



Health in all policies for happiness, wellbeing and health: a narrative review

Karma Tenzin¹, Tandin Wangmo², Kinzang Yangden³, Pem Namgyel⁴, Gampo Dorji⁵

¹ Faculty of Undergraduate Medicine, Khesar Gyalpo University of Medical Sciences

² Ministry of Health, Royal Government of Bhutan

³ Faculty of Nursing and Public Health, Khesar Gyalpo University of Medical Sciences

⁴ World Health Organization, South East Asia Regional office, India

⁵ World health Organization office, Nepal

ABSTRACT

The pursuit of good health is fundamental to both personal well-being and social progress. The perception of health has advanced to include not only physical well-being but also mental and social dimensions, aligning with the WHO's definition of health. Similarly, the importance of population health in fostering national development cannot be overstated.

The Health in All Policies (HiAP) framework, endorsed by the WHO, emphasizes the interconnectedness of health with various policy domains. This approach advocates for integrating health considerations into all sectors of governance, including transportation, education and economic planning. By encouraging dialogue and collaboration among diverse sectors, HiAP aims to create healthier environments and generate co-benefits that enhances overall societal well-being.

In the Bhutanese context where the national health policy emphasizes on holistic well-being, implementing HiAP represents a significant positive development. By prioritizing health across various policy domains, Bhutan can further enhance its national philosophy of gross national happiness and well-being.

This review aims to explain the critical apparatuses for successful implementation of HiAP in Bhutan, highlighting the pivotal roles of effective leadership, intersectoral collaboration and policy coherence in promoting happiness, health equity and fostering a healthy society.

Keywords: Bhutan; Health in all policies; happiness; well-being, whole of government approach.

INTRODUCTION

Good health is indispensable for individual well-being and societal prosperity¹. The World Health Organization (WHO) asserts that health is a fundamental right for every human being, regardless of race, religion, political belief, economic or social condition. Every country in the world is now a party to at least one treaty addressing health-related rights². Ever since, the value of a healthy population has been emphasized in relation to a productive workforce, a secure nation, and a booming economy².

Over the decades, understanding of health has evolved from a narrow focus on physical health towards a holistic perspective.

Corresponding author:

Karma Tenzin

karmatenzin9@gmail.com

 <https://orcid.org/0000-0002-9328-2312>

This shift is aptly captured by the WHO's 1948 definition: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This definition emphasizes that physical health alone, often centered on disease control, does not necessarily equate to being healthy. Instead, mental and social well-being is equally important in fostering a healthy and happy society.

Practice points:

1. Health in all policies is an integrated approach aimed at improving system efficiency and achieving better outcomes.
2. Health in all policies promotes fairness and offers opportunities for people to feel safe, secure and respected by embracing inclusivity and accommodating diversity.
3. Health in all policies is an effective strategy for advancing green and healthy city concepts, especially as climate change becomes an increasingly prominent global priority.

People’s health and well-being are key elements for a nation’s development. To address this, the WHO introduced the concept of Health in All Policies (HiAP). The Helsinki statement on “Health in all Policies” advocates for policymakers to integrate health considerations into all aspects of governance to enhance people’s wellbeing and foster development³. This approach helps us recognize that health outcomes are not solely the product of health programs but are significantly influenced by policies beyond the health sector.

HiAP promotes strong relationships between the health sector and other sectors, encouraging dialogues that keep health on policy agendas. This not only generates co-benefits, improving outcomes across all involved sectors, but also improves policymaker’s accountability for health impacts at all levels⁴. By incorporating health considerations into policies related to transport, housing, urban planning, environment, education, agriculture, finance, taxation and economic development, HiAP aims to promote overall health and health equity.

HiAP APPLICATIONS IN BHUTAN

This review aims to capture the essentials elements for the success of HiAP in achieving happiness and holistic well-being in the Bhutanese context by addressing key thematic areas.

Whole of Government approach

The United Nations General Assembly has endorsed strategies promoting a “whole of Government” approach to health and its determinants, underscored by the COVID-19 pandemic’s poignant demonstration of its necessity⁵. This approach, which integrates governmental and social efforts, is pivotal for synergizing health and well-being agendas⁶.

