



Wilton Park



Report

## Healthy societies for healthy populations

Monday 10 - Wednesday 12 February | WP1734

In partnership with:



Government Offices of Sweden



World Health  
Organization



## Report

Monday 10 - Wednesday 12 February | WP1734

In partnership with Government Offices of Sweden, Wellcome Trust and WHO

### Executive summary

- In February 2020, Wilton Park hosted a high-level meeting of senior leaders and experts from a wide range of organisations and interests including health, climate, food, urban planning, local and national government, civil society, consumers, the private sector and international agencies.
- The aim of the meeting was to explore social, economic and environmental determinants of healthy societies, the promotion of cross-sectoral approaches for better health and the prioritization of health in other sectoral policies and settings. The meeting explored how to take practical steps to ensure that societies become 'healthier', where people stay healthy and need minimal medical services.
- All participants at the meeting expressed deep concern at the existing situation of health and well-being around the world, and a sense that current actions are not meeting the scale of the challenges we face or addressing their depth. Economic and social inequities, climate change, industries driving unhealthy outcomes, poor mental health and stress are just some of the big issues the world must address. Existing approaches to health are not working well enough. There is an urgent need to respond to problems of health and well-being in ways that are different to before. What can we do?
- Today, the world is simply not producing healthy enough societies. Although there have been general improvements in health and increasing levels of wealth, improvements are not equally distributed globally or locally. Changes in society and technology are also undermining some of the progress already made towards healthier societies. Many people are suffering from the effects of poor air quality, food systems which promote unhealthy choices, lifestyle cultures which do not encourage physical activity, structural poverty, stress and mental illness, and climate change. One of the World Health Organization's key targets for 2023 is to improve the health and well-being of one billion people around the globe. So how do we start to understand and apply a proper response to building healthier societies?
- Discussions focused on the dynamics of political decisions, people's power and private sector production in relation to health. By exploring healthy societies through the lens of these three dimensions of political economy, what can we learn about any future action we should take? Other questions were around how to transform societal health, leverage institutions to take action, incentivise the different actors who shape citizens' health and support enabling environments where healthy options are both available and affordable to everyone. Also, what kind of leadership is needed for system-wide changes?
- A large body of evidence exists on the social determinants of health and equity along with growing knowledge around environmental and commercial determinants of health. What we now need is political commitment and action to ensure that our societies provide the kind of environments where all people are

able to make the healthiest choices. No one sector, discipline, stakeholder, community or country alone has the solution. Leadership is crucial at all levels – community, local and national government, regional and global – to undertake cross-sectoral action which results in healthier societies. Striving for equity in all efforts to create and sustain healthy societies is paramount.

- The transformation of societies into healthy societies requires a radical shift in how we all act together, whether in the private sector, public sector, as state or citizen. In acknowledging that the most important determinants of healthy societies lie outside the health system, the health sector must lift its horizons to envisage and put into practice a working relationship across professional and sectoral boundaries.
- In taking this agenda forward, there is enthusiasm and commitment to engage and co-create narratives and solutions among all stakeholders including communities and citizens who can traditionally be excluded from such processes.



Source: Presentation by Mayor Teresa Surita, Mayor of Boa Vista, Brazil

## Introduction

1. While people in many countries are living longer, they are not necessarily living healthier lives. Changes in societies have contributed to improved health but have also caused many challenges and risks to people's health and well-being. Economic development has raised hundreds of millions of people out of poverty but is also driving many societal changes with fewer positive health impacts due to less healthy food, less physical activity, more air pollution, and more stress and mental illness. Among those present at the meeting, a deep sense of concern - even anger - at the current negative situation of health and well-being, which disproportionately affects the poorest and most vulnerable people on our planet, was palpable.
2. The global burden of disease has now shifted towards non-communicable diseases, which are mainly preventable and relate to the environment and systems in which people are faced with making choices - good or bad - for their health. Economic and social inequities also drive inequities in health outcomes, which are widening in many countries. New challenges to health are rising including through climatic changes, for example the impact of excessive heat or temperature extremes, or lack of water. Everywhere around the world, we must acknowledge and operate within our finite planetary boundaries and increase our understanding of the links between health and sustainability. In doing so, we increase our opportunities for better health; reaching our climate goals will have a positive overall impact on health.
3. In this report, the word 'we' takes a universal perspective. No one sector, discipline, stakeholder, community or country has the solution alone. We must connect and co-

"This is not a neat challenge, it is a different shape and type of problem"

"Those of us in health need to look for a variety of new partners to work with"

“We all need to take actions that create the possibility for everyone to lead lives of dignity.”

create understandings of what we can do together to find solutions for a range of issues in our complex interlinked world. Each sector can experience co-benefits of approaches and interventions raised by other sectors and better health can be a positive outcome when non-health sector issues are addressed. Identifying and responding to these complex coordinates is necessary when taking the agenda of healthy societies forward. The health sector needs to identify what other people's incentives and drivers are, that provide a co-benefit for health, which will also be an additional attractive benefit to those implementers.

