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Protecting and Promoting Individual, Social and Planetary Health with People-centered and Sustainable Leadership Styles

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Abstract

Individual health, social health and planetary health are under attack and not effectively protected and promoted and the root causes are socially construed realities, narratives and cultures that still use and teach new generations obsolete mechanistic reductionist perspectives. That makes people and institutions blind even if they are well intentioned and are not bent to exploit people and the environment, and thus end up ignoring the impact of their actions; still they do not see the obvious, that we live in an interconnected world in which any single variable has influence on the whole and vice versa. We need urgent implementation of ecological system thinking in practice and must consider all dimensions of life: physical, biological, psychological, social, cultural and spiritual. Health is created, promoted or destroyed each day in the way people, leaders, institutions and governments see and measure realities, therefore how we see and create realities, set goals and the tools we use to promote change matter. Effective leaders for the XXI century need to be well aware of these issues and have the knowledge, know-how to apply such knowledge and have the attitudes and ethical values to pursue their mission. In order to be effective leaders that are part of the solutions and not of the problems they need to be people-centred generative and transformational leaders, fostering the emergence of new leaders instead of being bent of getting more followers.

1. Preamble

The current crisis reminds us that there are few things more fundamental, primary, and important than human wellbeing. All other aims—political, economic, social and ecological—are relative, conditional and predicated on their contribution to this ultimate goal. Crises such as COVID-19 also compellingly remind us that the wellbeing of each is conditional on the wellbeing of all. Tiny microbes have been traveling the globe and devastating huge populations since long before transoceanic sea and air transport became prevalent. There are no borders or boundaries that can provide a foolproof protective wall against threats such as

global warming, nuclear radiation, financial meltdown, economic collapse, addiction and the forced migration of environmental and political refugees. Global leadership for the common good of all human beings is an urgent, unconditional necessity in the 21st century. World Health Organization and other international organizations are central and essential pillars of the global system for multilateral cooperation. National sovereignty, military preparedness, electoral majorities, law enforcement, technological advancement, competitive efficiency, financial markets, and profit maximization may be useful and very important within proper context and limits, but they can never be more than subordinate means to the common good of all humanity—"We the People". Insistence on anything else is either blind ignorance or suicidal barbarism.

Historically, epidemic disease has proven to be a greater threat to humanity than all the wars fought for conquest, independence, or commercial profit. The Plague of Justinian, the Black Death, Smallpox, and Cholera are among the most notable and well researched. The Spanish Flu is estimated to have taken the lives of 50 million people after WWI, roughly equivalent to some estimates of the total loss of life in both world wars.

Yet pandemic diseases also rank among the most dramatic instances of effective transformational leadership in the history of civilization. The polio virus, which paralyzed or killed a half million people yearly at its peak in the early 1950s, was nearly eradicated globally after mass vaccination campaigns starting in the late 1950s. Smallpox was finally eradicated in 1980 following a two-decades-long global campaign spearheaded by the WHO with unprecedented US-Soviet collaboration right in the midst of the Cold War. Fatalities due to HIV/AIDS Pandemic, which had become the leading cause of death of Americans in the 25-44 year age group, were reduced by 45% globally between 2000-2018 following the establishment of UNAIDS in 1996 to coordinate global action supported by international funding by the US and other nations.

These and other successful global initiatives confirm that concerted, globally coordinated action can dramatically reduce these and other threats to human wellbeing within a short time. They also highlight the fact that pandemic disease and related health problems cannot be regarded simply as health problems. As we witness today they powerfully impact the national and global economy, governance and political stability, social harmony and security at all levels and in all sectors.

Invaluable leadership principles and strategies can be drawn from humanity's cumulative experience in successfully addressing the common threats to wellbeing, most especially from the efforts since the establishment of WHO and the first steps taken to develop a comprehensive, inclusive global system. Much can be learned about the critical catalytic impact of public health programs, government regulations and monitoring systems, public awareness, mainstream and social media, non-governmental organizations, scientific research, technological development, all levels of the educational system, and the powerful contribution of the arts.

Effective leadership in this field must encompass all these and many other elements applied in concert as elements of a comprehensive integrated program backed by the collective will of humanity. The strategies outlined in this paper are a distillation of the experience, knowledge and wisdom derived over the past half century that can be effectively applied to achieve a quantum leap in human security and wellbeing in the near future. They are based on the United Nations Agenda 2030, endorsed by all 193 Member States.

