



McGill

World Platform

for Health and Economic Convergence

**THE 2009
HEALTH AND ECONOMIC
CONVERGENCE
THINK TANK**

Conference Report and Strategic Briefs

TABLE OF CONTENT

EXECUTIVE SUMMARY	4
THE 2009 HEALTH AND ECONOMIC CONVERGENCE THINK TANK	4
FOOD AND NUTRITION SECURITY.....	4
CREDIT AND FINANCIAL EMPOWERMENT.....	5
SUSTAINABLE PLACES AND COMMUNITIES	6
HEALTH-PROMOTING WORKPLACES	7
INTRODUCTION.....	9
BACKGROUND ON THE MCGILL WORLD PLATFORM FOR HEALTH AND ECONOMIC CONVERGENCE	9
The Business4Health Compact	9
THE THREE-TIER INAUGURAL PROGRAM	10
THE 2009 CONVERGENCE THINK TANK: HARNESSING THE POWER OF BUSINESS FOR SUSTAINABLE HEALTH AND WEALTH FOR ALL	10
FOOD AND NUTRITION SECURITY.....	12
BACKGROUND	12
KEY DISCUSSION POINTS AND ONGOING INITIATIVES.....	13
WAYS FORWARD.....	16
REFERENCES	17
CREDIT AND FINANCIAL EMPOWERMENT	18
BACKGROUND	18
KEY DISCUSSION POINTS AND ONGOING INITIATIVES	19
Microfinance	19
Cooperatives	19
Individual Empowerment.....	20
Community Empowerment and Civil Society	20
Social Business	21
Financial Literacy	21
WAYS FORWARD.....	22
Assessing the impact of credit and financial empowerment and scaling up.....	22
Lessons for the formal banking system	23
Credit and financial empowerment on the global agenda.....	24
REFERENCES	25
SUSTAINABLE PLACES AND COMMUNITIES.....	27
BACKGROUND	27
KEY DISCUSSION POINTS AND ONGOING INITIATIVES.....	28
Urban Design and Management.....	28
Transportation and Urbanization	29
Water and Sanitation.....	31
Housing	32
Access to Food.....	33
WAYS FORWARD.....	34
Building places and communities in the 21 st century	34
Addressing the water crises	35

Accessing food in the context of urbanization.....	35
Scaling up <i>Health Cities</i> and <i>Health Villages</i>	36
Health as a source of competitiveness	36
REFERENCES	37
HEALTH-PROMOTING WORK ENVIRONMENTS	39
BACKGROUND	39
KEY DISCUSSION POINTS AND ONGOING INITIATIVES	40
Today's Global Economy and its Impact on Labour Markets	40
Employment Strategies and Conditions in the Developing World	42
Welfare and Social Benefits.....	44
Ratings and Standards	45
Government Policies	48
WAYS FORWARD.....	48
The health of migrant workers	48
Standards and ratings	48
Raising the social protection floor	49
REFERENCES	49
APPENDIX 1	51
Top Three Strategic Business and Societal Challenges and Opportunities in Harnessing the Power of Business for Health and Wealth for All	51
FOOD AND NUTRITION SECURITY	51
CREDIT AND FINANCIAL EMPOWERMENT.....	51
SUSTAINABLE PLACES AND COMMUNITIES	52
HEALTH-PROMOTING WORK ENVIRONMENTS.....	52
APPENDIX 2.....	53
Convergence Workshop Programs	53
FOOD AND NUTRITION SECURITY	53
CREDIT AND FINANCIAL EMPOWERMENT.....	54
SUSTAINABLE PLACES AND COMMUNITIES	55
HEALTH-PROMOTING WORK ENVIRONMENTS.....	57
APPENDIX 3.....	59
Health and Economic Convergence Think Tank Program	59
APPENDIX 4.....	64
Partners and Contributors	64
FINANCIAL SUPPORT AND SUBSTANTIVE CONTRIBUTION	64
SUBSTANTIVE CONTRIBUTION	64
INTERNAL PARTNERS	64

EXECUTIVE SUMMARY

THE 2009 HEALTH AND ECONOMIC CONVERGENCE THINK TANK

The 2009 Convergence Think Tank (November 17-19, 2009) aimed at mainstreaming the micro-level social determinants of health into business, addressing the specific challenges related to individual and social factors, social and community influences, and living and working conditions. Business, social and health innovation and technology as well as collective action were examined to improve universal access to **(i) food and nutrition security, (ii) credit and economic empowerment, (iii) sustainable places and communities, and (iv) health-promoting work environments**. All topics focused specifically on the poor in both developed and developing countries. These themes were chosen because all are tied to the immediate and concrete needs of underserved populations that, if mainstreamed into business' value-producing activities and strategies with a convergence of social and economic goals, could be more powerfully and sustainably addressed than they have been thus far with traditional corporate social responsibility. Participants from all workshops were asked to identify the top three strategic business and societal challenges and opportunities in harnessing the power of business for the health and wealth of all. Participants sought to analyze how each of these themes should be retooled in order to function sustainably, in light of current and future economic, social and environmental issues. The following paragraphs highlight the main outcomes that emerged in regards to each theme.

FOOD AND NUTRITION SECURITY

Experts representing all levels and sectors of society within the food and nutrition domain met to consider how they could work together to advance “action on the ground” to scale-up innovative initiatives in products, services, processes as well as novel business models, policy approaches and institutional entrepreneurship, in the area of food and nutrition security.

Participants were members of networks collectively representing thousands of individuals, companies, and civil society members and some were already actively engaged in working towards achieving health goals in a range of areas. Participants also recognized that food and nutrition security in all its dimensions is an important determinant of health and that tackling this complex problem requires that all levels of society become involved. This theme took an integrative approach to food and nutrition security that considers food and nutrition security in its three dimensions (i) hunger and nutritional deficiencies, (ii) nutritional and caloric balance, and (iii) food safety.

The role of novel frames, mindsets and business models underling social business, creative and inclusive capitalism, the challenges and opportunities involved, as well as examples of world changing business and social innovations to promote sustainable health and wealth for all was

examined. Specific examples of innovations presented included: the recently developed “Balanced Choices menu of food options, developed by Compass Group North America; and Campbell’s Soup reduced salt canned food products, such as its Healthy Request low-fat, low-sodium and enriched source of fibre and omega-3 soups. Participants also examined the role of government as catalyst and enabler. Challenges here arise in fostering policy and governance innovation that simultaneously foster and balance health and social welfare with the economic imperatives of markets, while also serving as catalyst and enabler in harnessing the power of business to address sustainable health and wealth for all.

The following issues for business or institutional innovation were identified:

- Ensuring that the development of innovative healthier food products (such as reduced salt food products) is supported by innovative collaborative models for research, supportive regulatory policies, and innovation in how the sectors work together to identify new healthier opportunities and ensure that these products are understood (valued in terms of price, attribute, etc.) and consumed by all sectors of society.
- Working to ensure that there is a better integration between health and agricultural policies with a vision to ensuring that in future years of the Think Tanks that environmental considerations are also considered as well.
- A better understanding of the food value chains at the local, national, and global level to ensure that innovation in governance, infrastructure, standards, supply management, etc. occurs in the most health friendly manner and provides equal food safety, security, and quality regardless of whether producers and consumers are engaged with local or global value chains.

CREDIT AND FINANCIAL EMPOWERMENT

Participants working on this issue recognized that the world’s poorest tend to be systematically excluded from opportunities, decent employment, security, capacity, and empowerment, which could enable them to gain better control of their health and their lives. As such, access to credit and financial services can help address this exclusion and provide individuals, households, and communities with financial and operational sustainability, which trickles down to other social factors such as education and health. Various models (microfinance and microcredit, cooperative movement, individual and community empowerment, social business, etc.) were presented and case studies highlighted the impact that these initiatives have had on the communities, households and individuals they serve. These included the Grameen Bank in Bangladesh and Grameen America in New York; Grupo Santander’s MicroCredito in Brazil; Développement International Desjardins cooperative activities in Africa; Youth Employment Services in Montreal; participatory budgeting in Bolivia and Brazil; Grameen Danone in Bangladesh; and financial literacy in Canadian Aboriginal communities.

Participants highlighted a number of ways forward to scale up what these and other activities and initiatives can do in promoting better access to financial services both in developed and developing countries.

- First, participants emphasized the importance of assessing the impact of credit and financial empowerment and scaling up ongoing initiatives. Indeed, while credit and

financial empowerment has been touted to offer an innovative solution to some of the world's major problems, its impact on individual and household development remains unproven. There is a great need to gather more information about poor clients in order to better measure the impact of credit and financial empowerment strategies on social and economic development at the individual, household and community level. Furthermore, greater incentives ought to be put in place in order to encourage the replication and scaling up of small, novel, limited-scale interventions.

- Secondly, participants agreed that credit and financial empowerment, especially in the form of microfinance and financial literacy, may offer some valuable lessons to the formal banking system and, in the context of the current economic crisis, can provide the foundations of a new banking ethic. They also repeated that the potential for growth among the poor is enormous and that a responsible financial system that stimulates entrepreneurship at the bottom of the pyramid and earns income for the poorest is of benefit to us all. Credit and financial empowerment ought to be a priority on the agenda of national and international policy-makers looking for imaginative responses to the global financial crisis.
- Finally, while the impact of credit and financial empowerment has yet to have been fully proven, the opportunities that it presents at the local, national and international level are worth exploring by all actors working to promote equity and development around the world. The links between financial security and health are well-enough established to justify using this instrument to the fullest of its possibilities. Significant efforts ought to be made to place it onto the agenda of the most powerful group of countries in the world, especially in the context of the United Nations' Millennium Development Goals (MDGs), which must be met by 2015.

SUSTAINABLE PLACES AND COMMUNITIES

Experts met to address the interface of health, urban planning, and transportation. Although the relationship between the built environment and health is complex, there is growing evidence that many features of the built environment are major determinants of health. Five topics were more specifically addressed: these were urban design and management, transportation, water and sanitation, housing, and access to food. Innovative initiatives, novel business models, policy approaches and institutional entrepreneurship were presented in light of current and future economic, social and environmental issues.

Participants highlighted a number of ways forward to address the sustainability of places and communities.

- Participants agreed that the following key components ought to be taken into account when designing health-promoting places and communities: integrate nature into planning decision; promote local amenities and community institutions; prioritize mix densities of development; build narrow roads; encourage passive solar gain; build bigenerational housing; build affordable housing; promote public transit, and build walking and cycling paths.
- It was further argued the ongoing water crises around the world must be urgently addressed. They present the private sector with a novel opportunity to “do well and do

good” by renovating and/or rebuilding piping systems, improving leak detections, building water storage facilities, improving waste disposal and establishing more sewage processing facilities. Participants also discussed the issue of recycling water which could be used for a variety of agricultural activities. Finally water conservation ought to be promoted through educational programs, regulations, and bans.

- The way communities are designed will dictate the types of food available to residents. The community’s nutrition environment is composed of the number, type, location and accessibility of food outlets, such as grocery stores, fast-food and full-service restaurants. Participants discussed the potential urban agriculture offers in simultaneously addressing environmental, health, food, and urban design issues, as well as tackle poverty and social inequities.
- Participants also discussed scaling up novel initiatives such as *Health Cities* and *Health Villages*, which promote local actions by community members to mobilize human and financial resources to build healthy environments and promote healthy behaviours. Many of the innovative cross-sectoral community-led projects that have been generated through this initiative have not involved health-related public services. It presents a tremendous opportunity to bring various stakeholders together and to develop more integrated urban planning and transportation policies that will take health outcomes into account.
- Finally, health ought to be seen as a source of competitiveness for communities, who must compete for the investments of global and local firms. Where land values are high, health’s social use competes with commercial benefits. For example, calls for affordable housing, water, sanitation, active transport will be more successful where they can make a sustainable economic case. Community gain is often marginal to the mainstream dynamics of commercial, housing or service developments. There is potential synergy between the health interests of developers, end users, local authorities and local people.

HEALTH-PROMOTING WORKPLACES

Forty experts met November 17-19, 2009 in order to examine the issue of health in the workplace. They recognized that employment and working conditions have powerful effects on health equity. When they are sustainable, they can provide financial security, social status, personal development, social relations and self-esteem, and protection from physical and psychosocial hazards. Furthermore, the concept of health-promoting work environments as a profitable investment for employers has now gained broad recognition, with returns translated by reduced absenteeism, lower staff turnover, enhanced recruitment and improved productivity. Finally, it was noted that the potential of health-promoting work environments in addressing the social determinants of health and fostering health and wealth for all is rooted into labour markets, workplace structures, skill requirements, information, communication, transportation technology, and globalization trends. These issues were addressed through various keynote presentations and supporting case studies. Concepts such as workplace safety and workers’ rights, ageism and retirement, the global economy, the new capitalism and the current economic crisis, as well as the broader role of international organizations, national and local governments, and businesses in the provision of health services were discussed. Company representatives from IBM, Microsoft, Pitney-Bowes, Agence de la santé et des services sociaux de Montreal, GE Aviation, Qatar Petroleum, SOCAN, Assured Labor, and Better Factories Cambodia outlined various initiatives

underway within their organizations to address the health of their employees and of the broader community in which they operate.