4. In the World Health Organization's constitution, health is defined not merely as the absence of ill health but as a state of complete 'physical, mental and social well-being'<sup>1</sup>. This definition should be a reality for everyone, and in the spirit of the Sustainable Development Goals, no one should be left behind. We should all aim to create a world where good health is a choice that all people are willing and able to make. The question is how do we get there? WHO has a set of current targets for 2023, one of which is to ensure that one billion people have better health and well-being. How can we all – in whatever sector or area we work - contribute to this target?
5. This Wilton Park dialogue was held in partnership with the Swedish Ministry of Foreign Affairs, Wellcome Trust and the World Health Organization and brought together senior leaders and experts from a wide range of organisations and broadly representing people, the private sector and politics at local, national and international levels. So began our global and cross-sectoral conversation to identify ways to build healthy societies and therefore healthy populations.
6. This report summarises the main themes of discussion and decisions for action as a result of the dialogue. Areas include the big trends influencing healthy societies today; political economy of health in the three main areas of politics, people's power and private sector production; leadership and cross-sectoral action for healthy societies; and next steps to take this agenda forward.

### **Dynamics in societies**

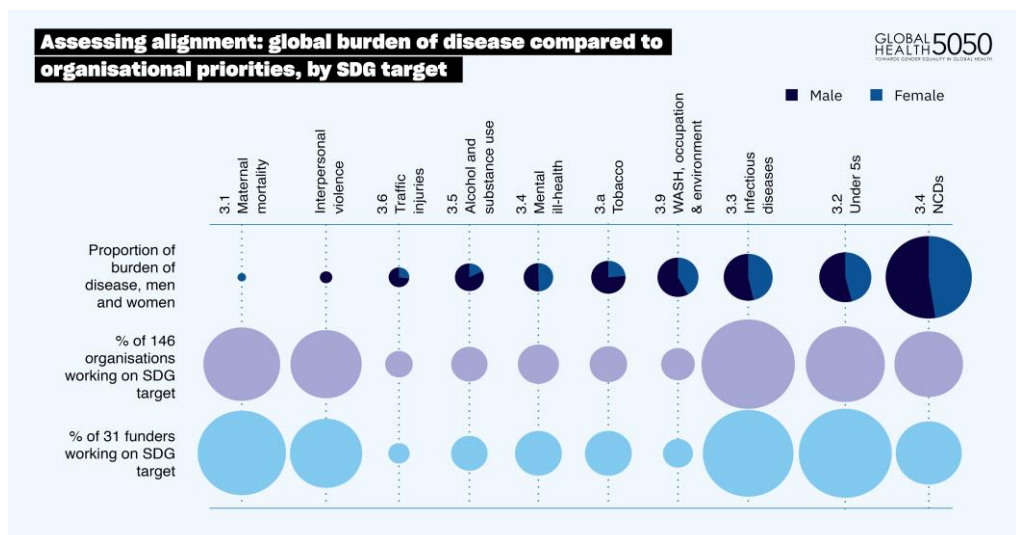
“Social and economic inequalities in this generation lead to social and economic inequalities in the next generation. The magnitude of inequalities now is setting the next inequalities for the next generation in years to come. We can and must interrupt it.”

7. What drives and creates a healthy society? The answer is complex and everywhere we look there are areas that give us cause for concern: climate change, food systems, transport, inequality, poverty, information technology and artificial intelligence, to name but a few.
8. Societal issues affecting health are wide-ranging. For example, unemployment rates are linked to social unrest, conflict and poor mental health among young people. Internet and social media use among young people is linked to high suicide rates. Globally, there is a trend towards bigger and bigger cities with resulting mega-slums. In the future, one third of humanity are predicted to live in slums where there is no sanitation, no education, no health care and women and children cannot go out at night for fear of violence and rape.
9. Humans are driving a new geological era, dominating the planetary eco-system and driving environmental changes. We have seen increases in wealth and progress in health overall, yet it has been inequitably distributed. All this comes at a cost borne by the planet with further implications for human health. The reality of planetary boundaries - the finite boundaries within which humanity can live - is ever present and brought to our consciousness with increasing urgency. We need to improve our understanding of the links between health and sustainability if we are to achieve healthy societies.
10. We can take many actions which will have a subsequent positive impact on the health of people and societies: transforming to clean zero carbon energy and aim for cities to

<sup>1</sup> World Health Organization Constitution: <https://www.who.int/about/who-we-are/constitution>

be zero carbon, have green spaces and circular economies (recycling); harness opportunities for developing new cities such as in Africa; move to a planetary health diet and improve our food systems; work with forest, mangrove and wetland conservations; and reform tax subsidies on fossil fuels. We need to tackle the roots of the current predicament we are in and think about how we achieve and sustain good health at a lower carbon footprint than we do today. Putting health at the centre is a powerful argument for climate action.

