
Synergies for health in a transformed world

Chris Brown, Head, WHO European Office for Investment for Health and Equity

February 2025



IL LAVORO DELL'UFFICIO DI VENEZIA IN SINTESI



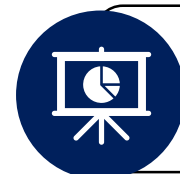
**Dati, prove e migliori
pratiche**



**Processo decisionale e Strumenti
di allocazione delle risorse**



**Analisi, consulenza e attuazione
delle politiche nazionali su misura**



**Sviluppo di capacità e
scambio di conoscenze**



**Ridurre le disuguaglianze nella
salute**

Gruppi territoriali, di genere e
vulnerabili



**Combattere la violenza contro
le donne e le ragazze (VAWG)**



Resilienza del settore sanitario

Iniziative speciali per regioni e piccoli
paesi



**Il caso economico per gli
investimenti nei sistemi sanitari
e nelle società sane**



L'economia del benessere





1

Trends impacting Health and Wellbeing across Europe and in Italy

Status and trends and gaps in progress - who is falling behind and why ?

2

Rethinking how we protect and promote health

New Synergies for improving people's wellbeing in the context of their social and economic lives

3

Looking to the Future

harnessing technology, high social impact models of prevention and care, financing healthy transitions

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Recent and ongoing crisis impacting our Communities and Places

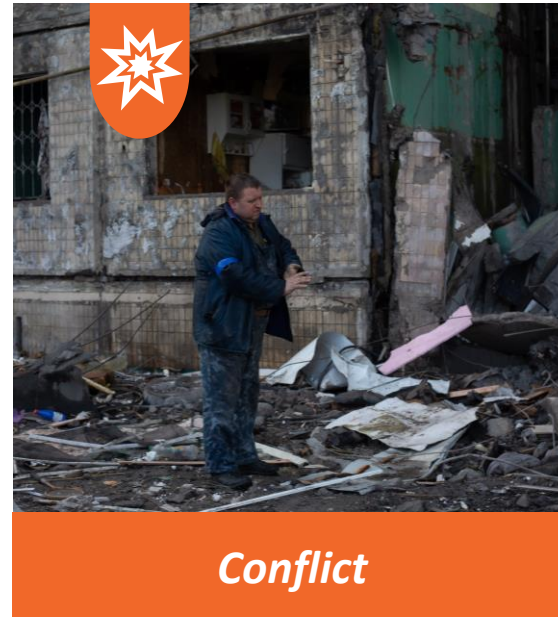


- Over **2 million** deaths in the European Region ([WHO/Europe](#))
- **600,000** excess deaths in 2 years in left behind places and
- **27%** of adolescents report COVID-19 negatively impacted their school performance ([WHO/Europe](#))

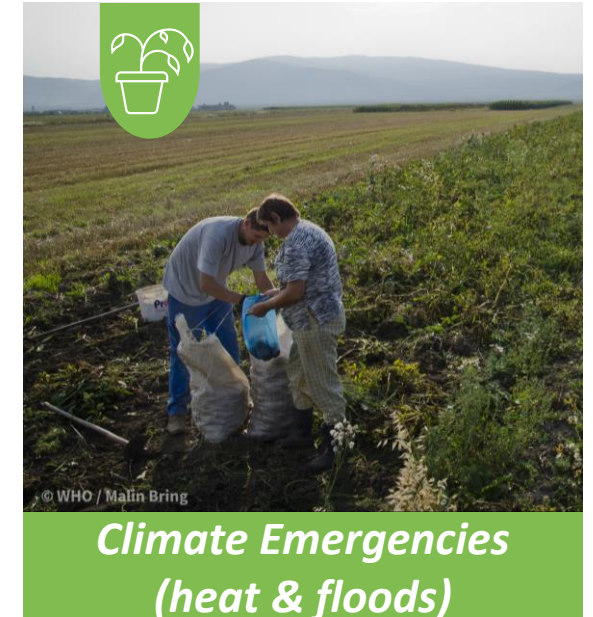


- **1 in 7 older people** are in **relative poverty** (OECD)
- Between 2015 and 2023, house prices in the EU almost doubled ([Eurostat](#)).
- **2022: 41% of Italians** struggled to pay energy bills within three months ([YouGov](#))

Source: [Report of the Regional Director](#)



- Conflicts in Ukraine and the Middle East have severely **impacted health care systems**
- Millions of people in these regions have **no/ limited access to essential health services**.
- Millions more are displaced, have **lost their homes and separated from their families**



- In 2024, over **380.000** hectares of forest have been destroyed by wildfires in the EU ([European Commission](#))
- In 2023, Emilia Romagna experienced 6 months of rain in just 1.5 days, leading to **23 rivers bursting their banks and displacing 30,000 people** ([Barnes et al.](#))

