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WHO Collaborating Centre  
on Investment for Health  
and Well-being

# How to Make the Case for Sustainable Investment in Well-being and Health Equity: A Practical Guide

## Summary



## Abstract

Evidence shows that current investment strategies for health, well-being and equity are unsustainable, leading to growing social, economic and environmental challenges for present and future generations. In order to improve governance and accountability for health equity, countries need to invest in evidence-informed, cross-sectoral and fair public policies and interventions. Building on the WHO Regional Office for Europe's *Health Equity Status Report* and the United Nations 2030 Agenda for Sustainable Development, this Guide aims to promote the case for investment in health equity and well-being. It consists of a step-by-step approach to support the development of evidence-informed, context-tailored advocacy reports and other relevant documents and tools, thus enabling healthy policy- and decision-making across different sectors and country settings.

## Keywords

EVIDENCE SYNTHESIS, SUSTAINABLE INVESTMENT, HEALTH EQUITY, PUBLIC HEALTH ADVOCACY, HEALTH POLICY

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## Foreword



**Wales has committed to and gained substantial progress in driving sustainable development and well-being for the present and future generations.**

Public Health Wales' report *Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales* has offered evidence and expertise in support of preventing ill health and reducing inequities to achieve a sustainable economy, thriving society and healthy people and planet. Building on the successes of this key publication and gathering further evidence and lessons from other countries, our WHO Collaborating Centre has developed this Investment Guide to help inform and support others in building the case for investing in health equity and well-being.

I hope this Guide will be a helpful practical tool for health and equity advocates, driving sustainable, fair, evidence-informed and rights-based investment towards prosperity for all in the WHO European Region and globally.

**Dr Tracey Cooper,  
Chief Executive, Public Health Wales**



**Attention to health equity, gender equality and the right to the highest attainable standard of health for all has never been more important. Health equity is vital to achieving sustainable development and inclusive economies.**

Making progress towards healthy prosperous lives for all requires systematic and sustainable action, including scaling up and adapting what works, and generating new solutions, alliances and tools that break down the barriers to progress. We already have good instruments to describe the problem. We urgently need appropriate know-how to develop and implement solutions and to enable a coordinated approach to advocacy and real life application.

This Investment Guide, developed by the WHO Collaborating Centre for Investment for Health and Well-being at Public Health Wales, provides a useful framework and resource to empower decision-makers to take better-informed decisions and transformative action.

**Chris Brown,  
Head, WHO European Office for Investment for Health and Development, Venice**

# Executive Summary

Urgent action is needed to address the growing health, inequity, economic and environmental challenges that threaten the well-being of present and future generations. Current investment policies and practices are unsustainable and result in high human, social, economic and environmental costs. There is already a clear commitment and concerted action, across the WHO European Region and globally, to tackle these pressures and to drive sustainable development and prosperity for all. National and local governments can play a major role in this.

Health inequities are not inevitable. Coordinated policy action on the determinants of health combined with well-designed and implemented governance approaches have a dual effect on reducing the health gap and improving overall population health.

Substantial evidence demonstrates that investing in evidence-informed, cross-sectoral and fair public policies and interventions brings multiple benefits which drive social, economic and environmental sustainability. Making the case and advocating for investment in well-being and health equity is essential to enable evidence-informed sustainable and fair policy and action for the benefit of people, communities, societies, the economy and the planet. This aligns with and supports the *United Nations 2030 Agenda*, the *WHO General Programme of Work* and the *WHO European Roadmap* to implement the sustainable development agenda and the *WHO European Health Equity Status Report (HESR) Initiative*.

The practical guide outlines the step-by-step process of how to synthesize, translate and communicate public health and health economics evidence into policy and practice, making the case for sustainable investment in well-being and health equity. It is intended to help key stakeholders, advocates for health and equity, civil servants and other health and non-health professionals who have a role in informing, influencing or shaping national and subnational policy and practice.

The Guide aims to: (i) prevent disinvestment in health; (ii) increase investment in prevention (public health); and (iii) mainstream cross-sectoral investments to address the wider determinants of health and equity, driving prosperity for all. It also supports the four drivers of the HESR – participation, empowerment, policy coherence and accountability.

