



G20 POSITION PAPER FRAMEWORK - 'WELL FUTURES ALLIANCE'

Investment and Reform of
Global Health Systems to
Guarantee Resilience

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Investment and Reform of Global Health Systems to Guarantee Resilience

Subtitle: A G20 Position on Upstream Prevention and Wellbeing Finance

Date: July 2026

Target Forum: G20 Infrastructure and Finance Tracks / Global Health Working Group

I. EXECUTIVE SUMMARY: REFRAMING HEALTH AS AN ECONOMIC INVESTMENT

The global health system, currently focused predominantly on a sick-care model, is financially unsustainable and fails to guarantee global health resilience. This policy brief calls upon the G20 to reframe health not as a cost, but as an intentional investment priority.

This brief urges the G20 to champion a system-wide shift toward upstream prevention and well-being by adopting new financial models. Investing in prevention is the only viable strategy to strengthen health systems, improve patient care, create new and meaningful jobs, and guarantee economic resilience.

\$24 : \$1

Return on investment delivered by prevention funding

300M

Global jobs potentially created within the care economy

50 / 50

Target split between treatment and prevention capital

UK Context & Alignment: The UK features an evidence-based, preventative healthcare model for cities designed to scale nationally and support the macroeconomic landscape. The model aims to strengthen the NHS, create high-quality jobs, and drive sustainable economic growth while remaining strictly aligned to HM Treasury Green Book principles. (*WHIS Cities Model - social prescribing, mental health etc)

II. THE CASE FOR URGENT REFORM

The current reactive system is inefficient and financially unsustainable.

- **Financial Imbalance:** Health systems represent a \$12 trillion industry, yet approximately 97% of this capital is spent on reactive treatment, leaving a mere 3% dedicated to prevention.
- **Human Cost & Productivity Loss:** Mental health compromise costs \$1 trillion per year in lost productivity. Furthermore, a global shortage of 10 million health workers is predicted by 2030.
- **Global Inequality:** Four billion people worldwide lack access to basic healthcare. The current system structurally fails the populations most likely to be neglected by standard clinical frameworks.
- **Climate Link:** Climate change is identified as the greatest health threat of the 21st century, exacerbating systemic health vulnerabilities.

III. POLICY RECOMMENDATIONS FOR G20 ACTION

We call for a global agenda focused on measurable outcomes and systemic change, particularly in the lead-up to the 2027 UK G20 Presidency.

1. Finance Reform & Capital Rebalancing

The G20 must take a leadership role in shifting the global funding paradigm:

- **Scale Outcomes-Based Financing:** Expand the use of impact bonds and blended finance to ensure capital pays for results rather than mere activity. This unlocks new private and institutional capital to scale prevention frameworks.
- **Rebalance Public Investment:** Commit to a deliberate shift toward prevention and early intervention, with an initial target of rebalancing investment to a 50/50 split over the next decade. This must include targeted allocation toward Traditional and Complementary Medicine research, regulation, and scalable distribution where clinically effective.
- **Align Funding to Prior G20 Policies:** Ensure all financial instruments comply with and implement policies already ratified in prior G20 Leaders' Declarations (e.g., New Delhi 2023):

Clause vii: Recognize the potential role of evidence-based Traditional and Complementary Medicine in health, taking note of international efforts including WHO's global/collaborating centres and clinical trial registries.

Clause ix: Promote and improve access to mental health services and psychosocial support in an inclusive manner.

Clause 30 (Education/Human Capital): Commit to inclusive, equitable, high-quality education and skills training, recognizing foundational learning (literacy, numeracy, and socio-emotional skills) as the primary building block for human capital and economic resilience.

2. Scaling Proven Place-Based Models

The G20 should endorse and invest in proven models that build community resilience:

- **Implement Integrated Systems:** Scale city-based, community-led models (such as WHIS Cities) that systematically integrate health with education, employment, and housing. These models save more than they cost, with social and financial outcomes validated against HM Treasury Green Book principles.
- **Champion Social Prescribing:** Support the global standardization and scaling of the Global Social Prescribing Alliance (GSPA) framework. This community-based approach is proven to reduce GP visits by 42% and A&E attendances by up to 23% in national evaluations. Early modeling indicates these place-based models deliver up to £4 in social and economic value per £1 invested.
- **Leverage Exemplars (India):** Recognize and leverage exemplary policies and lessons ratified in India for scaling innovative healthcare technologies internationally to address mental health, antimicrobial resistance (AMR), and non-communicable diseases (NCDs).



