GLOBAL WELLNESS
SUMMIT **2018**
OCTOBER 6-8 | TECHNOGYM | CESENA, ITALY

WHO, What & Wellness:
Where Does Wellness Fit at the World Health Organization?

Dr. Ranieri Guerra, assistant director general, strategic initiatives,
World Health Organization, Switzerland

1. *It is a shrinking world.*

Communications, transports, mobility, migrations, jobs and economics, trade

2. *It is a crowded world.*

Life expectancy, decrease in fertility, ageing, survival from diseases, vaccines, BUT also increased demand for energy, natural resources, food, water

3. *It is an older world.*

Prolonged dependency ratio of youngers, less flexible workforce, high demand on care and support services, shift from cure and survival into care and quality of (residual) life, creative minds and millennials or Y generation as well as centennials or Z generation

4. *It is a world of mounting tensions*

Due to these four factors among others, the problems which face the medical and public health professions have changed character drastically in the last few decades. Chronic illness and mental disease are far more prevalent. A great range of neurotic and functional illnesses, which seldom destroy life but which interfere with living a productive and full life, are on the increase.

The preventive path of the future, both for medicine and public health, inevitably lies largely in reorienting a substantial amount of interest and energy toward raising the general levels of wellness among all peoples.

The types of questions needing answer are: How do we distinguish and classify degrees or levels of wellness? What are the effects of age, sex, and race on these levels? In what ways can we recognize a particular level in and of itself so as to be reasonably sure we are dealing with a homogeneous group?

If an objective yardstick of wellness can be calibrated in biochemical, physiological, and psychological terms, it would soon become a powerful new tool for the physician, enabling him to recognize low-level wellness and to develop therapies to raise lower levels to higher ones.

Dr. Dunn is chief of the National Office of Vital Statistics, Public Health Service, of the U. S. Department of Health, Education, and Welfare, Washington 25, D. C.

This paper was presented before the Second General Session of the Ninth Annual Meeting of the Middle States Public Health Association in Milwaukee, Wis., April 29, 1958. This address was also presented in part before the Statistics Section of the American Public Health Association at the Eighty-Sixth Annual Meeting in St. Louis, Mo., October 30, 1958.

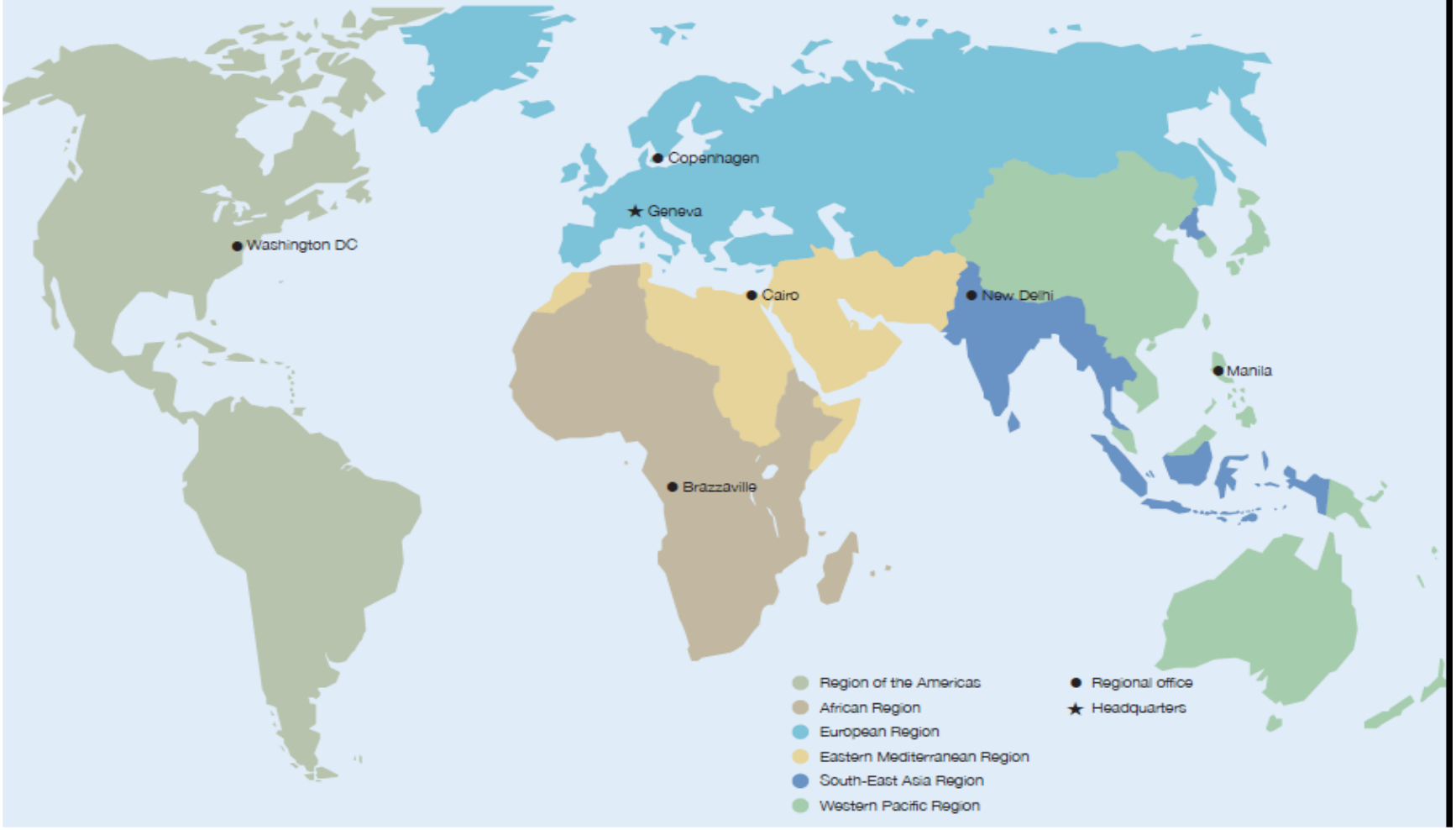
HIGH-LEVEL WELLNESS FOR MAN AND SOCIETY

Halbert L. Dunn, M.D., Ph.D., F.A.P.H.A.

Everywhere and nowhere

WHO at a glance

- 194 Member States
- Headquarters in Geneva
- 6 regional offices
- More than 150 country offices
- More than 7000 staff
- More than 700 institutions supporting WHO's work
- Close partnerships with UN agencies, donors, foundations, academia, nongovernmental organizations and the private sector



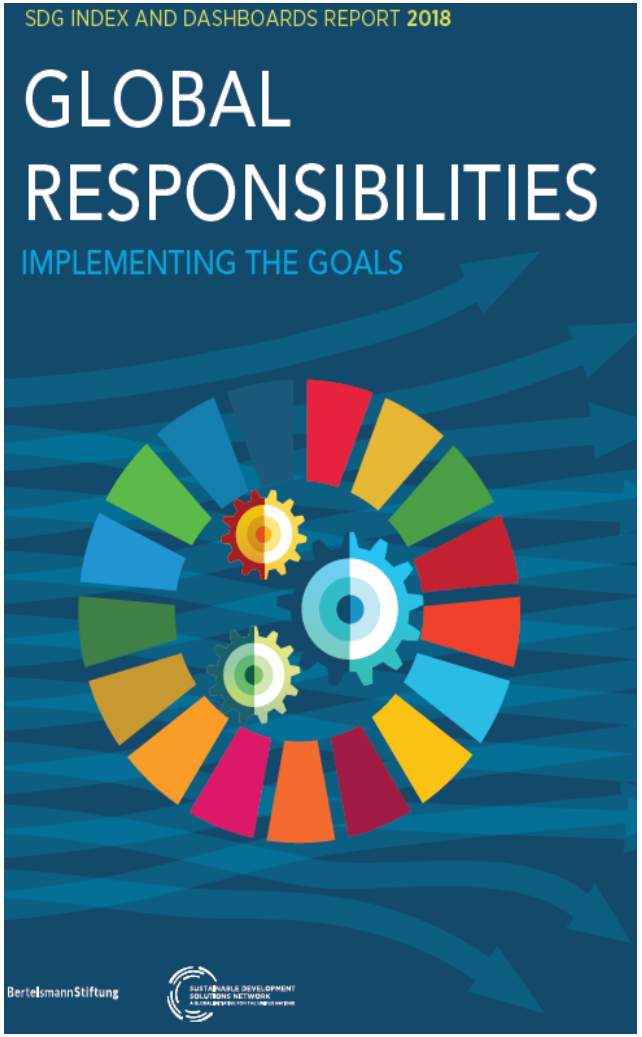
World Health Organization

Concept:

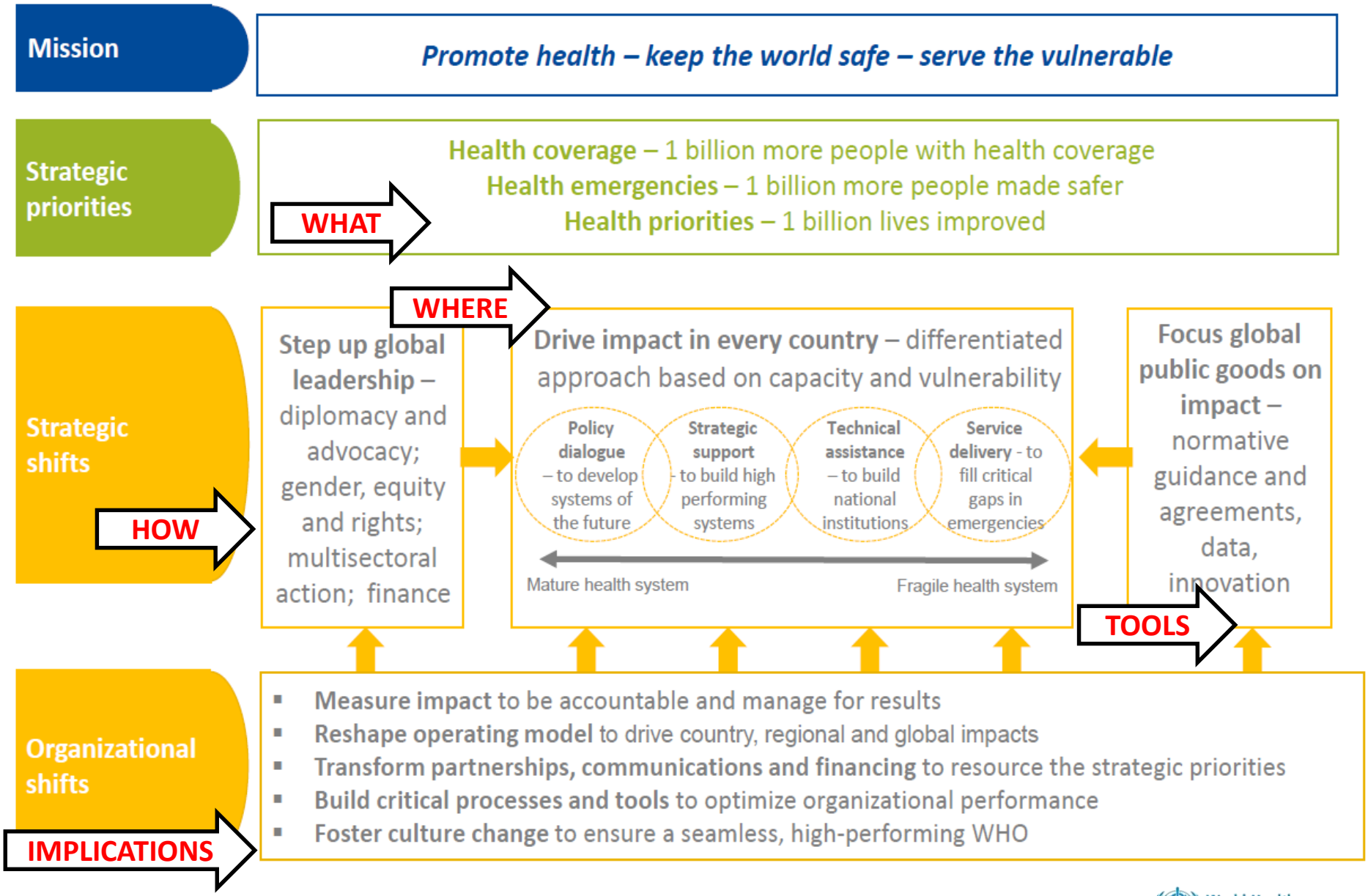
- Reference framework is SDGs within the UN family
- WHO has adopted its GPW13 and related budget