Various strategies were suggested in order to foster better health at the workplace.

- A number of discussions focused on the health outcomes of migrant workers, who represent one in 35 workers around the world and tend to have worse health outcomes than that of their host country counterparts. Key strategies here included clearly dissociating healthcare from immigration laws and ensuring the availability, affordability and information on health services through formal and information protection mechanisms. Particular emphasis was put on ensuring the rights of migrants, reducing the legal and financial limitations which migrants encounter when attempting to access health services, and addressing the social determinants of migrants' health by providing access to financial and social production.
- Ratings and standards have been adopted by a number of private businesses in order to attract, optimize, and retain top talent and enjoy a substantial tactical advantage over competitors. These include Health-Promoting Hospitals, Employer of Choice, Planetree, Healthy Enterprise designations. The next step would be to accelerate, multiply and scale up business engagement and actions by raising awareness, providing concrete support to enterprises, by reaching decision-makers, by documenting and researching the business case to justify the investment, by developing indicators, return-on-investment measurements, by following up on implementation, by conducting and assessing experiments, by transferring acquired knowledge, by mobilizing and facilitating actions from all stakeholders, and by continuing financing activities
- Finally, participants focused particularly on raising the global social protection floor as a means by which governments around the world can help alleviate the impact of the ongoing economic crisis and ensure that health and welfare are maintained. Participants argued that the fastest working poverty relief measure is social protection. In times of crisis, transfer incomes, notably social assistance and social security benefits act as social and economic stabilizers. Benefits not only prevent people from falling further into poverty but also limit the contraction of aggregate demand thereby curtailing the potential depth of the recession. Social transfers are also an investment in the health and productive capacity of any society.

INTRODUCTION

BACKGROUND ON THE MCGILL WORLD PLATFORM FOR HEALTH AND ECONOMIC CONVERGENCE

The McGill World Platform for Health and Economic Convergence (MWP) is a unique initiative led by McGill University's Desautels Faculty of Management and Faculty of Medicine with significant involvement from the Faculties of Arts and of Law. Building upon the assets of Canada's premiere research academic institution, the MWP is designed both as a physical and a virtual platform to form an enduring, worldwide, knowledge-to-action community devoted to the promotion of health and economic convergence. McGill University represents the central hub of a network of local, national and global organizations and networks. The MWP brings together the best minds and leading organizations in health and non-health domains to achieve open innovation, social change and collective action, policy convergence, as well as trans-disciplinary and distributed education and research.

The aim of the MWP is to foster developments in science, policy, innovation, and education to mainstream health into the management and economic decisions that impact health and healthcare, and conversely, to weave management and economic considerations into public health and health care systems design and delivery. The MWP is rooted in the conviction that by harnessing the joint power of the best minds and leading organizations in health and economic domains we can lead unprecedented changes to bridge the divides between market and society and address the pressing issues that lie at the interface of health and economics.

The MWP's main knowledge-to-action anchor is the annual Convergence Think Tank and its Business4Health (B4H) Compact. The Think Tanks and B4H Compact take a Whole-of-Society approach to drive change on the ground. Activities of the MWP Think Tanks and B4H Compact encompass health and healthcare policy and management issues that are at the convergence with business and economics.

The Business4Health Compact

The Business4Health (B4H) Compact is a "network of networks" designed to contribute to change at local, national and global level to improve health outcomes especially for the poor. It focuses on health and economic goals in a selected portfolio of knowledge-to-action programs. The B4H Compact aims at training and supporting leaders in business and social innovation and action. Convergence networks of business, policy and health actors will drive innovation and action at the local, national and international level. "Networks of networks" of innovation architects will invest in specific, concrete, achievable, sustainable and scalable goals to promote health and economic convergence to address common goals of economic growth and improved health. The B4H Compact provides a unique physical and virtual field to weave disciplinary and transdisciplinary education and knowledge into everyday and strategic agendas throughout the whole of society. It combines in-depth and cutting-edge disciplinary and sectoral knowledge,

technology and skills with a unique opportunity to interact, experience and acquire a shared vision of the world. Convergence networks around the four 2009 themes are currently underway, although they are at various stages of development.

THE THREE-TIER INAUGURAL PROGRAM

The MWP's Three-Tier Inaugural Program, launched in November 2009, focuses on harnessing the power of business to ensure sustainable health and wealth for all. It begins with the landmark report of the WHO Commission on the Social Determinants of Health (2008) and aims at scaling up worldwide efforts to address the equity gap by building upon more humanitarian models of capitalism. The Program's co-chairs include Sir Michael Marmot, author of the WHO Commission on the Social Determinants of Health's report, and 2006 Nobel Peace Prize laureate and social business pioneer, Muhammad Yunus. Together, they will help push the boundaries of what this three-year series can contribute to the health and wealth of all.

The program aimed at contributing to local, national and global efforts to close the health and economic equity gap, while helping manage business risks and offering potential for economic return and corporate equity. The program also examines institutional entrepreneurship to enable the policy and governance that balance the competencies, resources, and power of markets to support business, social and health innovation and improve the health and livelihoods of the poor worldwide.

The Inaugural Program is structured in three tiers that progressively address the full scope of the social determinants of health, ranging from access to food and shelter to the distribution of power and resources. Tier 1 (2009) aimed at mainstreaming the micro-level social determinants of health into business, by addressing the challenges related to individual and social factors, social and community influences, and living and working conditions. Tier 2 (2010), currently in preparation, aims at scaling up business-based solutions and long-term investment strategies in human capital. Tier 3 (2011) brings the full power of institutional entrepreneurship to revisit some of the great divides which underlie the current way society and markets function.

THE 2009 CONVERGENCE THINK TANK: HARNESSING THE POWER OF BUSINESS FOR SUSTAINABLE HEALTH AND WEALTH FOR ALL

The 2009 Convergence Think Tank aimed at mainstreaming the micro-level social determinants of health into business while addressing the specific challenges related to individual and social factors, social and community influences, and living and working conditions. Business, social and health innovation and technology as well as collective action were examined to improve universal access to (i) food and nutrition security, (ii) credit and economic empowerment, (iii) sustainable places and communities, and (iv) health-promoting work environments. All topics focused specifically on the poor in both developed and developing countries. These four themes were chosen because all are tied to the immediate and concrete needs of underserved populations

that, if mainstreamed into business' value-producing activities and strategies with a convergence of social and economic goals, could be more powerfully and sustainably addressed than they have been thus far with traditional corporate social responsibility. The Tier 1 program also began examining institutional entrepreneurship to foster enabling and balanced policy and governance models to support such changes on the ground.

FOOD AND NUTRITION SECURITY

BACKGROUND

Building upon the Gates-sponsored global convergence meeting “Green Revolution 2.5” hosted in the Fall 2008 as a satellite to the McGill World Platform for Health and Economic Convergence (MWP) think tank (<http://www.mcgill.ca/healthchallenge/2008/gates>), a group of over 40 experts representing all levels and sectors of society within the food and nutrition domain met on November 17, 2009 to consider how they could work together to advance “action on the ground” to scale-up innovative initiatives in products, services, processes as well as novel business models, policy approaches and institutional entrepreneurship, in the area of food and nutrition security. The workshop was followed by the two-day Think Tank on November 18th-19th, 2009 which further delved into challenges and possibilities around the food and nutrition security topic in the context of the novel frames, mindsets, business, policy and governance models offered in keynote presentations.

The theme of food and nutrition security takes an integrative approach to food and nutrition security that considers food and nutrition security in its three dimensions, i.e., hunger and nutritional deficiencies, nutritional and caloric balance, and food safety. In developing countries a better integration of small scale farms and businesses to local, national and global value chains and communities may have the potential to ensure a balance between agriculture, manufacturing and services as economic growth strategy that ensure sustainable health and wealth for all, in all three dimensions of sustainability, i.e., social (including health), environmental and economic, alleviating hunger and nutritional deficiencies at the same time as it prevents the double burden imposed by obesity and its chronic diseases consequences. In developed countries, improvement of the same links may help ensure functional and economic access to food of high nutritional and low caloric value (such as fruits and vegetables) for populations that are geographically and socio-economically vulnerable, at the same time as it may contribute to a better equilibrium in rural, suburb, and urban development.

Both, the workshop and the Think Tank participants, recognized that food and nutrition security in all its dimensions (food security, nutritional and caloric balance, and food safety) is an important determinant of health; that tackling this complex problem requires that all levels of society become involved; and that the experts assembled at this meeting were members of networks collectively representing thousands of individuals, companies, and civil society members. Moreover, it was noted throughout the convergence workshop and the Think Tank that many of the participants at these events were already actively engaged in working towards achieving similar health goals in a range of areas such as reducing salt in processed foods or policy convergence between the agriculture and health sectors. The participants recognized that further progress could be made over the next year in advancing multi-level, multi-sector work in these and several other specific areas.

KEY DISCUSSION POINTS AND ONGOING INITIATIVES_____

Workshop participants were asked to identify the top three strategic business opportunities and challenges in harnessing the power of business for achieving food and nutrition security for all. These were:

- How to create a policy environment that would be more receptive and adaptive to changing business models while overcoming the natural tension between agricultural and food policy and health and nutrition policy? We need to focus on wellness and identify areas of overlap between policy arenas.
- How can each component of the agriculture and food systems be harnessed to encourage the improvement of food safety, the nutritional profile of food and food security? This could include improving the sustainability of small local producers and raising global standards.
- How to improve consumers' nutritional literacy to create incentives for individuals to consume foods that benefit society and the planet? This could include moving away from a definition of food value based on calories to the one based on nutrition using a simple communication strategy.

On November 17, workshop participants considered the role of novel frames, mindsets and business models underling social business, creative and inclusive capitalism, the challenges and opportunities involved, as well as examples of world changing business and social innovations to promote sustainable health and wealth for all. Specific examples of innovations presented during the workshop as well as the Think Tank included: the recently developed by Compass Group North America “Balanced Choices” menu of food options; the reduced salt Campbell’s canned food products such as Campbell’s “Healthy Request” low-fat, low-sodium and enriched source of fibre and omega-3 soups.

A second topic of discussion on November 17 was government as catalyst and enabler. For government as command center of society, challenges arise in fostering policy and governance innovation that at the same time foster a political atmosphere that balances health and social welfare with markets’ economic imperatives, while also serving as catalyst and enabler in harnessing the power of business for reaching the ultimate social goal of sustainable health and wealth for all. This requires first to specify the diversity of health and economic outcomes that must converge in the specific context of everyday and strategic decisions of governments at local, national and global levels. This also calls for the careful design and implementation of the mechanism, i.e., institution, procedure, or strategy, that have the potential to lead to the targeted convergent outcome through a set of incentives or disincentives that guide action for individuals, civil society and business organizations, markets and economies. Drs Schlundt and Acheson presented on their experience on this matter.

Over the course of three days the following top three issues for business or institutional innovation were identified:

- Ensuring that the development of innovative healthier food products (such as reduced salt food products) is supported by innovative collaborative models for research, supportive

regulatory policies, and innovation in how the sectors work together to identify new healthier opportunities and ensure that these products are understood (valued in terms of price, attribute, etc.) and consumed by all sectors of society.

- Working to ensure that there is a better integration between health and agricultural policies with a vision to ensuring that in future years of the Think Tanks that environmental considerations are also considered as well.
- A better understanding of the food value chains at the local, national, and global level to ensure that innovation in governance, infrastructure, standards, supply management, etc. occurs in the most health friendly manner and provides equal food safety, security, and quality regardless of whether producers and consumers are engaged with local or global value chains.

Innovative Healthier Food Products

Based on the following presentations:

- Dr. Khoo emphasized that companies like Campbell's are committed to the health goal of reducing salt but that given the fact that the functional requirements for salt vary significantly by product, the challenge of research and development should not be underestimated. There is a need to conduct some basic research in salt, and combine this with proprietary research.
- Dr. L'Abbé emphasized that both, the Canadian Expert Working Group on salt and PAHO Expert working group on salt reduction, were only starting to consider the research needs. A CIHR research will be set up to explore priorities for public research in January 2010, but this does not address the need for global collective public research nor the "dividing line" between public and private research.
- Dr. Moskowitz talked about the importance of understanding the different types of consumers and what motivates them to purchase healthier products – and the issue of "narrow-cast" messages to an audience (Moskowitz, 2009).
- Dr. Van Liere discussed her experiences in leading partnerships between industry and governments/institutions in developing novel food products to meet the needs of vulnerable populations in the developing world. Her presentation highlighted the importance of these novel partnerships as a means of ensuring access to affordable foods.
- Dr. Katz presented on the issues related to labeling products to communicate the healthiness of products using a novel labeling scheme, the Overall Nutritional Quality Index (ONQI) and also presented new data to suggest that nutritious food is not more expensive than less nutritious food within a product category indicating that consumers are driven in their choices by more than price (Katz, 2009).
- Dr. Sparling iterated the need to ensure an appropriate public policy environment for agri-food regulation. He also emphasized on November 19th the importance of institutional innovation in policies, etc. and the role of government as catalyst, linking to the discussion of November 17.