A community of common health for mankind

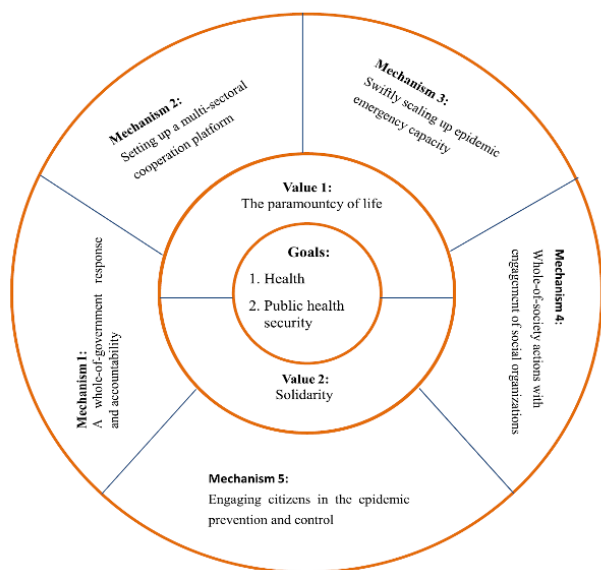


Figure 1: Whole of government approach in health systems⁷

Model implementations of this approach can be observed in countries like Finland, Thailand and Brazil, where the triangular relations among stakeholders is effectively realized, emphasizing the generation of mutual interests and visible and invisible co-benefits⁸.

Whole of Government approach in the context of Bhutan

Bhutan has strategically initiated action plans to steer the nation towards a holistic national health agenda. Examples include the Multi Stakeholder Action Plan (MSAP) for the prevention and control of Non-Communicable Diseases (NCDs), the National Alcohol Prevention Plan, the Healthy City Action Plan and the Suicide Prevention Plan, among others⁹⁻¹¹.

Bhutan stands out as one of the few countries where sectors such as education, environment, human settlements and Civil Society Organizations, have integrated health agendas into national development plans, as evidenced by initiatives like the 13th Five-Year Plan, currently in the draft stage.

NCDs is a rapidly emerging issue in Bhutan, with nearly 40% of adult population having either diabetes or hypertension¹². Similarly, the burden of cancer compounds the healthcare landscape, leading to considerable health expenditure, late diagnoses and limited opportunities for reversal¹³.

Addressing NCDs and cancers dictates a paradigm shift towards a community-based healthcare model, surpassing hospital-centric services. Such an approach will not only improve compliance to treatment but also prevents disease, thereby promoting holistic well-being and health within the population¹⁴. To this end, the Ministry of Health, with support from the WHO, has introduced a new initiative called Service with Care and Compassion Initiatives (SCCIs) for the prevention and control of NCDs in all 20 districts.

Moreover, parliamentary resolutions have highlighted issues such as the lack of transportation facilities, which hinder access to healthcare for vulnerable population groups. This underscores the interconnectedness of health and transport infrastructure, further emphasizing the need for an integrated approach to health governance. Additionally, concerns raised by the Parliamentarians’ regarding the need to accelerate the focus of NCDs on “hard-to-reach and unreached population” such as the urban poor and geographically difficult to reach, indicated that more efforts must be designed to control and prevent NCDs¹⁵.

Prioritizing mental health for holistic well-being

Health, encompassing physical, mental and social well-being, is central to the Gross National Happiness (GNH) framework. Poor mental health is a critical public issue, with the WHO identifying depression as one of the leading causes of disability, and suicide as the fourth leading cause of death among individuals aged 15-29. Severe mental health conditions often result in premature

death due to preventable physical ailments¹⁶.

Given that up to 60% of the global population is engaged in the workforce, workplaces significantly influence mental health. Discrimination and inequity based on race, gender, sexuality and other attributes contribute to mental stress, which negatively impacts work performance and productivity¹⁶. This stress can also lead to physical health issues like heart disease and gastrointestinal disturbances. To address these issues, the WHO recommends implementing health policies in workplaces.

The importance of implementing health policies in the workplace extends beyond the professional environment and highlights gaps in other areas, such as our education system, which predominantly focuses on physical health while giving limited attention to emotional and mental health. Recognizing the integral role of the mind in maintaining overall health, it is crucial to understanding mental processes. This understanding enhances human relationships and personal well-being and influences broader environmental health, a concept known as planetary health. Thus, prioritizing mental health is essential for both individual and societal flourishing¹⁷.

To comprehensively prioritize mental health in all areas, Bhutan could enhance its effort in creating work environments that focus on holistic well-being, which is currently lacking. This could involve establishing meditation centers, common staff rooms, recreational facilities and healthy food systems, among other initiatives.

Fostering community resilience

Community assets and community resilience are integral components of the GNH framework. These are crucial for addressing social challenges as well as enhancing wellbeing and public health. Grassroots leadership play a key role in fostering social growth and advancing social justice. Government must enforce laws addressing issues such as gender-based violence and underage alcohol sales, to strengthen community unity.