Italian Senate Rome | 26 February 2025

2nd wave of socioeconomic impact

3rd wave of socioeconomic impact

Shortage of informal care and increase in isolation of older people
Loss of gender equality gains

1 in 3 older people experience loneliness, and **1 in 4** experience **social isolation**

Rising suicides

10.2 intentional self-harm deaths per 100k in EU (2020)

Increase in avoidable hospitalizations

Housing insecurity – increase in

COVID: **600k excess deaths** due to **low human development** and **health investment**

Excess mortality and morbidity

Increase in levels of stress and anxiety

Increase in poverty risk

Mental health problems

Rising crime

Business closures

Stigma and xenophobia

Adverse childhood experiences (ACEs)

Increase in family stress

Rising levels of youth not in employment, g

~50% of EU youth report unmet needs for mental health care (2022)

47% of poor adults now live with a limiting illness

Long-term ill health

Slower recovery and widening economic and health gaps between geographical areas

the health gap between the bottom and the top income groups has grown by **4.7%**

Employment insecurity and underemployment

Increase in poverty risk and working poor

Hunger – food and fuel insecurity

Higher infection and death rates among marginalized populations, those with poor health and in territories with fragile health

Job loss

Increase in gender-based violence

Increase in alcohol consumption

Increase in family stress

Disadvantaged children less able to catch up on schooling

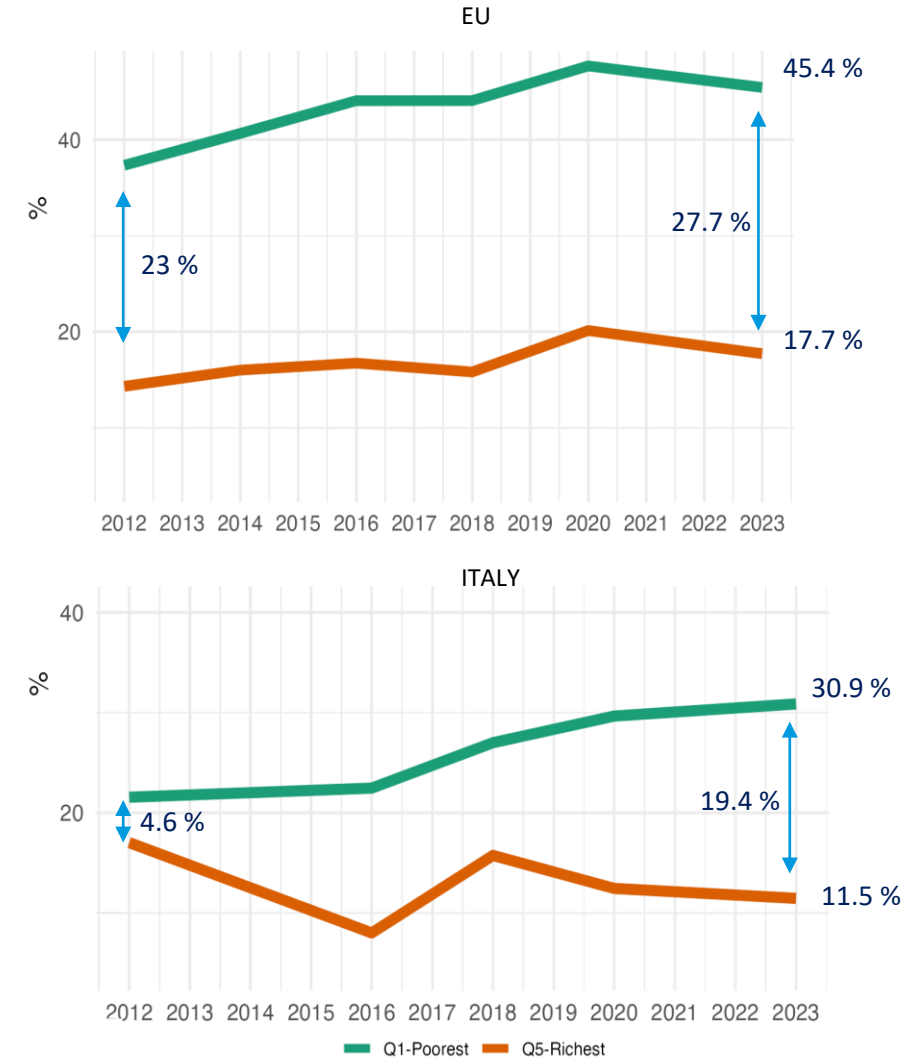
Rising levels of youth not in employment, g