Integration between Health and Agricultural Policies

Based on the following presentations:

- Mr. McInnis presented on the experience of the Canadian Agri-Food Policy Institute

(CAPI) in working with McGill and federal government partners in launching a dialogue about how to integrate health and agricultural policies. He described the ongoing commitment of CAPI and other Canadians on this agenda with a National Leaders Summit in February 2010 followed by a Policy Workshop in the Spring with Agri-Food Innovation and Regulation department at Richard Ivey School of Business. Further, McInnis reiterated the importance of having good health and economic information to support decision making and the Canadian plans to do several value chain case studies.

- Dr. Pederson and DiSogra then both spoke about their experiences in integrating multi-level, multi-sector policy convergence process in Europe and in the United States between the health and agriculture sectors in order to enhance the consumption of fruits and vegetables. These two cases presented by Dr. Pederson and DiSogra can provide some roadmap to the opportunities and challenges.
- On November 19, Dr. Schlundt presented the experience of the United Nations (UN) and World Health Organization (WHO) in particular on the *One World One Health* initiatives whose goal is to integrate agricultural (animal health) issues with health (foods safety). The experience of this policy convergence exercise to date is illustrative of the challenges of multi-sector work.
- Gordon Bacon and Hal Hamilton raised issues concerning the need to also incorporate environmental concerns to health and agricultural consideration. They indicated willingness to lead this discussion over the upcoming year.

Innovations in the Food Value Chain

Innovation in the value chain was discussed from several perspectives: the issues of local farmer in developing world, challenges of the infrastructure and supply chain innovations, governing the value chain, role of standards and product attributes.

The issues of linking small local farmers in the developing world

- Dr. Johns presented on the role of how innovation in biodiversity for nutrition and health ensures that the small local farmer in developing world is linked to the local market to ensure long-term food security. Dr. Johns highlighted the focal issues of the smallholders and local markets such as poverty, malnutrition, socio-cultural challenges as well as the constraints in smallholder production and profitability. Dr. Johns (2009) emphasized the importance “to build on the inherent strength of traditional systems” and knowledge forming partnerships and working in a “participatory way with small farmers”. To achieve such results, there is clearly a need to do so through the markets, the supply chain and research.
- On November 19th, Dr. Vyas presented on a novel approach for integrating the small local farmer to global value chains. This innovative approach involved the use of social business.
- On November 19th, Hal Hamilton spoke of his experience in ensuring environmental sustainability, but also his work with value chains to ensure innovation, etc. He presented the challenges of the value chain performance and spoke of several initiatives that exemplified the collaborative action throughout the supply chain.

Innovation in structure

- Dr. Brandstetter presented on the experience of a large food service company operating in over 60 countries. The challenge of delivering innovative food products is complicated by the infrastructure and training requirements. Delivering fresh fruits and vegetables for example, would require significant redesign at the retail level (freezer space, daily deliveries, product preparation training, etc.). As Dr. Brandstetter (2009) noted, “pulling levers in even small ways can often lead to big changes”.

Ensuring equal health outcomes for all

- Dr. Schlundt presented on the need to ensure that health outcomes (derived from food safety) are equal for all, regardless of whether their food comes from a local food value chains or global value chain.

New institutional relationship

- Dr. Acheson presented his views about the role of government versus business in promoting food and medical products safety, global health, etc. On November 19th, Dr. Acheson continued the discussion of the role of business in food safety highlighting the challenges that exist on a global and local level as well as the opportunities for success. Dr. Acheson (2009) and his team at the Leavitt Partners believe that “the unsettling stream of product safety problems we are experiencing is a reflection of the most profound change in commercial patterns in human history – the globalization of trade. New patterns require new strategies”.

Governance of value chains

- Dr. Perez-Aleman presented information about innovation in governing global value chains. She also presented on the private global food safety standards as it relates to local enterprises, or local farmers and local producers in developing economies from the standpoint of developing competitive enterprises. Further, Dr. Perez-Aleman (2009) highlighted the role of standards as “intermediaries of the global and local knowledge circulation” and the importance of “fostering these global and local networks to build collective competence”.

WAYS FORWARD

Workshop participants committed to advancing work in the three areas by:

- Formalizing the establishment of the first **MWP “network” for “action on the ground”** that ensures that each organization contributes their expertise to achieving a focused collective goal while at the same time continuing to deliver on their individual mandates.
- Developing a **work plan of activities to scale-up innovative initiatives** in products, services, processes as well as novel business models, policy approaches and institutional entrepreneurship.
- **Committing to report at next year’s Think Tank** on the progress of the network and of the action plan.

Ensuring that the development of innovative healthier food products (such as reduced salt food products) is supported by innovative collaborative models for research, supportive regulatory policies, and innovation in how the sectors work together to identify new healthier opportunities and ensure that these products are understood (valued in terms of price, attribute, etc.) and consumed by all sectors of society.

Working to ensure that there is a better integration between health and agricultural policies with a vision to ensuring that in future years of the Think Tanks that environmental considerations are also reflected.

A better understanding of the food value chains at the local, national, and global level to ensure that innovation in governance, infrastructure, standards, supply management, etc. occurs in the most health friendly manner and provides equal food safety, security, and quality regardless of whether producers and consumers are engaged with local or global value chains.

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CREDIT AND FINANCIAL EMPOWERMENT

BACKGROUND

The world's poorest tend to be systematically excluded from opportunities, decent employment, security, capacity, and empowerment, which could enable them to gain better control of their health and their lives. Indeed, all of these features are social determinants of health, broad institutional factors that exert influence on the health of groups of people within a society because they are deeply entrenched in the social order and within the related structure of opportunities and constraints accessed by individuals. Poverty is far more an issue of exclusion than an issue of access to resources and infrastructure (Mercado *et al.*, 2007). Moreover, there has been some evidence that credit and access to financial services can help address this exclusion. Small loans, financial literacy, and individual and community empowerment strategies can provide individuals, households and communities with financial and operational sustainability, which trickles down to other social factors, such as education and health. In addition, access to financial services has been proven to be an efficient and effective tool for promoting entrepreneurship, a key catalyst for individuals willing to create and develop their own businesses (Mercado *et al.*, 2007).

A group of 40 experts representing all levels and sectors of society pertaining to banking, finance and microfinance, and development, met on November 17, 2009 to consider how they could share their knowledge and expertise in scaling up innovative initiatives in the credit and financial empowerment domain. Various models were examined, such as microfinance and microcredit, cooperatives, individual and community empowerment, social business, international fora, etc. The workshop was followed by the two-day Think Tank on November 18-19, 2009 which further delved into the challenges and opportunities tied to credit and financial empowerment in the context of the novel frames, mindsets, business, policy and governance models offered in keynote presentations.

Over the course of the conference, it was acknowledged that access to credit and the inclusion of the poorest segments of society – be these individuals, households, communities, or countries – into the financial system are potentially powerful lever points toward closing the health equity gap in an economically sustainable manner.

This theme featured world leading credit and financial empowerment entrepreneurship and innovation initiatives. It began with microcredit and spanned up to country-level financing to help address the diseases of the poor and close the health equity gap worldwide. Discussion did bear on the health and economic outcomes of such initiatives, their challenges and opportunities, as well as the potential cross-fertilization and improvement of practices and tools across levels of action (individuals, organizations, communities, countries).

KEY DISCUSSION POINTS AND ONGOING INITIATIVES_____

A number of models and approaches were presented over the course of the event and demonstrated the various tools available to practitioners to effect change among the poor, excluded and disenfranchised. The section below will briefly describe some of these models. Case studies of ongoing initiatives which illustrate these will also be presented.

Microfinance

Of all strategies developed in the past decades to empower individuals and address low-income households around the world, none has the visibility, reach and breadth that microfinance has achieved. There are more than 150 million borrowers globally and trends indicate that this number will reach 200 million in coming years. Microfinance represents a \$50 billion portfolio and there are over 10,000 microfinance institutions (MFIs) operating worldwide, in both developing and developed countries (Romana, 2009).

- *The Grameen Bank* – The concept of microfinance, and more specifically micro-credit, was developed initially through the Grameen Bank, founded in 1976 by Dr. Muhammad Yunus in Bangladesh. What started off as a \$27 loan to 42 poor villagers turned into \$8 billion in loans to 8 million borrowers. The average sized loan is of \$250 (Vogel, 2009). The model has been successfully replicated around the world, in both developing and developed countries. It now goes beyond microcredit and includes other services, such as savings, insurance, equity, mobile banking, remittances, etc. (Romana, 2009). Proponents of microfinance argue that, beyond providing clients with high-quality, affordable and accessible financial services, microfinance yields lasting and transformative social change for individuals and households. The Grameen Bank states that, according to internal surveys, 68% of Grameen borrowers' households have crossed the poverty line, with the remaining households steadily moving up. It argues that, in addition to providing credit, the Grameen Bank develops the borrower's confidence and teaches financial discipline and literacy (Vogel, 2009), factors that have been found to significantly impact physical and psychological health and wellbeing (Vincent, 2009).
- *Grupo Santander's MicroCredito* – Grupo Santander Brazil launched its RealMicrocrédito branch, productive-oriented microcredit services, in 2002 to reach low-income communities that had traditionally been excluded from the financial and banking sectors. The rationale was both socially- and business-oriented: to enhance social and economic development by contributing to income generation and employment; to stimulate empowerment by improving the quality of life of all clients and of the neighbourhoods in which they live; and to develop and create a new business, with sustainable opportunities, to reach new clients (Ramos & Bao Sorte, 2009).

Cooperatives

The cooperative movement represents another strategy that can empower individuals and households, and address the economic and health equity gap. The cooperative movement brings together over 800 million people around the world. The United Nations estimated that, in 1994,

the livelihoods of nearly 3 billion people – half of the world’s population – was made secure by cooperative activities. They continue to play a significant economic and social role in their communities (Gaboury, 2009).

- *Développement International Desjardins* – Développement International Desjardins is a non-profit organization working within the Desjardins Group, a cooperative financial group long established in Quebec. Building upon the Group’s mission and values, DID has focused development efforts on improving access to financial services in developing countries. Indeed, 80% of individuals living in developing countries do not have access to financial services. Beyond microcredit, individuals need a wide range of financial services in order to ensure their sustainable development. Access to financial services is a powerful tool for development (St-Hilaire, 2009). DID’s mission, therefore, is “to empower the disadvantaged in developing countries and countries in transition by developing community-owned and -operated financial institutions that will have an impact on the community” (Gaboury, 2009). DID’s strategy builds upon local resources, brings members together into integrated networks, and ultimately aims at reducing the dependence of individuals and the community. There are currently 1993 cooperatives or savings and credit groups supported by DID operating around the world. They bring together 5.9 million members and clients and have assets that exceed CAN \$2.4 billion. Their impact, direct and indirect, on health has been great: All income from productive activities of loans under 500.000 CFA Francs have been reinvested in the family; well-timed loans have allowed families to send children to school in Haiti; loan-life insurance networks have been created in Western Africa to reduce vulnerability and now reaches 2.2 million members; a health insurance mutual, financed by the PAMECAS Foundation, has created new services for members of credit and savings cooperatives with their benefits, which are collectively returned to the community (Gaboury, 2009).

Individual Empowerment

- *Youth Employment Services* – John Aylen, President of the Board of Youth Employment Services (YES), described the services provided to youth in the Montreal area to facilitate entrepreneurship and employment. He spoke of an opportunity gap caused by poor access to opportunities and support, to assessment, to action planning and to implementation. To address this, YES provides training, mentoring and networking opportunities. It supports members in developing a business plan, as well as providing them with the skills and knowledge to present this to financial institutions, potential investors, etc. It provides assessment measures and feedback, which allows members to refine, improve and scale-up their enterprise (Aylen, 2009).

Community Empowerment and Civil Society

- *Participatory budgeting* – Philip Oxhorn, Founding Director of the Institute for the Study of International Development, presented two contrasting examples to illustrate the importance of the “third sector” of society, civil society, in empowerment the community. Participatory budgeting focuses on agency, most specifically on citizen agency. Civil society organizations are seen as fundamental in determining the nature

and extent of citizens' human rights and the role they can play in decision-making processes.