Building on the knowledge-to-action framework, four key phases are described in the Guide:



They result in the development of evidence-informed, context-tailored advocacy documents and tools, enabling healthy policy- and decision-making across different sectors, levels of government and country settings. Each phase highlights specific steps, key messages, the resulting products and a number of practical tools and tips to facilitate real life application.

Essential elements of the practical Guide are the health economics approaches, methods and tools to build the case for investment; showing the burden and costs of inaction in parallel with available sustainable solutions which bring health, social, economic and environmental benefits (returns).

**The full version of 'How to Make the Case for Sustainable Investment in Well-Being and Health Equity: A Practical Guide' has been developed as an interactive online (PDF) document, easy to navigate and use. This is available at:**  
<https://ihcc.publichealthnetwork.cymru/index.php?cID=659>.

**This document provides a summary overview of the Guide, including the key messages, steps, expected products and useful tools, as well as a checklist for each phase.**



# What is the purpose of the Guide?

The Guide supports the *United Nations 2030 Agenda (1)*, the *World Health Organization (WHO) General Programme of Work (2)*, the *WHO European Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020*, the *European policy for health and well-being (3)* and the *WHO European Health Equity Status Report (HESR) Initiative (4)*, thus providing a practical tool to improve governance, investment and accountability for health and equity.

It focuses on building the case for investment, flexible to country context and priorities, through the mobilization of evidence, evidence translation, communication and advocacy; wide cross-sector and stakeholder engagement and participation; and the monitoring of progress and accountability. It particularly aims to:

- **prevent disinvestment in health;**
- **increase investment in prevention (public health); and**
- **mainstream cross-sectoral investment to address the wider determinants of health and equity, driving sustainable development and prosperity for all.**

The Guide outlines the step-by-step process of how to synthesize, translate and communicate public health and health economics evidence into policy and practice, making the case for sustainable investment in well-being and health equity. It helps the development of evidence-informed, context-tailored advocacy reports and other relevant documents and tools, enabling healthy policy- and decision-making across different sectors, levels of government and country settings. It also shows the necessity for, and helps facilitate, cross-sectoral and multidisciplinary working, public participation, context tailoring and accountability along the whole process of evidence translation. Finally, the Guide presents options for the best-case and required minimum scenarios, depending on the skills and resources available within the project team.

## Who is the Guide for?

The Guide is intended to help key stakeholders, advocates for health and equity, civil servants and other health and non-health professionals who have a role in informing, influencing or shaping national and subnational policy and practice. This includes national, subnational and local public health agencies, institutes and teams, government health or other relevant departments, parliamentary research or evidence review departments, policy and government advisory services and others.

To use the Guide effectively, a basic understanding of health policy, health systems and health economics is desirable.

## How was the Guide developed?

The Guide has been inspired by the experience of Wales in the United Kingdom, after the development of an evidence synthesis report to inform and advocate investment in prevention while addressing current and future social and economic challenges that affect health in Wales (*see Annex 1: The example of Wales (5)*).

Building on this, the Guide was developed using a mixed methods approach, including: an evidence review, wide stakeholder engagement, international multisectoral expert consultation and peer review. It is based on the theoretical knowledge-to-action framework (6).

An **evidence review** was conducted to gather tools and resources that guide the synthesis, translation and communication of public health evidence to inform policy and practice. **Interviews** were conducted with 21 key stakeholders to inform the outline of the Guide, identify key resources and tools, and highlight useful elements, challenges, facilitators, enablers and anticipated pitfalls in the knowledge-to-action process. Finally, an **international multisectoral expert consultation** and peer review was undertaken on initial and advanced drafts of the Guide to ensure its relevance and transferability across sectors, contexts, settings and countries.

# Making the case for investment – a logic framework

The Guide describes four distinctive, though interrelated, phases of making the case for investment in health and the relevant steps, as well as how they support the HESR Initiative (7) and its implementation. This summary document outlines the key phases and steps. Further information and guidance can be found in the full Guide: **How to make the case for sustainable investment in well-being and health equity: a practical guide.**