Increase in alcohol and addiction

Long-term unemployment

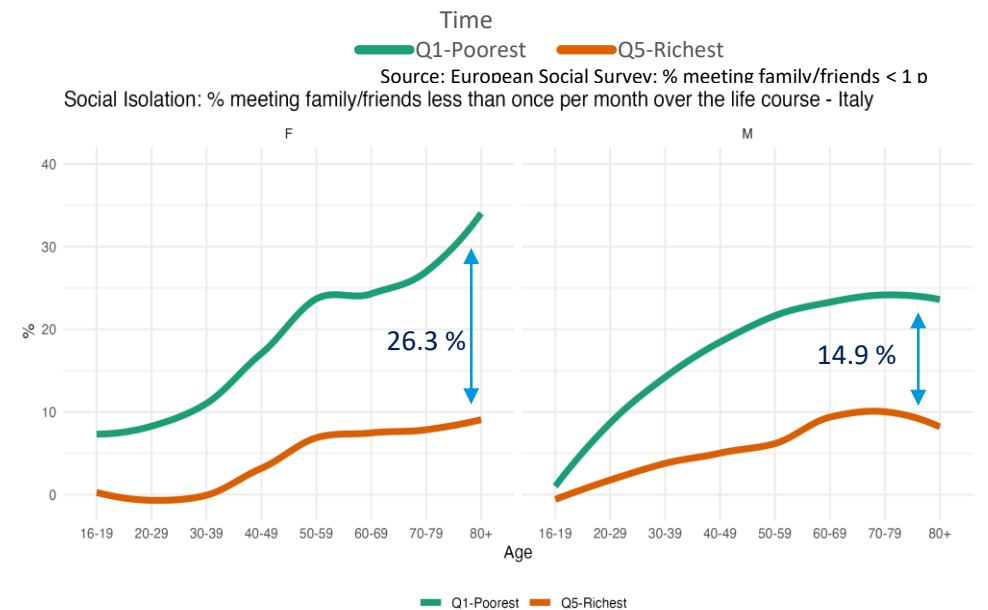
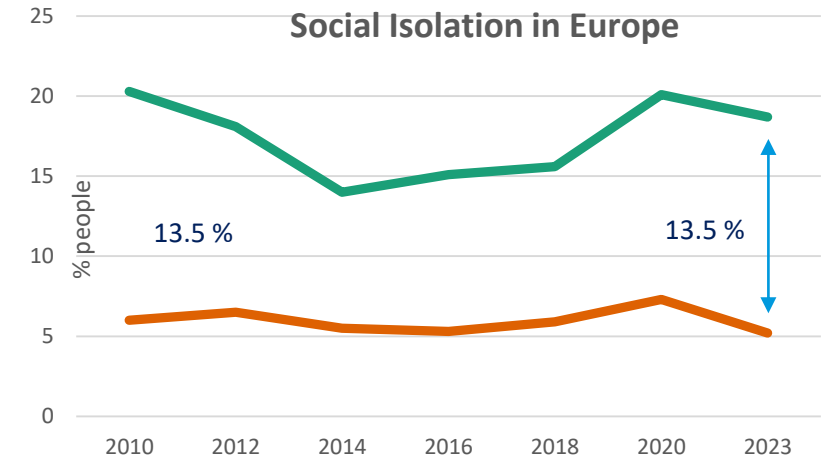
The Health GAP - Living with an illness that limits daily life

- **In Europe in the last 10 years the health gap between the bottom and the top income groups has grown by 4.7%. (from 23% to 27.7%)**
- **In Italy in the last 10 years the health gap between the bottom and the top income groups has grown by 14.8%. (from 4.6% to 19.4%)**
- The **Gap widens from mid age groups** for both men and women in Italy
- **Poorer women spend more of their whole life in poor health** and by retirement the gap between women in the bottom and the top income is 20%
- **There is a big jump in the health gap for poorer men from the age of 60 onwards.** By 80 years, the health gap between men in the bottom and the top income groups is 30%