2. Context: Problems and Intersectoral Costs (Burdens for the Whole Society)

Today, the world is simply not producing healthy 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. The Ottawa Charter (WHO, 1986) a blue print of total ecology, is still valid today. WHO identifies five components of health promotion and prerequisites for health: peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. Health and wellbeing are a social construction of reality. One of the World Health Organization's key targets for 2023 is to improve the health and wellbeing of one billion people around the globe. So how do we start to understand and apply a proper response to building healthier societies?*

Health inequities within and between countries reflect economic and social divisions across society.[1] As economic pressures bite and health care costs rise, the risk of exclusion increases, too often leaving behind those with the greatest health needs. The root cause of more inequities at the global level come from our mechanistic reductionist perspective ignoring the impact of the single action on the whole. We need urgent implementation of ecological system thinking in practice and to be able to consider all dimensions of life: physical, biological, psychological, social, cultural and spiritual.

The challenge health expenditure poses to governments is greater than ever. In many countries, the health share of government budgets is larger than ever, and health care costs have grown faster than GDP. But for at least some of these countries, data show a lack of correlation between health expenditure and health outcome. Many health systems fail to contain costs while financial pressures on them make getting the balance right for health and ensuring social protection ever harder. **Costs are primarily driven by the supply side**, such as new treatments and technologies, and people's rising expectations of protection from health risks and access to high-quality health care.

Real health benefits can be attained at an affordable cost and within resource constraints if effective strategies are adopted. A growing body of evidence on the economics of disease prevention shows how health costs can be contained, but only if they

* Report of Wilton Park 2020. Healthy societies for healthy populations

also address inequalities across the social gradient and support the most vulnerable people. At present, governments spend only a small fraction of their health budgets on promoting health and preventing disease.* For example, the world population of adults over the age of 65 is increasing faster than any other age group.† While this demonstrates a trend toward greater longevity, this trend is not matched with the maintenance of health in later life. At present, adults over 65 are one of the largest consumers of healthcare. With this population expected to double by the year 2050 in many countries, we face a potential economic healthcare crisis and significant loss of welfare and wellbeing unless approaches to healthcare and disease preventions change in the very near future.

> *"Innovations that are successful in one place may not be successful in another. Constant contextualization is necessary to maximize the likelihood of success."*

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-sectorial action which results in healthier societies. Striving for equity in all efforts to create and sustain healthy societies is paramount. New collaborative and cooperative approaches in practice are needed if universal health coverage and wellbeing are to be a reality for the countries of the world.

3. Analysis of the Origins of the Problem

Health has greatly improved in recent decades—but not everywhere and not for everyone equally; this is unacceptable. Many groups and areas have been left behind and, in many instances, as economies falter, health inequalities are growing within and between countries at the worldwide level. Rapid growth of chronic disease and mental disorders, lack of social cohesion, environmental threats and financial uncertainties make improving health even more difficult and threaten the sustainability of health and welfare systems. Creative and innovative responses, to which there is real commitment, are needed.

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 wellbeing'. 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 wellbeing. How can we all—in whatever sector or area we work—contribute to this target?‡

* WHO report Health 2020 http://www.euro.who.int/__data/assets/pdf_file/0006/199536/Health2020-Short.pdf

† United Nations 2019 Revision of World Population Prospects https://population.un.org/wpp/

‡ Report of Wilton Park 2020 Healthy societies for healthy populations

4. Examples of Effective Leadership and Good Practices from the Past

Thus we need new systems of collaborative leadership to encourage innovative approaches to social mobilization for equitable, sustainable and accountable health development.

What makes societies prosper and flourish also makes people healthy—policies that recognize this have more impact. Fair access to education, decent work, housing and income all support health.

Health contributes to increased productivity and creativity, a more efficient workforce, healthier ageing, and less expenditure on sickness and social benefits and fewer lost tax revenues. The health and wellbeing of the population are best achieved if the whole government works together to address the social and individual determinants of health.[2,3] To be more effective health services need to be reoriented with person-centered and people- centered approaches that strive to include and empower individuals and communities.

Good health can support economic recovery and development.

Health performance and economic performance are interlinked—improving the health sector's use of its resources is essential. The health sector is important for both its direct and indirect effects on the economy: it matters not only because of how it affects people's health and their productivity but because it is now one of the largest economic sectors in every medium.