Making the case for investment – A logic framework with entry points, key phases, steps and end points			
HESR drivers/ entry points	Making the case for investment: key phases	Key steps along the process <sup>1</sup>	Key end points
<ul style="list-style-type: none"> <li>Participation</li> <li>Empowerment</li> <li>Policy coherence</li> </ul>	<b>Phase 1. Project scoping and planning</b> 	<b>Step 1.</b> Development of a project initiation document and management structure <b>Step 2.</b> Scoping and priority-setting <b>Step 3.</b> Stakeholder mapping and engagement <b>Step 4.</b> Planning of the monitoring and evaluation of the final product	<b>Prevent</b> Prevent disinvestment
Five health equity policy action areas: 1. Health and health services 2. Health and living conditions 3. Health, personal and community capabilities 4. Health, employment and working conditions 5. Health, income and social protection	<b>Phase 2. Evidence gathering, synthesis and design</b> 	<b>Step 1.</b> Evidence-gathering and synthesis <b>Step 2.</b> Evidence translation and product design	
<ul style="list-style-type: none"> <li>Empowerment</li> <li>Participation</li> </ul>	<b>Phase 3. Dissemination and communication</b> 	<b>Step 1.</b> Development of a dissemination plan <b>Step 2.</b> Analysis of the target audience for dissemination <b>Step 3.</b> Identification of channels for communication and dissemination <b>Step 4.</b> Advocacy	<b>Transform</b> Mainstream cross-sectoral investment
<ul style="list-style-type: none"> <li>Accountability</li> <li>Participation</li> <li>Policy coherence</li> </ul>	<b>Phase 4. Monitoring and evaluation</b> 	<b>Step 1.</b> Finalization of the evaluation plan <b>Step 2.</b> Evaluation of the process and monitoring of its use <b>Step 3.</b> Evaluation of the outcomes and impact <b>Step 4.</b> Communication of the findings of the evaluation	

<sup>1</sup> **Note:** The time, resources and capacity required for each phase will vary depending on national local context and factors, such as starting point, available evidence and expertise, scope of stakeholders and target audience and length of project.



# Phase 1.

## Project scoping and planning

### Process outline

**Step 1.**  
Development of Project Initiation Document and management structure

**Step 2.**  
Scoping and priority-setting

**Step 3.**  
Stakeholder mapping and engagement

**Step 4.**  
Planning of the monitoring and evaluation of the final product



### Key messages

- A clear question outlining the policy/health area(s) for investment must be identified at the beginning of the project, guided by the five policy action areas and the aims to prevent, promote and transform.
- Initial project scoping and planning are essential, taking account of and aligning with the national or local context to ensure policy coherence.
- Early stakeholder mapping, engagement in participation and accountability are key to the success of the project, empowering various decision-makers and the public.



### Outputs

- A multidisciplinary project team and clear project management/governance structure.
- An agreed written project initiation, scoping and management document.
- An initial monitoring and evaluation plan for the final product.

## Key tools and resources

### ***A model for evidence-informed decision making in public health (8)***

<https://www.nccmt.ca/about/eiph>

The National Centre for Methods and Tools (Canada) has developed guidance for the process of collecting, synthesizing and disseminating public health evidence to inform policy and practice. These guides are particularly useful in the planning stages and outline the steps to follow when undertaking evidence-informed public health.

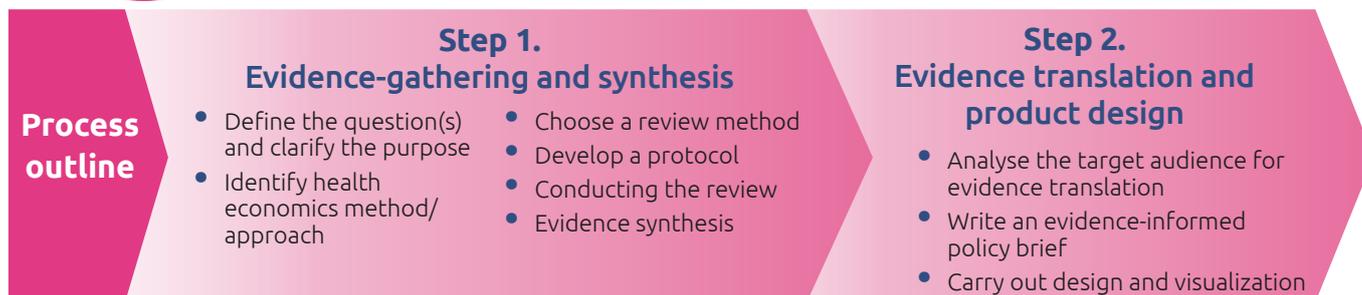
### ***SWOT analysis (Strengths, Weakness, Opportunities and Threats) (9)***

<https://www.nesta.org.uk/toolkit/swot-analysis/>

The SWOT analysis template by the National Endowment for Science, Technology and the Arts can be useful at the beginning of a project as a strategic planning model to identify factors that can positively or negatively influence the project.