- In 1994, the Bolivian government underwent a radical decentralization process and reorganized governance around 311 municipal governments to which 20% of the federal budget was allocated. 16,000 territorial organizations were recognized by the state to determine where the money would be allocated. Yet, what was known as the Popular Participation Law was designed without the input of civil society. Most significant even was the exclusion of the most active and representative organizations. The legitimacy of the law was criticized and the process was co-opted by a political elite which used the funds to forward private agenda (Oxhorn, 2009).
- In 1988, in Porto Alegre, Brazil, the Workers' Party won regional elections in repudiation of the incumbent party. To develop and ensure its own legitimacy and reverse declining rates of participation, the Workers' Party adopted participatory budgeting and began negotiating with civil society. This profoundly transformed society itself: participation rates increased yearly and new organizations were formed, mainly involving the poor (Oxhorn, 2009).

Social Business

Social business fosters whole-of-society investments and partnerships focusing exclusively on the maximization of social goals to empower the poorest segments of society. The concept is anchored in Grameen's business model and is founded upon Seven Guiding Principles: (i) focus business aim to overcome poverty; (ii) become financially and economically sustainable; (iii) pay no dividend to financial investors; (iv) reinvest profits in growth and improvements; (v) be environmentally conscious; (vi) pay workforce market wages with better-than-maker working conditions; and (vii) do it with joy (Reitz, 2009).

- *Grameen Danone Foods* – Grameen Danone Foods (GDF) was founded in 2006 in order to fight malnutrition in Bangladesh, a country that has some of the highest child and maternal malnutrition rates in the world (UNICEF, 2008). A joint venture, GDF produces a yoghurt enriched with crucial nutrients at a price BDT6 (approximately €0.06), which even the poorest can afford. The benefits of this initiative stretch along the whole of the value chain. The milk for the yoghurt is purchased from small holders. The production is designed to give jobs to as many people as possible. Sales ladies distribute the yoghurt door-to-door and receive a 10% provision. Unsold yoghurts are taken back. In total, GDF is responsible for the creation of 1,600 jobs within a 30 km radius from the plant. Furthermore, solar energy is used to heat the water needed to clean the installation and to preheat water for the main boilers. Finally, the yoghurt's packaging is fully biodegradable (Grameen Creative Lab, 2010).

Financial Literacy

Financial literacy is defined as having the knowledge (understanding of personal and broader financial matters), skills (ability to apply that knowledge in everyday life) and confidence to make responsible financial decisions (feeling self-assured enough to make important decisions).

Barely a day goes by that an individual does not have to make a financial decision of some sort. Some decisions are routine, such as deciding what groceries to purchase. Others are more momentous, such as deciding to open a savings account or taking out a first mortgage. To make decisions, people draw on their existing knowledge in a particular situation and apply it in such a way that is appropriate to their circumstances (Task Force on Financial Literacy, 2010). It must also be noted that in order to become financially literate, it is important to engage with the financial world. While there is no shortage of information on finance, challenges exist in the way this information is presented and disseminated among individuals. Information ought to be circulated in a useful and credible way. Furthermore, we must ensure that people have the conceptual framework to make sense of it. This challenge calls upon educators, business representatives and community organizations. Financial literacy ought to be a component of broader social and economic policies targeting vulnerable populations in both the developed and the developing world (Vincent, 2009)

- *Financial literacy and the case of Canadian Aboriginals* – Aboriginals represent the poorest of the poor in Canada. Their health outcomes are worse than the average Canadian: they have higher rates of morbidity, chronic diseases, mortality, injury and suicide. Indeed, in 2000, an Aboriginal male's life expectancy was 8.1 years less than the average Canadian male. An Aboriginal female's life expectancy was 5.5 years less. Eighty percent of Aboriginal youth have not completed ninth grade. Systematic poverty, a direct result from century-old paternalist government policies, plagues Aboriginal communities. Aboriginals are excluded from traditional banking services and therefore show high rates of financial illiteracy. This has had huge consequences: for instance, many Aboriginals were taken advantage of following the Indian residential schools settlement that left them with a huge monetary windfall. Yet again, when Aboriginals move off the reserve into urban centers, they are unable to pay bills, open a bank account, or accomplish the basic finance-related tasks that most of us take for granted. They often fall prey to loan sharks and moneylenders. As such, financial literacy among Canadian Aboriginals must be a core component of all social and economic development policies (Vincent, 2009).

WAYS FORWARD

Assessing the impact of credit and financial empowerment and scaling up

While credit and financial empowerment has been touted to offer an innovative solution to some of the world's major problems, its impact on individual and household development remains unproven. Microfinance, because of its reach and increasing visibility, has received much attention and two studies have recently published results from randomized trials examining the social and economic impact of access to microcredit (Welsh, 2009). Banerjee and colleagues (2009) and Karlan and Zinman (2009) examined the impact of MFI operations in India and in the Philippines respectively. Their studies suggest that microcredit has different impacts on different types of borrowers and that it is not for everyone. While it can help some households borrow, make investments in and expand an existing business, microcredit alone cannot improve health and other measures of well-being (Welsh, 2009). This is in spite of the claims that credit and

financial empowerment results in increased self-esteem, feelings of hope and confidence, and sense of control which they witness in low-income individuals given access to credit (Vogel, 2009; Vincent, 2009; Aylen, 2009).

Yet, as Sophie Romana, Executive Director of PlaNet Finance, stated, there is a great need to gather more information about poor clients in order to better measure the impact of MFIs and other credit and financial empowerment strategies on social and economic development at the individual, household and community level. Some measures do exist, such as Grameen's *Progress Out of Poverty* Index and indexes of transparency. Yet, increasingly, there have been calls for greater international regulation and the development of a social rating (Romana, 2009). Further more, this information is all the more necessary if MFIs, cooperatives, and other empowerment initiatives expect to scale up their operations, develop new programs and deepen their reach (Romana, 2009).

In the context of social and economic development, there is an abundance of small, one-time, limited-scale interventions. While research has shown that individual aid finance programs succeed, their aggregate impact is at best marginal. The increased fragmentation of aid agencies and programs has aggravated the challenge: there are significant incentives to start new, innovative initiatives, but no incentives and, often, many disincentives, to replicating and scaling up successful interventions (Linn, 2009). In the context of measuring the impact of credit and financial empowerment, scaling up is all the more important. Scaling up is defined as “expanding, adapting and sustaining successful policies, programs or projects in different places and over time to reach a greater number of people” (Linn, 2009). For organizations seeking to empower individuals and communities, this means increasing the number of beneficiaries, increasing the scope of activities, engaging the political process to assure continued scaling up and expanding implementing institutions and creating new institutions. This must become a crucial point in all credit and financial empowerment initiatives (Linn, 2009).

Lessons for the formal banking system

Credit and financial empowerment, especially in the form of microfinance and financial literacy, may offer some valuable lessons to the formal banking system (Dube, 2009) and, in the context of the current economic crisis, can provide the foundations of a new banking ethic (Attali, 2009). The philosophy of microfinance is to help its clients become autonomous by granting them credits that generate revenue. Its goal is to offer sustainable financing, and not engage in irresponsible speculation. Furthermore, credit and financial empowerment, microfinance, and financial literacy imply a close relationship between the client and the financial institution. A trust relationship is vital to the functioning of a successful MFI in a developing country, to the development of a financial literacy program to reduce indebtedness among young adults in Canadian Aboriginal reserves, and to the empowerment of new entrepreneurs around the world. Furthermore, in the context of MFIs' operations, keeping the credits which they provide on their balance sheet allows an MFI to retain and control the risks. As stated by Jacques Attali, Founding Director of PlaNET Finance, had the banking system applied the same principle, sound risk analysis would have prevented the misleading ratings and dubious underlying assets of securities. Finally, credit and financial empowerment serves individuals, small and medium

companies, communities and the greater good of society. Unlike the formal banking system, it seeks to maximize the client's profits, not maximize its own take.

The ethical principles underpinning credit and financial empowerment ought to serve in the reorganization of the formal finance sector. The potential for growth among the poor is enormous, as has been repeatedly argued by Stuart Hart and C. K. Prahalad (2002): a responsible financial system that stimulates entrepreneurship at the bottom and earns income for the poorest, is of benefit to us all. As such credit and financial empowerment ought to be a priority on the agenda of national and international policy-makers looking for imaginative responses to the global financial crisis.

Credit and financial empowerment on the global agenda

The G8 (and, in the wake of the financial crisis, the newly-formed G20) has, on and off since 1996, recognized the relevance of credit and financial empowerment, mostly in the form of microfinance, to their concerns pertaining to the provision and allocation of global public goods. Yet, it was during the G20 Summit in Pittsburgh (2009) that leaders agreed to support microfinance initiatives and, more broadly, social business and innovative financing, which had been proven to work by microfinance. The G20 agreed to create a working group to carry the program forward and invited the private sector to propose public-private partnerships (PPPs) to which they promised support from the international community (Kirton, 2009). Challenges have arisen in that microfinance was not placed on the subsequent G20 Summit's agenda. The initiative falls under the responsibility of a new group of G20 officials, who represent a stand-alone authority with no place within the ministerial institutions emerging from the G20. Furthermore, the economic climate is such that microfinance initiatives must prove their cost effectiveness as well as their impact in order to receive proper backing.

While the impact of credit and financial empowerment has yet to have been fully proven, the opportunities that it presents at the local, national and international level are worth exploring by all actors working to promote equity and development around the world. The links between financial security and health are well-enough established to justify using this instrument to the fullest of its possibilities (Beanlands, 2009). Significant efforts ought to be made to place it onto the agenda of the most powerful group of countries in the world, especially in the context of the United Nations' Millennium Development Goals (MDGs), which must be met by 2015. The MDGs represent a global partnership that has grown from the commitments and targets established at the world summits of the 1990s. Responding to the world's main development challenges and to the calls of civil society, the MDGs promote poverty reduction, education, maternal health, gender equality, and aim at combating child mortality, AIDS and other diseases (MacArthur, 2009).

We argue here that credit and financial empowerment may represent a novel opportunity to address some of the key development issues outlined in the United Nations' Millennium Development Goals (MDGs). Credit and financial empowerment can address many of these issues (Mercado et al., 2007): it addresses health by providing for medical care in the case of health emergencies; it can finance health inputs, such as improved nutrition, education inputs, supporting children to go to school, and hygiene and sanitation inputs, such as investments in

clean water, clothing, shelter, etc. It can serve as a platform for health education, which can promote initiatives to combat the spread of AIDS and other communicable diseases. Specifically, microfinance has been found to be particularly effective among women, empowering them to become entrepreneurs and important leaders in their communities. This, in turn, has a trickling effect on prenatal and child health.

Insights into pushing credit and financial empowerment onto the global agenda can be gained from examining the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, which developed an initiatives to move R&D and innovative financing to address the diseases of the poor.¹

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¹ *Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property* – This World Health Organization-led initiative seeks to move R&D and innovative financing to address the diseases of the poor, such as malaria and tuberculosis, in particular in areas of the world where there is no market. It was initiated after a group of African countries asked for a global fund to support R&D for the diseases of the poor. Through a three-year negotiating process, which involved 192 Member States, civil society organizations and the private sector – mainly there to address issues of intellectual property – the Global Strategy was articulated. Eight elements make it up: (i) needs-driven, health R&D relevant to the diseases of the poor affecting developing countries; (ii) prioritizing R&D needs; (iii) promoting R&D; (iv) building and improving innovative capacity; (v) transfer of technology; (vi) improving the delivery of and access to R&D products; (vii) promoting sustainable financing mechanisms; and (viii) monitoring and reporting. A major aspect of this initiative was integrating social business into the mainstream governance of the WHO (Drager, 2009).

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SUSTAINABLE PLACES AND COMMUNITIES

BACKGROUND

The Brundtland Report, published in 1987 by the U.N. World Commission on Environment and Development (WCED) also known as *Our Common Future*, defined sustainable development as: “development that meets the needs of the present without compromising the ability of future generations to meet their own needs.” Over twenty years later, a wide range of challenges stand before us as we deal with the consequences of unsustainable policies: dramatic increases in population growth, urbanization, depleting natural resources compounded by the increased demand for natural resources, environmental challenges (deforestation, climate change, dying seas, loss of biodiversity, etc.), food insecurity, social inequities, and health crises (undernutrition and malnutrition, overweight and obesity, chronic diseases, and communicable diseases, etc.). These phenomena are tightly tied to the social and built environment in which individuals learn, live, work and play and which influence individuals’ personal choices, risks and opportunities, as well as the quality of and access to physical and social resources (MWP, 2009)

Although the relationship between the built environment and health is complex, there is growing evidence that many features of the built environment – including population density, segregation of land use, nature and quality of transportation services and infrastructures, food and eating environment, social environment, housing, and water and sanitation – are major determinants of health. A consensus has been reached in regards to the factors that constitute a well-planned community that promotes health: measures of neighbourhood, walkability, safety from traffic, increased levels of land use mix, compactness and residential density, street network connectivity, access to exercise facilities, parks and leisure amenities, access to walking and cycle ways, and access to healthy foods, affordable housing and clean water and sanitation services. Altogether, they increase the opportunities for, and reduce barriers to, physical activity and healthy eating, reduce exposure to air pollution, increase neighbourhood safety and facilitate social cohesion (Popkin *et al.*, 2005; Story *et al.*, 2008; Frank & Engelke, 2005; Frank *et al.*, 2006, Frank, 2000). In order for this knowledge to be translated into sustainable and impactful changes to planning decisions and policies at the community, regional, national and global levels, it is important to understand how each of the various components of the built environment have an impact on health.