The focus needs to be on the **right to health and commitment to universality, solidarity and equal access as the guiding values for organizing and funding the health systems of each country**. They aim for the highest attainable level of health regardless of ethnicity, sex, age, social status or ability to pay. These values include **fairness, sustainability, quality, transparency, accountability, gender equality, dignity and the right to participate in decision-making.**

"People-centred and planet-sensitive" approaches (Bali Communiqué of the High-Level Panel, 28 March 2013) include: addressing community resilience and the participation of empowered populations, social inclusion and cohesion; promoting assets for wellbeing; mainstreaming gender and building the individual and community strengths that protect and promote health, such as individual skills and a sense of belonging. Setting targets for reducing health inequalities can help drive action.

*Research shows that **effective interventions require a policy environment that overcomes sectorial boundaries and enables integrated programmes**.*

For example, evidence clearly indicates that integrated approaches to child wellbeing and early childhood development produce better and fairer outcomes in both health and education. Urban development that considers the determinants of health is crucial, and mayors and local authorities play an ever more important role in promoting health and wellbeing. Participation, accountability and sustainable funding mechanisms reinforce the effects of such local programmes.

5. Suggestions for Remedial Strategies and Actions for a Sustainable Future (Sustainable Ways of Thinking, Coping and Being)

5.1. Innovation to Support Implementation of the WHO Framework on Integrated People-Centred Health Services (IPCHS)

Common and shared goals between all relevant stakeholders are to "significantly improve the health and wellbeing of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality".

"Transformational leadership is the process in which "leaders and followers help each other to advance to a higher level of morale and motivation" and to achieve common goals."

Some key messages to implement Health For all reducing health inequalities, improving leadership and participatory governance for health through innovations are:[4]

- Health systems around the world are struggling with poor access to essential quality health services, fragmentation of services and overall lack of resources.
- This creates an urgent need for creative and innovative solutions to these and other problems of health system and services.
- Health care innovations generally fall into three categories: products, processes and structures. Innovation is not limited to expensive new drugs and technologies.
- These innovations undergo a complex implementation process involving adoptions, implementation, sustainability, diffusion, dissemination and scale-up approaches.
- Innovations that are successful in one place may not be successful in another. Constant contextualization is necessary to maximize the likelihood of success.
- Early and intentional involvement of diverse stakeholders in the innovation process is crucial to foster integrated and people-centred solutions and provide continuity and coordination of care.
- Institutionalization of innovative processes and structures is necessary to avoid short-term and unsustainable initiatives.
- Policy makers are uniquely situated to foster innovation at regional, national and international levels.
- A combination of strategies is needed to effectively implement the proposed options.
  - Leadership approaches and organizational characteristics that favour innovation can increase innovative outputs.

- Policy makers can create a strong innovative vision by compiling existing innovation strategies and facilitating dialogue with diverse stakeholders.
- Creating a centralized hub for social innovations can help spread relevant innovations that can be adapted to local contexts.
- Education and training in the methods of social innovation for diverse stakeholders can increase innovative capacity in the health care system.

The following policy options have been considered:

1. Fostering characteristics of organizations and health systems that encourage innovation
2. Transformational and distributed leadership to foster innovation across health sectors
3. Promoting social solidarity economy with innovative solutions
4. Building and retaining human resource capacity for leadership and innovation

Fostering characteristics of health systems and organizations that encourage innovation. Characteristics of innovative **organizations** and **health systems** include aspects of culture and mission. Organizational cultures that foster innovation encourage openness, constantly celebrate successes and have strong shared values and a clearly communicated narrative. The most innovative groups have an intense focus—such as the focus on a patient in health care—and encompass cross-functional teams that can bring diverse skillsets to bear on a single problem. Innovative groups also tend to have risk-taking cultures that are tolerant of failure. Creating enabling environments that encourage these characteristics, including safe spaces for innovation to occur, can help guide innovation leadership efforts.