11. The notion of cross-sectoral co-benefits in the healthy societies agenda presents great opportunities for strengthening a persuasive narrative and encouraging collaboration and action. Economic development which takes the healthy society agenda into account will lead inevitably to healthier societies and populations. In turn, economies will benefit from increased productivity and consumption of healthy populations, aspiring to live within our planetary boundaries. It is potentially a win-win situation. It is important for the health sector to be able to articulate the co-benefits of including health considerations in non-health sectoral work, to increase understandings of healthy societies across and between stakeholders and sectors.
12. It is well known that equity is a key indicator of the health of a society. Inequalities in health are not confined to poor health in poor people, but the lower your social hierarchy the more likely you are to have poor health. Inequities in societies that lead to inequities in health are much more than just about income and access to health care. For inequity in relation to health, you need to look at people's capabilities and work to enhance those capabilities. We need to take actions that create the possibility that everyone can have lives of dignity. People's life voyage and choices are vital. When communities and societies create the conditions where people can live dignified lives we will also create the conditions for greater health equity.
13. Gender equality benefits everybody in society. Global health efforts to date have focused largely on improving the health of women and children, which largely presents a narrative of vulnerability. In reality, the data shows that men suffer with the most ill-health and premature death around the world. Promoting gender equality to benefit everyone's health and well-being will make a fundamental difference to our future healthy societies.



Source: Global Health 50/50 Report: Power, Privilege and Priorities: Figure 49, Assessing alignment: global burden of disease compared to organisational priorities'

14. When we talk about public policies that control and determine inequities, is it a matter of justice? In wealthier countries, decisions to shut down childcare centres or to reduce green spaces are inherently political decisions based on cost savings which affect health and the health sector cannot absent itself from these political debates.
15. Changes in consumption, global capitalism and the global political economy strongly

influence the 'health care' industrial complex, so how do we begin to shift to an emphasis on the 'health' industrial complex? The clear links in consumption and lifestyle with the rise of non-communicable diseases identify a potential co-benefit; these co-benefits are crucial in helping us advance the healthy society agenda.

16. Our search for an ideal of healthy societies and our inability to define it succinctly exposes that we have no common identity and shared methods for doing so. Indeed, people in different countries and regions may well perceive what a healthy society looks like in very different ways. Part of our challenge however is to find how we can unify behind a set of ideas and framing of the concept in order to transform our societies. The courage to make the radical positional shift is perhaps our greatest challenge of all.
17. In the health sector, everyone puts health at the centre. However, it can be more important to invest in education, housing and the environment where improving these can have a greater positive impact on health than health services. If we really believe that healthy societies are created outside the health sector, we all need to realise that 'health' might not be the most effective route to change. Other goods and sectors play a significant role, and actors and sectors need to work together in true partnership. As we move towards healthy societies, we need to figure out answers about collaboration, trade-offs and how we deal with them.

"We are nowhere near to grasping the meaning of sustainability."

#### **Case study: Nordic countries: social solidarity contributes to healthy living**

A good example of the interface between economic, social and environmental objectives and a positive influence on health over time can be found in the Nordic countries. Here, neighbouring countries have enjoyed historic peace among themselves and worked together collaboratively to create similar welfare states. High levels of trust between citizens, good governance, democracy and political systems based on civic rights and participation all play a part in contributing to healthy societies. The question today is how far this model can be sustainable with the new challenges we face in the world? With shifts in society, citizens are not as trustful of each other as they used to be; it is therefore necessary for community bonds to become ever stronger.

#### **Dynamics of political decisions, people's power and private sector production**

18. How do the dynamics of and interactions between people's power, political decisions and private sector production work in our current world? What incentives and opportunities are there for positive and negative health outcomes? Through exploring healthy societies through the lens of the three ingredients of political economy - people, politics and the private sector - what can we learn about any future action we should take?
19. Using the lens of political economy analysis provides us with opportunities to better understand the dynamics and the pros and cons of each element. The private sector is innovative and nimble but cannot redistribute wealth and benefits; civil society has unlimited power but is hard to organise; politicians are stable and powerful but must act collectively, they always need an ally. What blend of rights, state and market produce the best outcomes in relation to healthy societies?

#### **People's empowerment and choice**

20. In the realm of people's power, participation is not only about improving health, it is about improving the whole of society through the process. Power and participation is a matter of identity and democracy and is a goal in and of its own right. People are active subjects with the power to claim and influence decisions over how resources are shared and allocated.

"If we put communities at the forefront of our response, we stand a chance of building healthy societies."

“Meet people where they are. Focus on where life is.”

“We need to be humble and open to engage and listen.”

“We need to connect with people we don't normally connect with.”