A group of over 40 experts representing all levels and sectors of society met on November 17, 2009 to share knowledge and expertise in matters related to health, urban planning and transportation. Innovative initiatives, novel business models, policy approaches and institutional entrepreneurship were presented in light of current and future economic, social and environmental issues. The workshop was followed by the two-day MWP Health and Economic Convergence Think Tank on November 18-19, 2009. This module further delved into the

challenges and opportunities pertaining to sustainable places and communities and examined frames, mindsets, business, policy and governance models.

The following brief will address five topics which tie into sustainable places and communities (urban design and management, transportation, water and sanitation, housing and access to food). Their link to health will be first described followed by case studies to illustrate ongoing initiatives that can point to innovative ways forward to address the interface of health, environment, and communities.

KEY DISCUSSION POINTS AND ONGOING INITIATIVES_____

Urban Design and Management

Urban design usually refers to the design of the city and the physical elements within it, including both their arrangement and their appearance, and is concerned with the function and appeal of public spaces. Several aspects of urban design have shown to have an effect on activity, leisure and transportation behaviour. Studies have confirmed the correlation between neighbourhood walkability (characterized by mixed use, connected streets, high residential density, and pedestrian-oriented retail (Frank *et al.*, 2006) walking for transportation and physical activity (Saelens *et al.*, 2003; Frank & Engelke, 2005; Frank *et al.*, 2006). In addition, other elements of design, such as sidewalk coverage, building orientation, landscaping, pedestrian amenities and other streetscape features will most probably have a collective effect on one's travel and activity behaviour (Erwing, 2005). In addition to influencing opportunities for physical activity, the way communities are designed will also dictate the types of food available to residents, affect air quality, determine likelihood of injury, and provide varying opportunities for social capital formation, all of which may have short- and long-term effects on health, including the risk for development of chronic diseases (Frank *et al.*, 2006; Dannenberg *et al.*, 2003; Lawrence & Engelke, 2005). Finally, the placement of buildings, streets and other components of the built environment can have an impact on a person's sense of attachment to a community but also affect one's sense of isolation and connection to other members of a community, their sense of physical safety and connectedness to nature (Frank & Engelke, 2005).

It is now recognized that the North American suburban development model advocated for over the course of the past 50 years – now characterized by urban sprawl – is unsustainable. While traditional neighbourhoods display higher residential densities, high levels of connectivity between streets, high levels of land use mix, good levels of pavement provisions and are perceived to be aesthetic and safe, modern sprawling areas in turn lack many of these qualities. They mostly represent large tracks of single-use land patterns, few or no local shops, largely disconnected development, poor levels of pavement and monotonous views (PHAC, 2008). In addition, the proliferation of low density residential suburbs in the urban fringe is wasting agricultural land, destructive of precious natural habitats, difficult to serve through public transportation services and not conducive to socially inclusive community-building (Lake & Townshend, 2006). As economic development takes hold in emerging markets, this North American model is increasingly coveted (Seidle, 2002) and increasing the pressure placed on the environment, in the form of the increased demand for natural resources as well as the increased

production of waste, CO₂ emissions, pollution, etc, in addition to reducing opportunities for physical activity.

- *New Urbanism* – New urbanism encourages households to embrace higher density living and find the charm and community spirit which are only possible through higher density development (Skaburskis & Mok, 2006). It advocates for design-based strategies, founded on traditional urban forms (Jabareen, 2006). This new model builds upon historical urban settlements and presents an alternative to suburban sprawl and urban disinvestment. Five principles underlie this model: (i) a clear center and edge; (ii) a quarter-mile radius from the center to the edge; (iii) mixing uses (commercial areas stay within view of residential areas, introduction of urban agriculture, establishment of a metropolitan continuum); (iv) a street network designed for pedestrian comfort; and (v) the locating of civic places in focal areas to easily bring together and foster community life.
- *Redesigning a neighbourhood: A Case study of South Bank, London* – In light of such facts, cities across the developed world are engaging in redesigning activities, in order to create more sustainable urban centers. Such efforts include a variety of changes, initiatives, and policies that have a significant impact on community life. Iain Tuckett, Group Director of Coin Street Community Builders in the U.K., described the revitalization of London's South Bank. First an industrial neighbourhood until the mid-20th century, it was decided in 1951 to use the area to accommodate urban overflow. Businesses invested in the creation of office buildings which held within them all amenities, which their employees might have needed. The direct consequence of this was the death of the local economy and the disappearance of the local population. The Coin Street Community Builders (CSCB), a development trust and social enterprise, chose to develop a better mixed and balanced community by investing in a variety of community-building and development projects (Tuckett, 2009). CSCB has transformed a largely derelict 13-acre-site into a thriving mixed use neighbourhood by creating new cooperative homes; shops, galleries, restaurants, cafes and bars; a park and riverside walkway; sports facilities; by organising festivals and events; and by providing childcare, family support, learning, and enterprise support programs (CSCB, 2009). It has yielded new economic opportunities, empowered local citizens, and encouraged the development of a vibrant community life.

Transportation and Urbanization

Transportation is the single largest use of land. The transportation system consists of the network, other physical infrastructure and services which collectively provide the potential for travel within an urban area. It provides access to land and activities as well as the means by which individuals can move within an urban area to participate in various activities (Miller, 2006). The dynamic interaction between urban environment development and transportation infrastructure investments contributes in determining whether or not environments promote physical activity (Frank & Engelke, 2001). Research has demonstrated that land use density is positively correlated with transit usage and negatively correlated with automobile ownership and auto travel in general. Several studies note various benefits related to transport, including a

decrease of vehicle trips and of hours traveled by car for both work and shopping trips (Frank, 2000). Measures of connectivity evaluate levels accessibility of different travel modes. Grid-like street networks improve walking and transit access by offering relatively direct routes and alternatives. They also improve auto access by dispersing vehicular traffic and providing multiple routes to any destination (Erwing, 2005). Thus, how transportation is funded and what measures are funded has a direct impact on individuals' travel choices, which in turn impacts health and the environment.

Urbanization has been a growing trend throughout the world for the past several decades. In the past 50 years, there has been a twofold increase in the percentage of world's population living in urban areas. Indeed, in 2007, for the first time in recorder history, urban populations surpassed rural populations. About 3 billion people, or nearly half of the world's population, now live in urban settlements. Demographically, urbanization occurs when a region increases its proportion of the people living in urban places in relation to the total population of the region. Economically, urbanization is expressed by the growth of cities, the emerging settlement hierarchy and the changing economic relationships between urban places, and behaviourally, urbanization represents a growing way of life (Simmons & McCann, 2006). In the developed world, urban and transport policies have favoured urban sprawl and accelerated cities through the widening streets, creating highways and developing homogeneous land use patterns (Skaburskis & Mok, 2006). Urbanization in the developing world tends to be characterized by chaos and lack of planning. It is a growing trend which has and will continue to have a significant impact on health and environmental outcomes of individuals and communities.

- *Promoting sustainable transportation: Case study of Arequipa, Peru* – Claudia Adriazola, Latin America Deputy Director of EMBARQ, presented a project conducted in the city of Arequipa and which aims at addressing problems of health, car dependency, accidents and stress by developing human mobility projects. In the Peruvian city of Arequipa, the leading cause of death is respiratory illnesses. Indeed, the air in Arequipa is severely contaminated: there are 10,000ppm of diesel in the ambient air (in Canada, for instance, there are 15 ppm). Most vehicles used are old 1960s models from the developed world which have received little, if any maintenance. For those people who cannot afford purchasing a car, public transportation is comprised of an array of privately-owned, disjointed “taxi services”, which relies on old, badly maintained, crammed vans. Only 20% of people walk. Increased urbanization has meant increased demand for transportation and increased congestion (Adriazola, 2009). The Arequipa project focuses on developing a sustainable, affordable and accessible public transportation system which can alleviate the pressure on health and environment. It is developing the first bus-rapid-transit (BRT) corridor, restructuring the transit system through fare integration, improving traffic safety, revitalizing the historic downtown and ensuring that the system is accessible to low-income people (Adriazola, 2009). For the residents of Arequipa, a booming city that continues to grow outward, a high-quality transport system will enable them to move about the city more freely, guaranteeing greater access to jobs, schools, and other social and economic opportunities. It will also reduce traffic congestion and alleviate air quality problems (Adriazola, 2009).

Water and Sanitation

Nothing is more essential to one's existence than water. It is no coincidence that historically, most major cities were built near sources of water. It is very much a source of life. It is also a source of disease. Indeed, half of all hospital beds in the world are occupied by people suffering from waterborne diseases (Bourne, 2009). Water is becoming an urgent, desperate issue, a global crisis that is generally speaking ignored – especially in countries where clean water is readily and easily accessed. Almost everywhere, water is being consumed and/or wasted faster than it is being replenished. The flow of rivers is diminishing, aqueducts are being drained, and lake shores are receding. Countries, such as Jordan, and cities, such as London, Los Angeles, Mexico City and Atlanta, are literally drying up. Merely maintaining sufficient flow for citizens will become one of the top priorities of big city mayors in next fifty years. Urbanization trends further compound the problem. Most people are now dependent on the government to provide them with water. Furthermore, urbanization has swelled up the population of urban slums throughout the developing world. These people have no piped water and usually rely on privately owned tanker trucks which sell water by the bucket. Climate change is exacerbating the problem by impacting rainfall precipitations. In some cases, such as London, these will drop. In other areas, the weather will become so violent as to destroy drainage systems and create flooding. Increased temperatures mean greater water evaporation. Finally, in older cities, water supply systems date back to the 19th century. They are degraded and have received little maintenance. Water loss due to leakages is as high as 40% in some cities. As well, since water lines and sewer lines were built in close proximity, the risk of cross-seepage and cross contamination is heightened (Bourne, 2009). Overall, it has been estimated that US \$22.6 trillion will need to be invested in order to modernize water-related infrastructure over the next 25 years (McGovern, 2009).

- *Accessing clean water: The Water Initiative* – Water market represents worldwide a US \$550 billion dollar industry, which encompasses equipment (US \$64 billion), packaged water (US \$98 billion) and water utilities (US \$386 billion). A number of issues has appeared in recent years in regards to the financial and environmental costs and waste of the production and consumption of bottled water. In developing countries, there are major issues related to clean, safe drinking water. Indeed, more people die from waterborne diseases than from all other communicable diseases combined. The Water Initiative was launched in Mexico, the second largest consumer of bottled water in the world, where it is estimated that over 12 million Mexicans are exposed to excessive arsenic and/or fluoride in their drinking water. This has significant health impacts in the form of cancer, diabetes, and bone malformations. The Water Initiative used a participatory approach to design and co-create a point-of-drinking water filtering system that is affordable to low-income households and effective in eliminating arsenic, fluoride and other contaminants.
- *Increasing access to sanitation and improving healthy behaviours: The Sulabh example* – Sanitation is a huge issue in India. Out of 5,171 towns, only 230 have centralized sewage systems, which often do not work. There are more than 300,000 scavengers who clean human excreta from bucket privies. This is due to a lack of awareness coupled with the unavailability of affordable technology for human waste management. Sulabh, India's

largest NGO with over 50,000 volunteers, was set up in 1970 to relieve scavengers from this dehumanizing task (Jha, 2009). Sulabh developed two technologies to address this issue. The first was a two-pit pour-flush compost toilet, designed to be as accessible to the poor as to the rich: construction costs range from US \$15 to US \$1,100. The waste is converted into manure and used in agriculture. The second design was that of public toilet complexes with biogas digester and on-site treatment of effluents for safe reuse. They have been set up in slum areas and have a pay-per-use system. These have helped eliminate the social stigma associated to scavengers and provided employment opportunities. The biogas collected from these toilets is used by the maintenance staff living and working in these facilities for cooking, lighting, electricity generation and heating.

Housing

Housing occupies 30% of the land area of North American towns and cities. As a result houses help define the character of communities and cities. Furthermore, housing represents the largest item in most populations' budgets and, for home-owners, the largest capital asset. Over the past fifty years, in alignment with urban and transport policies, North American cities' housing policies have promoted the development of larger single-family homes associated with suburban areas and reliance on the car for transportation, a model which has brought health and environmental problems (Harris, 2006). Healthy housing is defined as one that will provide access to safe water and sanitation, ensure security of tenure, be affordable, and ensure personal safety and accessibility to daily needs such as education, employment and healthcare (Walks, 2006).

