

# Launching a global movement for societal wellbeing

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## Article history

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## The 10th Global Conference on Health Promotion

The 10th Global Conference on Health Promotion (10GCHP)<sup>1</sup>, held in December 2021, was a significant milestone in global efforts to bring about a more healthy, equitable and sustainable world.

The World Health Organization (WHO) designed the conference as a platform for launching a new global movement to catalyse and support the concept of “wellbeing societies”. With the theme of “Health Promotion for Wellbeing, Equity and Sustainable Development”<sup>2</sup>, the conference was centred in Geneva, Switzerland, but was attended by around 5000 participants virtually.

For WHO, the conference theme heralds a potential paradigm shift, as it situates health promotion and disease prevention strategies within the broader rubric of wellbeing. Health is a common thread in the current crises and emerging challenges the world faces. But wellbeing has increasingly come to serve as a unifying concept across the health, social, economic and environmental responses needed to meet these challenges, beyond what health can achieve alone.

Adopting a wellbeing frame reflects a positive and holistic approach, in keeping with the original definition of health in the WHO Constitution.<sup>2</sup> Remarkably, despite ‘wellbeing’ being core to this definition, the 10GCHP was the first major WHO conference to have focused on wellbeing in WHO’s 70-plus year history.

Building on this and related initiatives, in a move that further strengthens this agenda, member states took a resolution to the 75th World Health Assembly in May 2022 for the WHO to “develop, within WHO’s mandate, a framework on achieving wellbeing, building on the 2030 Agenda for Sustainable Development”.<sup>3</sup>

## The global context

The global context for the conference provides some insight into its focus and design.

The previous global health promotion conference held in Shanghai, China, in 2016 introduced the Sustainable Development Goals (SDGs) as a “crucial platform” for health promotion into the future.<sup>4</sup> The Shanghai conference report foreshadowed this would require transformative policies aimed at advancing the wellbeing of society as a whole.

Five years on, the world has changed dramatically. The 10GCHP took place against the backdrop of the multiple devastating impacts of the coronavirus 2019 (COVID-19) pandemic, which underscored the role of health as a precondition for sustainable development. As a result of the pandemic, progress on the SDGs stalled, and many existing inequities in health and welfare within and between countries deepened. In response, beyond specific disease control measures, WHO has called for rethinking health and other systems, and measures to build more equitable and resilient societies and communities.

The 10GCHP was also held 1 month after the UN Climate Change Conference UK 2021 (COP-26)<sup>5</sup>, with its renewed sense of urgency to accelerate climate action. WHO’s special report prepared for the Glasgow meeting set out a far-reaching agenda, arguing that protecting health “requires action well beyond the health sector, in energy, transport, nature, food systems, finance and more”; and the need to transition toward a “wellbeing economy” that could underpin a healthier, fairer, and greener future.<sup>6</sup>

## The wellbeing agenda

The notion of wellbeing has an extensive history with roots in classical and political philosophy. While understood differently, wellbeing is generally associated with ideas of the ‘good life’ – a life with meaning and purpose – and a ‘good society’ that enables people to thrive. Therefore, wellbeing is seen as a multidimensional concept that encompasses the social and economic conditions necessary for living well in flourishing communities. These conditions broadly align with the social determinants of health.<sup>7</sup>

Over the past 3 decades, various frameworks and measures that reflect this multidimensional concept of wellbeing have been developed. These have attracted increasing interest as an alternative to the dominance of GDP (gross domestic product) as the leading national measure of societal progress. Often referred to as the “Beyond GDP” movement, support for these ideas accelerated following the global financial crisis, amid widening recognition that the prevailing paradigm of economic growth was unhealthy, inequitable and unsustainable. More recently, the UN 2030 Agenda<sup>8</sup>, the contributions of ecological economics<sup>9</sup>, and growing concerns about climate change and health, and loss of biodiversity, have seen a stronger emphasis on planetary

wellbeing, and the health and wellbeing of future generations.<sup>10</sup>

Initially, the ‘Beyond GDP’ movement was concerned mainly with indicator development and measurement. Over time it has evolved into seeing more countries adopt alternative measures of progress to inform policy decisions. While the mechanisms, policy levers and terminology used vary with the local context, for a growing number of governments, wellbeing has now become an overarching societal and policy objective. Some examples include New Zealand’s “wellbeing budget”, Wales’s *Well-being of Future Generations Act*, Ghana’s SDG budget, and Scotland’s *National Performance Framework*.<sup>11</sup> The idea of the “wellbeing economy” has received increasing attention globally.<sup>12</sup>

By engaging with this agenda at this critical time, WHO has recognised the new opportunity to integrate strategies to promote health with these broader efforts to prioritise human and planetary wellbeing. In advancing the idea of wellbeing societies, WHO provides a framework that opens possibilities to achieve synergies between health goals and strategies and other policy domains, forge new partnerships, and leverage action across multiple determinants.