Transformational and distributed leadership to foster innovation across health sectors. Transformational leadership is the process in which "leaders and followers help each other to advance to a higher level of morale and motivation" and to achieve common goals.[5] There is a robust literature connecting transformational leadership to innovation, and this has been extended specifically to health care systems. It has been associated with a wide range of positive outcomes, including attitudes toward evidence-based practice and increased health care staff's satisfaction and wellbeing. Distributed leadership is often defined in different ways in the literature but generally deals with the concept of shared leadership across an organizational structure. Individuals can move back and forth between leader and follower roles, and followers are not passive absorbers of leadership but also influence leaders. Distributed leadership has been identified as key to sustaining culture change in health systems. This leadership method helps create an environment where staff can participate in and manage the change process, which leads to more sustained change. These leadership methods have the potential to address many of the determinants of innovation mentioned above (see policy option 1). At the health system level, transformational leadership can ensure a strong and clearly expressed set of shared values and an intense focus on the patient. Transformational leaders can build an organizational vision to guide efforts at the individual, organizational and system levels. Distributed leadership methods can encourage a culture

of openness and create more interdisciplinary and cross-functional teams. Similarly, both leadership methods can ensure that new innovations are accountable to users by involving them in the leadership structure. Importantly, transformational and distributed leadership are not mutually exclusive but rather complementary. Transformational leadership allows for a strong culture of innovation to be established through a mutual effort by leaders and followers from across levels of the health care system. Distributed leadership can help ensure the maintenance of this culture by creating an enabling environment and avoiding top-heavy leadership structures. Both encourage an open and participatory environment.

Promoting social solidarity economy with innovative solutions like collaborative and community-led models. Social solidarity economy covers a diverse range of organizations and enterprises that prioritize social considerations and involve forms of management or governance that are more horizontal. It is based on an ethical and values-based approach to social and economic development that prioritizes the welfare of people over profits. The solidarity economy has a focus on the empowerment of marginalized and underserved groups and engages in holistic anti-poverty and inclusion projects. It recognizes the importance of linking with social movements because system-wide changes cannot be achieved by a single initiative.

Nordic countries are a good example of how social solidarity contributes to healthy living and the interface between economic, social and environmental objectives and a positive influence on health over time. 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. How can this type of model be fine-tuned and contextualized for other countries and what are the cultural and contextual values and principles to be considered to create positive impact?

Building and retaining human resource capacity for leadership and innovation. Capacity for innovation by individuals includes topic- or context-specific knowledge as well as skills and experience in the process of innovation itself. Capacity building and education across the diverse set of stakeholders involved in innovation are necessary to create an enabling and sustainable environment to facilitate community-led approaches and a social solidarity economy (see policy option 2).

Characteristics of **individuals** associated with innovation in the workplace focus on the requisite knowledge and aspects of personality. Knowledge factors include education, intelligence, clarity of thought and domain-specific knowledge. More general personality factors include creativity and openness as well as an intrinsic motivation to solve problems with perseverance. Importantly, domain-specific knowledge is not necessarily highly technical knowledge. This can also be first-hand knowledge of how systems work on the ground, how these systems work for users or other similar knowledge bases related to implementation of services. Innovators in health institutions also demonstrate a sense of mission, the capacity to make hard decisions, and the ability to clearly communicate ideas and goals.

5.2. Engagement towards health-related SDGs

Currently, at least half of the world's population still do not have access to the full range of essential health services and about 100 million people are pushed into extreme poverty each year because of out of the pocket spending on health. The **Universal Health Coverage (UHC)** means that "all individuals and communities receive the health services they need without suffering financial hardship", it includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care. In the post Millennium Development Goals context, health is now positioned in the broader framework of the **Sustainable Development Goals (SDGs)** and nations of the world had to set the UHC when they adopted the SDGs in 2015.

To achieve UHC by improving the quality of health services, access and equity, global public health has to **focus on community engagement** as countries face complex health challenges that stretch and test the capacity and resilience of health systems and the populations they serve; **those challenges** are urbanization, poverty, migration, poor environmental management, man-made and natural crises, disease outbreaks, floods and armed conflicts.

The concept of "community" and "community engagement" are not new; **back in 1978, in the Alma Ata Declaration, community participation was determined as a fundamental component of primary health care**. The notion of community participation was revitalized as **"engagement and empowerment"** and became a core strategy of the WHO Framework on integrated people-centred health services (IPCHS) adopted by member states in 2016.

The broad definition of community engagement is "**involving communities in decision-making and in the planning, design, governance and delivery of services";** this definition does not stress the difference between "engagement", "participation", and "empowerment". To understand the scope of the present policy note and the guidelines selected to implement community engagement, it is important to introduce the differences between engagement, participation and empowerment.