as a consequence

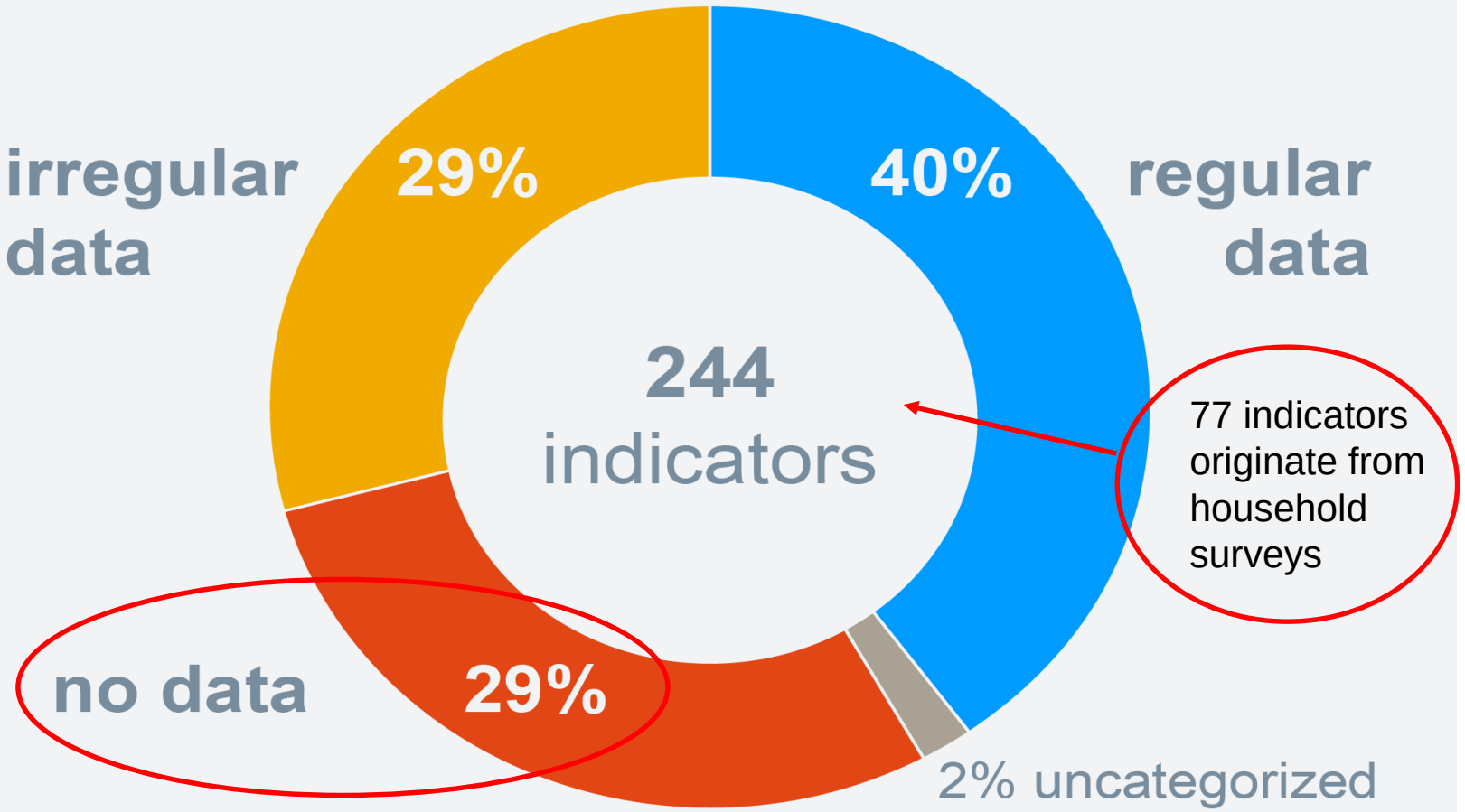
- WHO is transforming radically: **FIT** for purpose
- WHO is intergovernmental: its governance decides and secretariat executes
- WHO is one HQ, six Regional offices, >150 Country offices, several GDOs, thousands of collaborating centres
- Countries come first in the planning process



WHO's draft thirteenth general programme of work: 2019–2023

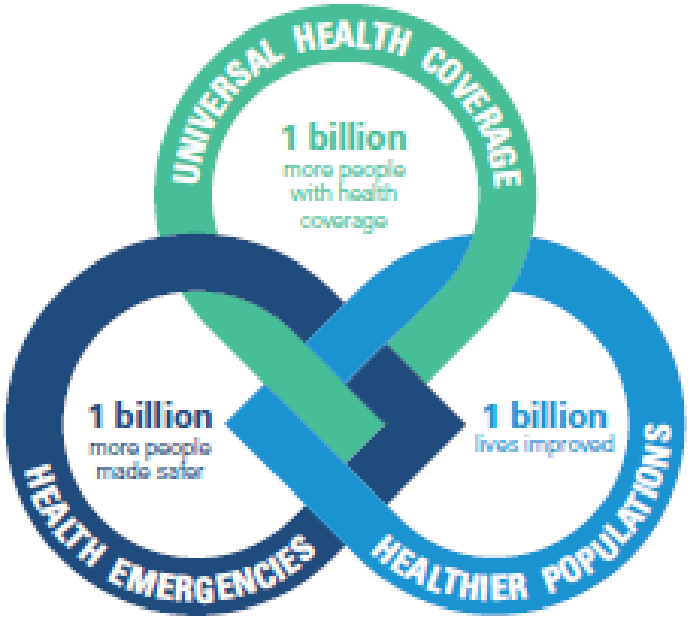


Data on Sustainable Development Goals



«The Achilles heel of the Sustainable Development Goals (SDGs) is a lack of data» **(Philip Setel)**

Over-arching and comparable measure of progress reported by the healthy life expectancy (**HALE**) as a measure of success or failure of the Organization

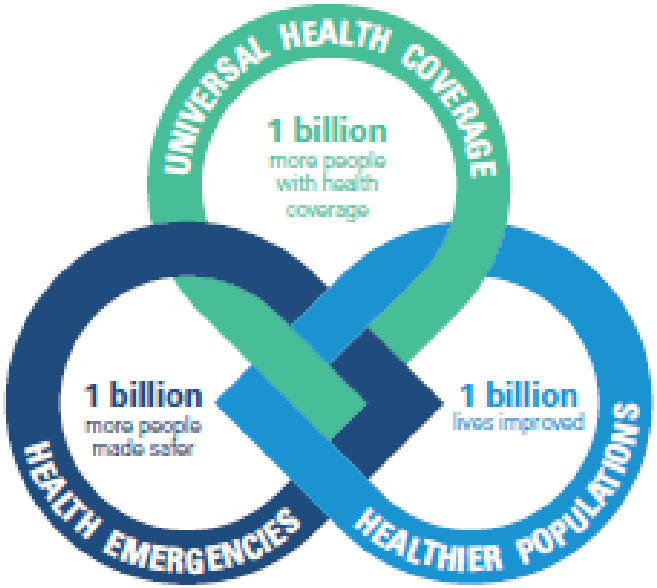


http://who.int/about/what-we-do/GPW_13_Impact_Framework_Targets_and_Indicators_Alignment.xlsx

Each of the triple billion targets in the GPW 13 will be measured with composite indices:

- the UHC billion will be measured with a **UHC index**;
- health emergencies billion, with a **preparedness index**; and
- healthier population billion, using a **composite index of lives touched by specific interventions** (simple aggregation and counts) **and disability adjusted life years** (DALYs averted into lives improved)

1 billion people enjoying better health and well-being



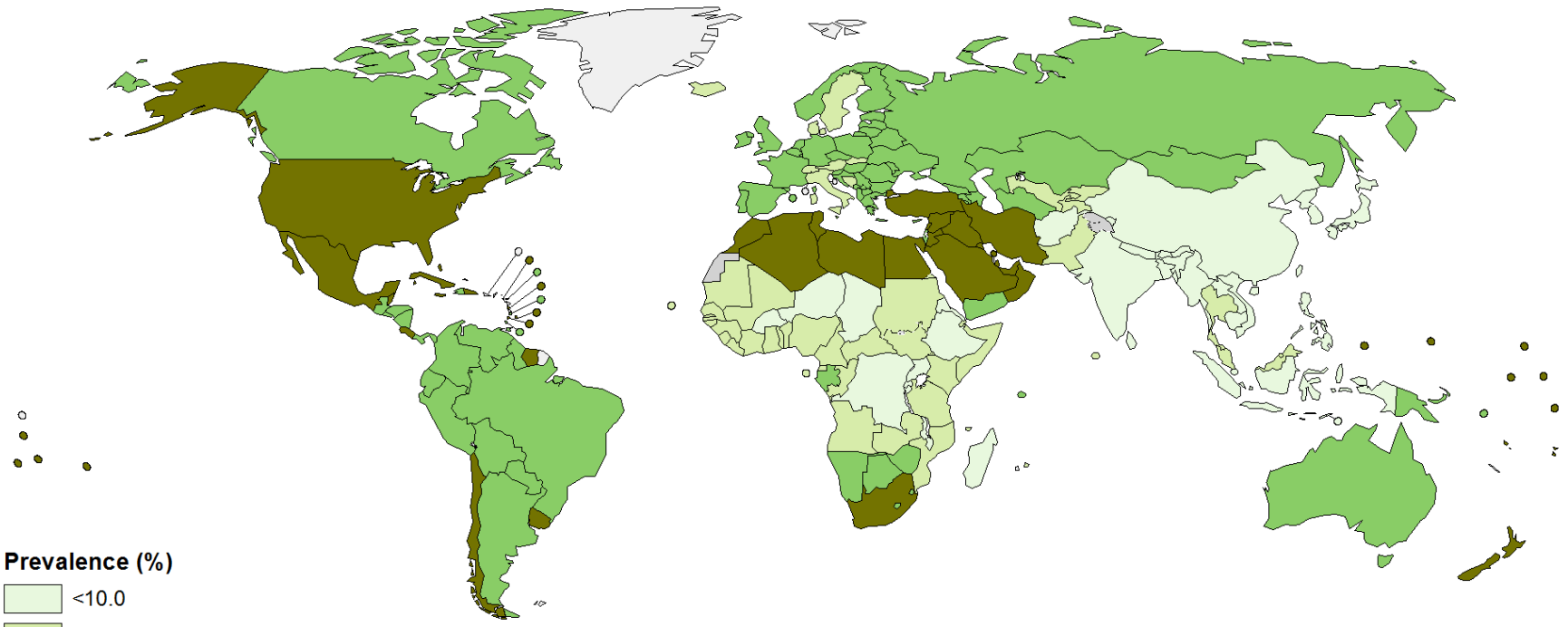
Healthier Populations Billion

- **Outcome 3.1. Determinants of health addressed leaving no one behind**
- **Outcome 3.2. Reduced risk factors through multi sectoral approaches**
- **Outcome 3.3. Health and well-being realized through Health in all policies and healthy settings interventions**