3. Growing the Workforce and Aligning Climate & Health

- **Invest in the Care Economy:** Prioritize investment in new roles across the care economy to proactively address the projected global staff shortage of 10 million workers.
- **Embed Health in Climate Policy:** Intentionally embed health outcomes into climate policy and finance architecture, recognizing that public health is a foundational pillar of climate and economic security.

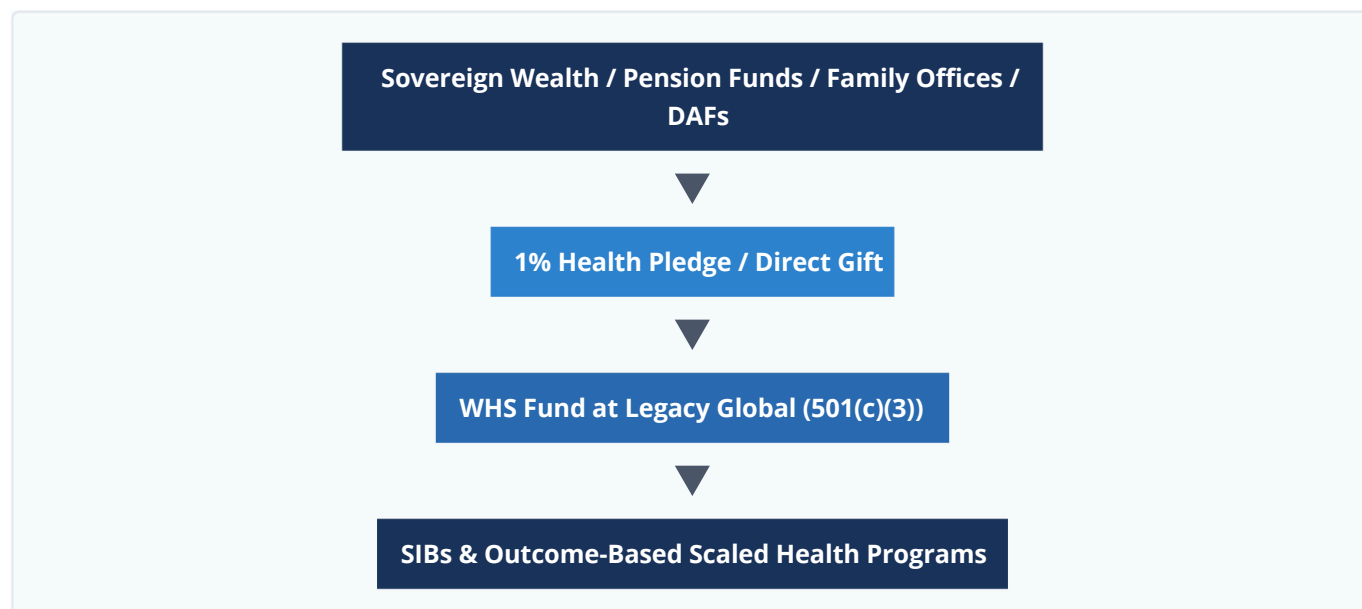
IV. FINANCIAL ARCHITECTURE: PREVENTION AS AN INVESTABLE ASSET CLASS

Where traditional healthcare funding pays for inputs (GP appointments, prescriptions, and hospital beds), outcome-based payment models pay for tangible results: reduced hospital admissions, improved mental health scores, accelerated return-to-work metrics, and prolonged independent living for older adults.

Social Impact Bonds (SIBs) attract private and impact investment to fund preventive community health programmes. Investors are repaid by public budgets only when agreed-upon economic and health outcomes are realized. For the World Health Innovation Summit (WHIS) and the Global Social Prescribing Alliance (GSPA), this paradigm shift from paying for activity to paying for outcomes directly rewards the sustained systemic value that social prescribing delivers.