21. The concept of power includes ‘power to’ engage and influence; ‘power with’ others through acting collectively; and ‘power within’ through capacity, self-confidence and consciousness for self-determined thinking and action. This latter type of power within holds great potential for healthy societies.
22. Ultimately, the entry point for action on healthy societies should be through local actors not international actors. Experience shows that change happens when services respond to the realities of community lives, involve community activists, apply holistic approaches, and connect community evidence with formal and informal processes and policy and political actors.
23. Not all communities are equal. In some places around the world, people wake up every day trying to find their own strategies for survival and normalcy in situations which are not normal. In Afghanistan for example, more 70% of people are illiterate and security is still a major issue. It is a low-income country with high unemployment, suffering from both human-made and natural disasters. We can start thinking about how to develop healthy societies and healthy populations but the challenges in some contexts are immense. We call these places ‘the last mile’. The international community tends to work in these places only when there is a problem or hazard beyond that community; and then it wonders why communities do not cooperate.
24. When the health sector engages with communities, it often engages poorly; it does not understand people’s motivations when they seek health, it can listen poorly and does not respect and validate what comes afterwards. The attitude is more to tell and teach, not to learn. Too many promises are made and broken. Commitments are made at the international level but there is lack of trust between communities and the formal health sector.
25. There is a sense that the concept of ‘health’ has been lost to the biomedical paradigm. People in communities mainly talk about their health in a biomedical sense; however when conversations shift to the concept of ‘well-being’ a whole new arena opens up which addresses much more the concept of a healthy society. In participatory meetings in Harare, Zimbabwe and Lusaka, Zambia, young people were encouraged to talk about health and well-being and their concerns included creating jobs, mental health, internet access, the environment, use of time and participation in governance.

### For urban youth in Harare and Lusaka

#### Health more narrowly defined than wellbeing

#### Current and future priorities



Physical health	Education	Living conditions, services
-----------------	-----------	-----------------------------

Governance, citizenship, participation	Economy
--	---------

Psychosocial Spiritual, cultural	Knowledge, digital access	Quality of life	Time use	Ecology
-------------------------------------	---------------------------	-----------------	----------	---------

MOST IMPORTANT NOW		MOST IMPORTANT IN 10 YEARS	
	#		#
1. ECONOMY/JOB/ENTREPRENEURSHIP	29	1. GOVERNANCE PARTICIPATION	20
2. EDUCATION	14	2. ENVIRONMENT	17
3. GOVERNANCE PARTICIPATION	10	3. ECONOMY/JOB/ENTREPRENEURSHIP	17
4. SOCIAL, MENTAL WELL-BEING	8	4. EDUCATION	12
5. LIVING CONDITIONS	7	5. TIME USE	5
6. PHYSICAL WELL-BEING	5	6. LIVING CONDITIONS	5
7. ENVIRONMENT	4	7. SOCIAL/MENTAL WELL-BEING	2
8. TIME USE	1		

Source: Equinet Africa at <https://www.equinet africa.org/sites/default/files/uploads/documents/UH%20Lusaka%20Mtg%20Rep%20June2018%20fw.pdf>

“The scale of change needs everyone to participate.”

### **Case study: Community workers in Liberia**

Community workers in Liberia were able to use these kinds of questions, to which we can all relate, to discuss healthy societies and the choices that people are able to make.

- Can we protect what we eat and drink?
- Can we protect what we breathe?
- Can we protect how we move?
- Can we protect how we relate to each other?

Appreciating that communities and people know and understand health and well-being in their own ways holds tremendous potential for change.

26. What can we learn from the relationship between people and the state? People’s power and the use of it assumes that people have the power to impose a positive obligation on politicians. However, there is a tension between rights holders and the duty bearer- the state. The rights holders need social and economic rights and to use their power to make demands. With civil and political rights, citizens can put into power the government that they need; but governments often take over the power of civil and political rights and buy it through campaigns with short-term promises. We also underestimate the power of ‘closed spaces’, as this is where power is held and we do not have the ability to get into those closed spaces. We need to understand vested interests and who stands to gain or lose.
27. Institutionalising people’s power can be done through mechanisms like people’s assemblies such as in Tunisia, Iran and Thailand but this leaves the decision-making with the government. The final point is civil pressure, but this is demanded not given. The realization of human rights is a crucial driver for change, but we also need more emphasis on responsibility for whether political decisions move us towards a more sustainable world or not.
28. People need a clear and compelling framing of choice. The policy environment affects the choice environment. For example, with the global problem of obesity, there needs to be more sympathetic understandings of the problem. It is not a lack of information but rather an interaction problem between people’s eating habits and their environment. You need to make it easy for people to make the right choice. At a hospital in Melbourne, when sugary drinks were hidden (although still available to buy) people shifted towards diet drinks with no overall change in sales. However, when it comes to choice, we must be clear that choice exercised can be conscious, conditioned or constrained.

### **Political dynamics and decisions for health**

29. In the realm of politics and the state, some features to be aware of are inherent including a long-term vision that bumps up against a short-term reality; conflict and controversy at the heart of politics as different political parties compete; and mass media and society which forces politicians to focus on today’s problems leading to micro-management, populism and lobbyism. Today there are also increasing levels of distrust between the political elite and parts of the electorate.
30. At the national level, political responsibility is organised into siloes with one minister responsible for one sector such as health, transport, education, food and agriculture and so on. However, the world is far more complex than this and the challenges that society faces are interlinked. One example of how this works in practice is in Ethiopia where the Health Minister gave funds to the Electricity Department to improve the nation’s cold chain to increase access to medicines. No one sector, discipline, stakeholder, community or country has the solution alone. This is articulated to a

“When you go into politics you want to change things but you meet with short-termism and opinion polls.”