Determinants of health addressed leaving no one behind	Reduced risk factors through multi sectoral approaches	Health and well-being realized through Health in all policies and healthy settings interventions
• Mortality due to air pollution ↓ by 5% • Mortality from climate-sensitive diseases↓ by 10% • Access to safe drinking water for 1 billion more people • Access to safe sanitation for 800 million more people • Stunted children ↓ by 30% • Wasting among children ↓ to <5% • Children developmentally on track in health ↑ to 80% • Children subject to violence ↓ by 20% • Intimate partner violence ↓ to 15% • Women making informed reproductive health decisions, etc. ↑ to 68%	• Current tobacco use ↓ by 25% • Harmful use of alcohol ↓ by 7% • Salt/sodium intake ↓ by 25% • Eliminate industrially produced trans fats • **Halt and begin to reverse the rise of childhood overweight and obesity** • **Insufficient physical activity ↓ by 7%**	• Road traffic accidents ↓ by 20% • **Suicide mortality ↓ by 15%**

We have a problem

Prevalence of obesity*, ages 18+, 2016 (age standardized estimate)
Female

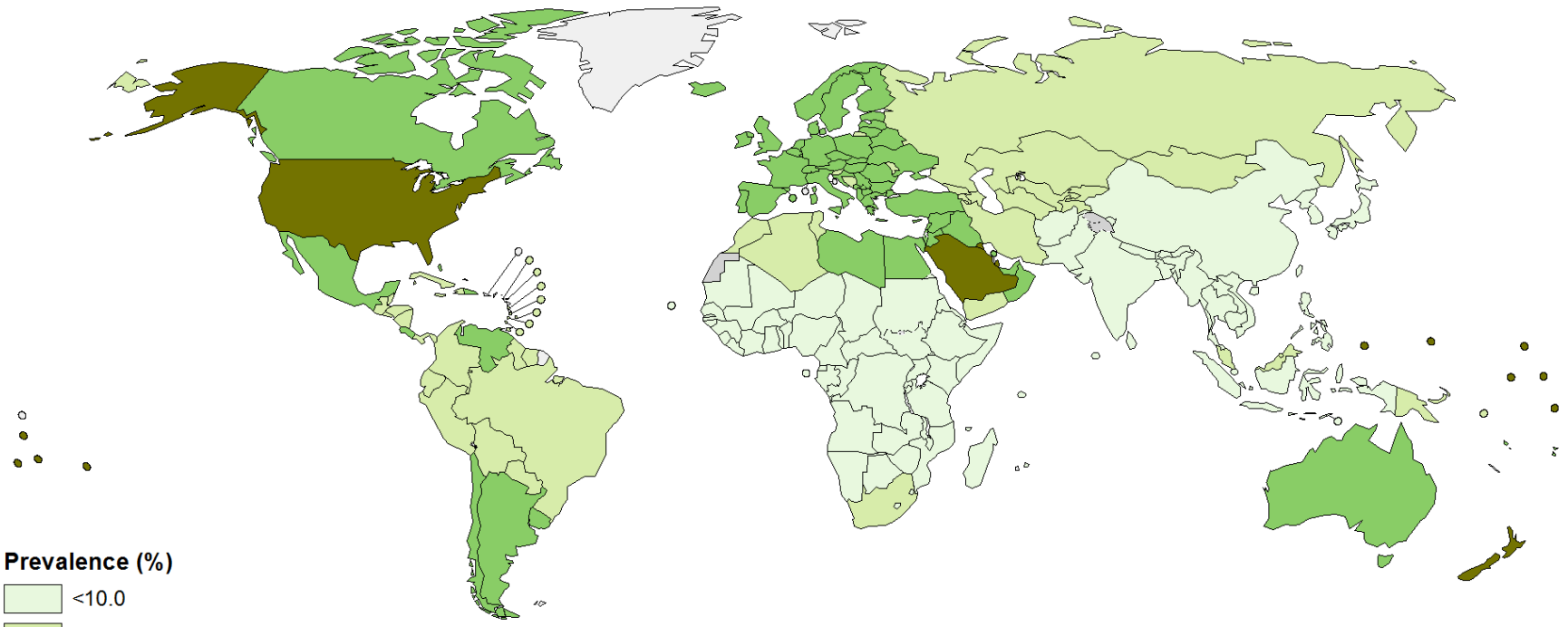


Note: For mapping purposes, the map shows identical values for Sudan and South Sudan. These values concern the former Sudan as it existed prior to July 2011.

* Body Mass Index ≥30 kg/m2

Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization

Prevalence of obesity*, ages 18+, 2016 (age standardized estimate)
Male

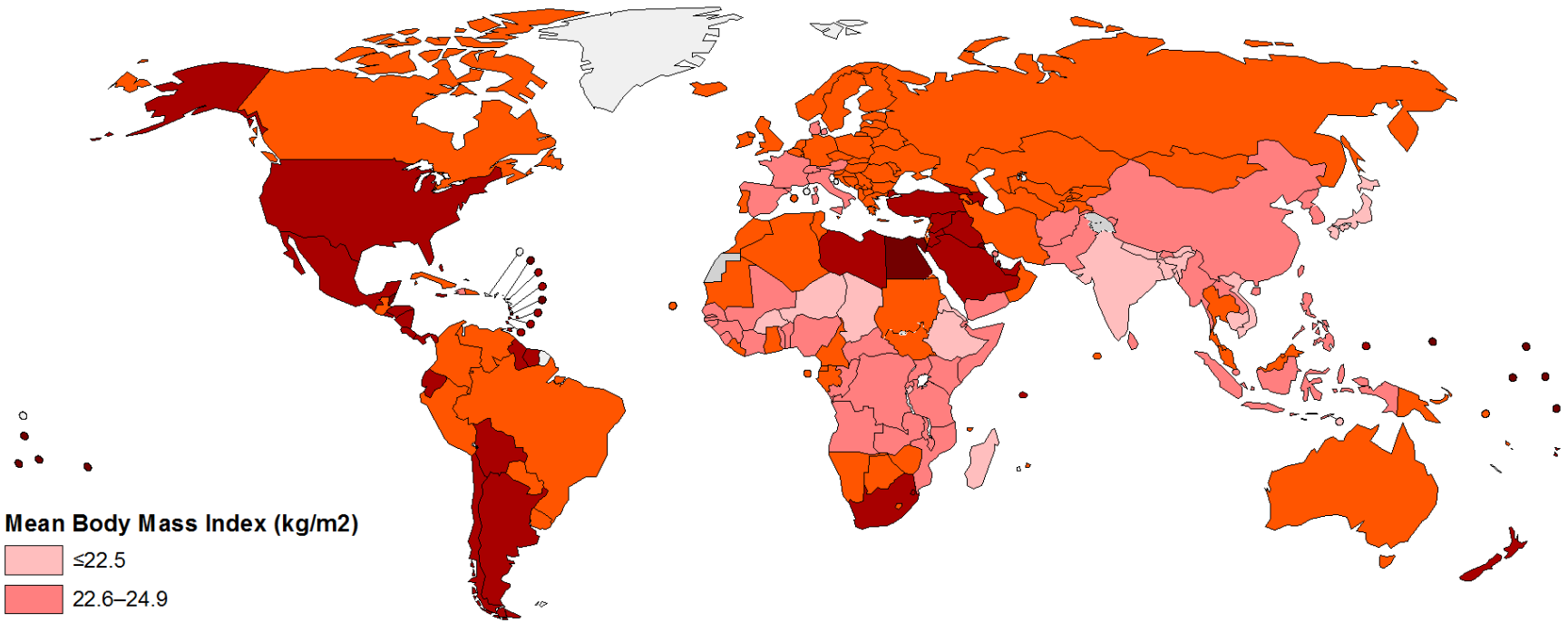


Note: For mapping purposes, the map shows identical values for Sudan and South Sudan. These values concern the former Sudan as it existed prior to July 2011.