In Bhutan, organizations like Respect, Education, Nurture, Empower Women (RENEW) offer essential emergency integrated services for survivors of domestic and gender-based violence, with the aim of fostering a just, equitable and happy society. Bhutan's commitment to international instruments is demonstrated through its ratification of numerous agreements, including the Domestic Violence Prevention Act 2013 and the Child Care and Protection Act 2011, further emphasizing its commitment to the rights of children and women.

Nonetheless, challenges do persist across various levels. Individual obstacles include lack of literacy about rights, victims' reluctance to seek help due to poverty and low self-esteem, and accountability issues hindering assistance efforts. For example,

a study on violence against women found that 72.5% of victims never sought help from anyone. Only 41% confided in their friends, 27.8% told their parents, and merely 7.3% informed a local leader. Only 4.5% sought assistance from an NGO or women's organization¹⁸.

Furthermore, at the community level, challenges persist, including limited access to services in remote areas, insufficient support for victims of gender-based violence, and security concerns for both community workers and victims. These issues continue to be significant areas of concern, despite the efforts outlines in Bhutan's GNH framework.

Fostering holistic well-being in our environment and physical spaces

The GNH framework also underscores the significance of the environment and physical surroundings, highlighting their crucial role in fostering happiness, well-being, and holistic health. With the United Nations projections indicating that urban populations will comprise 60% of the global populace by 2050, special attention to these factors become imperative. Bhutan, according to the World Bank, exhibits the highest urbanization rate among South East Asian nations, with 37.8% of its population residing in urban areas as of 2017, a figure projected to rise to 56.8 % by 2047¹⁹.

Urban residents, as revealed by a GNH survey, report higher levels of happiness compared to their rural counterparts, attributed to enhanced access to modern amenities. While taking these modern amenities to remote areas sounds like a solution, it has its own disadvantages. Expansion of urbanization exposes individuals to heightened competition for resources such as housing and space, along with increased exposure to pollution, leading to elevated mental stress and decreased mental well-being. Consequently, this impacts community health and environment quality.

In response to these challenges, the UN General Assembly adopted a resolution titled "Happiness towards a holistic definition of development" in 2012²⁰. Subsequently, member countries called for a high-level meeting on "wellbeing and happiness; Defining a new economic paradigm" aimed at redefining development paradigms to prioritize holistic happiness and well-being²⁰.

In the pursuit of equitable health outcomes, there is a call for a comprehensive HiAP approach, which acknowledges the diverse health needs of all individuals, including those with disabilities. It is essential to recognize that everyone may experience phases of disability at some point in their lives. Whether it's due to old age, illness, pregnancy, obesity or temporary injury, individuals may find themselves facing limitations. Bhutan's guidelines for disability-friendly construction, enshrined in regulations like

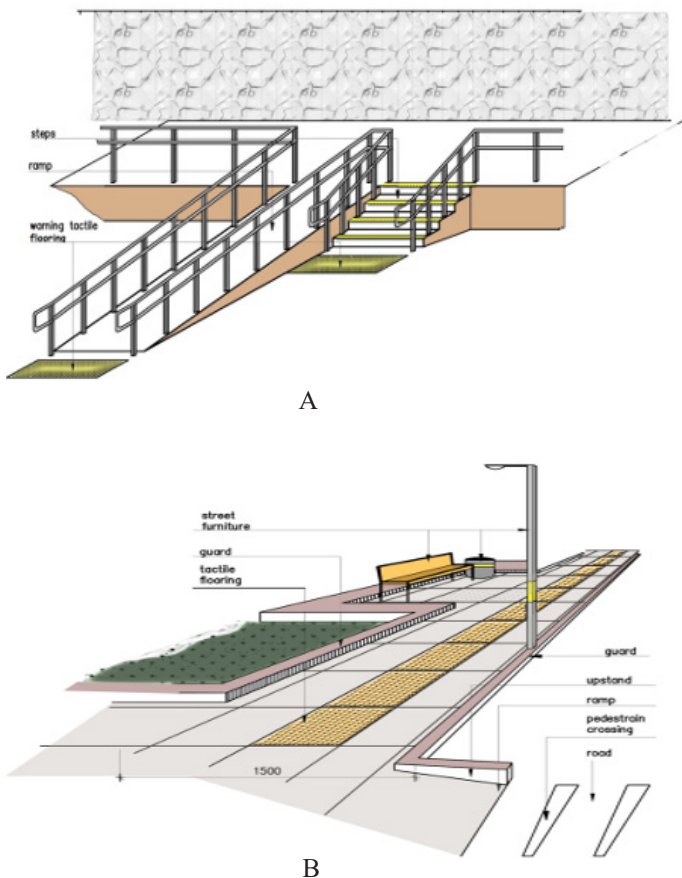


Figure 2 : A: Ramp for wheelchair; B: walking aid for the visually impaired on a walkway

the Bhutan Building Regulations (BBR) and Building Code of Bhutan (BCB) prioritize inclusive design standards and accessible facilities²¹.

