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The Cost-of-Living Crisis:

Implications for Public Health and the Identification of Solutions

Summary Learning



**World Health Organization All-Regions for Health Network Webinar
Co-organised with Wales, United Kingdom**

21 September 2022



World Health Organization
Collaborating Centre on Investment
for Health and Well-being



Iechyd Rhyngwladol
International Health

Authorship and acknowledgments

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Introduction

Facilitated by Wales, this All-Regions for Health Network meeting focused on the Cost-of-Living Crisis (COLC), exploring the implications for public health and the identification of solutions that may be transferable between regions.

This document summarizes the presentations and discussions that took place during the webinar.

The meeting opened with Dr Bettina Menne welcoming participants to the session, confirming that findings from the webinar will feed into both the 27th annual meeting and the European Solutions Forum for Health in the Well-being Economy, organised in Copenhagen in March 2023. Key points highlighted included the acknowledgment that:

- There is a risk that the health equity gains made during the COVID recovery period may be lost due to the COLC causing inflation rates to rise, higher public debt and increased pressure on governments
- The cost-of-living increase from higher energy prices is between 5-20% in European Union countries compared to 2019, increasing the financial burden dramatically

The World Health Organization (WHO) Regional Office for Europe and the WHO Office for Investment for Health and Development in Venice, Italy are progressing this agenda through strategies, initiatives and innovative approaches^{i ii iii iv}, including the Universal Well-being Economy initiative and formation of the New Economics Expert Group. These actions will enable and support national and sub-national governments, decision makers and stakeholders in a joint effort to mitigate and minimise harms, maximise opportunities, and identify sustainable solutions towards ensuring healthy prosperous lives for all, while leaving no one behind.



The WHO European Regions for Health Network, in synergy with other WHO networks and European offices, is instrumental in informing and supporting decision-makers and budget-holders on a national and sub-national level. Enabling them to drive, implement and advance policies, investments, services and interventions that protect, improve and promote population well-being, and help reduce/mitigate increase in the health equity gap, leaving no one behind.

A video of the event can be found at: [The Cost-of-Living Crisis: Implications for Public Health and the identification of Solutions - International Health \(phwwhocc.co.uk\)](https://phwwhocc.co.uk).

Participants and presentations

Chair:

- Dr Bettina Menne, Senior Policy Advisor, Healthy Settings Coordinator RHN and SCI, WHO European Office for Investment for Health and Development

The Economics:

- Prof Cathal O'Donoghue, Established Chair, Social and Public Policy, National University of Ireland, Galway

Overview of the action Welsh Government are taking to mitigate the impact of the Cost-of-Living Crisis:

- David Willis, Head of Tackling Poverty, Welsh Government

The International Horizon Scanning and Learning Report on the COLC:

- Dr Emily Clark, Speciality Registrar in Public Health, Public Health Wales

Mental health in times of crisis in Italian regions:

- Maria Luisa Scattoni, Researcher, Istituto Superiore della Sanità (ISS)

The Well-being Economy:

- Chris Brown, Head of the WHO European Office for Investment for Health and Development, Venice, Italy (the Venice Office)

Key learning on the implications

- The economy has seen the equivalent of 10 years price growth in one year (in comparison to the average growth from 2011 to 2021), a radical financial shock seen for the first time since the 1980s.
- The COLC is progressing towards a financial/economic crisis with its full scale yet to be seen in 2023.
- The COLC has been exacerbated by multiple shocks, including the COVID-19 syndemic, the conflict in Ukraine, and disruption to global supply chains.
- The hardest hit by the COLC are those referred to as the ‘squeezed middle’ and those at the bottom of the income scale.
- The COLC impacts are felt most in four critical areas: housing, employment, food, and fuel.
- The individual’s social characteristics and socio-economic position can limit their power to influence and respond to changes in the socio-economic environment, which in turn has an impact on their health and well-being¹.
- Economic/price shocks and austerity can lead to increasing poverty, vulnerability, homelessness, and marginalisation, posing a threat to population health and health systems, including:
 - Limited access to goods and services and increased need for health and social care, compounding the backlog from the COVID-19 pandemic, and challenging NHS capacity and resilience
 - A significant increase in poor health outcomes for those of working age, which should be considered a policy priority
 - Growing socio-economic and related health inequalities
 - Considerable harms to mental health and well-being
 - Worsened infectious disease outcome
 - Higher rates of premature mortality related to cardiovascular disease, suicide, and homicide
- The COLC can also impact economic stability and trust in government, as trust decreases with instability.