Public health is defined by WHO as "the science and art of preventing disease, prolonging life and promoting health through organised efforts of society"; public health not only focuses on the eradication of particular diseases, but on the **entire spectrum of health and wellbeing**, it requires an interdisciplinary approach to achieve such goal. Because health has a multidimensional consideration, modern public health practices require **multidisciplinary teams to reach physical, psychological and social wellbeing of populations**. An important aspect of health and wellbeing has been highlighted by research: if people and community have control over their lives, they will be healthy and adopt healthier behaviours. Health is a "state of complete physical, mental and social wellbeing, not just the absence of disease or infirmity", thus it makes sense to stress the strong link between factors facilitating health and wellbeing rather than only focusing on the cause of disease.

Communities have their own strength and assets to be able to have an active dialogue with services providers. It follows the concept of public health that is reached by "organised efforts of society", which implies that all parts should be involved, not only services providers,

but also "services users". **Coproduction** changes the dynamics between individuals and communities and create more collaborative relationships. The current challenge is to consider citizens not as passive recipients of services but as assets and expertise holders, which they can offer to others and can help improve the way services are delivered. By allowing individual and communities to be an active part of their health and wellbeing, those will become sustainable. We need to promote Person-Centered Care and people-centered participatory qualitative research practices. Qualitative research has the same scientific validity as quantitative research and as an additional value it empowers participants and promotes learning of all stakeholders; see for example participatory action research, focusing on the strengths of participants in order to find new forms of knowledge and collective action to achieve positive change.

Engaging individuals and communities has been advocated as a potentially useful strategy to reduce health inequalities, as people with low socioeconomic status, socially excluded people tend to have poorer health than other members of society. More specifically, health inequalities are related to modifiable health determinants such as housing, employment, education, income, access to public services, and personal behaviour; whereas determinants such as age, sex, and genetics are fixed.

In the current field of health challenges, seeking a new path to leave the old paternalistic approach behind to embrace health, individual and community engagement towards community empowerment has become the key component for policy makers to achieve public health goals towards health and wellbeing. It is policy makers' ethical duty to consider individual and community engagement as part of the creation of new structures and new practices, embedded as a long-term solution to social issues. Some case studies show that patients and communities lose faith in the paternalistic decision-making approach, especially in the area of public health, where public service users want their opinion to be taken into account. Policy makers have considered ethical decisions to "generate and sustain trust, demonstrate respect, responsibility, fairness and caring (…) these behaviours provide a foundation for making better decisions by setting the ground rules for our behaviours"; decision makers have to leave the paternalistic approach, as highlighted by WHO's seven focal points from key technical areas from Service Delivery and Safety department, Health Promotion, and Governance & Finance during interviews. They must consolidate their positions based on ethical decisions, trust and respect by embracing the individual and community engagement and empowerment.

6. What kind of effective leadership and change agents are needed to promote change?

In this section, we have focussed on two important components of effective leadership, the authentic leadership has been described very well by **Bill George's model which focuses on the different qualities an authentic leader has (or can develop)**. If a leader demonstrates these qualities or characteristics, they will be a more authentic leader and able to promote the emergence of natural grassroots leaders, who will respond positively and the organization will benefit. There are five dimensions described by George, and each is associated with

an observable characteristic: purpose and passion, values and behavior, relationships and connectedness, self-discipline and consistency, and heart and compassion (Penn State, 2017). All these dimensions need to fit with effective education, equitable and sustainable economies and governance design.

Promoting participatory governance, social participation and accountability. Engaging populations, civil society and communities in national policy- and decision-making

Governments increasingly recognize the need for more participatory and inclusive processes in decision-making. National health policies, strategies and plans are more likely to be implemented effectively if their development and negotiation are inclusive of all relevant stakeholders. Engaging with populations, civil society and communities is also an important means to gauge expectations and opinions on health related-matters; this can contribute to responsive and people-centred health systems. Participatory governance thus entails bringing in the voice of end users of health services as well as the general population—in essence, all those affected by health reforms.

There are a variety of mechanisms for fostering dialogue which not only empowers people but also helps to hold governments accountable for their commitments.

WHO provides technical support to countries in this area of work. It also contributes to the evidence base on how population engagement mechanisms can work, in which settings, and how. The upcoming *WHO Handbook on Social Participation for UHC* further serves as a guidance document to member states to strengthen systematic and meaningful government engagement with populations, civil society and communities by drawing from examples of best practices to establish, set up and institutionalize such mechanisms in national policy, planning and review processes.