* Body Mass Index ≥30 kg/m2

Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization

Mean Body Mass Index (kg/m2), ages 18+, 2016 (age standardized estimate)
Female

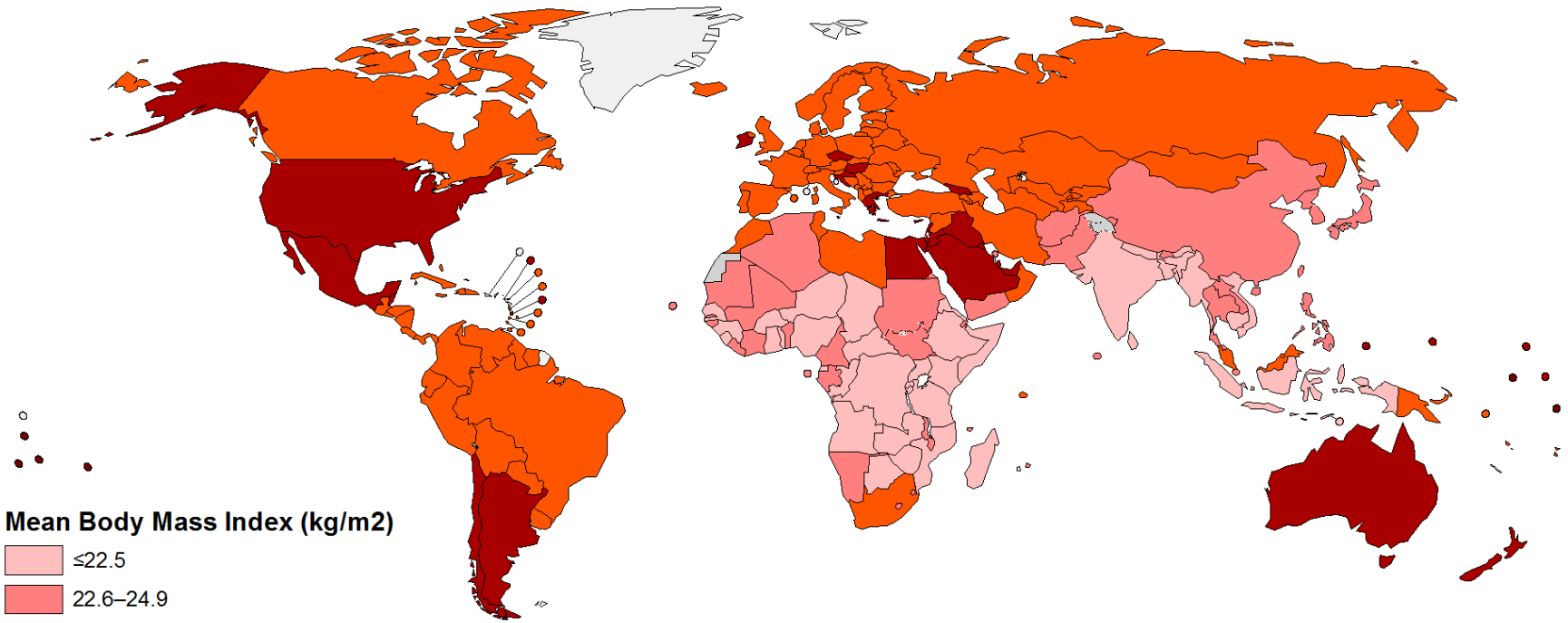


Note: For mapping purposes, the map shows identical values for Sudan and South Sudan. These values concern the former Sudan as it existed prior to July 2011.

Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization

World Health Organization

Mean Body Mass Index (kg/m2), ages 18+, 2016 (age standardized estimate)
Male

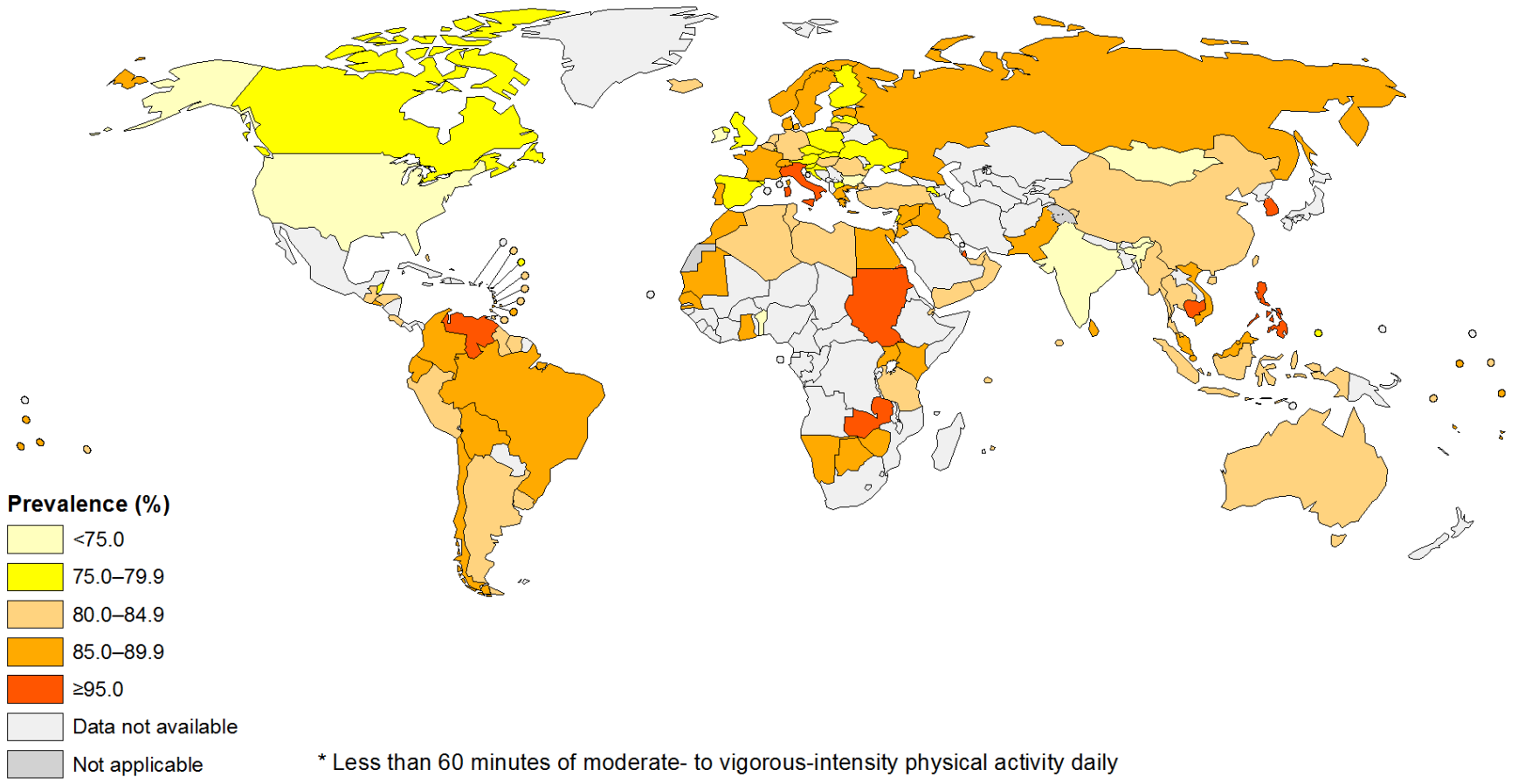


Note: For mapping purposes, the map shows identical values for Sudan and South Sudan. These values concern the former Sudan as it existed prior to July 2011.

Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization

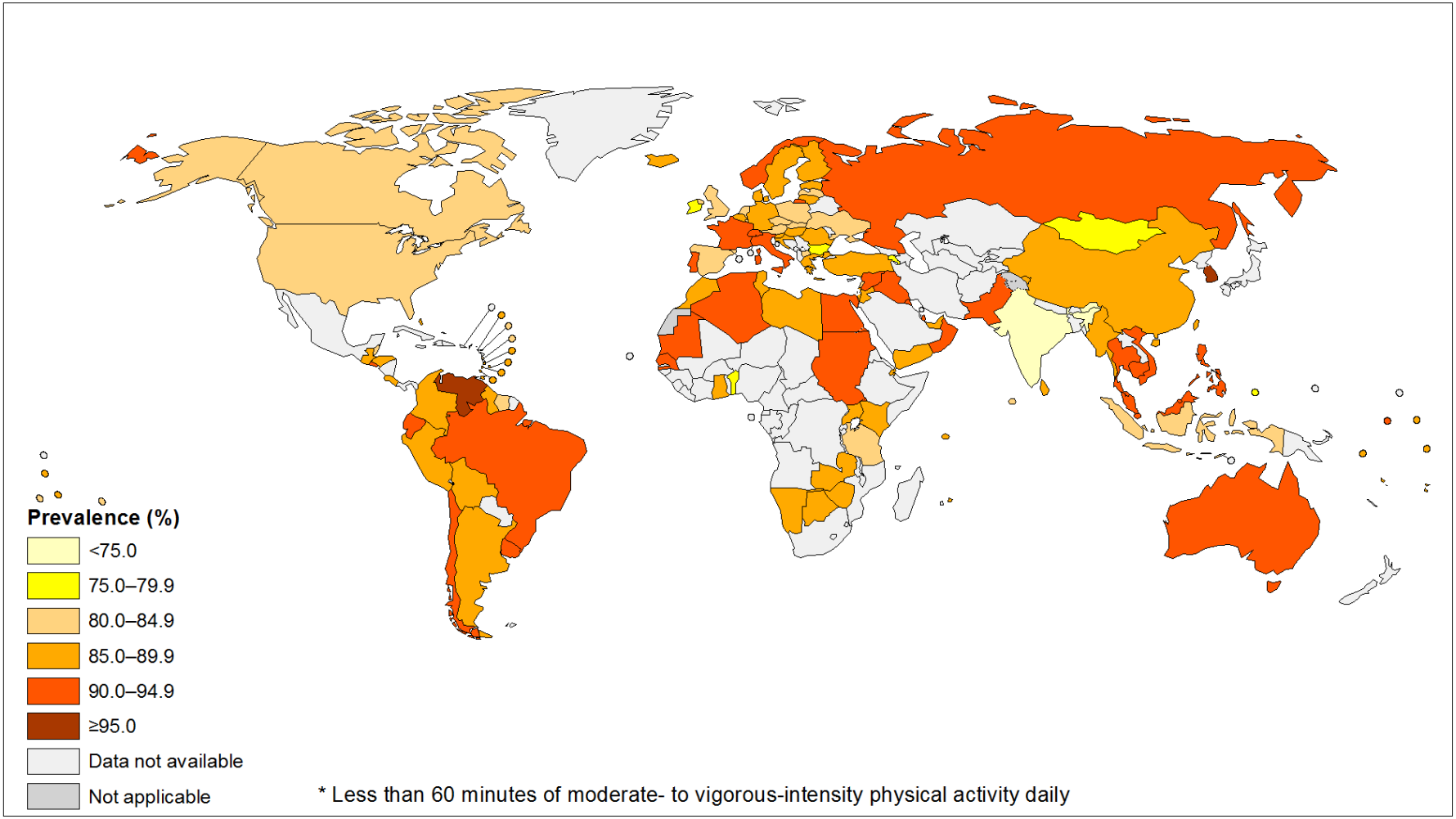
World Health Organization

Prevalence of physical inactivity* among school going adolescents, ages 11–17
Both sexes