¹ The **association between socio-economic status and health** is well known (the social gradient of health) - the worse off a person is, the more likely they are to experience, and be exposed to greater hardship, and the less is their ability to ‘absorb’ shocks, resulting in deteriorating health outcomes and premature death

Opportunities and solutions

- It is imperative that countries, regions, and cities focus on early mitigation measures (policies) to protect, improve and promote the health of their populations and communities, while protecting the most disadvantaged and vulnerable, and supporting the health and social systems, placing people and their well-being in the centre.
- Policy response should be two dimensional:
 - 1) what governments do; and
 - 2) how they communicate it.
 For example, reinforcing the message from the COVID-19 pandemic that *'we are all in this together'*, showcasing the risks taken, and willingness to change when things aren't working.
- Lessons learnt and 'gains' from the 2008 financial crisis and the COVID-19 pandemic (for example, additional socio-economic support, the importance of public health and trust in government gained) can and should be considered when addressing the current crisis.
- Measures to respond, include but are not limited to:
 - Employment and social protection: wage subsidy schemes, minimum wage increase, extension/increase of benefit payments, one off payments, tax relief/deferrals, job retention schemes, universal employment (*to be implemented by Spain*)
 - Housing: allowances, social housing, financial support for home ownership, housing regeneration, focus on healthy housing
 - Food: free school meal programmes, national food policies, reducing food waste (e.g. food banks)
 - Fuel: consumer protection, financial interventions, energy saving / efficiency/green/ sustainability policies, consumer information provision
 - Health system resilience: promote public spending on and strengthen investing in prevention; identify spending (in)efficiencies and related (dis)investment; ensure access and delivery to those most in need.
- Building a 'Universal Well-being Economy' is a tangible strategy, bringing together evidence and potential solutions from the economic, finance, sustainable development, and health sectors, to leverage the impact of economic shocks on population health and well-being, and inequalities.
- The WHO Regional Office for Europe and the WHO Venice Office are already progressing this agenda, in close collaboration with Wales and Finland, to enable and support governments, decision makers and stakeholders in a joint effort to mitigate and minimise harms, maximise opportunities, and identify sustainable solutions towards ensuring healthy prosperous lives for all, while leaving no one behind.



The Evidence: Why the cost-of-living crisis matters to Public Health

The COLC refers to the fall in real disposable incomes when adjusted for inflation and after taxes and benefits. Felt since 2021, the crisis is being caused predominantly by the rate of inflation increasing more quickly than wage and benefit increases. It has been exacerbated by multiple shocks, including the COVID-19 syndemic, the conflict in Ukraine, disruption to global supply chains, and, the food and energy crises (Box 1).

Findings from Public Health Wales' [International Horizon Scanning report](#) brings together evidence that the health impacts of the COLC are multifaceted. Due to an increase in the level of stress out of the control of the individual, neuroendocrine and immune responses occur resulting in increased rates of cardiovascular disease-related mortality and suicide and homicide rates and worsened mental health and infectious disease outcomes.

Direct and indirect implications of an economic crisis on public health can be understood using the social determinants of health framework and the social gradient of health, identifying four critical themes: housing; employment; food and fuel. Measures to respond, include but are not limited to:

- Policies to promote public spending on social protection and health systems
- Maintenance of health system access / universal health coverage
- Identification of spending (in)efficiencies and related (dis)investment

Box 1: Example of the rising cost of fuel prices

Fuel prices in Europe are more than 10 times higher than a year ago, the cost of oil has nearly doubled over the same period; and commodity prices have risen sharply^v. In the United Kingdom (UK) over 8 in 10 (83%) adults reported an increase in their cost of living in March 2022 (3 to 13 March 2022) compared with around 6 in 10 (62%) adults in November 2021 (3 to 14 November 2021).

In early 2022 (6 January to 27 February 2022), an increase in the price of food shopping (90%), gas or electricity bills (79%) and the price of fuel (71%) were the most common reasons reported by adults who said that their cost of living had increased.

In early 2022 (6 January to 27 February 2022), 29% of adults reported that their household could not afford an unexpected, but necessary, expense of £850^{vi}.