## Phase 2. Evidence gathering, synthesis and design



### Key messages

- A clear evidence search, review and synthesis protocol is a necessary product to develop.
- The economic and social arguments for investment along the five HESR policy action areas must be considered, including the commercial determinants of health and equity.
- The evidence should be synthesized and then translated in a concise and easy to understand form, tailored to the target audience and context.
- The use of different formats, including visuals, is key to increasing the impact of the product.
- A multidisciplinary team of professionals is required to develop a high impact product..



### Outputs

- A clear evidence review protocol.
- A narrative synthesis of the evidence identified and selected through the evidence review.
- A target audience analysis that determines the product format.
- Products that reflect the needs of the target audience, such as an evidence brief for policy-makers.
- Data/information visualization products, such as infographics.

## Key tools and resources

### ***A guide to health economics for those working in public health (10)***

<http://cheme.bangor.ac.uk/documents/guide-handbook-en.pdf>

This guide introduces key economic terms in order to better understand and assess economic evidence. This will be useful for the selection of types of economic evidence to focus on within the evidence search and improve understanding of the evidence selected for synthesis.

### ***A guide to social return on investment (SROI) (11)***

<http://www.socialvalueuk.org/resources/sroi-guide/>

The guide provides a clear framework for managing and accounting for social value or social impact using the SROI method.

### ***A resource for developing an evidence synthesis report for policy-making. Health Evidence Network (HEN) synthesis report 50 (12)***

<http://www.euro.who.int/en/publications/abstracts/resource-for-developing-an-evidence-synthesis-report-for-policy-making-a-2017>

This resource has been developed to outline key approaches, methods and considerations for synthesis of evidence to support the systematic and routine use of the best available evidence for decision-making relevant to the needs of public health decision-makers.

### ***SURE Guides for preparing and using evidence-based policy briefs (13)***

<https://www.who.int/evidence/sure/guides/en/>

The SURE Guides were developed to support individuals responsible for preparing policy briefs informed by research evidence and provide guidance on how to prioritize topics for policy briefs and inform and engage stakeholders..

### ***The 7 G.R.A.P.H.I.C. principles of public health infographic design (14)***

<https://visualisinghealth.files.wordpress.com/2014/12/guidelines.pdf>

Published by the University of Leeds, these guidelines contain useful tips on how to design health infographics and convey health messages to the target audience.



## Phase 3. Dissemination and communication



### Key messages

- The dissemination plan should be tailored to the needs and preferences of the target audience.
- An advocacy plan is required to engage with the target audience, aid their understanding and encourage their 'buy-in' and use of the product, as well as to enable empowerment of the relevant stakeholders.
- Analysis of and adaptation to the political context are essential to maximize the uptake and application of the product.



### Outputs

A dissemination plan, which includes:

- a list of relevant stakeholders;
- the aim pursued when targeting each stakeholder;
- the preferences and characteristics of each audience;
- a list of channels or means for dissemination, targeted to the audience.

## Key tools and resources

### **Implementation research toolkit. Module 5. Disseminating the research findings (15)**

[http://www.who.int/tdr/publications/year/2014/participant-workbook5\\_030414.pdf](http://www.who.int/tdr/publications/year/2014/participant-workbook5_030414.pdf)

This toolkit aims to strengthen implementation research through the utilization of research findings, provision of practical tips on developing a dissemination strategy and use of various dissemination tools.

### **Communications in health care improvement – a toolkit (16)**

<https://www.health.org.uk/collection/communications-health-care-improvement-toolkit>

This toolkit has been designed for health professionals who want to understand and use communications to better plan, implement and spread their work. The toolkit consists of four sections: planning for success, getting started, sustaining interest and spreading the work.