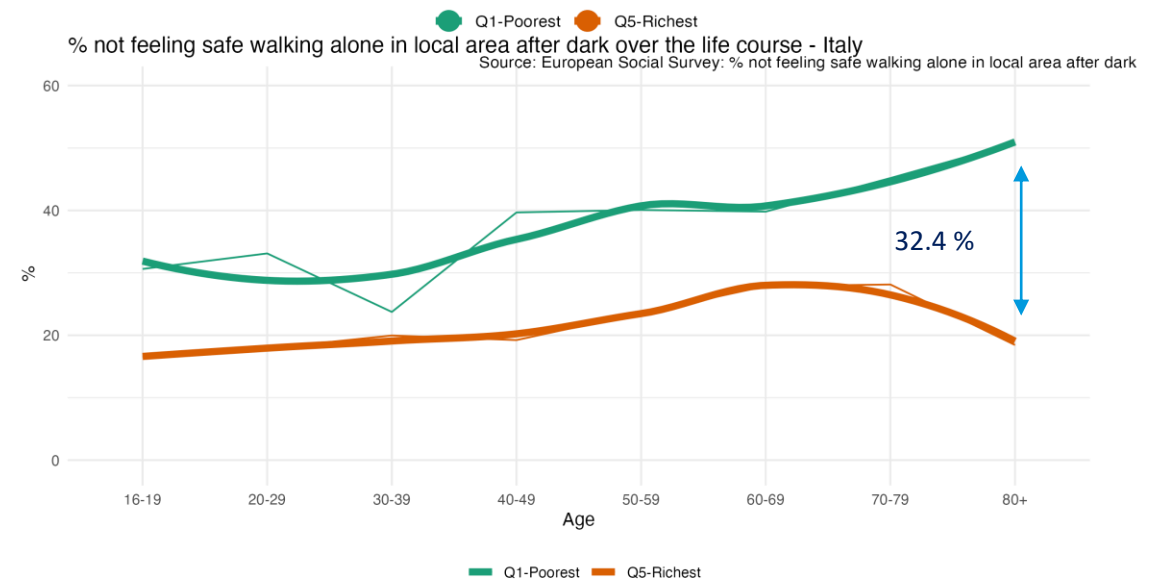
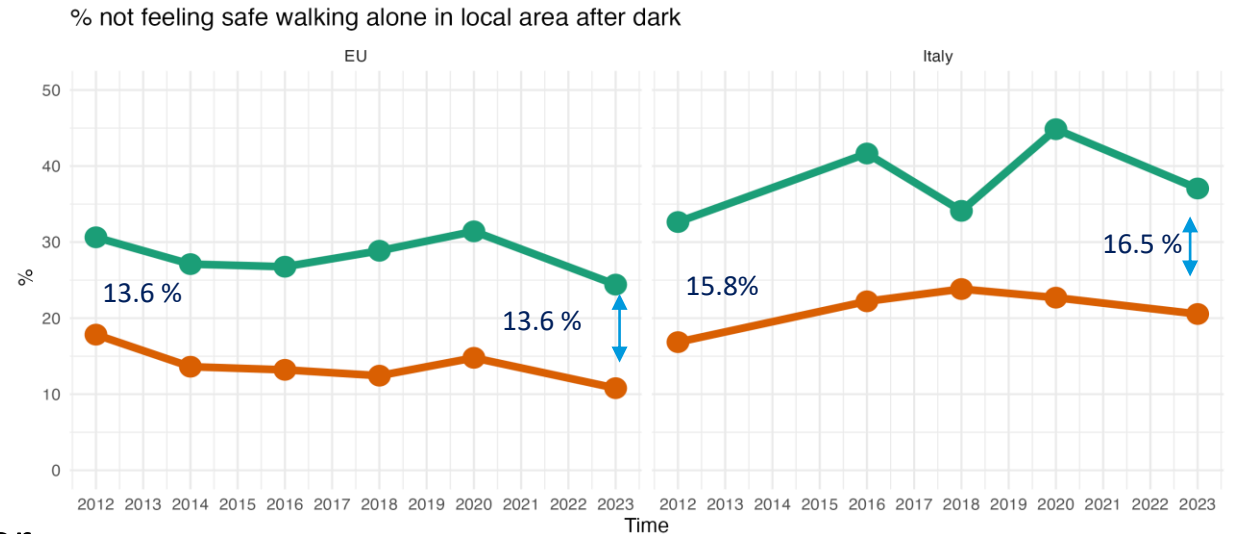
The Social Isolation Gap has increased in Italy and the gap between poorest and richest income groups has widened compared to the EU average.

- In the last 10 years **the social isolation Gap** between poorest and richest income groups in EU remains high at **13.5%**
- In the last 10 years the **social isolation Gap** between poorest and richest income groups in Italy has not changes and is **10.2%**
 - The Social isolation gap between poorer and richer **women in Italy increases to 26.3% by later life**
 - The social isolation gap between poorer and richer **men increases to 14.9% by later life.**