“As a politician you have to pick how many fights you can fight simultaneously.”

certain extent in the deeply interconnected SDGs; lack of progress on one goal hinders progress on others. So overall what does this mean for the political system?

31. There is a need to be clear about what factors are easily amenable to state regulation. If you take the example of a young person’s food consumption, which influences health and life outcomes, a huge range of factors influence habits and only some are amenable to government intervention. Political decisions are relevant at many levels: schools, local government, farming, trade, advertising, EU and global regulations for example.

#### **Case study: Wins and reversals in New Zealand**

The state plays a large role in reducing health and other inequities but it is not a straightforward process. In New Zealand introducing a smoke free environment meant taking on the interests of big tobacco firms. The policy was maintained when the public embraced smoke free places, and no opposition party ever repealed the law. Other public health initiatives were not so enduring, and a ban on junk food and soft drinks in schools in 2005-2007 was repealed fast by the subsequent government with the accusatory label of ‘nanny state’. Sustaining positive change can sometimes be difficult so how do we consolidate progress? Monitoring the benefits on people’s lives can help.

“We need to bring arguments from the head, heart and pocket.”

32. Co-beneficial action is very important for healthy societies and sometimes this can be found in the unintended consequences of state intervention. For example, in Barbados, the government put up vast numbers of sea defences along coastal edges. Then people put a board walk on it and now tens of thousands of people walk along them, improving their health and well-being. Similarly, old disused cricket grounds were becoming a focus of undesirable night-time activity for youths, so the government security sector lit them up to prevent this. Now these grounds are used by tens of thousands of people who use the spaces to exercise at night.
33. State-level cross-sectoral working is vital. In the Swedish parliament five committees exist to discuss mental health among children and youth. This cross-sectoral responsibility paves the way for issues to have a better status and it can be a concrete way to proceed in other countries.
34. While of course the state needs to intervene in policy arenas to ensure public safety and health directly, reducing social and economic inequalities is also fundamental for a healthy society. Redistribution of wealth and taxes (such as sugar, tobacco or alcohol taxes) are crucial issues for an equitable healthy society. However, it is also necessary to look more fundamentally at the fact that we do not pay the full economic cost of our actions. For example, addressing fossil fuels through tax is a critical measure. If there is carbon tax on investments, there will be a move towards cleaner energy and investments, and a safer and more sustainable world.

#### **Case study: Regulatory push and pull reducing road traffic deaths**

Globally over 1.25 million people die every year in road traffic accidents. The highest fatalities are in middle-income countries, which also have the biggest vehicle industry for producers and consumers.

The winning formula to reduce these deaths is national, regional and global regulatory push and demand pull. For example, since the launch of Euro NCAP in 1997 and the adoption of European Union crash test standards in 1998, the occupant fatality across the EU has reduced by 50%. Even though the vehicle fleet has grown by 60 million, overall EU road fatalities have fallen from 45,000 to 25,000. Today, 80% of new cars score five stars which is well above regulatory

requirements.

When this model was applied in India, road crash test results received huge news coverage and the government was alarmed as there was no regulatory body for the industry. The government introduced new legislation which made a huge advance in ensuring vehicle safety. Manufacturers responded with five-star safety cars, competing with each other to produce the safest car on the road.

The Towards Zero Foundation have engaged very constructively with the engineers of car manufacturers, and this engagement can unleash a creative response. It is not the case that regulation stifles innovation, in this case it has supported it.

“If you cannot influence the politicians directly then use evidence to influence people who will get through to the politicians.”

### **Case study: Making inclusive, healthy, sustainable cities for people**

In south London, urban planners looked at why young people eat out so often? They spent time with school children to identify what their motivations and habits were. They found that fast food follows public transportation and waiting for transport is a predominant activity for youth. Fast food advertisements are banned on public transport, but fast-food outlets can and do locate themselves near public transport venues. School children have time after school waiting for the bus, and the bus stop is right outside McDonalds which in essence provides a civic space with toilets, lighting, seating and where just one child can purchase a drink and have others join them.

Interventions now aim to create a safe public realm linking destinations and healthy food options including building super-stop bus stops where there are pleasant and large social spaces that invite a diverse range of uses to socialise and wait; and creating inexpensive and educational social places for youth.

How can we build the infrastructure for collaboration in our society? We need to frame data in a way that both citizens and politicians understand. For example, in Times Square in New York the pedestrian area was 11% and the car area was 89%. Yet 90% of users were pedestrians and only 10% were motorists. Clearly, more pedestrian only space was needed.

A people-first approach to healthy living includes:

- Getting lived experience data for incremental behaviour change
- New and creative commitment to engage with people

### **Private sector pro-health production**

35. In the realm of private sector production, responsible and purpose-led business also makes business sense to many companies. However, the end goals of an economically goal-driven society will always be different from public health goals.
36. What appetite and incentives exist therefore for the private sector to engage with the healthy societies agenda? In the realm of private sector production, how far are societal trends relevant to business? In the era of the SDGs there is now an expectation that the private sector should engage to solve the worlds' problems.
37. The private sector has responded by understanding this as an opportunity to build social needs into business strategies, establishing novel commercial approaches and collaborating across sectors. There is now a shift towards businesses taking on social responsibility, from corporate social innovation to strategic philanthropy and advocacy for policy change; and an expectation from society that public and private companies should make a positive contribution to society.

