

[Health and not just Healthcare. How to orient investments in light of sustainable development](#)

Executive summary

As proposed in the [Decalogue on Health](#) published in 2018 by the Italian Alliance for Sustainable Development (ASviS), also reiterated in the contribution presented on the occasion of the Marathon of meetings organized by the Ministry of Health in July 2019 for the definition of the new [Pact for health](#), the promotion of a sustainable development model, based on an integrated approach to safeguarding environmental, social and economic resources, is the basis of the 2030 Agenda for sustainable development. According to this approach, Goal 3 of the Agenda is closely connected with all the other 17 Goals as health depends only in part on the availability of health services for the prevention and treatment of diseases, but is largely linked to the context, both economic, social and political in which one lives. The crisis generated by the Covid-19 pandemic has dramatically drawn attention to the need to rapidly reset the strategies relating to the pursuit of health and wellness objectives according to the new model of sustainability, and therefore starting from inter-sectoral actions and policies that take into account all the determinants of health. In this perspective, an investment program that aims to strengthen the social and health system and promotes the health and well-being of all must be based on the concept of "transformative resilience" and on the principles of sustainability, circularity, holism, One Health and the fight against social inequalities. In the document [Health and not just Healthcare. How to orient investments in light of sustainable development](#), ASviS has identified four areas within which it is particularly urgent and important to intervene in intersectoral terms:

1. Globalization and development model. It is necessary to rebalance the development model at a global level with respect to the points of reference, today mainly centered on profit and on the mechanisms of global economic exchanges, towards parameters of social and cultural enhancement, towards the construction of solid and sustainable supranational governance instruments, and towards goals of collaboration, well-being and the fight against inequalities.
2. Environment and new prevention paradigms. It is now well known how important the interconnections between the environment and health are and how much the effects of global environmental changes, including climatic changes typical of the Anthropocene era, weigh on human health, especially in vulnerable territories and urban areas. The pandemic has re-proposed the theme of the connections between human, animal and environmental health and, above all, between the protection of biodiversity and emerging infectious diseases, drawing attention to the need for new paradigms of integrated environmental and health prevention.
3. Infodemics and culture. The impact of the pandemic on the psychological and social dimension of existence has brought to the fore the issue of the relationship between individual responsibilities and the functions of information, prevention and activation of the spontaneous resources of society, by

institutions and the world of communication. The risks of communicative virality, anxiety-inducing communication and the spread of fake news appeared particularly evident.

4. Justice and equity. The health emergency has re-proposed as central the theme of social and health justice, in terms of access to care for the weakest and equal opportunities for all. ASviS has promoted an approach to public policies and private choices based on the concept of "transformative resilience", which consolidates the resilience and resistance of the social and economic forces in the field with a view to rethinking the model of development in terms of sustainability and circularity. At this stage, a careful reflection is required on the need to face a real reconstruction in a sustainable sense of our social state and our health, with respect to which the issue of investments in health and in the wider socio-health sector is of fundamental importance.

In this context, there are 10 areas in which it is considered a priority to carry out projects and investments aimed at the innovative reconstruction of the health system:

- health: residential and emergency health facilities;
- local health and intermediate structures between hospitals and territory (health houses, community hospitals, continuity centers, single points of social and health access, health districts, hospices);
- infrastructures to support research. Open access to scientific information and research results through consultation of a central digital archive would lead to faster and more sustainable responses to the various medical-scientific questions, essential as the main reference on which to base the various emergency measures, avoiding the at the same time unnecessary duplication and waste of human and financial resources. The implementation of a digital archive intended to host research data, both quantitative and qualitative, coming from national and international contributions, easily usable by all, would significantly improve the preparation and response to epidemics, the development of diagnostics, the development of treatments and vaccines;
- environment, climate, pollution and primary prevention of biological risks, in particular those deriving from zoonoses which are estimated to affect up to 70% of emerging infectious diseases at epidemic risk. In this context, we note in particular:
 - the importance of monitoring the circulation of pathogens in environmental matrices. In particular, the strengthening of the biosafe laboratory infrastructures to support the surveillance and early environmental warning systems is considered necessary for the management of epidemic outbreaks, to ensure greater timeliness in the detection of situations of low viral circulation and to improve the surveillance of any epidemic hot spots or reappearance of pathogens;
 - the need to enhance the prevention of exposure to pathogens in living and working environments, through the enhancement of the organic equipment and equipment of a monitoring network for the search for viral RNA in indoor environments;
- marginality: areas of socio-sanitary degradation, hospitalization facilities;

- School and extra-school (school buildings, teaching tools, playrooms and centers of school and para-school activities);
- work: safety of workers and workplaces;
- city: green spaces, private mobility, public transport, public offices;
- extra-urban motor activity (mountain trails, outdoor gyms, slow tourism);
- agriculture and territory (local agriculture, urban gardens, solidarity agriculture cooperatives).