The Safety GAP - Feeling safe to walk in our neighborhoods

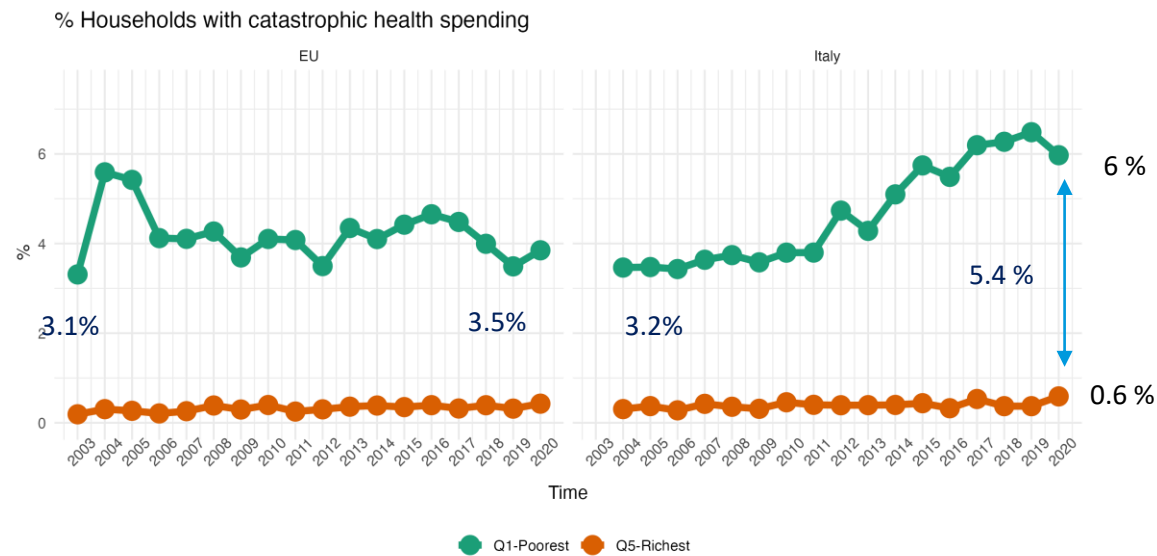
- Today in the **EU 24.4 % of the poorest income groups feel unsafe** in their neighborhoods compared to **10.8% of the richest income groups**.
- Today in **Italy 37 % of the poorest income groups feel unsafe** in their neighborhoods compared to **20.5% of the richest income groups**.
- **The EU Feeling Safe GAP has not changed in 10 year and is 13.6%**
- **Italian Feeling Safe GAP has slightly increased in 10 years (from 15.8% to 16.5%)**
- **The Feeling Safe GAP in Italy increases by age and income to 32.4%** between poorer and richer older people



The Health Impoverishment GAP

Households with out-of-pocket payments greater than 40% of their capacity

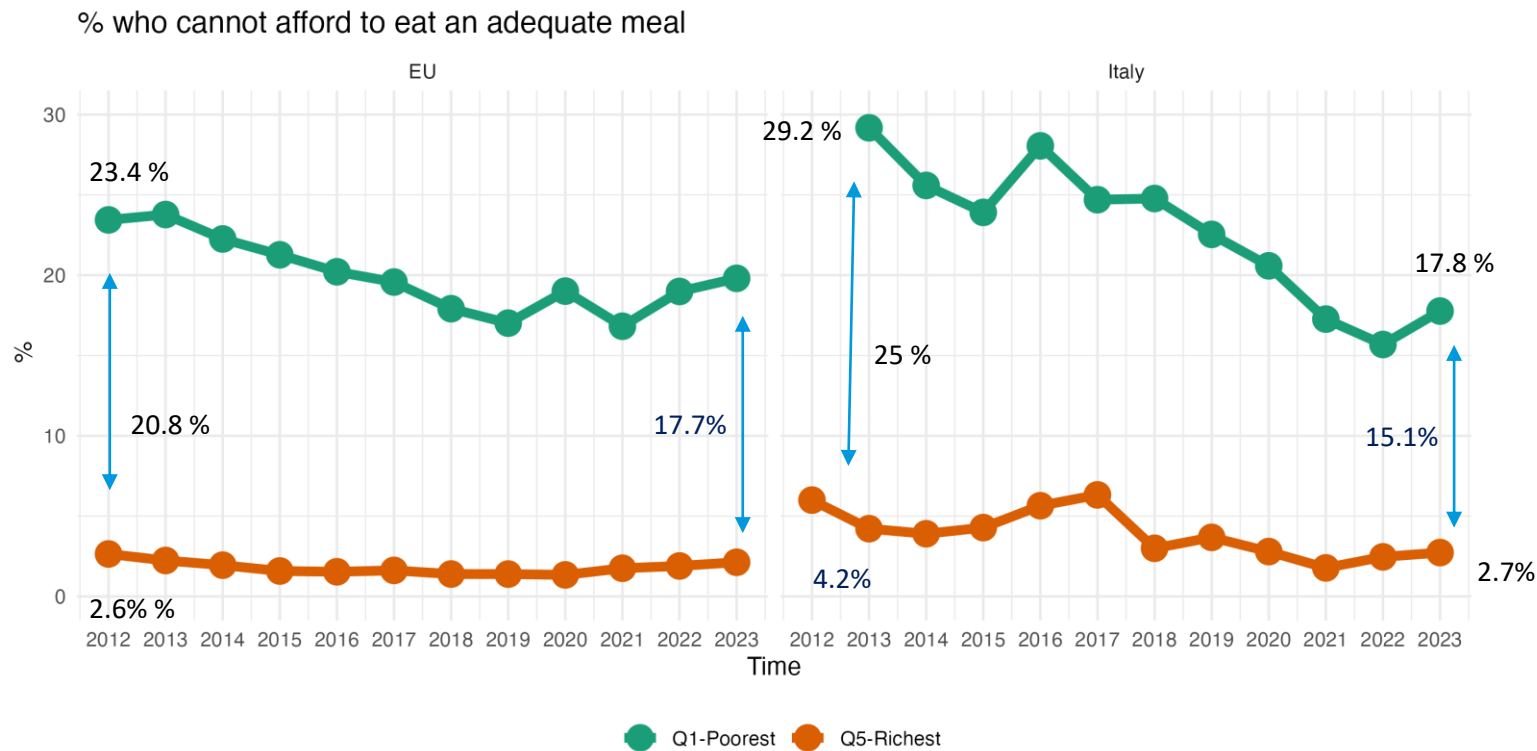
In Europe catastrophic health care spending