World Health Service (WHS): Blended Capital Framework

The World Health Service (WHS) is the financial and governance vehicle designed to scale these proven, community-based healthcare models. Operating as a component fund of Legacy Global Programs (a 501(c)(3) public charity), WHS bridges the gap between local health innovations and institutional global capital by deploying a blended-capital architecture:



- **Sovereign Wealth Funds & Institutional Investors:** De-risk public health portfolios and unlock place-based, climate-resilient health economies. Donor-Advised Fund (DAF) support is available to channel grant capital alongside institutional commitments.

- **Family Offices & Pension Funds:** Secure long-term, values-aligned sustainable returns while driving generational health equity, supported by synchronized philanthropic capital.
- **DAF Holders & Philanthropists:** Direct grants seamlessly to the WHS component fund to support and scale validated prevention pilots, providing the catalytic foundation required to anchor commercial SIBs.

The 1% Health Pledge Opportunity

To institutionalize preventive health funding, the WHS features the 1% Health Pledge. This initiative invites corporations, institutional funds, and asset managers to commit 1% of their capital, top-line revenue, or portfolio allocation directly to community-based prevention, establishing a predictable capital pipeline for global deployment.

V. PARTNERSHIP AND DELIVERY ECOSYSTEM

WHIS and GSPA serve as natural partners for governments, health systems, impact investors, and corporations seeking to design, execute, and evaluate outcome-based community health infrastructure.

- **Proven Delivery Capability:** Supported by four core delivery channels: WHIS Kids, WHIS at Work, WHIS Seniors, and frontline Workforce Wellbeing frameworks.
- **Evaluation Infrastructure:** WHIS & GSPA resources provide the rigorous data tracking, verification, and investment infrastructure necessary to audit outcomes to institutional standards.
- **Corporate Co-Investment:** Major corporations measuring and reporting social value via impact accounting frameworks can act as natural co-investors in community health SIBs, mitigating the social determinants of health within their operational footprints.

Call to Action: WHIS and GSPA invite governments, health systems, institutional investors, and corporate partners to collaborate on designing, structuring, and funding the next generation of outcome-based community health frameworks.

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VI. CONCLUSION: A CONCEPTUAL SHIFT FOR THE G20

The deepest change required is conceptual. The G20 should no longer understand itself merely as the premier forum for international economic cooperation in a narrow, reactive sense. It should understand itself as the premier forum for aligning global collective capacities to solve systemic global challenges. Durable international cooperation depends on clear roles, context-sensitive rules, inclusive rule-making, robust monitoring, and the ability to organize coordinated action across multiple tracks under conditions of macroeconomic uncertainty.

For the upcoming UK G20 Presidency, the opportunity is exceptionally large: not simply to broker another standard communiqué, but to redesign the G20 architecture so that human flourishing and biospheric

resilience become the central, organizing economic purpose. By integrating the Finance and Sherpa tracks through the lens of wellbeing finance, working groups can become agile problem-solving units, and engagement groups can function as constitutive parts of global governance.

Nowhere is this opportunity greater—and the cost of inaction higher—than at the intersection of Global Health, Climate, and the Economy.

VII. DISCLAIMERS & LEGAL NOTICE

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IX. TEAM BIOGRAPHIES - "Well Futures Alliance"