# Role of Business in Society

## Changing expectations – private sector



© 2019 BD. BD, the BD Logo and all other trademarks are property of Becton, Dickinson and Company.

Source: FSG and Michael Porter 2013



38. It is important to acknowledge however that the private sector is not a homogenous whole. Some corporate leaders are tackling the big issues but not all companies are engaged or want to be engaged. Identifying and working with pro-health companies and investors is important, but it is also necessary to raise awareness of some harmful instances of private-public partnerships and corporate social responsibility and highlight positive multi-stakeholder partnership which produce good outcomes. Understanding private sector motivations and goals and building true progressive partnerships is key.
39. There also needs to be caution about any role the private sector has in policy development. While governments have some obligation to consult private sector actors on regulatory measures that impact them (for example discussing feasibility) policy-making has to be led by governments, with a mandate from informed citizens and independent evidence.
40. Exploring global tax governance scenarios through the lens of healthy societies might support some key interventions going forward.

“What analysis is done by the private sector about their own footprint on society? What is the change of culture where they can facilitate the power within, and stop their destructive behaviour?”

### Case study: Transforming the food system: understanding levers for change

The food system is a complex and nuanced space including everything from smallholder farms, local restaurants and convenience store owners, to massive multinational agri-business, consumer brands and fast food companies. Diet is the biggest single risk factor for disease globally and one in three people in the world are malnourished. The food agenda requires not only people reducing typical junk foods but also scaling up healthy protective foods.

There is a need to understand the levers that influence the food industry such as capital and investment, consumer demand and regulatory space. Transforming a system requires a diverse set of actions and roles. Nuanced partnerships need to be assessed against a gradient of risks rather than being black and white. For example, adjusting a product portfolio for health strikes at the heart of the business model, so how far are companies willing to change? Civil society or campaigning groups end up working with corporate social responsibility or communication individuals within companies, rather than with internal champions for more responsible and sustainable food production. A variety of approaches are needed including exploring different models with a range of companies, networks, consumer organisations and benchmarking efforts. Above all, we should promote strong accountability in the food system.

“Issues of transparency and trust and fairness are part of markets. You can build more consent for a positive market and discourage a negative market.”

### **Case study: Private sector engagement for healthy outcomes**

When trying to change healthy behaviours, it is important to understand how people live their lives and who influences them. In the UK, there are many examples of companies engaging in socially responsible campaigns. Hair and beauty company Treatwell took part in a cervical cancer awareness campaign on their website resulting in 100,000 additional women going for a check-up. However, the world is complex, two-way and data-led, especially for consumers. We cannot expect to win against companies whose products and practices lead to poor health outcomes just because there is evidence against them.

## **Leadership for healthy societies**

41. Emerging from all these discussions is the notion of a particular kind of leadership which considers and acts upon systems issues in a non-linear manner and the interaction of multiple processes with multi-sectoral actors. These leaders need audacity, authenticity and ambition to be effective.

### **Case study: Happier, healthier citizens in Boa Vista**

In Boa Vista, Mayor Teresa reorganised her administration and took brave decisions for a better future for citizens and a healthy society.

Boa Vista is the smallest, poorest state capital in Brazil with a population of 400,000 people, 66% of whom live in poverty. In 2013, when Teresa Surita was elected as Mayor of Boa Vista, the city's situation was critical. There were only 232 ill-equipped police for the security of 325,000 people. Street lighting was limited, the city seriously flooded for five months every year, public spaces were neglected and there were no parks or recreation areas. There was no internet or technology, all 15 city departments worked in isolation, schools were ill equipped, teachers were in short supply and there was almost no early childhood provision. Most critical was health; just one children's hospital and seven ill-equipped, under-staffed health clinics.

What happened? Mayor Teresa Surita did two main things to change this. She built a fantastic team and used a multi-sectoral approach. All departments began doing integrated, inter-departmental work from a unified, prioritised plan. They learnt the power and importance of working together, and saw their departments as part of a whole, which were complementary to each other.

Today Boa Vista has 25 new schools and has renovated 89 schools. It has 8 new day care centres and 34 health centres, and the children's hospital has been renovated and extended with 91 extra beds. It now serves the whole state, indigenous communes and Venezuelan refugees. There is a new police complex with double the number of police. Fifteen departments worked together to achieve this.

Sustainability is important. Boa Vista is the only city in the Amazon to invest in solar energy and by December 2020, all municipal buildings will be solar powered and there is internet and a multi-sectoral information platform. There has been heavy investment in drainage and flood defences and there is now 60 kilometres of cycle network in the city. Five departments worked together to achieve this.