7. What the coronavirus means for the future of civilization?

COVID-19 is showing us that when humanity is united in common cause, phenomenally rapid change is possible. None of the world's problems are technically difficult to solve; they originate in human disagreement. In coherency, humanity's creative powers are boundless. COVID-19 demonstrates the power of our collective will when we agree on what is important. What else might we achieve, in coherency? What do we want to achieve, and what world shall we create? That is always the next question when anyone awakens to their power.

In the current coronavirus emergency the coping efforts are mostly directed to the containment of the spreading of the pandemic, confining people to their homes, restricting social and economic activities, activating emergency economic and fiscal support to individuals, small and medium enterprises etc., while schools and universities are offering traditional online courses to their students.

As Albert Einstein once stated: "*We cannot solve the problems of today at the level of thinking at which they were first created*." COVID-19 has dramatically underlined that everything is connected.

We can facilitate human capital development of different stakeholders and epistemic communities by engaging in a process of listening and learning from each other, sharing best practices and expertise. In other words, we can facilitate the emerging of natural leaders as a value-added process that is also an example of a concrete sustainable product.

We live in a period of growing complexity; to meet our present and future challenges we need new and effective ways to cope: a sustainable way of being, which enables us to navigate in the rippling currents of change.

We may be missing a very crucial point in failing to understand how this catastrophe came about and why and how we failed to deal effectively with it. We urgently need to acquire the tools that enable us to have a systemic understanding of situations and help us effectively prevent reoccurrences. We need to understand correctly the problems that in part created and further aggravated the present situation.

From a sustainable bio-psycho-social point of view the coronavirus pandemic was highly predictable, but governments did little or nothing to prevent it and failed to deal effectively with the problem.

Worst of all, some governments spread another lethal virus: Fake News, by negating the existence of the problem, silencing doctors and experts who gave early warnings, then downplaying the seriousness of the emergency, blaming the press for reporting the problem, intentionally lowering the actual number of deaths, failing to activate the emergency measures needed to cope effectively, causing negative multiple interconnected and intersectorial consequences, and in so doing, worsening the situation and debilitating the society's capacity for resilience.

Now all efforts, including economic investments, are focused on helping the different sectors of society get back to normal as soon as possible. However, going back to business as usual would be a very serious mistake, bound to unwittingly create more catastrophes. This experience needs to be a moment of reckoning.

The coronavirus disaster clearly underlines that in the Antropocene Era we cannot deal with reality in a mechanistic, reductionist way. We live in a world of complex relationships where everything is interconnected and therefore has a reciprocal impact.*

We need at this very moment to facilitate all the stakeholders, decision makers, opinion makers, experts, professionals, leaders from every aspect of society, public and private institutions to develop resilient and sustainable ways of thinking and feeling.

Let us unite in a common effort. Let us empower ourselves and develop resilient and sustainable communities, societies and cultures. We cannot afford to miss the lesson and waste an opportunity to learn new and more effective ways of being.

The areas that can be analysed to reconsider our world perspective are:

* Brown C, Goldblatt P, Shriwise A et al. COVID19: Considerations on social and economic impacts and mitigation. Working paper. Copenhagen: WHO Regional Office for Europe; forthcoming.

- Establish clear vision, new narrative and communication of healthy societies through a process of co-creation to ensure broadest possible ownership including communities and citizens.
- Focusing more attention on understanding the context and drivers of healthy society and with a holistic perspective and based on the process of experiences of people
- Identify future leaders and champions of healthy societies and find ways to support them.

8. Conclusion

The United Nations' "Agenda 2030" is aimed in an integrated manner at the entire multitude of global risks: end poverty; end hunger; encourage good health and wellbeing; provide quality education; promote gender equality; provide clean water and sanitation; promote affordable and clean energy; provide decent work and economic growth; address industry, innovation and infrastructure; reduce inequalities; develop sustainable cities and communities; encourage responsible consumption and production; take action on climate change; promote life below water; promote life on land; work towards peace, justice and strong institutions; and create partnerships to achieve these goals.

However, recent political changes have placed this hope at risk. To increase the likelihood of success, higher education institutions worldwide must teach and train today´s students—tomorrow's decision makers — to think both critically and ethically, to learn to cope with ethical dilemmas and apply systems-thinking approaches to serious and complex societal problems.

Credits

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Notes

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