However, despite these existing regulations, challenges persist in implementing disability-friendly infrastructure due to inadequate legislative reinforcement²².

Effective Leadership in well-being

The GNH framework underscores the significance of effective leadership and good governance in well-being and happiness of the people. Amidst the unprecedented challenge posed by the COVID-19 pandemic, spanning nearly three years, a crucial lesson emerged: the pivotal role of leadership in promoting health and well-being. With the pandemic claiming over 6 million lives globally, nations worldwide were compelled to strike a delicate balance between preserving lives and sustaining livelihoods. According to a United Nations (UN) report on crisis leadership, key strategies include bringing everyone to the table, prioritizing the collective good over business or political objectives, thinking on your toes and never losing sight of the bigger picture²³.

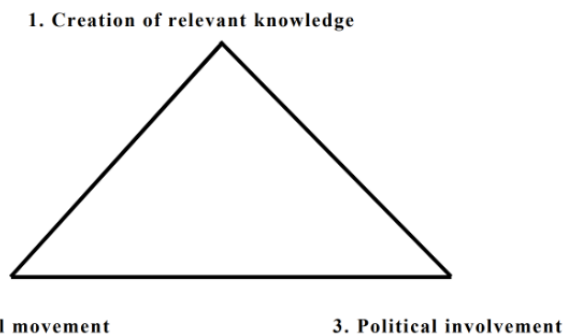


Figure 3 : Triangle movement for health reforms in Thailand²⁴

The COVID-19 pandemic has brought forth insightful lessons, especially for smaller nations like Bhutan. Foremost among these lessons is the pivotal role of political leadership, which is characterized not only by competencies and skills but also by heartfelt commitment and adherence to values such as compassion, rooted in the principle of GNH. The success of Bhutan’s pandemic response, exemplified by achieving vaccine coverage exceeding 90% and averting major public health crises, underscores the effectiveness of collective leadership and multi-stakeholder engagement, with Dessups playing a critical role. The involvement and contribution of civil society organizations indicates the importance of multi stakeholder engagement. Additionally, the pandemic highlighted community volunteerism, where communities took initiatives to prevent the spread of COVID-19 and support needy families, showcasing the true spirit of GNH and its principles. Bhutan, under the compassionate leadership of His Majesty the King, and with concerted efforts from government agencies, civil society organizations, stakeholders and communities, has successfully navigated through a significant public health crisis²⁵. This approach embodies the HiAP framework and reflects a true application of GNH principles in real life.

Yet, it is imperative to inspire sectoral leaders to align their thinking and actions to fulfill the aspirations of both the King and the people.

CONCLUSION

Happiness, well-being and health is multifaceted and thus, concerted efforts is a must. Here in Bhutan, it should be a natural part of our existence, embodied in the spirit of GNH. In this narrative, the significance of the “whole of Government approach” has been underscored, exemplified by initiatives like the health in all policies. Bhutan’s strategic initiatives, such as the multi-stakeholder action plan for NCDs and the integration of health agendas into national development plans, illustrate the nation’s commitment to fostering a holistic approach to health governance. Additionally, the promotion of mental health and

overall wellbeing in the workplace has been emphasized.

Furthermore, this narrative review emphasizes the critical role of resilient community vitality and the impact of effective leadership, as evidenced by Bhutan's response to the COVID-19 pandemic guided by compassionate leadership and collective efforts.

ACKNOWLEDGEMENTS

The authors would like to express their gratitude to everyone who supported through their inputs at various stage of this review writing. The authors also would like to thank the management of KGUMSB for their unwavering support throughout.