- *Sustainable architecture* – Sustainable architecture is another key component of community building. The concept, developed by architect Rod Hackney, Managing Director of Rod Hackney & Associates, lies upon the belief that bad design and architecture destroys mental and physical health and undermines political and economic stability. It has a huge impact of the health and environmental outcomes of individuals and communities. As such, sustainable architecture places the individual at the core of its system. It goes beyond machinery and technology and argues that individuals, if provided with adequate instruction, can build their own homes. They represent an untapped resource that can be harnessed by a socially-responsible architect. Some seed money is needed, but because the labour is available and building materials can be reused, it is possible to develop sustainable, affordable housing the low-income communities (Hackney & Kansara, 2009)
- *The Affordable Homes Program* – The Canadian housing reality in the 1990s meant that young people could not expect to be able to afford buying a home. This was due to an adverse economic reality, demographic transformation, new lifestyles, archaic building technologies, depleting natural resources, a greater reliance of trade workers, and rampant urban sprawl. It raised questions about building homes in and for the 21st century that would address these issues in a sustainable, affordable and profitable way. The Affordable Homes Program sought to address the specific market of entry level, affordable housing. A new home design – *The Grow Home* and its improved version,

The Next Home – was created to provide an affordable home to individuals and families, while addressing environmental and sustainability issues. It represents a quality product that allows both the perimeter and interior of a house to be expanded and changed to fit the space needs and budget of its owners. Over 10,000 units of the Grow Home have been sold, attracting demographics which have traditionally been ignored by developers. The design has also been adapted for prefabrication to meet the needs of the developing world (Friedman, 2009).

Access to Food

A wide range of changes have occurred across food systems in both the developing and the developed world. These have been driven by technological advances, food and agricultural policies as well as by economic, social and lifestyle changes (Dubé *et al.*, In Press; Tontisirin & Bhattacharjee, In Press). In developed countries, the foods eaten, the location of eating, the number of eating events, and even the composition of the persons at each eating event have changed (Popkin *et al.*, 2005). Behind these changes lie vast shifts in food production, processing, and distribution systems as well as food shopping and eating options. Of significance here, there has been an exodus of grocery stores and an influx of fast-food outlets in low-income urban areas, which has contributed to the income and racial/ethnic disparities in access to healthy foods.

Meanwhile, economic prosperity in the developing world has spread the problem to countries that are still coping with hunger and malnutrition. These changes are primarily tied to the transition to modern dietary and lifestyle patterns, brought about by economic development and prosperity. As incomes and food intake of populations increase with economic growth, a relative shift in the quality of diets and consumption patterns has taken place in most developing countries. The dietary changes are both quantitative and qualitative and include shifts towards higher energy density with a greater role for fat and added sugar in foods, greater saturated fat intake mostly from animal sources, reduced intakes of complex carbohydrates and fibre, and reduced fruit and vegetable intakes (Tonsirin & Bhattacharjee, In Press).

- **Urban agriculture** – Urban agriculture and community-supported food production and distribution has proved to play a pivotal role in addressing health issues while involving the community in implementing and managing such action-oriented programs. Urban agriculture refers to the agricultural production (crops, trees, livestock, etc.) in and around urban areas for food (most perishables) and other uses (medicinal and aromatic herbs, ornamental plants, etc.), its related processing and marketing activities, and the non-agricultural services (urban greening, agro-tourism, CO₂ and heat reduction, water and landscape management, etc.) it delivers to the city and its citizens. A growing phenomenon, governments around the world are looking for ways of regulating these practices (van Veenhuizen, 2009). Community-based food systems, when sustainable, not only foster children's and parents' health, but can also improve community economic development and social cohesion (Gillespie & Smith, 2008). They also contribute to addressing growing urban poverty and social excluding, growing food insecurity in urban centers and the growing need for more resilient cities which can mitigate climate change and reduce their carbon footprint.

- In Sierra Leone, urban agriculture was vitally important to ensure the food supply during and following the civil war, which had driven people into the cities. Through the Operation Feed the Nation, urban agriculture has been made a major component of urban food security. Urban agriculture ties into environmental (urban greening, recreational services, reduction of urban ecological footprint, etc.), social (food security and nutrition, poverty alleviation, social inclusion, etc.) and economic issues (income and employment generation, enterprise development, market chain development, etc.) (van Veenhuizen, 2009).
- Prior to the collapse of the Soviet Union, Cuba developed a novel urban agriculture system to meet the needs of its 11 million inhabitants, 70% of which are urbanized. Cuba's great climate made it a producer of sugar which it exported to other countries of the Communist Bloc in exchange for wheat, beans, rice, other key staples, as well as subsidies, technology and energy sources (Bhatt, 2009). Following the collapse of the Soviet Union, the Cuban government had to rapidly turn cities into food production systems that could support the population's nutritional needs. Two models were extensively used: organoponical and intensive gardens. Formal structures were set up for each farm, usually in the form of cooperative production. Farms and markets were within walking distance. Following the peak oil, further changes had to be brought to the system. Sixty percent of Cuban farmers were forced to adopt organic agricultural techniques, such as crop rotation, inter-cropping, oxen, manure, minimum tillage, compost, etc. In spite of this, production rates have remained high. Cuba is meeting WHO norms of health intake of fresh produce, but protein, milk and egg intakes remain low (Bhatt, 2009). Some intensive growing areas are more commercialized and sell their outputs to hotels and restaurants. Larger operations export internationally (Bhatt, 2009).

WAYS FORWARD

Building places and communities in the 21st century

How do you build places and communities in the 21st century? You must first understand how sustainable systems work. They must be self-sustained, have the least negative impact on the environment, support relationship and adopt a lifecycle approach. In order to develop systems that support sustainable communities, participants agreed that it is important to consider the following key components of a sustainable community which promotes health:

- integrate nature into planning decision;
- promote local amenities and community institutions;
- prioritize mix densities of development;
- build narrow roads;
- encourage passive solar gain;
- build bigenerational housing;
- build affordable housing;
- promote public transit, and
- build walking and cycling paths (MWP, 2009).

Addressing the water crises

The water crisis presents the private sector with opportunities to “do well and do good” by renovating and/or rebuilding piping systems, improving leak detections, building water storage facilities, improving waste disposal and establishing more sewage processing facilities. The question of recycling water is also important, as human waste and recycled water can be used for a variety of agricultural activities, which range from watering parks to composting for urban gardens. Finally, a major element in addressing the water crisis is water conservation, which ought to be promoted through educational programs, regulations, and bans. In the developing world, there is an on-going debate in regards to privatizing water and sewage services, which have yet to be resolved (Bourne, 2009).

Accessing food in the context of urbanization

The way communities are designed will dictate the types of food available to residents. The community’s nutrition environment is composed of the number, type, location and accessibility of food outlets, such as grocery stores, fast-food and full-service restaurants (Story *et al.*, 2008). Food systems operating through community stakeholders depend on a smaller number of farms of different types and sizes, structured according to unique production, marketing, financial and labour situations of farm families (Lyson & Green, 1999). Still, they remain embedded within the global nutrition environment shaped by large-scale firms and government policies. A healthy community eating environment is one in which families, including those in lower income and rural areas, have access, through public transportation or walking, to supermarkets or other places where they can obtain affordable healthy foods, and where healthy food is available and easy to identify in restaurants and public buildings (Story *et al.*, 2008).

Urban agriculture, as described by Mr. Rene van Veenhuizen and Dr. Vikram Bhatt, offers a novel approach to simultaneously address environmental, health, food, and urban design issues, as well as tackle poverty and social inequities (Bhatt, 2009). So, what must cities do in order to promote and sustain urban agricultural policies?

- First, they must create an enabling policy environment that recognizes urban agriculture as urban land use, creates an institutional home for urban agriculture, removes ungrounded legal limitations, and creates a facilitating policy and regulatory framework.
- Secondly, they must enhance the access to and the security of the land by mapping vacant open spaces for urban agriculture, zoning for urban agriculture and integrating it into land use plans, offering temporal leases of vacant municipal land, offering tax incentives for use of public land, including space for urban agriculture in new housing projects, and promoting the multi-functional use of the land.
- Thirdly, cities must enhance the productive and economic viability of urban agriculture by providing training and extension services to urban producers, by strengthening farmer organization, by developing appropriate technologies, by enhancing access to water, inputs and basic infrastructure, by enhancing access to credit and financing, and by facilitating direct marketing.
- Finally, cities must reduce health and environmental risks by improving the coordination between health, agricultural and environmental departments, by adequately zoning urban agriculture, by providing farmer education and shifting to safe forms of production, by

training food vendors and consumers, and by preventing pollution by industry, separating waste/waste water streams, and through pollution control (van Veenhuizen, 2009).

Challenges lie (i) in integrating urban agriculture to national policies; (ii) in linking municipal urban agriculture policies to physical planning of cities and neighbourhoods; (iii) financing local urban agricultural initiatives through national and international support and through improved access to credit; (iv) in enhancing training on urban agriculture; (v) in integrating urban agriculture to the agenda of national research organizations; and (vi) in strengthening urban farmer groups, city networks, micro-enterprise development, and direct marketing by producers (van Veenhuizen, 2009).

Scaling up *Health Cities and Health Villages*

Health Cities and Health Villages promotes local actions by community members to mobilizing human and financial resources to build healthy environments and promote healthy behaviours. The built and social environment of one's neighbourhood, village, and city influences personal choices, risks, opportunities and the quality of and access to physical and social resources. It addresses issues related to topics such as water and sanitation drainage, waste management, housing quality, domestic and community hygiene, and provision of health services, providing extensive source materials for adaptation to local needs and conditions. Yet, many of the innovative cross-sectoral community-led projects that have been generated through this initiative have not involved health-related public services. Very little work has focused on the strategic core of city- and village-making decisions about new developments and the management of existing infrastructure and services. This presents a tremendous opportunity to bring various stakeholders together and to develop more integrated urban planning and transportation policies that will take health outcomes into account.

Health as a source of competitiveness

As communities compete for the investments of global and local firms, health can become a central factor in development decisions through the synergy between health and economic development. Where land values are high, its social use competes with commercial benefits. For example, calls for affordable housing, water, sanitation, active transport will be more successful where they can make a sustainable economic case. This means, sustainable not only in terms of the initial development project's business proposition, but also in terms of the ongoing costs and benefits involved in managing a health-promoting place. We need to move beyond the contribution to cities made through social or community gain from development project. Like CSR, while necessary, community gain is marginal to the mainstream dynamics of commercial, housing or service developments. There is potential synergy between the health interests of developers, end users, local authorities and local people but there are also numerous challenges presented by the conflict-based nature of negotiations and the physical results of previous land use decisions (and neglect). There are examples of developments generated through social enterprises and public-private partnerships which can help us identify what and how these examples can be replicated and/or scaled up.

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HEALTH-PROMOTING WORK ENVIRONMENTS

BACKGROUND

Employment and working conditions have powerful effects on health equity. When they are sustainable, they can provide financial security, social status, personal development, social relations and self-esteem, and protection from physical and psychosocial hazards. Work is the area where many of the important influences on health are played out (Marmot & Wilkinson, 2006). This includes both employment conditions and the nature of work itself. A flexible workforce is seen as good for economic competitiveness but brings with it effects on health (Benach & Muntaner, 2007). Evidence indicates that mortality is significantly higher among temporary workers compared to permanent workers (Kivimäki *et al.*, 2003). The conditions of work also affect health and health equity. Adverse working conditions can expose individuals to a range of physical health hazards and tend to cluster in lower-status occupations. Improved working conditions in high-income countries, hard won over many years of organized action and regulation, are sorely lacking in many middle- and low-income countries. In addition, all people need social protection across the life course, as young children, in working life, and in old age. People also need protection in case of specific shocks, such as illness, disability, and loss of income or work. Low living standards are a powerful determinant of health inequity. They influence lifelong trajectories (WHO, 2008). Child poverty and transmission of poverty from generation to generation are major obstacles to improving population health and reducing health inequity. Four out of five people worldwide lack the back-up of basic social security coverage (ILO, 2003).

The concept of health-promoting work environments as a profitable investment for employers has now gained broad recognition, with returns translated by reduced absenteeism, lower staff turnover, enhanced recruitment and improved productivity. Many medium and large companies, operating in developed countries, offer comprehensive benefits packages to their middle-to-high income staff. These include health services, wellness programs as well as family/work balance initiatives. The potential of health-promoting work environments in fostering “health and wealth for all” is rooted into labour markets, workplace structures, skill requirements, information, communication, transportation technology, globalization trends, etc.

In the context of the McGill World Platform for Health and Economic Convergence’s inaugural program, a convergence workshop was held in November 2009 to address some of these issues. It gathered scientists and researchers, policy-makers and decision-makers, as well as leaders in business and civil society to review the key fundamental models, the best practices and the most promising business and social innovation and policy development and to better conceive of how business innovation and entrepreneurship can be harnessed to foster “health and wealth for all.” These were examined in regards to their sustainability, scalability and transferability in the context of a globalized and globalizing world facing economic adversity.