### **WHO Strategic Communications Framework for effective communications (17)**

<http://www.who.int/mediacentre/communication-framework.pdf>

This framework outlines a strategic approach for effectively communicating information across a broad range of health issues, including advocating findings to selected target audiences.

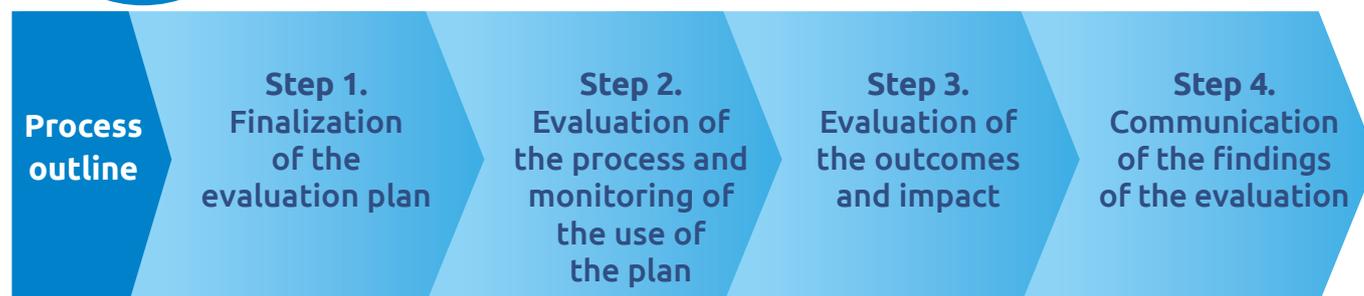
### **Public health advocacy toolkit (18)**

<https://www.phaiwa.org.au/the-advocacy-toolkit/>

This toolkit provides an introduction to public health advocacy, examples of key advocacy strategies and samples of practical advocacy tools.



## Phase 4. Monitoring and Evaluation



### Key messages

- A detailed evaluation plan with indicators of success is essential and should be developed at the outset of the project to facilitate and ensure accountability.
- Monitoring of the use, outputs and outcomes of the plan is a continuous process, which should start shortly after publication of the product.
- Targeted stakeholder involvement and feedback are key in the evaluation process to ensure wide participation and policy relevance.



### Outputs

- An evaluation plan, including indicators of success.
- A transparent monitoring plan, which is acted upon shortly after publication of the product.
- An evaluation report.

## Key tools and resources

### **Impact evaluation in practice (19)**

<https://openknowledge.worldbank.org/bitstream/handle/10986/25030/9781464807794.pdf?sequence=2&isAllowed=y>

This interactive textbook introduces impact evaluation aimed at practitioners and policy-makers to help them strengthen the evidence base for developing programmes and policies.

### **Developing an effective evaluation plan. Setting the course for an effective evaluation plan (20)**

<https://www.cdc.gov/obesity/downloads/CDC-Evaluation-Workbook-508.pdf>

This workbook can help develop a joint understanding of what constitutes an evaluation plan, why it is important, and how to develop an effective evaluation plan in the context of the planning process.

### **Evaluation and impact assessment (21)**

<https://www.nefconsulting.com/our-services/evaluation-impact-assessment/>

New Economics Foundation (NEF) Consulting provides contemporary methods, approaches and tools to assess the value and impact of programmes, projects or organizations on national, local and organizational levels. These include social return on investment, outcomes evaluation, social cost-benefit analysis, multicriteria appraisal, local multiplier 3 and prove and improve tools.

### **Communicating development evaluation results (22)**

<http://www.oecd.org/dac/evaluation/communicatingevaluationresults.htm>

This website gives tips on how to communicate and share evaluation findings to the target audience.

# Checklist

## Phase 1.

### Project scoping and planning



- Has a multidisciplinary project team and a management structure been established?
- Have key stakeholders been identified and prioritized to inform a stakeholder map?
- Has a project initiation document been written and agreed with relevant stakeholders?
- Have the scoping and priority-setting processes been thoroughly documented?

## Phase 2.

### Evidence gathering, synthesis and design



- Has a question been defined and a clear protocol written?
- Have the review methods been defined, including which health economic methods are to be focused on?
- Has the evidence brief been developed following the 1:3:25 format and tailored to the target audience?
- Have visualizations been used to make the brief more engaging and easier to understand?