Evidence shows that economic shocks and austerity pose a threat to population health and health systems, increasing people's need for health care and making access to goods and services more difficult. The financial and economic crisis from 2008 has had a visible, though varied, impact on population health, socio-economic inequalities, and health systems across Europe, prompting a wide range of responses from governments facing increased financial and other pressures^{vii}. Price shocks risk increasing poverty, vulnerability, and marginalisation, which is causing a growing concern to population health and well-being, increasing socio-economic and health inequalities, with considerable effects on mental health.

The Economics: The Cost of Living Crisis

Professor Cathal O'Donoghue acknowledged the troubling times that the world has faced in recent years. During his presentation, Professor O'Donoghue shared the analysis he has undertaken on the more recent implications of the COLC, carried out in collaboration with colleagues from the Luxembourg Institute for Social and Economic Research (LISER). Findings include:

- The economy has seen the equivalent of 10 years of price growth in one year in comparison to the average increase seen from 2011 to the start of 2021. This is a radical difference to the norm, seen for the first time since the 1980s.
- Uncertainty results in lower investment, less engagement and increased pressure on overall financial situations. If income does not keep up with price changes, businesses face uncertainty and reluctance to offer longer-term contracts.
- The price of inflation is impacting the cost of goods, exacerbated due to supply chain issues resulting from Brexit, COVID-19 and the conflict in Ukraine. Goods impacted most significantly in Europe include liquid and solid fuels, gas, petrol, diesel, electricity, and heat energy.
- The impact of price raises is not the same across all countries; those hardest effected are Estonia, Lithuania, and Latvia. Reasons for this include things such as the sources of energy and reliance on fossil vs renewable energy.

Types of households impacted by price changes

- When comparing Finland, Ireland, Lithuania, Hungary, Luxembourg, and Portugal, selected due to their variable welfare regimes, data showed in general that the capacity of groups to absorb price raises, and their ability to save, is felt greatest by those on the lower income. Those with more resources and the ability to absorb the shocks from the financial crisis are less impacted, for example, by using savings or reducing expenditure.

Monetary Policy Perspective and Solutions

- Increasing interest rates (see Table 1 for definitions) is a solution to stem price rises.
- The full scale of the crisis has not yet been seen, and the full scale will be seen more fully in 2023, with loss of employment. It is important to focus on the drivers of household welfare.
- Those who have pensions, capital incomes, or fixed incomes (see Table 1 for definitions) from lower prices may see benefits in the interest rate change in terms of relative impact.
- Co-benefits for health, by looking back at the 2008 crisis, it is possible to see a strong and significant increase in poor health outcomes in those who were of working age. This should be considered a policy priority.
- Wider impacts are the influence of economic stability and trust in government. Trust in government decreases with instability.

The Squeezed Middle

- The COLC is moving more towards a financial crisis. Less investment expenditure, unemployment and higher mortgage rates will see those in the middle of the income distribution being squeezed and hardest hit by the COLC. This is as a result of those in the middle being more likely to have debts and feel the impact of interest rates.
- One of the big challenges we have are the different levers that are placing pressures on the 'squeezed middle'^{viii} (see Table 1 for definitions) who are usually the silent majority. To ensure resources are shared more fairly, and supportive of everyone's well-being, it is important to consider two dimensions when communicating messages; what you do and how you say it. Many COVID-19 communications reinforced the messaging that 'we're all in this together', lessons could be learned from this in terms of the response to the financial crisis.

Table 1: Definitions of financial terminology

Term	Definition
Inflation ^{ix}	Inflation is the term we use to describe rising prices. How quickly prices go up is called the rate of inflation. The rate of inflation in the UK has been around 2% for the past 20 years. Higher interest rates make it more expensive for people to borrow money and encourage them to save. That means that overall, they will tend to spend less.
Deflation ^x	A persistent fall in the general level of prices for goods and services (as measured in the UK by the consumer prices index (CPI), retail prices index (RPI) or the Gross Domestic Product deflator).
Capital income ^{xi}	Income generated as profit or interest on investments for a specified period
Fixed income ^{xii}	An income, for example a pension, that does not change over time
Interest rates ^{xiii}	Interest is the cost of borrowing money or the reward for saving
The Squeezed middle ^{xiv}	This refers to middle-income households that were once deemed stable but, due to their current economic situation, increased living expenses and labour market insecurity, are now at considerable risk of sliding down into the lower-income class, with the risk of this increasing over time.
Cost of goods ^{xv}	Cost of Goods Sold (COGS) refers to the costs associated with acquiring or manufacturing goods to be sold by a company during a specific period of time.