Source: WHO Barcelona Office % households with out-of-pocket payments greater than 40% of their capacity to pay

- In Europe in the last 10 years the **health impoverishment gap** between the poorest and richest income groups has **remained the same** and is **3.5%**
- In Italy in the last 10 years the **health impoverishment gap** between the poorest and richest income groups health **has increased** by 2,2 % and is **5.4% (from 3.2 to 5.4%)**

The Security GAP – households experiencing food insecurity



Source: EU-SILC: % Can't afford a meal with meat (or vegetarian equivalent) every second day % who cannot afford to eat an adequate meal

- In Europe today 20% of people with the lowest incomes face daily food insecurity compared with 3% of people on highest incomes.
- In Italy today 17.8 of people with the lowest incomes face daily food insecurity compared with 2.7% of people on highest incomes
- The food security gap across EU average has closed by 3.1% in 10 years but is still high at 17.7%
- The food security gap in Italy has closed by 9.9% in 10 years is lower than the EU average but remains significant at 15.1%

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Nuove sinergie per migliorare il benessere delle persone nel contesto della loro vita sociale ed economica e della loro fase di vita

Affrontare la violenza in casa -
violenza contro le donne e le
ragazze

Giovani, salute mentale,
resilienza e inclusione

Approcci basati sul luogo
Aree remote e rurali

Invecchiare è vivere
invecchiare ugualmente
bene



Remote and Rural Areas

improving peoples's health, health services and public health goods to drive inclusion and reduce poverty



England (UK)

Levelling Up Rural England:

- Weighted budgeting for schools
- Support for pharmacies
- Financial incentives and additional training places for GPs
- Investment in rural transport and business
- Community assets



Spain

Law on Rural Proofing:

- 2021 law established public policy evaluation to review and assess rural impact of policies
- G100 Rural Proofing: stakeholder group to advise on integrating a rural perspective in laws



Sweden

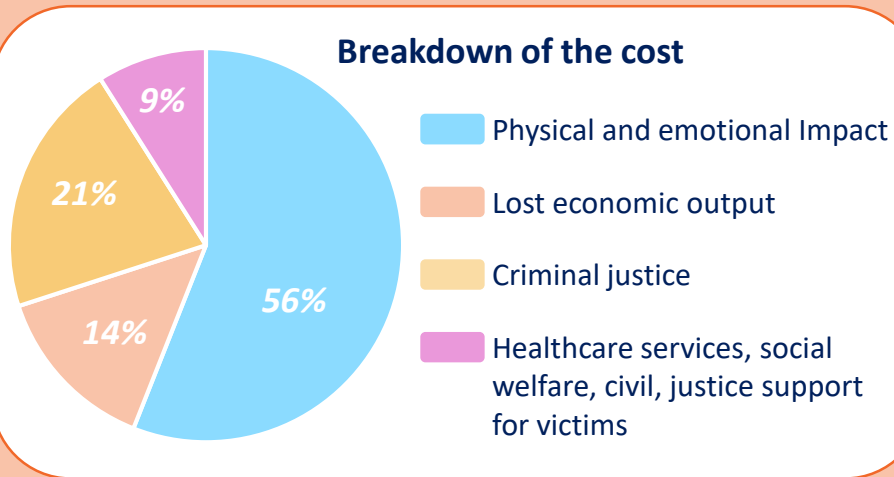
Cottage Hospitals:

- Small primary care units staffed with GPs
- intermediary between PHC and hospitals
- Community engagement has resulted in industrial innovation
- 40 telemedicine tools, including consultation, diagnosis, monitoring, and self-care

Tackling Violence in the Home and in our Communities

€366 billion

Yearly cost of gender-based violence across the EU



Source: [EIGE](#)

€174 billion
yearly cost of intimate partner violence (EU)

€49.1 billion
yearly cost of gender-based violence in Italy

Source: [EIGE](#)



"I am very bothered by the number of women which are killed by their partners, both West and Eastern Europe, 26% of the women between 15 and 49 years report at least one incident of intimate partner violence or non-partner sexual violence.