## Phase 3.

### Dissemination and communication



- Has a clear dissemination plan been developed?
- Have the needs of the target audience been outlined within the dissemination plan?
- Has an understanding of the current political landscape been considered?
- Have the appropriate channels of communication been identified?
- Has an advocacy plan been developed to encourage the target audience to put the evidence and proposed changes into practice?

## Phase 4.

### Monitoring and evaluation



- Has a clear evaluation plan been developed?
- Has a process evaluation been undertaken?
- Has any monitoring of knowledge and use of the product been undertaken?
- Has a final outcome and impact evaluation report been written and disseminated among key stakeholders?

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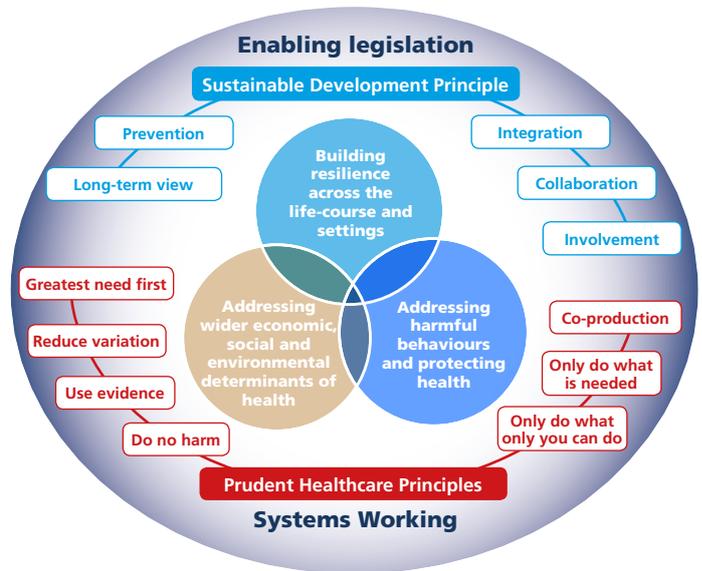
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# Annex 1: The example of Wales<sup>2</sup>

Public Health Wales identified the need to develop a report to inform policy (advocacy) in the context of Welsh Government elections and an enabling policy framework. The aim was to show clearly the burden (costs) of ill health and inequity in Wales, together with available sustainable solutions which bring social and economic returns, thus making the case for investing in prevention across the health and other public sectors. Looking back, four distinctive phases were identified along the process:

## Phase 1. Project scoping and planning

An initial project outline was developed with the aim and objectives, stakeholders, methodology, management, and expected deliverables. A project group of experts in public health, research, policy, project management and communications undertook scoping work to understand the Welsh strategic, policy and health context. Ten most challenging public health issues were identified and classified into three areas for priority investment. To identify the burden, as well as the available sustainable investment options, an evidence synthesis was planned together with an expert consultation with public health, social policy, health economics and other relevant professionals. The project group identified the target audience and further further steps to be taken.



## Phase 2. Evidence gathering, synthesis and design

A search protocol was developed and experts in each subject area were consulted to help find the relevant evidence. The Health Intelligence division within Public Health Wales worked closely with other public health experts to analyse, synthesize and identify key investment options. An important consideration was to translate the evidence in a clear, concise and easy to understand way. Thus, the report was developed and published in three parts: a brief executive summary with key messages and example data; infographics on the key areas to visualise the findings; and a report with the supporting evidence and references.

## Phase 3. Dissemination and communication

An advanced stakeholder analysis identified Welsh Government; executive, management and finance departments of the Welsh health service, as well as key decision-makers across the public sector as key stakeholders. Windows of opportunity were identified in a communications and dissemination plan to make best use of the report, such as identifying times of organisational change or financial planning periods.



## Phase 4. Monitoring and evaluation

A follow-up meeting was held with the project group and key experts to discuss the challenges, lessons learnt and further opportunities. A three-year follow up with an outcome and impact assessment was done through a stakeholders' survey and interviews, including qualitative and quantitative data on usage and awareness of the report. Future long-term assessment and evaluation is also planned.

<sup>2</sup> Making a difference: investing in sustainable health and well-being for the people of Wales. Cardiff: Public Health Wales; 2016 (<http://www.wales.nhs.uk/sitesplus/888/page/87106/>, accessed 1 May 2019).



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