KEY DISCUSSION POINTS AND ONGOING INITIATIVES_____

Today's Global Economy and its Impact on Labour Markets

The last two decades have witnessed the emergence of new patterns which have transformed the nature of globalization and realigned the relationships between developed and developing countries, governments, and businesses. The impacts of this has been most felt in our understanding of capital mobility, national and foreign investments, labour markets, technology sharing and the objectives set by firms around the world. The years following the collapse of the Soviet World were initially characterized by a dominant hierarchical structure comprised mainly of Europe (in the form of the European Union), the former Soviet Bloc countries, the U.S.A. and Japan. We have recently been moving towards a more networked and decoupled structure. While dominant blocs still exist, they now exist in partnerships with new emerging countries (such as India, China, Brazil, etc. Furthermore, new networks are being formed around these countries (e.g. China moving into regions of Africa). Competition and partnerships between countries and firms used to define by national boundaries. We are looking more and more at a pluralist globalization, which calls to mind shifting alliances rather than head-to-head competition. This has had profound implications for investment, innovation and income/economic returns (Salzman, 2009).

These phenomena are most visible in the way businesses set out their development policies when settling in developing countries and emerging markets. Traditionally, the strategic objectives focused on retaining capital, fostering domestic industry development, insuring a domestic presence in emerging markets and defending economic and political economy. They sought out unskilled labourers and aimed at protecting local markets. Relationships were fraught with disputes in regards to the appropriate level of technology sharing and transfer and intellectual property protection. In today's context, strategic objectives are determined by the extent to which technology and knowledge transfer depend upon interactions with the emerging market's governmental policies, the capacity/limit for collaborative technology and the multinationals' culture and strategy. Local capabilities are upgraded and investments are made into developing the local technology sector. Local employment focuses on science and technology and the retention of high skill. Finally, a share of the profits stems from global trade and investments in local development. So while old globalization patterns were characterized by low levels of technology and knowledge transfer, late lifecycle product transfer and low levels of local investment, current globalization patterns focus on developing local engineering, science and high skill capacity in manufacturing and design engineering, IT, corporate R&D, finance and accounting (Salzman, 2009)

The labour market is the mechanism through which globalization, technological change and corporate restructuring are expressed and which generate qualitatively new employment relations. Indeed, contemporary transformations of work are symptomatic of societal transformations. There is debate as to the true scope of the changes described in the previous section. It is generally said that capital now operates in global markets, is footloose and lacks attachment to locality. Current forms of engagement between capital and labour are described as transient and precarious. Tradition employment patterns, based on full-time, permanent jobs are said to be on a decline; the bonds between worker and employer are frayed and tenuous. As

well, workers in the developed world compete with those from emerging markets. Yet, as argued by some, there is a substantial gap between public perception and material reality. Up until the current economic crisis, labour market evidence across the developed world pointed to job stability, the growth of long-term employment and, in many instances, the decline of temporary employment. Turning to capital, overseas investment flows are driven by market access rather than the exploitation of cheap labour and are overwhelmingly directed at richer economies (Doogan, 2009).

- *Mobility of capital and technological change in the labour market* – While it can be argued that there exists a systematic overstatement of the mobility of capital and labour and the significance of technological change, transformations are occurring throughout labour markets in both the developed and the developing world. Indeed, labour markets are increasingly called upon to be more fluid, flexible and adaptable. The shift away from hierarchy toward network described above has meant the global decoupling of the value chain and comparative advantage, global labour arbitrage, geographic “stickiness” of innovation hotspots and geographic “stickiness” of human capital (Salzman, 2009). Yet, argues Kevin Doogan (2009), many of the compositional changes in the current labour market and the related adjustments in employment patterns are not necessarily explained by the rise of the “flexible firm”, but by the growth of jobs in the education, health and social services sectors. Indeed, only a minority of the labour force today is engaged in the immediate needs of production. A large component is allocated to its own welfare and reproduction. This means that, in developed nations, there are more people employed in education and health services than in manufacturing.
- *Impact on an aging population and the concept of retirement* – Faced with increasing life expectancy, increasing cost of living, the collapse of the State-administered pension system, and more general financial mismanagement, the concept of retirement is currently under attack. Yet the desire to retire is still very much present: retirees are generally happier in retirement than they were in work lives and given the choice, most would not return to work. Having the financial ability to retire and the status of one’s health are key factors determining retirement age. In Canada, an impending wave of retiring Baby Boomers threatens the labour market. By 2011, 41% of Canadian workers will be between the age of 45 and 64 (compared to 29% in 1991). The average retirement age is 62.4 (in the U.S., it is 64.6) and two thirds of Canadians retire before the age of 65. According to the OECD, Canada has one of the most important aging problems among OECD countries. Average annual hours’ work is expected to begin decreasing by 2011. These trends impose a number of important challenges to society, businesses and governments in the order of financial pressures (uncertain future in retirement portfolio and benefits), family pressures (aging parents versus children struggling for self-sufficiency), and economic pressures (smaller pool of jobs). In both the case of employees and employers, perceptions attitudes must changes in regards to age and retirement. There are strong arguments in favour of working past early retirement: it benefits the economy and the individual, it increases annual income later in life and reduces/service retirement debts. Yet the business case for older workers is nebulous: companies argue that there is a shortage of talent and intellectual capital, and are reluctant to retrain or re-educate older workers, even if they need/want to continue to

work. Best practices identified included phased retirement, flexible work environments (job-sharing, part-time work, and other arrangements), access to new opportunities (job and special reassignment, career counselling, mentoring), time off to care for dependents, recognition, appreciation and age awareness programs and a challenging work environment. In some cases, however, public policy initiatives may be needed to fill the gap (Vengroff, 2009).

Employment Strategies and Conditions in the Developing World

- *Harnessing the power of technology* – In low and middle income countries (LMICs), it can take over a month to fill a low-skills position. Every day a position goes unfilled, a worker loses the opportunity to earn an income and a company loses valuable productivity. Access to Internet and, more powerfully, the penetration of mobile phones, represent an untapped opportunity to address important social issues, among which employment. Indeed, according to Nokia, by the end of 2009, there were 4 billion people around the world who owned mobile phones. Furthermore, 1.6 billion people have access to the Internet. Yet, over 300 million people are hired through non-digital means every year (classifieds, radio, cars with loud speakers advertising a position, etc.).
 - Assured Labor promotes social and economic development in Latin America by creating an efficient and transparent marketplace for jobs in emerging markets. It provides an innovative platform that connects mid-to-low wage workers with job opportunities through their mobile phone and/or the Internet. The concept is simple: it collects resumes and posts them online, where they can be viewed by employers. Candidates selected for an interview are advised by mobile phone. Such service helps increase labour market efficiency by increasing individual earnings which can in turn serve to better support individuals and families. It also enhances labour market transparency by ensuring that member companies pay a fair remuneration, ensure decent working conditions as well as abide by non-discrimination and workers rights/protection policies. Finally, it also addresses longer development goals associated with employment (income, health, education, empowerment, etc.) (Reich, 2009).
- *Health and safety in the workplace* – We examine here the concept of health and safety in the workplace from the perspective that workers' rights are a human right. The fundamental principle which underpins the concept of human rights is that individuals have rights by virtue of being a human being. Therefore, when speaking of occupation health and safety, the concept must extend beyond questions of economic efficiency and cost effectiveness: it is a question of life and death, a question of values. While there are no reliable data on occupational safety, it is estimated that approximately 2 million people die every year from occupation hazards. These include cardiovascular disease, work-related cancers, industrial accidents, etc. Investment decisions are often made with little or no regard to health and work environment. Numerous top-down policy approaches have been implemented with mixed impact. These include the U.N. Declaration of Human Rights, U.N. covenants, I.L.O. Conventions, trade agreements, statutes, collective agreements, grievance procedures, arbitration, C.S.R. programs and H.R. departments. The right to a safe workplace should not be dependent upon the

generosity and goodwill of the government/employer/H.R. department. Participatory engagement needs to work in partnership with top-down policies. Workers must have power and control over their own safety at the workplace and be able to affect decisions that impact their workplace lives (such as having the right to refuse dangerous work). It is ultimately a question of redefining the values which drive business (Gross, 2009).

- Better Factories Cambodia is an I.L.O. program that seeks to benefit both workers and employers in the context of a globalized market. It combines independent monitoring with finding solutions, through suggestions to management, training, advice and information. The program monitors and reports on working conditions in Cambodian garment factories to ensure that they meet national and international standards. It further helps factories improve working conditions and productivity. Finally, it works with government and international buyers to ensure a rigorous and transparent cycle of improvement. Workplace cooperation between management and unions is at the heart of the Better Factories Cambodia training programs. Better Factories Cambodia represents a convergence of common interests of the industry, international buyers, of the desires of western consumers for sweatshop-free products, and for more and better jobs in one of the poorest countries of this world (Hebdon, 2009; Better Factories Cambodia, 2010)
- *Migrant workers' health* – One out of 35 people is an international migrant in search of employment. Half of worldwide migration² occurs within LMICs. If you take the example of Bangladesh, 4 million people migrated between 1976 and 2006. Almost half – 47.6% – are unskilled, poor and indebted and they migrated to the Middle East. Most migrants work in the informal economy, primarily in construction, mining, heavy manufacturing and agriculture. They receive no social or health protection; their vulnerability stems from exclusion and discrimination, low income, exploitation, etc. Migrants report worse health status than host population and irregular migrants report worse health status than legal migrants. Furthermore, their work conditions worsen the situation: they are two times more likely to suffer from an occupational accident and suffer from a higher incidence of occupational diseases. Finally, migrants have less access to health services and drugs than the host population. There are a number of reasons for this, which range from a lack of adequate service, to their legal status within the host country, to lack of financial means, to exclusion because of formal laws (Scheil-Adlung, 2009a).
 - An example of a business actor who has taken strong action to ensure the health of migrants is Qatar Petroleum. The small desert emirate of Qatar developed rapidly due to its oil and gas resources. Out of its 1.5 million inhabitants, 75% are migrants and most of these are males of South Asian extraction. By law, employers are responsible for providing room, board and health services to their employees (as well as safe working environments). This is by and large not enforced and there are often large concentrations of workers living in crowded, unhygienic conditions. This has resulted in riots and hostage takings in the past. Qatar Petroleum (QP) is Qatar's largest employer: including its contractors, QP employs 230,000 workers in four locations around the country. It is committed to

² This statistic does not include irregular migrants.

improving labour conditions and accomplished this (i) by enforcing minimum housing nutrition and safety standards through its contracting environment; (ii) by engaging the participation of its workers in identifying culturally appropriate diets, accommodation conditions and entertainment; and (iii) by supporting bottom-up mechanisms. Since the program was begun in 2006, QP has seen a 43% increase in costs, a 60% increase in productivity, and a decrease in lost time accidents, hospitalization and utilization of medical services (Price & Hooper, 2009).

Welfare and Social Benefits

Welfare, which comprises of health services, social care, education, social benefits, etc., is woven into the functioning, maintenance and reproduction of capitalism. Welfare states are allied to the purpose of capital accumulation. Redistributive welfare systems, in combination with the extent to which people can make a healthy living on the labour market, influence poverty levels. Generous universal social protection systems are associated with better population health, including lower excess mortality among the old and lower mortality levels among socially disadvantaged groups. Budgets for social protection tend to be larger, and perhaps more sustainable, in countries with universal protection systems; poverty and income inequality tend to be smaller in these countries compared to countries with systems that target the poor. This includes extending social protection to those in precarious work, including informal work, and household or care work. This is critical for poor countries in which the majority of people work in the informal sector, as well as for women, because family responsibilities often preclude them from accruing adequate benefits under contributory social protection schemes. While limited institutional infrastructure and financial capacity remains an important barrier in many countries, experience across the world shows that it is feasible to start creating social protection systems, even in low-income countries (WHO, 2008; Salzman, 2009).

- *Voluntary measures in the U.S.* – In the U.S. where health benefits are tied to employment and where policy in regards to workplace health and safety tend to place the onus on the employer, some companies have voluntarily implemented novel internal policies to address the health needs to their employees. We review below two such cases, that of Pitney Bowes and that of Microsoft Inc.
 - Pitney Bowes is a mail and document management firm, focused on providing mainstream solutions (e.g. mail and shipping equipment, software, and supplies) and services (e.g. cataloguing, indexing, digitizing mail etc). Its workforce is estimated at 35 000 employees. As a collective, employees' most common health conditions have been hypertension, diabetes, depressions, asthma, osteoarthritis, and anxiety. These conditions have proved costly for Pitney Bowes, both in terms of the treatment/disease management costs and the indirect costs of absenteeism and presenteeism. For years, Pitney Bowes has experimented with new and innovative strategies in an attempt to contain its health related costs, while still promoting employee health. It implemented a culture of health, whereby the health of the organization begins with that of its people. A value-based benefit design was established to evaluate and understand total cost of health. The focus was placed primarily on prevention. While costs are still increasing, Pitney-

Bowes is running two-thirds of the benchmark costs. In 2003, the costs of care for diabetes and asthma dropped 6% and 15%, respectively. Between 2001 and 2003, the cost of medication for diabetes and asthma also dropped, by 7% and 19%, respectively. Furthermore, data reveals that employees using only on-site health clinics have incurred 33% lower costs than those using outside services. Combined, Pitney Bowes estimates that its health benefits and programs saved the company US \$39.8 million in 2007. This equates to approximately \$1 in health cost savings and \$1 in productivity gains for every \$1 dollar spent (a 2:1 return on investment) (Pawlecki, 2009).