Health services are at the frontline of responding to violence against women and girls."

Dr Hans Kluge, WHO Regional Director for Europe

Empowering Health Systems to End Gender-Based Violence



Our Priorities

- Expand lifesaving services
- Strengthen health systems
- Ensure quality care
- Engage communities
- Collaborate with partners

OUR KEY ACHIEVEMENTS

2000+

MEDICAL PROFESSIONALS AND PARTNERS TRAINED on clinical management of rape and intimate partner violence in **Ukraine, Romania, Poland, and Moldova**



TRAINING FOR HEALTH POLICY MAKERS AND MANAGERS FROM 11 COUNTRIES from WHO/Europe & Eastern Mediterranean regions

WHO guidelines translated by national experts into **5 LANGUAGES**



INCLUSION OF WOMEN-LED CIVIL SOCIETY ORGANIZATIONS

in the EURO knowledge community for peer learning & engagement including policy makers, CSOs and technical experts from 11 countries

Young Peoples health at the heart of service design, policies & investment decisions



Partnerships & Alliances

The WHO European Pan-European Mental Health Coalition:

- **330 members:** national leaders, experts, civil society & organizations
- **Knowledge sharing, capacity building adapting best practices** in health, social education and labor services and policies,
- **Youth4Health Network:**
- **Young health leaders** advocate & engage in policy, service design/ evaluation.
- **155 Youth Organizations** and representatives from 35 countries



Investing in Young Peoples health and wellbeing

Convening Ministries of Health, Finance, and Central Banks

- **new tools for routine investment decisions** in youth mental health and inclusion
- collaboration between **WHO Europe, Italian Ministry of Health and Central Bank of Italy**
- Italy, Iceland, UNK, Greece, Finland, Lithuania Participating

Ageing as Living - ageing equally well



WHO Age-friendly Cities Network

- 320m people, 12 national networks, 1,600 cities

Identify & address barriers in:

- Community & healthcare
- Transportation
- Housing
- Social Participation
- Outdoor spaces
- Respect & Social Inclusion
- Participation & Employment
- Communication & information



Men's Shed

Social Literacy 77% improved communication, 90% social skills, 88% organization skills

Health Literacy 88% reported access to male health info, 97% felt better about themselves, 91% improved well-being

Personal, Educational, and Employment 75% learned leisure skills and hobbies, 67% learned digital skill



Fall Prevention

Falls Management and Exercise Program (UK)

- Maintaining functional capability & independence
- 24-week program led by postural stability instructors and delivered in community venues
- For every £ invested, the societal return is **7-fold for home adaptation** and **2-fold for group exercises**



Equity and Gender responsive treatment and care **Example Italy**

Programma Nazionale Equità nella Salute

Home Programma ▾ Struttura ▾ Sorveglianza ▾ Progetti ▾ Opportunità ▾ Norr

In evidenza

Programma Nazionale Equità nella Salute

Obiettivo è rafforzare i servizi sanitari e renderne più equo l'accesso in sette Regioni: Basilicata, Calabria, Campania, Molise, Puglia, Sardegna, Sicilia



Example Italy **Aree di intervento**



Prendersi cura della salute mentale



Maggiore copertura degli screening oncologici



Il genere al centro della cura



Contrastare la povertà sanitaria

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Harnessing AI for the well-being and mental health of young people



Nearly 50% young people in EU report unmet needs for mental health care

 **AI-driven
'bots'**

Already being used to act as virtual therapists, extending access to support for those unable to access/ afford traditional forms of therapy.

A young person is 2x more likely to have poor mental health if living in poverty or left school with few qualifications

 **Personalized
learning tools**

Tools that can expand access to and improve educational outcomes for children and adults

30-50% of patients with schizophrenia experience inadequate responses to existing antipsychotics

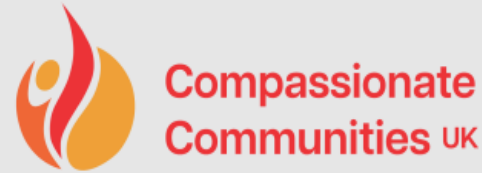
 **Virtual Brain
Twin**

Generate virtual brain twins for psychiatric patients to simulate treatment to guide clinicians in optimising medication type and dosage and exploring alternative treatments

High Social Impact Approaches

- **New community health models** are connecting people to activities, groups, and services in their community to meet the practical, social and emotional needs & improve health and wellbeing:
 - **Social Prescribing**
 - **Community Wealth Building**
 - **Health Anchors**