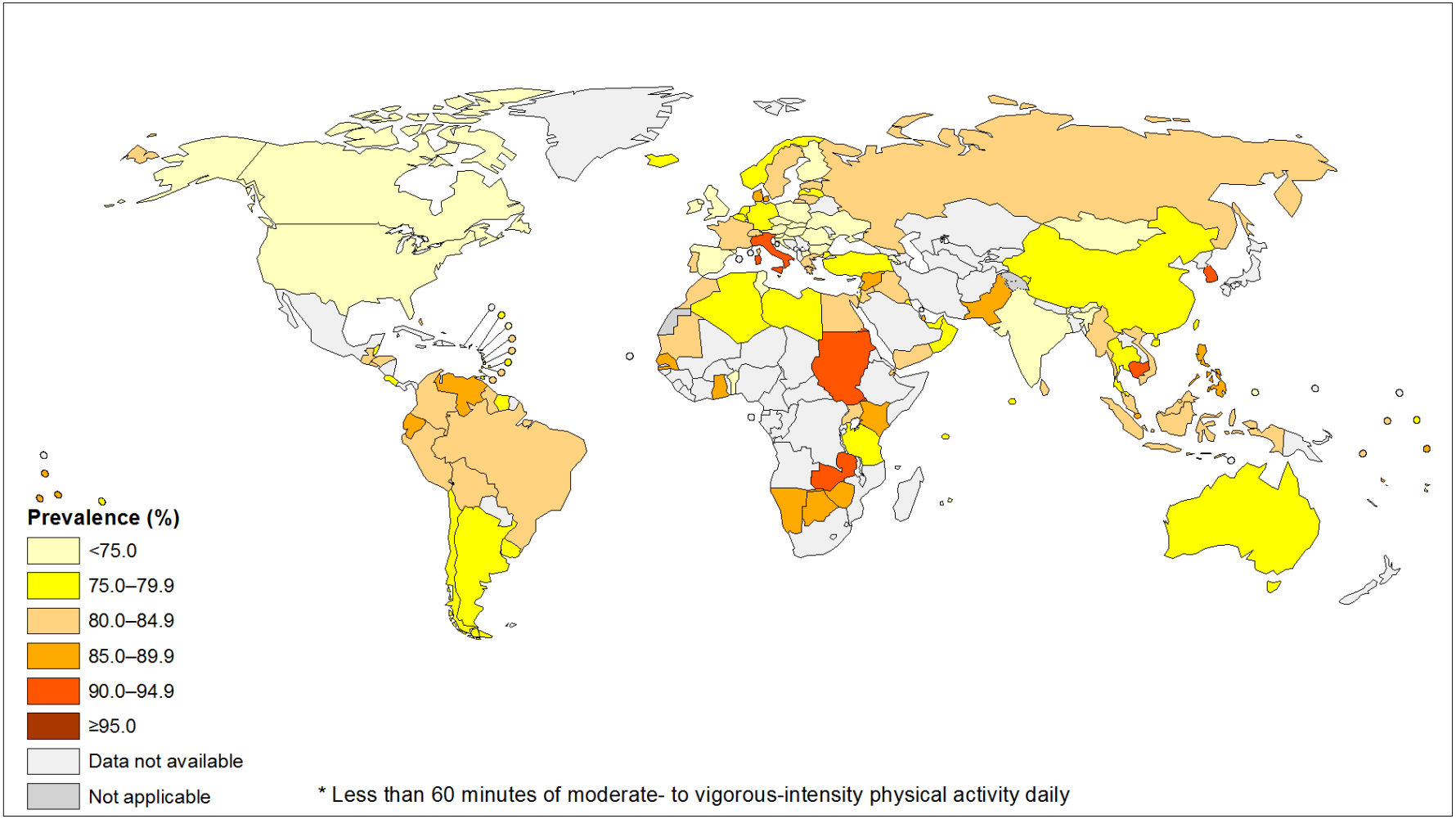
Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization

Prevalence of insufficient physical activity* among school going adolescents, ages 11–17 (crude estimates): Females, 2010



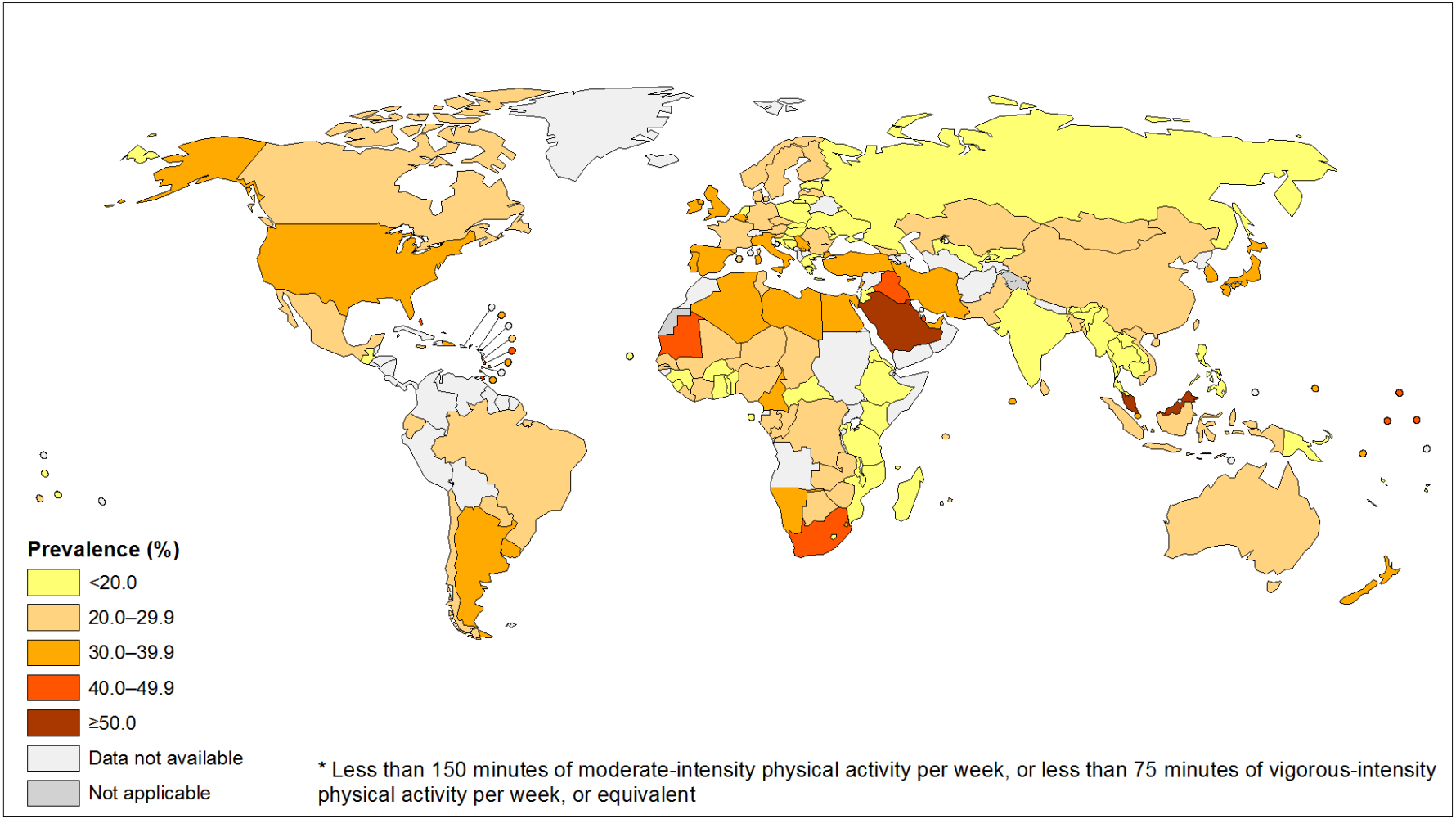
Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization

Prevalence of insufficient physical activity* among school going adolescents, ages 11–17 (crude estimates): Males, 2010



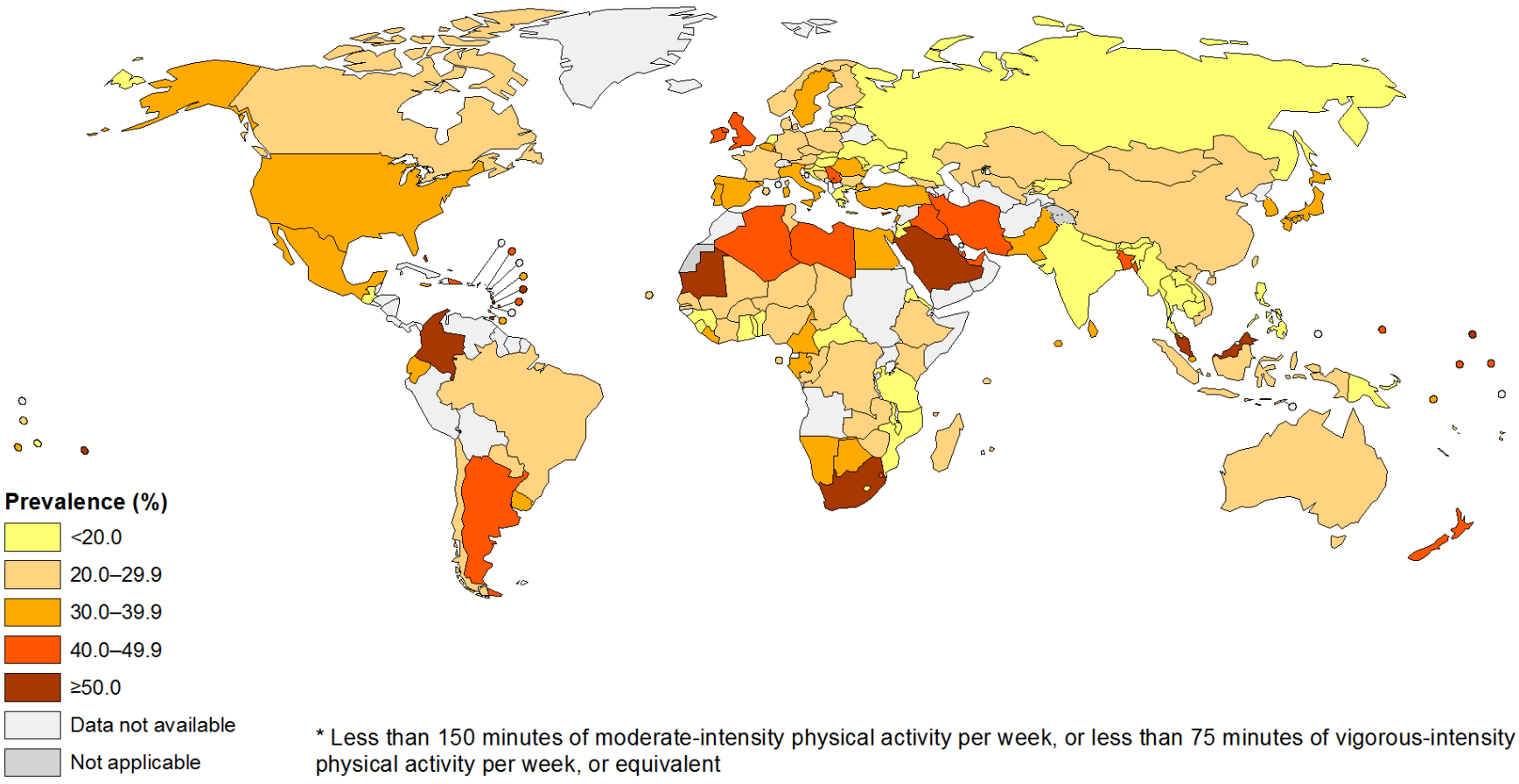
Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization

Prevalence of physical inactivity* among adults, ages 18+ (age standardised estimates)
Both sexes