REFERENCES

1. Sasaki N, Watanabe K, Imamura K, Nishi D, Karasawa M, Kan C, et al. Japanese version of the 42-item psychological well-being scale (PWBS-42): A validation study. *BMC Psychol.* 2020;8(1):1–11. [[PubMed](#) | [Full Text](#) | [DOI](#)]
2. Levy BS, Patz JA. Climate change, human rights, and social justice. *Ann Glob Health.* 2015;81(3):310–22. [[PubMed](#) | [Full Text](#) | [DOI](#)]
3. World Health Organization. The Helsinki Statement on Health in All Policies. *Health Promot Int.* 2014; 29 Suppl 1:i17–8. [[Full Text](#)]
4. Greer SL, Falkenbach M, Siciliani L, McKee M, Wismar M, Figueras J. From health in all policies to health for all policies. *The Lancet.* 2022; 7(8):E718-20. [[PubMed](#) | [Full Text](#) | [DOI](#)]
5. United Nations. Taking a whole-of-government approach. United Nations E-government survey. 2012; 55–71. [[Full Text](#)]
6. Herick T, Mwaura A, Vert C, Mdu P, Roebbel N, Tran N, et al. Urban design is key to healthy environments for all. *The Lancet.* 2022; 10(6):E786-7. [[PubMed](#) | [Full Text](#) | [DOI](#)]
7. Ning Y, Ren R, Nkengurutse G. China's model to combat the COVID-19 epidemic: a public health emergency governance approach. *Glob Health Res Policy.* 2020;5:34. [[PubMed](#) | [Full Text](#) | [DOI](#)]
8. Khaltaev N, Axelrod S. Countrywide “best buy” interventions for noncommunicable diseases prevention and control in countries with different level of socioeconomic development. *Chronic Dis Transl Med.* 2023;9(1):44–53. [[Full Text](#) | [DOI](#)]
9. Ministry of Health. Healthy City Action Plan: a multi-stakeholder framework for action 2022-2026. 2022; 89p. [[Full Text](#)]
10. Ministry of Health. the Multisectoral National Action Plan for the Prevention and Control of Noncommunicable Diseases 2015-2020. Royal Government of Bhutan. 2015; 78p. [[Full Text](#)]
11. Ministry of health. Suicide Prevention in Bhutan - A five year plan 2018 - 2023. Royal Government of Bhutan. 2018; 56p. [[Full Text](#)]
12. Ministry of Health. Non-Communicable Disease Risk Factors Survey: Bhutan STEPS survey Report 2019. Ministry of Health. 2020; 338p. [[Full Text](#)]
13. Ministry of Health. Annual health bulletin 2023. Ministry of Health. 2024; 182p. [[Full Text](#)]
14. O'Mara-Eves A, Brunton G, Oliver S, Kavanagh J, Jamal F, Thomas J. The effectiveness of community engagement in public health interventions for disadvantaged groups: A meta-analysis. *BMC Public Health.* 2015;15(1):1–23. [[PubMed](#) | [Full Text](#) | [DOI](#)]
15. World Health Organization. Bhutan parliamentarians commit to reverse noncommunicable diseases on a priority. 2019. [[Full Text](#)]
16. World Health Organization. World mental health report: transforming mental health for all. Geneva: World Health Organization. 2022; 296p. [[Full Text](#)]
17. Rozman M, Grinkevich A, Tominc P. Occupational Stress, Symptoms of Burnout in the Workplace and Work Satisfaction of the Age-diverse Employees. *Organizacija.* 2019; 52(1):46–59. [[Full Text](#) | [DOI](#)]
18. National Commission for Women and Children. National Survey on Women's Health and Life Experiences 2017. A study on violence against women and girls in Bhutan. 2017; 236p. [[Full Text](#)]
19. Wangchuk S, Bond J, Thwaites R, Finlayson M. Rural Depopulation and Empty Rural Houses in Bhutan: How Different Stakeholders Interpret the Local Term Gungtong. *Mt Res Dev.* 2023;43(1):R1–9. [[Full Text](#) | [DOI](#)]
20. Helliwell J, Layard R, Sachs J. World Happiness Report 2012. UN Sustainable Development Solutions Network. 2012; 170p. [[Full Text](#)]
21. Ministry of Works and Human Settlement. Guidelines for differently abled friendly construction. Ministry of Works and Human Settlement. 2014;157p. [[Full Text](#)]
22. Ministry of Health. National Health Policy. Ministry of Health. 2011;28 p. [[Full Text](#)]
23. International Association of Chiefs of Police. 10 Leadership Strategies for Navigating COVID-19. International Association of Chiefs of Police. 2020;1–4. [[Full Text](#)]
24. Wasi P. Triangle that moves the mountain and Health Systems Reform Movement in Thailand. Health Systems Research Institute. 2000;32p. [[Full Text](#)]
25. Tshedup Y. Bhutan has the highest quality of leadership. *Kuensel.* 2021. [[Full Text](#)]