Wales' Policy Response: Overview of action taken to mitigate the impact of the COLC

David Willis, Head of Tackling Poverty at Welsh Government, highlighted that the pandemic in Wales is being largely driven by fuel prices, with inflation at a 40 year high. Food prices are still on the rise, and the Office for Budget Responsibility is predicting that there will be the biggest fall in living standards since records began. Around 45% of Welsh households are living in fuel poverty, in comparison to 12% in 2018. Price caps have mitigated the rise, although many people are still living in poverty. Due to inflation, income has been reduced.

The Welsh Government response to the COLC includes providing £380 million in funding to target lower income households. This has helped to:

- Fund a Winter Fuel Support Scheme, launched between Nov 2021-March 2022 provided 166,000 households with £200 towards fuel costs.
- Fund a second £200 Fuel Support scheme, launched on the 26th September 2022. The scheme reached a further 400,000 homes with a wider inclusion criteria.
- Introduce a Discretionary Assistance Fund which offers emergency awards for individuals experiencing extreme difficulty. The demand for the fund reached over £3 million in March.
- Introduce a £150 cost of living payment to households on council bands A-I.
- Roll out the Fuel Bank Foundation's full voucher scheme with a broader eligibility criterion to support fuel and heating costs.
- Announce Free School Meals for children in reception classes. This is to be rolled out to all children and eligible children in the school holidays.
- Provide free prescriptions to the whole Welsh population; and
- Provide free bus travel to those over 60 years old.

Encouraging its citizens to claim support that they qualify for, be it local or national funding. This is being done through:

- Media campaigns to raise awareness of the benefits available
- Streamlining the benefit application processes
- Reconfiguring support services to offer a single point of entry to all benefits
- Training front line workers to understand and help the people they are working with to access entitlements



International Horizon Scanning Findings

Dr Emily Clark, Public Health Wales, presented the findings from the International Horizon Scanning and Learning Report on the COLC. The International Horizon Scanning reports were initiated as part of Public Health Wales' response to the COVID-19 pandemic, with the aim to provide a high-level summary of the international learning and experiences. The scope of the reports has expanded to cover priority public health topics, including in the areas of health improvement and promotion, health protection, and health care public health. A systematic approach is used, exploring key organisations and country-specific websites. It is not intended to be a systematic review, and insights vary depending on the topics and available information. The report on the COLC was published in August 2022 and provided an overview of the impacts on:

Health impacts, based on the 2008 recession

- Health outcomes are likely to worsen
- Increased mortality in those aged 85 years and over, thought to be due to reductions in social care
- Increased cardiovascular mortality, suicide, and homicide rates
- Worsened mental health and infectious disease outcomes
- Increases in poverty and homelessness

Housing

- Reduction in social housing and increase in unaffordable housing has led to social exclusion and adverse consequences on the economy
- Poor housing contributes to respiratory, cardiovascular, and infectious diseases, as well as poor mental health
- Mitigation measures include:
 - Housing allowances
 - Social housing
 - Financial support for home ownership and housing regeneration
 - Focus on healthy housing
- These mitigation measures can be achieved through taxation, spending, regulation, and urban planning



Employment and Social protection

- Increased unemployment rates were observed following the 2008 financial recession and COVID-19 pandemic
- Informal workers are particularly vulnerable to economic shocks
- Health impacts of unemployment include anxiety disorder, suicide, and health harming behaviour such as excess alcohol consumption
- Mitigation measures include:
 - Wage subsidy schemes; minimum wage increase
 - Extension/increase of benefit payments; one off payments
 - Tax relief/deferrals
 - Job retention schemes

Food

- Food prices have increased due to increased costs of fuel, energy, fertiliser, and supply chain disruption
- Food security is more likely to disproportionately affect specific population groups, such as pregnant women, children, elderly, or disabled people.
- Food insecurity and related unhealthy diet is associated with a range of health harms and excess burden of non-communicable diseases, including weight gain, obesity, type 2 diabetes, cardiovascular diseases, and cancers: as well as mental health impacts
- Mitigation measures include:
 - National food policy
 - Reducing food waste: social movements, organisations, food banks
 - Free school meal programmes