Boa Vista is a clean, green, family friend space with 52 new or renovated squares and parks and gardens with playgrounds, sports equipment and areas for children and adults. The city is well lit with free internet in public spaces. Six departments work together to achieve this.

Boa Vistans are happier, healthier and have a better quality of life. Every mayor has the power to change their city.



Source: Presentation by Mayor Teresa Surita, Mayor of Boa Vista, Brazil

“We need leadership that is trusted, inspired and which engages people.”

42. Other kinds of leadership which can lead to healthier societies are driven by social movements. Social movements should organically grow from the ground, not from an agency which has set out to make a change. Often international organisations tokenise civil society and social movements and assume that action needs to happen at global level. However, the focus should be at the national level. Unfortunately, civil society and social movements at national levels do not get enough support.
43. National leadership is also of critical importance. In each of our own countries, how can we support elected leaders, politicians and social movements when they take positive steps to build healthy societies? How can we ensure meaningful engagement with social movements at the macro level? What existing social movements are we not engaging with right now to build healthy societies?

#### Case study: Youth need support

Today, there are more young people in the world than ever before - 1.2 billion adolescents. They can bring about unprecedented societal and economic change, but only if they reach their full potential as leaders of today. But there's a problem for many of these young people. Almost 1.1 million adolescents died of preventable causes in 2018. In 2015 1.8 million adolescents were living with HIV. Millions of adolescents are displaced and in need of support. Millions have no access to sexual and reproduction health services. These adolescents are neglected and need investment and support to design their own strategies to address today's issues and create healthy societies.

#### What are the implications for action?

“The enabling environment for healthy societies will be created by all actors together.”

44. How does a political economy understanding of healthy societies help to direct specific actions and ways of acting?
45. Firstly, it starts with a clear and common conceptual understanding of what we mean by health and well-being and the things that drive them. This understanding needs to be communicated in relevant and accessible ways to the range and diversity of people and organisations involved in making our societies healthier.
46. It also means examining and using the evidence and knowledge we already have on the drivers of health and well-being, including perspectives from people directly affected by health challenges. It means building and working with understandings, relationships, collective forms of power, processes, ideas and incentives for action that turn challenges into opportunities in order to promote health and well-being.

“Deal with reality as it exists, work with change agents.”

“This requires looking at things as a systems issue and the interaction of multiple processes. They are not viewed the same by all. These are not mechanical systems which are failsafe; they are run by humans.”

“WHO needs to do more work on well-being, and live up to its Constitution. We need to include others such as civil society, trade unions and women’s organisations so we can co-create what it means in reality.”

47. Four key areas of action are to:

- i. **Frame the concepts, evidence, principles and goals of healthy societies and in so doing, listen to the people and communities involved. Ensure that messages are communicated in ways which make sense to peoples lives. This is about changing the ‘power within’ people in the way they think about healthy societies.**

We need processes to bring people together and create a shared language and vision. Collaboration must be built around shared principles, values and goals for health and well-being.

People need to feel like they are part of the solution and not be made to feel like they are part of the problem. Real grassroots social movements with authenticity will drive the changes that are needed.

- ii. **Nourish and build leadership in public, state and private sector. Facilitate co-operation and collaboration between sectors and actors to amplify messages and frame opportunities to act. This is about the ‘power to act collectively with others’.**

People in political leadership roles at community, local, national levels need to be nurtured and supported when they champion issues relating to healthy societies. Where can the champions of healthy societies at national, local and community levels find the support they need?

Are there proven ways in which it is possible to engage people coming from different places in the political economy; ways which address the determinants of health and well-being and power differentials and harness the qualities of the private sector and the public?

We need to bring different sectors together to identify common goals that get to the heart of their motivations. We need to look out for opportunities to impose strategic decision-making across siloes that prioritise action, for example with health as a focus. There needs to be transparency and trust among partners to build sustainable projects. Differences and conflicts will inevitably emerge along the way and we have to work through some of these differences together.

- iii. **Demonstrate the vision of healthy societies and share and show experience through various innovations, practices and exchanges. This is about the ‘power to’ act, and shows that change is not only possible but feasible, is in our common interest and is essential.**

We must learn from action, build communities of practice and network these communities to systematise and share experience and learning.

It is important to leverage the momentum of aligned agendas such as how cities and companies are motivated to make commitments on sustainability and climate metrics and actions. Although health is not the primary driver, there are health gains at work. Different models already exist to work directly with companies, through networks, on drivers of private sector behaviour, with citizens or benchmarking for example. What can we learn from this?

- iv. **Seize immediate opportunities and nurture the long term. This is about taking advantage of situations that arise in political windows or shocks while also sustaining and strengthening relationships, networks, practice and monitoring to show the benefits of action.**

For all of us, whatever sector, level or part of the world we live in, we all need to identify a range of new partners and ways of working to shift our practice to one which boosts healthy societies. There are tensions around how you seize the initiative in a noisy world, but also nurture the long-term gain.