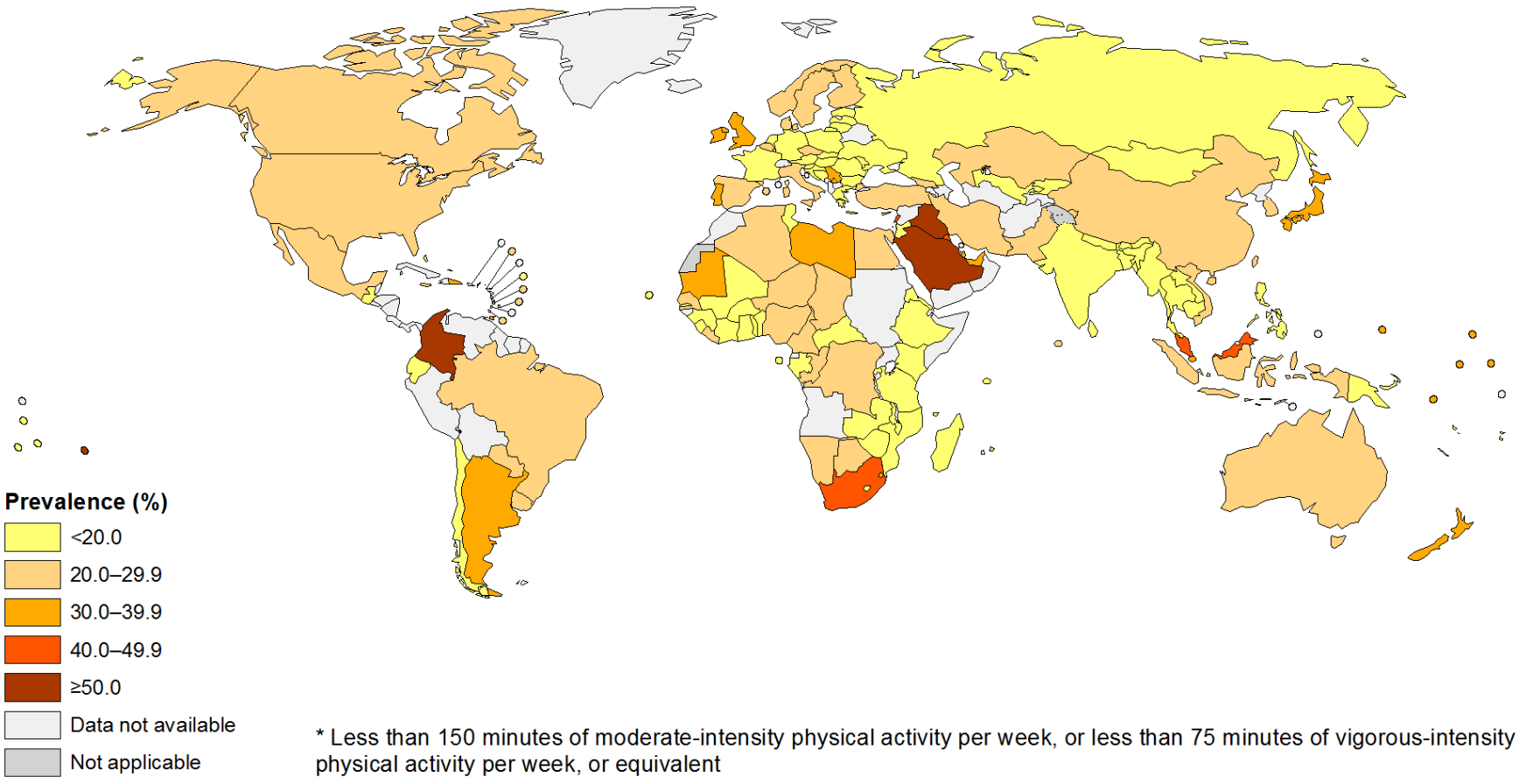
Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization

Prevalence of insufficient physical activity* among adults, ages 18+ (age standardized estimates) Females, 2010



Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization

Prevalence of insufficient physical activity* among adults, ages 18+ (age standardized estimates)
Males, 2010



* Less than 150 minutes of moderate-intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week, or equivalent

Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization

Physical inactivity has been identified as the fourth leading risk factor for global mortality (**6% of deaths globally**).
Levels of physical inactivity are **rising** in many countries with major implications for the general health of people worldwide and for the prevalence of NCDs such as cardiovascular disease, diabetes and cancer and their risk factors such as raised blood pressure, raised blood sugar and overweight.
Physical inactivity is estimated as being the principal cause for:

- **21–25% of breast and colon cancer burden,**
- **27% of diabetes and**
- **30% of ischaemic heart disease burden**.

Physical inactivity is estimated to cost **INT$ 54 billion** in direct health care, of which 57% is incurred by the public sector and an additional **INT$ 14 billion** is attributable to lost productivity. Estimates from both high-income, as well as low- and middle-income countries (LMICs) indicate that between **1–3% of national health care expenditures are attributable to physical inactivity (1 to 3 billion E in Italy)**.

We have some solutions

- **Four major killers**, cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes are largely preventable through public policies that tackle **five main risk factors**:
  - **tobacco use,**
  - **harmful use of alcohol,**
  - **unhealthy diets,**
  - **physical inactivity, and**
  - **air pollution.**
- The health sector pays the bill of other sectors' revenues: many of the determinants of health and health inequities have **social, environmental and economic origins** that extend beyond the direct influence of the health sector and health policies
- **Mental health is generally neglected, though expanding as it relates also to population ageing (dementia being among the top 10 global causes of death)**
- **People with severe mental disorders have a reduced life expectancy of 10 to 20 years, largely owing to untreated NCDs**

INDIVIDUALS

- Health behaviours (30%)
  - Tobacco use (10%)
  - Diet and excercise (10%)
  - Alcohol use (5%)
  - Unsafe sex (5%)
- Clinical care (20%)
  - Access to care (10%)
  - Quality of care (10%)
- Social and economic factors (40%)
  - Education (10%)
  - Employment (10%)
  - Income (10%)
  - Family and social support (5%)
  - Community safety (5%)

GOVERNANCE

- Physical environment (10%)
  - Environmental quality (5%)
  - Built environment (5%)

World Health Organization

WORLD ECONOMIC FORUM
COMMITTED TO IMPROVING THE STATE OF THE WORLD

Preventing Noncommunicable Diseases
in the Workplace through Diet and Physical Activity
WHO/World Economic Forum Report of a Joint Event

Country	Estimated income loss in 2005	Estimated income loss in 2015	Accumulated loss in 2005 value
Brazil	2.7	9.3	49.2
Canada	0.5	1.5	8.5
China	18.3	131.8	557.7
India	8.7	54.0	236.6
Nigeria	0.4	1.5	7.6
Pakistan	1.2	6.7	30.7
Russian Federation	11.1	66.4	303.2
United Kingdom	1.6	6.4	32.8
United Republic of Tanzania	0.1	0.5	2.5

[1]An international dollar is a hypothetical currency that is used as a means of translating and comparing costs from one country to the other using a common reference point, the US dollar. An international dollar has the same purchasing power as that of the US dollar in the United States.

Income loss for NCDs in billion USD (1998 equivalent)

Increasing physical movement at workplace benefits:

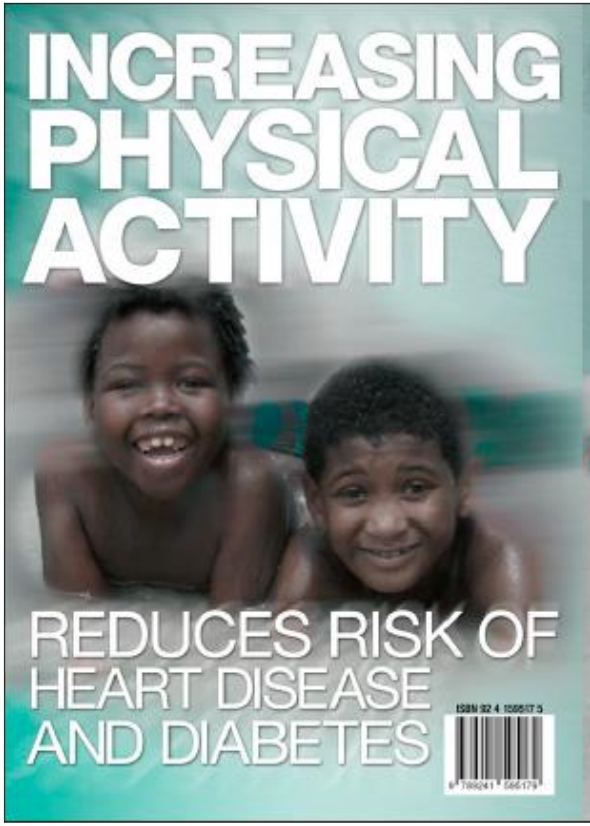
- Decrease of del 25-30% of absenteeism costs in 3-6 years
- Decrease of 26% of direct medical costs
- Decrease of 32% of disability related costs
- 6 USD return per invested dollar

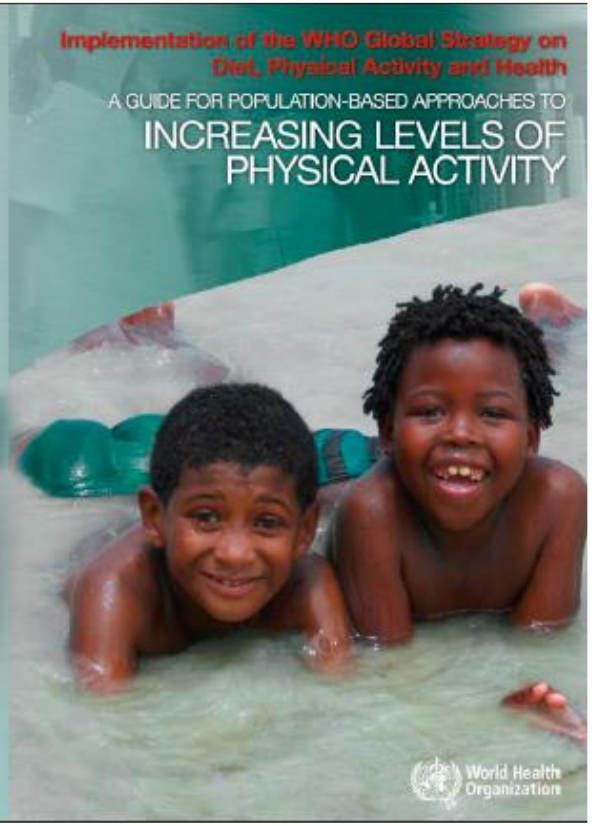
World Health Organization

WHO Discussion Paper (9 April 2018)

Physical activity for health

More active people for a healthier world: draft global action plan on physical activity 2018–2030





Global action plan, 2018-2030

MORE ACTIVE PEOPLE FOR A HEALTHIER WORLD

CREATE ACTIVE SOCIETIES

- 1.1 Implement social marketing campaigns
- 1.2 Promote the co-benefits
- 1.3 Provide mass participation events
- 1.4 Build workforce capacity