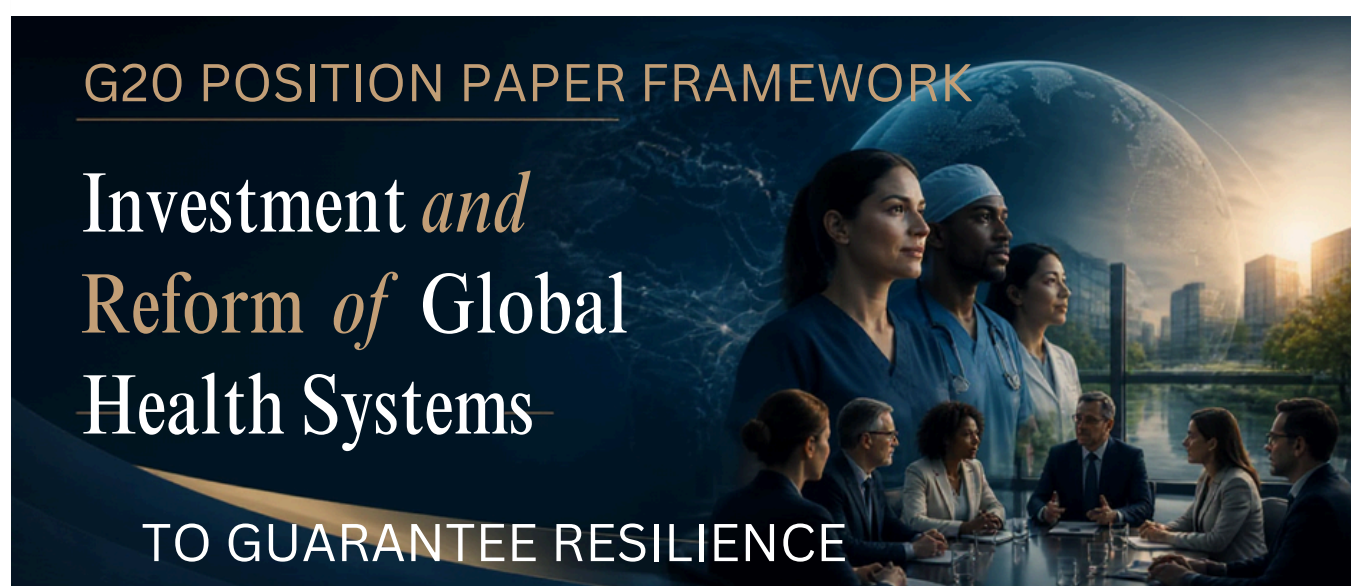
Gareth Presch – CEO and Founder of the World Health Innovation Summit (WHIS) and CEO of the Global Social Prescribing Alliance (GSPA). A recognized global leader in health system design, he previously served as a member of Pope Francis's Vatican COVID-19 Commission and was the Chief Officer of the National Haemophilia Council in Ireland.

Dr. John Naslund – Senior Research Scientist in Global Health and Social Medicine at Harvard Medical School. An expert in psychiatric epidemiology, implementation science, and digital mental health, his work focuses on building provider capacity in low-resource settings (primarily India and the US). He is the co-director of the Mental Health for All Lab at Harvard Medical School and an Honorary Research Fellow with Sangath.

Robert Browning, PhD (h.c.) – Director of Healthcare and Organizational Division at HeartMath, Master Trainer, and Co-Vice President of Pathways to Peace (a UN Peace Messenger organization with ECOSOC Consultative Status). Over a 30-year career, he has trained more than 100,000 individuals in resilience skills across major health systems, including Johns Hopkins, Kaiser Permanente, Stanford Medicine, and the Mayo Clinic. He recently served as a WHO expert at the 2nd Global Traditional Medicine Summit in Delhi.

Sheva Carr, MA, L.Ac., RPP, BCPP, RPE – Founding CEO of Heart Ambassadors® and The Fyera Foundation (holder of UN ECOSOC Consultative Status), Co-Director of HeartMath® Healthcare, and Vice President of Pathways To Peace. She integrates Traditional Chinese Medicine with biometric self-regulation to deploy population health models globally. She spearheaded mental health policies adopted by the C20/G20, serves as a UN/WHO consultant, and was an expert panelist at the WHO 2nd Global Traditional Medicine Summit.

Sandra Solano, M.D., M.S. – Physician, public health executive, and healthcare strategist with over 30 years of experience managing large-scale healthcare networks. She formerly served in executive leadership at Ohio Medicaid and the Ohio Department of Health, directly managing healthcare infrastructure serving over one million beneficiaries with budgets exceeding \$11.4 billion. She is the founder of Integro, LLC, and serves as the Chief Medical Officer of The Fyera Foundation.





NEXT STEPS

The Well Futures Alliance invites G20 member states, multilateral institutions, and private-sector partners to advance a shared commitment to upstream prevention, outcomes-based investment, and systemic health reform.

Together, we can build resilient health systems that protect populations, strengthen economies, and guarantee wellbeing for future generations.

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For partnership enquiries and further information:
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