## A new charter for wellbeing

The main principles of a wellbeing society are set out in the 10GCHP outcome statement – *The Geneva Charter for Well-being*.<sup>13</sup> The Charter calls on health promotion to play a key role in catalysing and supporting the wellbeing movement.

The Charter begins by stating “the urgency of creating sustainable wellbeing societies, committed to achieving equitable health now and for future generations without breaching ecological limits”. To achieve this, it proposes the need for coordinated action in five areas (echoing the Ottawa Charter<sup>14</sup>), as discussed below.

In transitioning to wellbeing societies, the Charter emphasises the need to learn from Indigenous cultures, and countries and communities that prioritise wellbeing. It calls for new measures, beyond indicators of economic activity, of the determinants of human and planetary wellbeing, including the resources that will shape the wellbeing of future generations.

A key message of the Charter is that a wellbeing society can only be achieved with the full engagement and participation of people, communities, sectors and government at all levels and is the outcome of the policies, institutions, economies and ecosystems in which people live. In this sense wellbeing is a political – and collective – choice.

The Charter brings a wide lens to the challenges that threaten societal wellbeing. Included among these are population displacement, and geopolitical conflict and militarisation. These words were included at the urging of participants from current or former conflict zones, prior

to the devastating loss of life and humanitarian crises arising from the conflict in Ukraine. This serves as a timely reminder that the first of the fundamental resources for health in the *Ottawa Charter for Health Promotion* is peace.<sup>14</sup>

## Implications for public health

For public health practitioners and researchers, or those delivering health services, focusing on societal wellbeing may seem a hard concept to operationalise.<sup>15</sup> However, the new Charter recognises delivery of “promotive and preventive” services as a key contribution the health sector can make to achieving wellbeing. Overall, we believe the shift to the ‘wellbeing’ frame offers new possibilities for public health.

For example, the notion of a ‘wellbeing society’ offers renewed opportunities for engaging with policy makers and new entry points to influence determinants of health through established strategies such as healthy cities and Health in All Policies (HiAP).<sup>16</sup> The Charter also underlines the need for public health to consider the impact of its efforts on wellbeing more broadly and to ensure strategies enable people and communities to take control of their health. This was often missing in the response to the COVID-19 pandemic.<sup>17</sup>

In addition, each of the five Charter action areas can be seen as providing opportunities for public health at local and global levels:

- *Value, respect and nurture planet Earth and its ecosystems:* This reinforces the need to bring a planetary health perspective to all public health efforts. This can include, for example, contributing to efforts to create sustainable healthcare systems and encouraging interaction with nature through strategies to promote physical activity.
- *Design an equitable economy that serves human development within planetary and local ecological boundaries:* This can include actions to improve the regulation of the commercial determinants of health, strengthening investments in health, and supporting production and consumption systems based on circular economy principles.
- *Develop healthy public policy for the common good:* This provides a framework to advance multisectoral strategies consistent with the SDGs and health equity. The lessons learnt from implementing HiAP can be applied within a broader context of “wellbeing in all policies”, and priority is given to improving health governance at all levels.
- *Achieve universal health coverage:* Public health can play a key advocacy role and work to ensure priority is given to the development of primary care, health promotion, preventive services, and mental wellbeing, thus supporting the universal health coverage goals of equitable access and equitable health outcomes.

- *Address the impacts of digital transformation:* Public health can build on the experience of promoting health literacy to enhance digital health literacy and prioritise strategies to overcome inequities arising from the ‘digital divide’; and address the adverse impacts of digitalisation such as exclusion, bullying, misinformation and the “commodification of attention”.<sup>18</sup>

## Where to from here?

For World Health Day in April 2022, WHO confirmed its intention, as proposed in the Geneva Charter, to foster a movement to create societies focused on wellbeing, and focus global attention on the urgent actions needed to keep humans and the planet healthy.<sup>19</sup>

This is a bold step by WHO, and we hope it will see a positive response from the wider health sector, civil society and governments internationally. The World Health Assembly call to develop a wellbeing framework adds further momentum, and we look forward to seeing where WHO takes the wellbeing agenda from here.

In the meantime, we encourage debate in the public health community as to how best to draw on its experience and knowledge to build and support the movement toward wellbeing societies and implement the Geneva Charter.

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TC is a member of the Technical Advisory Group on Climate Change, the Environment and Health for the WHO Western Pacific Region. CW is Co-Director, WHO Collaborating Centre for Advancing Health in All Policies Implementation.

## Peer review and provenance

Internally peer reviewed, invited.

## Competing interests

VL and CS were members of the drafting group for the *Geneva Charter for Well-being* and the advisory group for the 10GCHP. TC also contributed to the advisory group. CS also contributed to the Conference as a contractor to WHO through the Monash Sustainable Development Institute.

## Author contributions

VL drafted a report on the 10GCHP which provided source material, proposed the structure, commented on early drafts and edited the manuscript. CS led the writing of the final draft; CW and TC provided comments and suggested wording.

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