CREATE ACTIVE SYSTEMS

- 4.1 Strengthen policy, leadership and governance
- 4.2 Improve and integrate data systems
- 4.3 Build research and development
- 4.4 Expand advocacy
- 4.5 Develop innovative finance mechanisms

CREATE ACTIVE ENVIRONMENTS

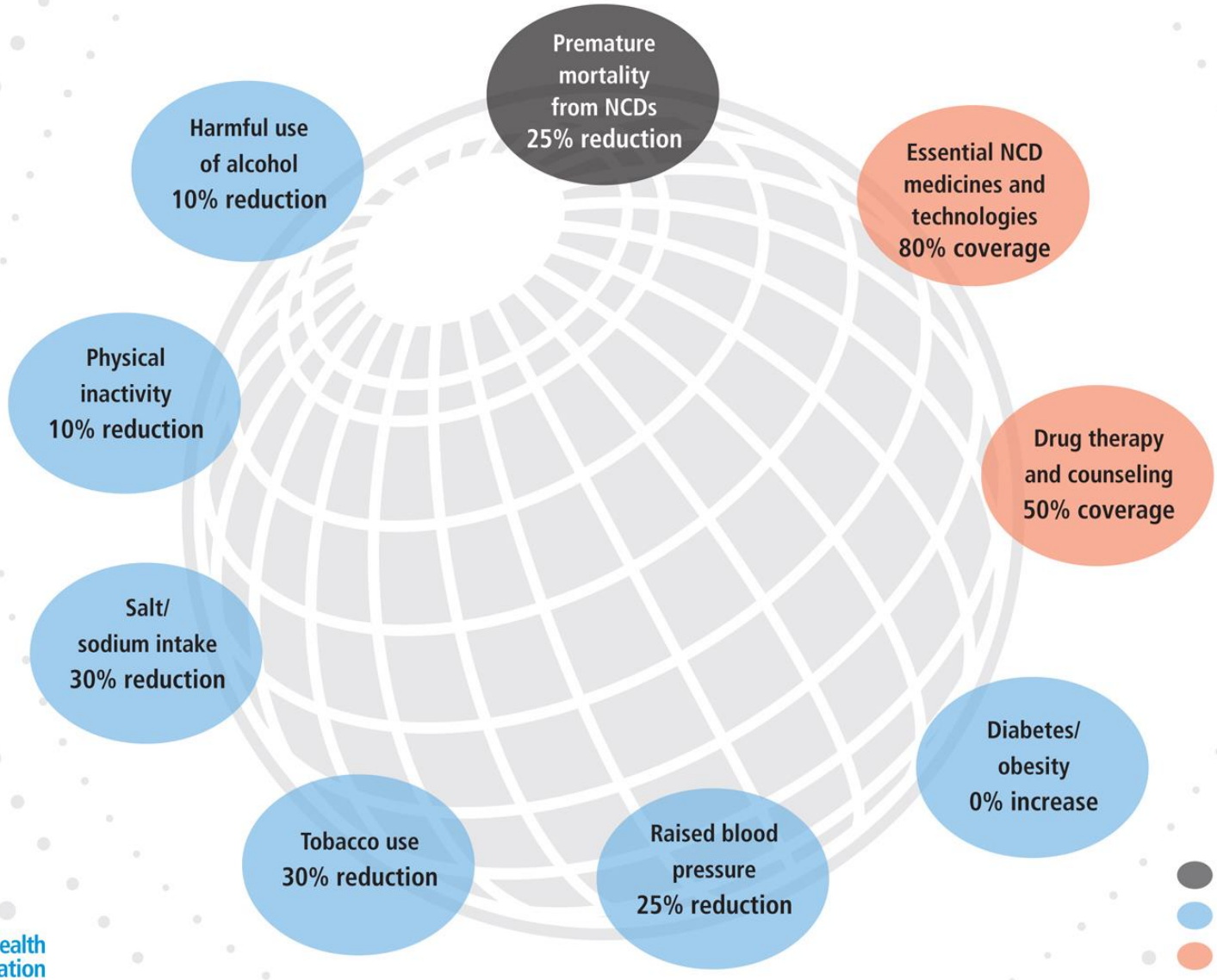
- 2.1 Integrate transport and urban planning policies
- 2.2 Improve walking and cycling networks
- 2.3 Strengthen road safety
- 2.4 Improve access to public open spaces
- 2.5 Implement proactive building policies

CREATE ACTIVE PEOPLE

- 3.1 Enhance physical education and school based programs
- 3.2 Incorporate physical activity into health and social services
- 3.3 Provide programmes across multiple settings
- 3.4 Improve provision for older adults
- 3.5 Prioritize programmes for the least active
- 3.6 Implement community-wide initiatives

World Health Organization

Set of 9 voluntary global NCD targets for 2025



World Health Organization

5–17 years old

- HOW:
  - Group physical activity including play, games, sports, transportation, recreation, physical education or planned exercise, in the context of family, school, and community activities.
- WHAT:
  - Children and young people aged 5–17 years old should accumulate at least 60 minutes of moderate to vigorous-intensity physical activity daily.
  - Physical activity of amounts greater than 60 minutes daily will provide additional health benefits.
  - Most of daily physical activity should be aerobic. Vigorous-intensity activities should be incorporated, including those that strengthen muscle and bone, at least 3 times per week.

18–64 years old

- HOW:
  - Recreational or leisure-time physical activity, transportation (e.g walking or cycling), occupational, household chores, play, games, sports or planned exercise, in the context of daily, family, and community activities.
- WHAT:
  - 1. At least 150 minutes of moderate-intensity aerobic physical activity throughout the week, **or** at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week, **or** an equivalent combination of moderate- and vigorous-intensity activity.
  - 2. Aerobic activity should be performed in bouts of at least 10 minutes duration.
  - 3. For additional health benefits, adults should increase their moderate-intensity aerobic physical activity to 300 minutes per week, **or** engage in 150 minutes of vigorous-intensity aerobic physical activity per week, **or** an equivalent combination of moderate- and vigorous-intensity activity.
  - 4. Muscle-strengthening activities should be done involving major muscle groups on 2 or more days a week.

65 years old and above

- HOW:
  - As the previous group
- WHAT:
  - At least 150 minutes of moderate-intensity aerobic physical activity throughout the week, **or** do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week, **or** an equivalent combination of moderate- and vigorous-intensity activity.
  - Aerobic activity should be performed in bouts of at least 10 minutes duration.
  - For additional health benefits, adults aged 65 years and above should increase their moderate intensity aerobic physical activity to 300 minutes per week, **or** engage in 150 minutes of vigorous intensity aerobic physical activity per week, **or** an equivalent combination of moderate- and vigorous intensity activity.
  - Adults of this age group with poor mobility should perform physical activity to enhance balance and prevent falls on 3 or more days per week.
  - Muscle-strengthening activities should be done involving major muscle groups, on 2 or more days a week.
  - If impossible due to health conditions, they should be as physically active as their abilities and conditions allow.

#CHOOSEHEALTH

1 EAT A HEALTHY DIET

2 BE PHYSICALLY ACTIVE, EVERY DAY, YOUR WAY

3 GET VACCINATED

4 DON'T USE ANY FORM OF TOBACCO

5 AVOID OR MINIMIZE USE OF ALCOHOL

6 MANAGE STRESS FOR YOUR PHYSICAL AND MENTAL HEALTH

7 PRACTICE GOOD HYGIENE

8 DON'T SPEED, OR DRINK AND DRIVE

9 WEAR A SEAT-BELT WHEN DRIVING AND HELMET WHEN CYCLING

10 PRACTICE SAFE SEX

11 REGULARLY CHECK YOUR HEALTH

12 BREAST FEEDING: BEST FOR BABIES

World Health Organization

WWW.WHO.INT/SHANGHAI2016

9th Global Conference on Health Promotion
SHANGHAI 2016

Reduce physical inactivity

Education
Implement community-wide public education and awareness campaigns for physical activity, including mass-media campaigns combined with other community-based education, motivational and environmental programmes aimed at supporting behavioural change around physical activity levels

Invest **US$ 1** → → Return **US$ 2.80**

Reduce tobacco use

Tax
Increase excise taxes and prices on tobacco products

Invest **US$ 1** → → Return **US$ 7.43**

Packaging
Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages

Advertising, promotion and sponsorship
Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship

Smoke-free public places
Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport

Education
Implement effective mass-media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke

…And a possible way forward

Beyond the GDP

From **health**, to wellbeing to wellness to **happiness**: the long trip of evidence in support of policies and priority setting.

- Health: the pre-requisite to survival (life expectancy)
- Fitness: for an individual purpose…living well and free from NCDs and accomplish life objectives
- Happiness: subjective and collective wellbeing, measured by a composite index of:
  - GDP per capita,
  - social support,
  - healthy life expectancy,
  - social freedom,
  - generosity, and
  - absence of corruption

World Happiness Report
2018 - Editors: John F. Helliwell, Richard Layard, and Jeffrey D. Sachs

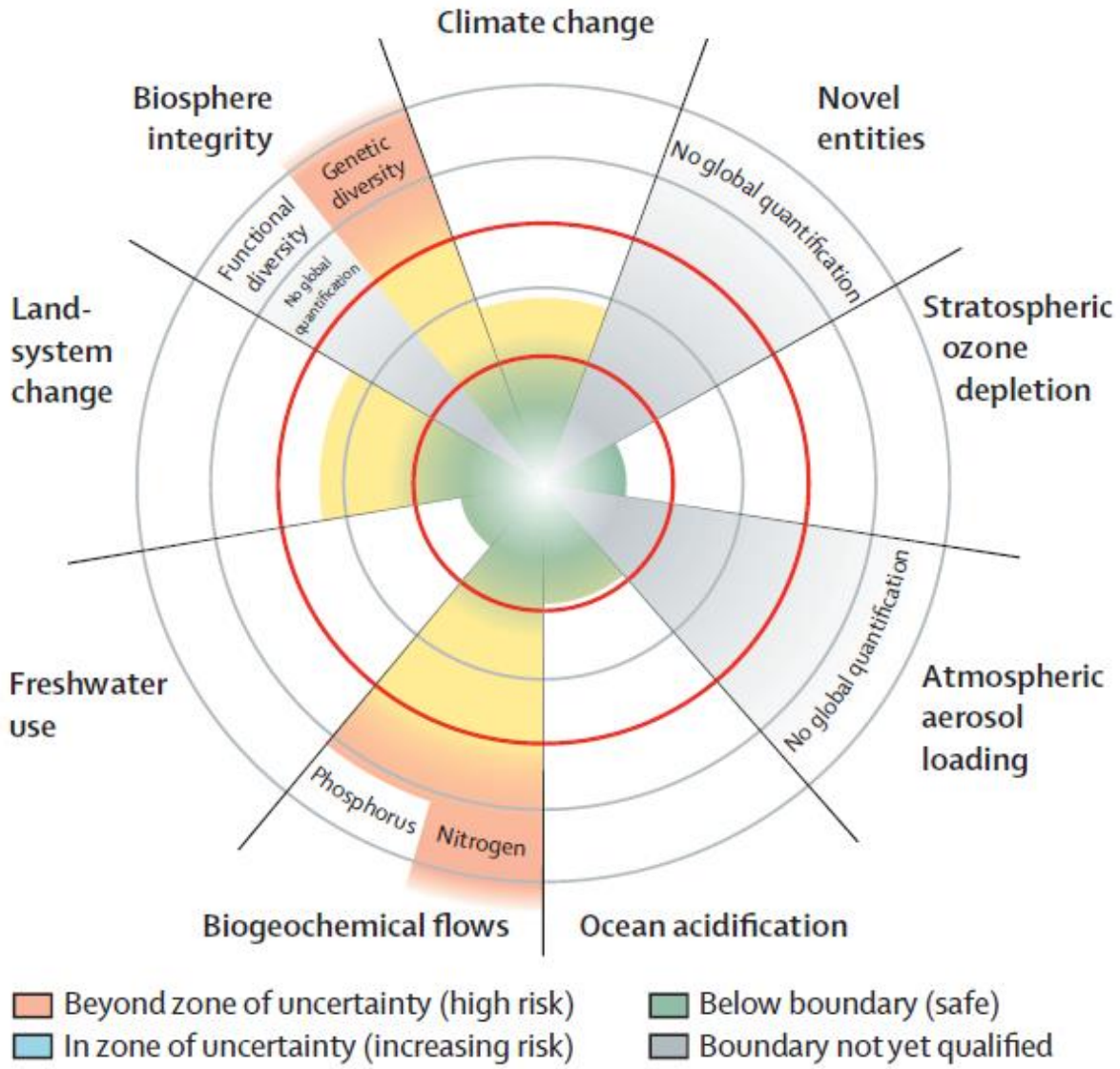
Population-Weighted Distributions of Happiness, 2015–2017