Addressing power imbalances is not just a technical challenge. It is a socio-political challenge and is inherently affected, both positively and negatively by the processes used to promote health, including the way knowledge is generated and used. Equity needs to be at the heart of all approaches and interventions and we must seize the opportunity in the healthy societies agenda to promote it more strongly.

Stepping deeper into arenas such as people-centred development and primary health care is a good opportunity for international health actors to make a contribution.

## Next steps

“We need a vision board for healthy societies, examples of where it has worked well and we can show this to leaders.”

71. The challenge ahead of us is huge but so are the opportunities. The transformation of societies into healthy societies requires a radical shift in how we all act together, whether in the private sector, public sector, as state or citizen.

72. In acknowledging that the most important determinants of healthy societies lie outside the health system, the health sector must lift its horizons to envisage and put into practice a working relationship across professional and sectoral boundaries. It must articulate the economic and other benefits that public and private sectors and stakeholders gain when a healthy societies agenda is applied to their work, and it must be receptive to work in new ways with communities and people who articulate well-being as a value of health.

73. While this discussion on healthy societies raised many more questions than could be answered over the course of two days, there was a solid sense that action could be started by those in the room and among communities of practice at different levels. As this agenda involves cross-sectoral collaboration and leadership at all levels – community, local, national, regional and global - it was evident that many more people who were not present at the meeting could be engaged in the endeavours going forward. It is therefore necessary to develop a narrative on healthy societies which can meaningfully engage a range of public and private stakeholders, social movements and leaders at all levels.

74. Three key messages:

- i. A cross-sectoral approach is required to engage with the healthy societies agenda.
- ii. Different sectors are driven by different incentives and some will also align with positive outcomes for healthy societies.
- iii. We need broader collaborations and partnerships, with people-centered designs to address the challenges we face.

75. In terms of next steps, where can we start? Collectively the group agreed to undertake the following tasks:

- i. Conduct further work on the vision, narrative and communication of healthy societies through a process of co-creation to ensure broadest possible ownership including communities and citizens.
- ii. Explore a research agenda for the area of healthy societies focusing on understanding the context and drivers of healthy society.
- iii. Facilitate a broader discussion around multi-sectoral work in practice – what works? What can we learn from previous experience?
- iv. Identify future leaders and champions of healthy societies and find ways to support them.

- v. Write and publish communication pieces to share the agenda and suggested ways forward.
- vi. Develop networked communities of practice to support community engagement to design people-centred solutions for healthy societies.

## **New Reports and comment pieces flagged post conference**

- [Health Equity in England: the Marmot Review 10 Years On](#)
- [Global Health 50/50 report](#)
- [Gender and Health Index](#)
- [Catalyst2030 – Collaborating to Achieve the SDG's](#)
- [Bridging the Mental Health Gap - Chris Underhill - TEDxOxford](#)
- [Loss of life expectancy from air pollution compared to other risk factors: a worldwide perspective](#)
- [Offline: The pretensions of global health elites](#)

### **Alison Dunn**

Wilton Park | March 2020

Wilton Park reports are intended to be brief summaries of the main points and conclusions of an event. Reports reflect rapporteurs' accounts of the proceedings and do not necessarily reflect the views of the rapporteur. Wilton Park reports and any recommendations contained therein are for participants and are not a statement of policy for Wilton Park, the FCO or the UK government.

Should you wish to read other Wilton Park reports, or participate in upcoming Wilton Park events, please consult our website [www.wiltonpark.org.uk](http://www.wiltonpark.org.uk). To receive our monthly bulletin and latest updates, please subscribe to <https://www.wiltonpark.org.uk/newsletter/>

### **Digital Media:**

At the dialogue, we interviewed a number of participants asking them what they think would make societies healthier. Please see below the individual interviews with:

- [Florence Baigana](#), Psychiatrist and Public Health Specialist, Kampala, Uganda
- [Robert Yates](#), Executive Director of the Centre for Universal Health at Chatham House, London, UK
- [Nancy Wildfeir-Field](#), President of GBCHealth, New York, USA
- [Raj Panjabi](#), Chief Executive Officer of Last Mile Health, Boston, USA
- [Anders Nordström](#), Ambassador of Global Health in the Swedish Ministry of Foreign Affairs, Stockholm, Sweden
- [David Nabarro](#), Strategic Director of Skills, Systems & Synergies for Sustainable Development (4SD), Geneva, Switzerland
- [Michael Marmot](#), Director of University College London Institute of Health Equity, London, UK
- [Helen Clark](#), PMNCH Board Chair and Patron of the Helen Clark Foundation, New Zealand
- [Gunilla Carlsson](#), former Minister for Development Cooperation in the Government of Sweden

All the interviews can be accessed via this [link](#).

**We also recorded a [conversation](#) moderated by David Nabarro, Strategic Director at Skills, System & Synergies for Sustainable Development between Gunilla Carlsson,**



Minister for Development Cooperation in the Government of Sweden, Dr Kumanan Rasanathan, Board Member of Health Systems Global, and Dr Renzo Guinto, Chief Planetary Doctor of the Harvard TH Chan School of Public Health **on what will ensure healthier societies and healthier populations.**