United Kingdom



Compassionate Communities *Enhanced model of Primary Care*

- Leverages social networks, local knowledge and assets to improve health outcomes
- 14% less hospital admissions
- Reduced Loneliness
- Improved mental health and Coping Skills

Belgium



Caring Neighborhoods *Prevention and social connectedness*

- 133 caring neighborhoods
- Combat polarization through activities that connect citizens across ages in meaningful activities
- Using local knowledge to make neighborhoods healthier and safer
- Integrated health services, using formal and informal care

Wellbeing Cities and Regions

Live Health & Wellbeing LABS



Social outcome contracts



Well-being Metrics & Budgets



Wellbeing driving Economic Strategies & Innovations



Culture & greening



European Region



Utrecht Heart of Health

*healthy living
environments driving
business, innovation and
investments*

Companies, governments, knowledge & educational institutions working together to develop solutions & innovations that enable citizens to lead healthier lives



Friuli Venezia Giulia Well-being Economy innovation HUB

*un innovativo sito pilota
sull'Economia del Benessere*

L'innovazione, la co-produzione e lo scambio di conoscenze gestito dall'Organizzazione Mondiale della Sanità (OMS), Ufficio Europeo per gli Investimenti per la Salute e lo Sviluppo di Venezia.

*Giunta Regionale Regione Autonoma Friuli Venezia
Giulia, 14 Novembre 2024*

Financing the Shift to Healthier Societies

Innovations in



Shaping existing spending:

*Well-being budgets
Linking spending with well-being metrics*



Generating new Revenues:

innovations in tax systems

Impact Investment
new ways to unlock funding

Debt for Health Swaps

Impact Investment: *is investment that deliver measurable health, social and environmental impacts alongside financial return*

- **1.6 Trillion USD** estimated in the global **impact investment market**
 - **Increasingly used by governments and public authorities** to invest in healthier societies (e.g. Social Bonds, Social Outcome Contracts)
 - that **over 750 million USD globally are being used to fund** health, employment, training, family support, education, interventions for homelessness and justice amongst (*University of Oxford Government Outcomes Lab*)
-
- **WHO Europe is developing an Impact Investment Alliance for Health and Well-being** to support member states in using impact investment to fund the implementation of best buys and promising approaches/ services that deliver measurable and sustainable health impacts and close health GAPS.
 - **Evidence Synthesis and technical papers on 'best buys'** : investing in youth well-being, ageing well equally , and use of impact investment for health equity



Tools and approaches to quantify the return on investment for tackling big health and social issues e.g. violence against women and girls



Economic Costing

Calculating the economic benefit of prevention of violence against women

State of Victoria, Australia

1 billion AUD in early intervention initiatives under the Early Intervention Investment Framework (EIIF) and Partnerships Addressing Disadvantage (PAD)

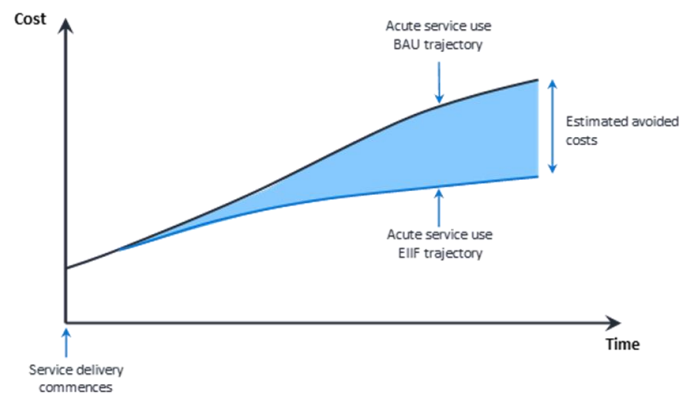


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The UK

A package of interventions led to £7 billion decrease in the cost of domestic violence:
from £23 billion in 2001 to £16 billion in 2008.

Lessons can be applied to develop other estimates of costs and benefits

Reference: *The Cost of Domestic Violence: Up-date 2009*, Sylvia Walby. UNESCO Chair in Gender Research, Lancaster University, UK

I risultati in materia di equità sanitaria possono essere raggiunti in quattro anni!

I “migliori acquisti” per colmare le lacune sanitarie

Un investimento dello 0,1% del PIL in ciascuna di queste politiche



In un paese con una popolazione di

Vite liberate da malattie limitanti tra il quinto meno abbiente della popolazione

4 milioni	→	15,000 vite
40 milioni	→	150,000 vite
80 milioni	→	300,000 vite

Fonte: WHO European Office for Investment for Health & Development, (WHO Venice Office) 2019

Thank You



**WHO European Office for Investment for Health and
Development**