Fuel

- People in energy poverty have poorer self-reported physical and mental health
- Children, adults with pre-existing health conditions, and older people experience disproportionate health impacts due to fuel poverty

Mitigation measures

The report noted mitigation measures to increase health system resilience included:

- Policies to promote public spending on social protection and health services
- Maintenance of health service access / comprehensive coverage
- Identification of spending (in)efficiencies and related (dis)investment
- Consumer protection and information provision
- Financial interventions
- Energy saving / efficiency policies

The Italian Experience: Mental Health in Times of Crisis

Maria Luisa Scattoni, Researcher, Istituto Superiore della Sanità, presented findings regarding the mental health crisis in Italy. She explained that in Italy, mental health data is collected on adults only, therefore a network was established to collect data on children. The Italian health system is sub-divided to 21 regions, leading to differences in care and health inequalities.

Significant increases in mental health issues have been felt because of the COLC, particularly in those that are younger, female and those with pre-existing medical conditions. In summary:

- Those who were already vulnerable showed a higher increase in mental health issues.
- In particular, raises were seen in children, adolescents, and young adults with a psychiatric diagnosis, namely girls with eating disorders and attempted suicide, and self-harm has increased in the last 2 years.
- Investment from the Italian Government has been made, although it is limited and unlikely to be renewed.
- Limited, fragmented interventions, with no prospects for renewal.
- Difficulties for regions to use these funds for real strengthening of the Mental Health care system.

Policies and strategies going forward include:

- Improving the accessibility and quality of Mental Health services (strengthening community services).
- Implementing homogeneous actions on the national territory to avoid regional fragmentation within the National Health System.
- Defining coordinated actions to prevent and promote mental health and counteract addiction: actions will include general interventions to support the juvenile population and targeted interventions for those at greater risk and/or in more vulnerable situations.
- Promoting investment in mental health to gradually increase spending to 2% of the National Health Fund. This will bring mental health spending back to the minimum standard of 5%, resulting in an additional 2.3 billion Euros investment per year.



The Way Forward: Building Universal Well-being Economies

Chris Brown, Head of the WHO Venice Office gave an overview of how the Well-being Economy is acting as a lens to show how macroeconomics impacts on health and well-being. Namely:

- The Well-being Economy brings together findings from economic, finance, sustainable development, and health information to protect and promote well-being by leveraging the fiscal space
- The Well-being Economy approach is being adopted to shift investments on funding to protect well-being. When well-being isn't protected, it fosters a lack of trust, breakdown in social cohesion and increased unrest
- Example Well-being Economy solution:
 - In Spain, the Spanish Government has introduced 'universal employment' to help reduce the insecurities and mental health issues that are associated with the risk of unemployment.
- Next steps on the Well-being Economy:
 - Indicators and examples will be developed
 - Financial institutions will be brought together to feed into the conversation
 - A WHO/Europe High Level Forum on Health in the Well-being Economy will be held in Copenhagen on the 1st-2nd March 2023.



Conclusions and next steps

It is imperative that countries, regions and cities focus on early mitigation measures and solutions to protect, improve and promote the health of their populations and communities. Whilst doing so, the most disadvantaged and vulnerable should be protected, as well as enhancing health and social systems, environmental sustainability and placing people and their well-being at the centre of policy and practice.

The WHO Regional Office for Europe and the WHO Venice Office are already progressing this agenda through strategies, initiatives, and innovative approaches^{xvi,xvii,xviii,xix}. This includes the Universal Well-being Economy Initiative, and the formation of the New Economics Expert Group. These initiatives aim to enable and support national and sub-national governments, decision makers and stakeholders in a joint effort to mitigate and minimise harms, maximise opportunities, and identify sustainable solutions towards ensuring healthy prosperous lives for all, while leaving no one behind.

The WHO European Regions for Health Network, in synergy with other WHO networks and European offices, is instrumental in informing and supporting decision-makers and budget-holders on a national- and sub-national levels. It works to drive, implement, and advance policies, investments, services and interventions that protect, improve and promote population well-being, and help reduce / mitigate increase in the health equity gap, leaving no one behind.

The lessons learnt from the meeting will feed into the 27th Annual meeting of the Regions for Health Network taking place in Brussels 5-7th December 2022, and the WHO/Europe High Level Forum on Health in the Well-being Economy, taking place in Copenhagen 1st-2nd March 2023. Additionally, the findings will feed into further technical and high-level policy dialogues, webinars and round tables.

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