

Annex. Further details on each of the Council's workstreams

The Council will assess, critique, challenge and reimagine the value of health in four major interrelated areas:

[1] MEASUREMENT: Valuing and measuring Health for All. How do we understand Health for All as a key objective of economic well-being, and fundamental to the assessment of how countries design and prioritize policies and promote the common good, rather than focusing on GDP increase? How to better value the “human security” that comes from the reduction of both health threats (including pandemic and environmental risk) and financial risk for individuals, households, firms, and societies? How much are the current paradigms gender biased? How do we apply new understandings to value the workers, carers, and other key actors in the Universal Health Coverage (UHC) economy, ensuring that time spent on unpaid and voluntary work –often at home and in communities – are included in the equation? How could health be included in Environmental, Social and Governance (ESG) metrics?

[2] CAPACITY: A public sector leading towards Health for All. How do we better capture the critical role of public sector leadership and capacity in generating health through action on social determinants and strengthening its dynamic capabilities to drive progress towards UHC, crystallising new knowledge to drive transformative change? How do we create sustainable public sector structures to address evolving health and social care needs? What are the major strategic directions for economic policies that countries should pursue to drive equitable health gains and create a framework for a UHC economy? How to structure and govern the way public and private sectors work together to a shared goal of Health for All? What are common and different actions to be taken in low, middle and high resource settings?

[3] FINANCE: Investing in Health for All. There are two components:

FINANCING for global commons: How do we redesign national and global financial instruments and institutions to provide a proactive, stable, and

sustainable flow of investment to support the creation of health, rather than simply serving the needs of capital markets. This includes investing in the commons as an expression of the collective responsibility and capacity needed for public health at community, national, regional, and global levels and building the preparedness and response capabilities necessary to not only avoid health crises, but also sustain UHC.

BUDGETING to address health needs : How do we alter national budget processes to focus on outcomes that impact people's lives and move away from silos between and within sectors? How to establish the choice to increase domestic and cross-border investments in health, including within low-resource settings? How can national and international institutions be enabled and supported to provide the long-term finance needed for the transformation to Health for All? Fundamentally, which institutional arrangements must be altered to embed the intrinsic importance of Health for All for the future wellbeing of populations and communities?

[4] INNOVATION: Governing Innovation towards Health for All. How can we better govern the innovation system, from intellectual property rights to digitalisation to new forms of collaboration between public and private sectors driven by collective intelligence (rather than rent-seeking), and to financing? How can we change the landscape towards achieving population health goals, building global health commons, ensuring fair and transparent pricing, and improving health outcomes? Where have innovations in health – often perceived at the time as non-growth policies – spurred innovation across the economy and contributed to economic growth? How can a true understanding (and narrative) of how value is created collectively in health innovation translate into a more collective sharing of the rewards including public health goals like equitable access and improved health outcomes?