape economic and fiscal policies and drive public-private collaborations

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towards well-being for all, including health. This would also support sharing experiences across Member States, such as through the Well-being Alliance, a network with over 600 partners, including some governments, civil society and researchers around the world.

**RELATED WORK BY WHO**

13. The Organization works to fulfil its constitutional mandate and its responsibility for Sustainable Development Goal 3 on ensuring healthy lives and promoting well-being for all at all ages. The activities described below reflect WHO’s work – either completed or currently under way in the area of health and the economy.

14. **WHO’s work on health financing and macroeconomics.** The bulk of WHO’s work relating to finance and economics has focused on microeconomics and the health sector. However, in 2001 the WHO Commission on Macroeconomics and Health concluded that the level of spending on health in low-income countries was insufficient to address the health challenges they face, and that with significantly more finance, a high-potential return to health and the economy would follow. The recognition of the interconnection of economics and health has also served as a basis to help curb rising health costs and address inequities. In this regard, WHO is proactively fostering the production of quality health goods and services in low- and middle-income countries in order to incorporate equitable and timely access as an objective, such as through the development of the mRNA Technology Transfer Programme.

15. **WHO’s expertise and research networks address relevant topics.** These include developing and evaluating wider fiscal policies related to financing universal health coverage; a multi-country special initiative for action on the social determinants of health for advancing health equity; revealing predatory behaviour by commercial firms that produce and market products that have negative impacts on health at each life stage, such as commercial breast milk; promoting health taxes aimed at changing the behaviour of corporations and individuals; and removing subsidies for harmful products and divestment in industries harmful to health, such as tobacco and fossil fuels. WHO also recently developed a strategy on well-being and health promotion, addressing one of its three strategic pillars.

16. **Strengthening the international financial architecture.** WHO’s efforts on strengthening the international financial architecture to provide proactive and sustainable financing for health are being combined in a strategic way with other agencies; with the international financial institutions, such as through the setting up of the Pandemic Fund hosted by the World Bank with WHO chairing its technical advisory group; and with regional development banks, including through the establishment of the Health Impact Investment Platform launched in June 2023 by WHO and four multilateral development banks. The Organization is also engaged with Member States, at the three levels of the Organization and across

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4 See resolution WHA75.19 (2022).

the United Nations system, the international financial institutions and other specialized agencies in strengthening the international financial architecture for health. For example, the Regional Office for Europe, along with Norway and the United Nations Development Programme, organized discussions on fiscal policies for well-being in September 2023 at the seventy-seventh session of the United Nations General Assembly.

17. **Multisectoral financing dialogue and action.** WHO also promotes in-depth exchanges at the highest policy level between health, economics, finance and legislative bodies, as well as the engagement of those working at the front lines. Bringing these government relationships together is critical for enabling increased and more effective investment in health for all and better integration at the country level of efforts to achieve the Sustainable Development Goals. This work includes collaborations with regional economic organizations, such as the Organisation for Economic Co-operation and Development (OECD) and its Joint Network of Senior Budget and Health Officials, whose partnership with WHO extends beyond OECD member countries to countries in Asia, central and eastern Europe, and Latin America. WHO hosts the secretariat supporting the G20 Joint Finance and Health Ministerial Task Force, which is actively working towards improved collaboration and coordination between activities in the areas of finance and health, thereby optimizing financing mechanisms to address health challenges, especially in low- and middle-income countries, as discussed in recent meetings of the G20.

**POTENTIAL WAY FORWARD**

18. A key message from the Council on the Economics of Health for All is that fundamental economic shifts are needed in order to achieve health and well-being for all. The Council emphasized that WHO is uniquely positioned to develop coherent policy and actions with the purpose of shaping economies to be better structured to create health for all.

19. The Council recommended that WHO deliberate on its recommendations and related initiatives at the national, regional and global levels, and that it consider developing an approach and participatory processes to systematically advocate for and shape an economy for health for all. This could include better connecting and accelerating existing activities across all levels of the Organization; identifying new activities and filling gaps; and ensuring resources for dedicated expertise within the Secretariat. This recognition that macroeconomic policy is a vital determinant of health and that WHO can support shaping economies for health for all, has important ramifications for the focus and impact of WHO’s work.

20. WHO’s technical expertise could enable normative guidance and rigorous analysis on the economics of health for all. This could include the dissemination of accurate data, digital and other normative and practical tools, such as the development of a dashboard of indicators to support the balanced decision-making, design, roll-out and evaluation of policies and interventions in this area, to bring health, social, environmental and economic goals and work into better alignment.
ACTION BY THE EXECUTIVE BOARD

21. The Executive Board is invited to note and discuss the recommendations of this report and to identify ways in which to advance the recommendations of the Council towards establishing an economy for health for all in all countries. In particular, the Board is invited to provide guidance in respect of the following questions:

- How best can action be advanced on establishing an economy for health for all, recognizing the links between the economy and health and the value of developing both in a balanced manner?

- How can the Secretariat best support Member States in advancing an economy for health for all, recognizing the value of multisectoral action and whole-of-government approaches?
ANNEX

RECOMMENDATIONS OF THE COUNCIL ON THE ECONOMICS OF HEALTH FOR ALL

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<th>VALUING HEALTH FOR ALL</th>
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<td>2. HUMAN RIGHTS: Use legal and financial commitments to enforce health as a human right</td>
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<td>3. PLANETARY HEALTH: Restore and protect the environment by upholding international commitments to a regenerative economy which links planet and people</td>
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<td>4. DASHBOARD FOR A HEALTHY ECONOMY: Use a range of metrics that track progress across core societal values, above and beyond the narrow, static measure of GDP</td>
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<td>FINANCING HEALTH FOR ALL</td>
<td>5. LONG TERM FINANCE: Adopt a comprehensive, stable approach to funding Health for All</td>
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<td>6. QUALITY OF FINANCE: Redraw the international architecture of finance to fund health equitably and proactively, including an effective and inclusive crisis response</td>
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<td>7. FUNDING AND GOVERNANCE OF WHO: Ensure WHO is properly funded and governed to play its key global coordinating role in Health for All</td>
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<td>INNOVATING FOR HEALTH FOR ALL</td>
<td>8. COLLECTIVE INTELLIGENCE: Build symbiotic public-private alliances to maximize public value, sharing both risk and rewards</td>
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<td>9. COMMON GOOD: Design knowledge governance, including intellectual property regimes, for the common good to ensure global equitable access to vital health innovations</td>
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<td>10. OUTCOMES ORIENTATION: Align innovation and industrial strategies with bold cross-sectoral missions to deliver Health for All</td>
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<td>STRENGTHENING PUBLIC CAPACITY TO DELIVER HEALTH FOR ALL</td>
<td>11. WHOLE-OF-GOVERNMENT: Recognize that Health for All is not just for health ministries but for all government</td>
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<td>12. STATE CAPACITY: Invest in the dynamic capabilities of the public sector, instilling a culture of experimentation and learning to lead effectively in delivering Health for All</td>
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<td>13. BUILD TRUST: Demonstrate transparency and meaningful public engagement to hold governments accountable for the common good</td>
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