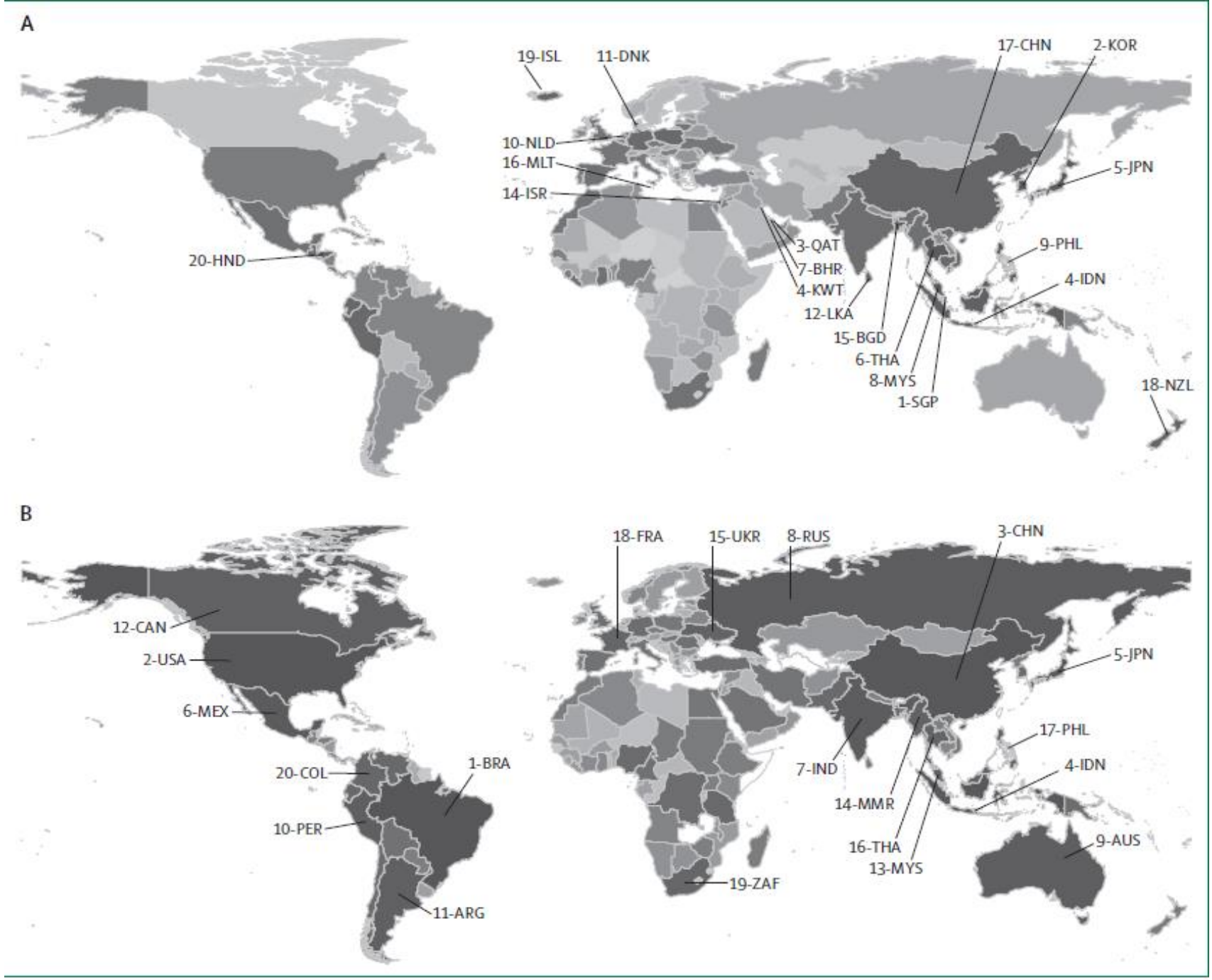
World Health Organization

Health and wellness of the planet

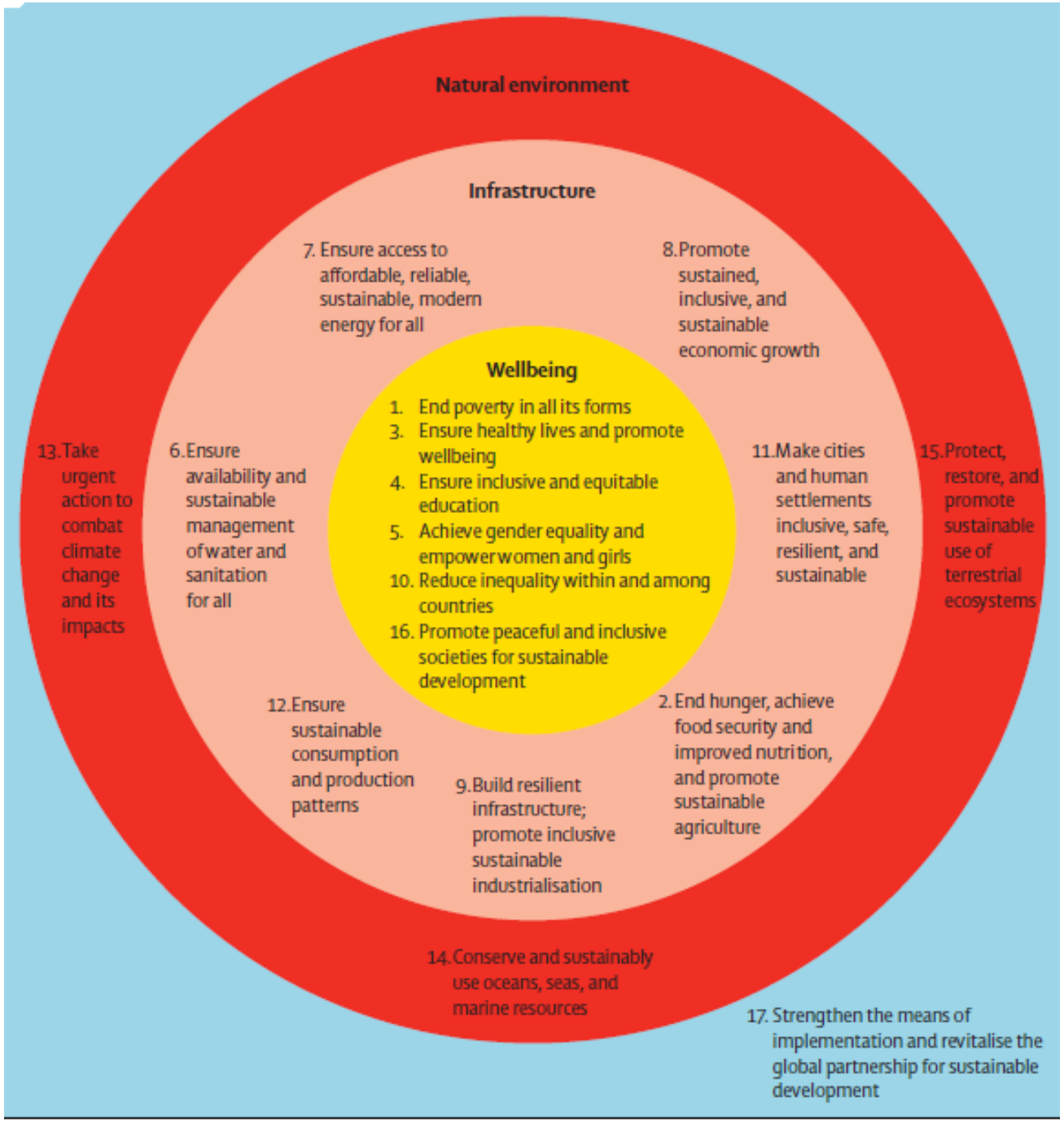
Planetary health is “the health of human civilization and the state of the natural systems on which it depends”: **planet-wide environmental boundaries, beyond which humanity would go at its peril**

- Convention on Biological Diversity (CBD), 1992: Aichi Biodiversity Targets, 2010
- International Health Regulations (IHR), 2005
- Sendai Framework for Disaster Risk Reduction, 2015
- Sustainable Development Goals (SDGs), 2015
- United Nations Convention to Combat Desertification (UNCCD): Land Degradation Neutrality Targets, 1994
- United Nations Environment: 10-Year Framework of Programs on Sustainable Consumption and Production Patterns (10YFP), 2012
- United Nations Framework Convention on Climate Change (UNFCCC): Paris Climate Agreement, 2015
- UNFCCC: Warsaw Framework for Reducing Emissions from Deforestation and Forest Degradation in Developing Countries (REDD+), 2013


Climate change
Novel entities
Stratospheric ozone depletion
Atmospheric aerosol loading
Ocean acidification
Biogeochemical flows
Freshwater use
Land-system change
Biosphere integrity
Genetic diversity
Functional diversity
No global quantification
No global quantification
No global quantification
Phosphorus
Nitrogen
Beyond zone of uncertainty (high risk)
In zone of uncertainty (increasing risk)
Below boundary (safe)
Boundary not yet qualified



Relative rank of countries by proportional and absolute impact on the environment



Framework for examining interactions between sustainable development goals