- Microsoft's challenge in providing health and welfare benefits to its 76,600 employees was threefold: maintaining a high-end, competitive benefits plan and the enrollees' experience, ensuring benefits that attracted and retained top talent, providing choice and flexibility, controlling costs without disruptions and the use of customary cost control levers. This presented an opportunity for continuous innovation. In response to above-average emergency room utilisation, Microsoft launched its Mobile Medicine Program which aimed at reducing health claim costs by reducing inappropriate ER utilization; improving healthcare delivery by intervening early in addressing the health issue, by establishing a primary care physician relationship and through the integration with other Microsoft health-related programs; and (influencing behaviour by educating parents about where and when to seek care, by highlighting underlying medical issues and the importance of following up and by making available other wellness resources and programs. It partnered with Carena (an on-site doctors organization), Evergreen Health Line (nurses service), and Premara (Blue Cross) to develop a care delivery system whereby customized healthcare solutions are delivered by a board-certified physician in the home, workplace or on-site clinic. Since the program was launched, it is estimated that Microsoft has saved \$1 million and has served 12,000 patients. The program has allowed Microsoft to capture and address at-risk patients. ER visits have decreased and so has the costs associated with these and hospitalization. Data from 2004 to 2008 showed that the Mobile Medicine program helped capture at-risk patients, that it immediately reduced costs due to lower ER visits and lower hospitalization rates, and that it improved nurse line utilization. Other Microsoft programs include Applied Behavioural Analysis (ABA) for children suffering from autism and a weight management program (Hall, 2009)

Ratings and Standards

A number of ratings and standards system exist which supports businesses in adopting and promoting health in the workplace. In the following section, we will look at some of the most innovative currently being used in Canada. We will focus our study on specific businesses and agencies that have adopted these ratings. Employer of Choice will be examined through SOCAN. The ASSSM adopted various standard systems that will also be presented. These include Health Promoting Hospitals and Planetree. Finally, GP²S's "Healthy Enterprise" designation will be examined through General Electric.

- *Employer of Choice* – The main characteristics of an Employer of Choice are: (i) the management team inspires employees; (ii) the results are attributable to employees; (iii) the organization has a distinct culture; (iv) talent development is a priority; and (v) H.R. practices are consistent and effectively implemented. The main consequences of an Employer of Choice denomination are (i) success in attaining goals; (ii) high staff morale; (iii) ability to attract and retain staff; and (iv) productivity. Employers of Choice have successfully completed the rigorous evaluation process and are recognized for their leadership, culture, and best practices that attract, optimize, and hold top talent, achieving corporate objectives. It is argued that becoming an Employer of Choice will allow a company to attract, optimize, and retain top talent and to enjoy a substantial tactical advantage over their competitors.

 - SOCAN, a copyright collective for the performance of musical works, counts 30,000 members and 320 employees. It began its journey to becoming an Employer of Choice in 2001, following an employee survey that revealed that 30% of employees described themselves as “not engaged” and 35% described themselves as “engaged”. The objective was set to become an Employer of Choice within five years. By 2007, 75% of employees considered themselves “engaged”. Only 2% described themselves as “not engaged”. A series of critical factors have been attributed to the success of this policy. A key element was the Executive Team’s buy-in. The program was developed by Human Resources but owned by the Executive Team, who could therefore be held accountable for it. A further success criterion was the implementation of a communicative environment. Performance management was also redefined in order to include consistent performance appraisals, to link individual goals to overall company goals, to establish a performance culture and incentive bonuses and to include management feedback. SOCAN also instituted a learning organization to cater to employees’ desire for continuous learning and training and allow them to grow with the company. Finally, in order to promote health and wellness, a comprehensive and flexible group benefits plan was set up. The impact of these policies, beyond employee engagement, have been significant: productive has never been higher, net profits have reached record highs for four years running, expense ratios are at an all-time low, customer satisfaction at an all-time high, and absenteeism is consistently low as is voluntary turnover (Wark, R., 2009)
- *Health-Promoting Hospitals and Planetree* – The Health Promoting Hospitals (HPH) project and network, run by the World Health Organization, facilitates change to promote total quality management of the hospital. It produces evidence to help hospitals achieve their health mission and to support cooperation and exchanges of experience between participating hospitals. Health promotion is considered a core quality dimension of hospital services as well as patient safety and clinical effectiveness. Against the rising incidence of chronic diseases, the provision of health promotion services is an important factor for sustained health, quality of life and efficiency. The project also addresses the health of staff and the link of the hospital to its community (WHO, 2010; Côté, 2009). Planetree is an American designation that is progressively becoming international. It is dedicated (i) to creating humane and welcoming healthcare environments that maximize patients’ chances for healing and (ii) to providing a work setting that is focused on staff

well-being. Planetree emphasizes the convergence of the needs and preferences of staff, patients and the community (Planetree, 2010; Côté, 2009).

- The Agence de santé et de services sociaux de Montréal's mission is to govern the health and social services network of the Montreal region in order to improve performance and therefore contribute to improving the health and well-being of the population. It integrated the HPH and Planetree standards to improve the health of its workers and the community, to maintain and improve staff involvement, improve institutional power to attract and retain staff, and to improve staff attendance and availability for work. The ASSSM adopted an integrated approach, focusing first of organizational health management (aligning the culture with the business strategy and mobilizing employees) and then on individual health management (promoting health and prevention, and the return to work). They specifically targeted employee habits, work-personal life balance, the work environment and management practices. Nineteen ASSSM members have adopted one or more of these designations. These include 11 community centers, three teaching hospitals, two university institutes and two affiliated hospitals (Côté, 2009).
- *Group for Prevention and Promotion Strategies (GP²S) and the Healthy Enterprise Designation* – The mission of GP²S is to encourage Québec companies to integrate comprehensive employee health programs into their management practices and help them promote these values within their organization and the community. GP²S first developed a framework focused on the needs of the employer, by addressing employees' health and thereby improve productivity. It sought to create a facilitating environment for the employer to promote cohesive and convergent actions (GP²S, 2010). The Healthy Enterprise designation provides businesses with a structuring approach to integrate prevention and health promotion practices and strategies in their workplaces. This strategy was chosen because it could foster better health through the workplace environment, it was compatible with business logic and it allowed for integration of existing knowledge. It focuses on four key sectors of activity which have been recognized as having a significant impact on health and wellness in the workplace: employee life habits, work-life balance (flex-time, family leave), workplace environments (ergonomics, safety, noise control), and management practices. The rationale behind developing such a standard lies in the importance of recognizing flagship companies in health promotion, distinguishing employers of choice and ensuring that recognition and differentiation are the result of a serious and credible process (Pelletier et al., 2009).
 - GE Aviation, in Bromont, Canada, with 600 employees, specializes in manufacturing compressor blades and veins for jet engines (primarily Boeing 737). They have recently embarked on the process of being certified a healthy enterprise. The primary motivation was to enhance performance by focusing on innovation and employee engagement. It is part of a larger management strategy which focuses on employee participation, the provision of a safe and healthy work environment, the importance of employee wellbeing, lean manufacturing, and the elimination of physical risk. Ongoing health initiatives at GE Aviation include ergonomic evaluation of all work stations, the robotization and automatization of

certain tasks, job safety analysis, job rotation, a health program complete with medical follow-up, and information and education activities. Overall, these initiatives have yielded improved work climate, improved employee satisfaction, and improved performance (Pelletier et al., 2009).

Government Policies

Raising the global social protection floor – The global social protection floor is a concept developed by the U.N. in response to the ongoing economic crisis. The fastest working poverty relief measure is social protection. In times of crisis, transfer incomes, notably social assistance and social security benefits act as social and economic stabilizers. Benefits not only prevent people from falling further into poverty but also limit the contraction of aggregate demand thereby curtailing the potential depth of the recession. Social transfers are also an investment in the health and productive capacity of any society. No country can unlock its full productive potential if social security or social protection systems are not available to ensure that children can afford to go to school, people are healthy and well nourished. Without using its full productive potential, no country can create enough income to ensure decent standards of living for all. This means providing progressively higher levels of social protection through a basic benefits package composed of universal access to health services, guaranteed income security for all children, guaranteed basic means tested social assistance for the poor and unemployed, and guaranteed income security for the elderly poor (Heymann, 2009).

WAYS FORWARD

The health of migrant workers

Key strategies to address the health outcomes of migrant workers include clearly dissociating healthcare from immigration laws and ensuring the availability, affordability and information on health services through formal and information protection mechanisms. Furthermore, rather than relying on government action, other opportunities can be seized to effect change. Social health insurance may be provided by home countries. Employer-based services in the form of on-site health services and facilities, loans for care and advances on wages could also be implemented. Civil organizations and NGOs can provide free mobile health services as well as counselling services to doctors from migrants' countries. Micro-insurance and credit can also be harnessed. In the end, what matters most is ensuring the rights of migrants, reducing the legal and financial limitations which migrants encounter when attempting to access health services, and addressing the social determinants of migrants' health by providing access to financial and social production (Scheil-Adlung, 2009a).

Standards and ratings

The next step standards and ratings systems, such as the Healthy Enterprise designation or Planetree, is to accelerate, multiply and scale up business engagement and actions around the standard by raising awareness and providing concrete support to enterprises, by reaching decision-makers, by documenting and researching the business case to justify the investment, to

develop indicators, return-on-investment measurements, to follow-up on implementation, to conduct and assess experiments, to transfer acquired knowledge, to mobilize and facilitation actions from all stakeholders, and to continue financing activities (Pelletier *et al.*, 2009).

Raising the social protection floor

The estimated impact of the current economic crisis is dire: the working poor living on less than a dollar per day could rise by 40 million and those living on two dollars per day by more than 100 million; the reduced economic growth seen in 2009 is estimated to cost the 390 million people living extreme poverty in Sub-Saharan Africa around \$18 million (or \$46/person); unemployment around the world is expected by 20 million men and women; reduced remittance flows into developing countries will lead to a decline of from 2.0% of their GDP to 1.7%; infant mortality is expected to jump from 200,000 to 400,000. Countries with the highest levels of poverty spend the least on public health and under-utilize social protection mechanisms which could help redistribute the burden of disease and poverty. Yet myths are abounding regarding the provision of social benefits. For instance, it is often argued that economic growth will automatically translate in a reduction of poverty, the social expenditure will trade off economic growth and that low-income countries cannot afford social expenditure. Yet, economic growth only leads to reduced poverty if there are redistribution mechanisms (such as social protection schemes) in place. Prior to the economic crisis, OECD countries committed an average of 13% of their GDP to social protection and still achieved significant economic growth rates. Furthermore, it is estimated that HIV/AIDS in developing countries lowered GDP growth by 0.2% annually (Scheil-Adlung, 2009b).

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APPENDIX 1

Top Three Strategic Business and Societal Challenges and Opportunities in Harnessing the Power of Business for Health and Wealth for All

FOOD AND NUTRITION SECURITY_____

- How to create a policy environment that would be more receptive and adaptive to changing business models while overcoming the natural tension between agricultural and food policy and health and nutrition policy? We need to focus on wellness and identify areas of overlap between policy arenas.
- How can each component of the agriculture and food systems be harnessed to encourage the improvement of food safety, the nutritional profile of food and food security? This could include improving the sustainability of small local producers and raising global standards.
- How to improve consumers' nutritional literacy to create incentives for individuals to consume foods that benefit society and the planet? This could include moving away from a definition of food value based on calories to the one based on nutrition, using a simple communication strategy.

CREDIT AND FINANCIAL EMPOWERMENT_____

- Place microcredit for financial empowerment and improving health on the agenda of the G-8/20 meeting in Ontario in 2010.
- To put theory, discussion into practice: to assemble an advisory board and team needed to launch Grameen Bank- Canada, an institution that will be adapted to the various needs and contexts (urban, rural, first nations and Inuit) of the targeted groups of the Canadian population.
- Build partnerships among businesses (Conference Board), NGOs, universities and government for improved awareness of the issues, for better research to assess outcomes, to identify scaling-up factors, the effect of other empowering institutions and the proper role of credit in the range of policy options to alleviate poverty and improve health.

SUSTAINABLE PLACES AND COMMUNITIES

- Three intersecting sectors which must be integrated together: society, economy, and environment.
- Affordable housing should be built with intelligent design.
- Business should support government. Private and public policy should lead to more healthy behavior, including such things as opportunities for walking and bike ways.

HEALTH-PROMOTING WORK ENVIRONMENTS

- What is the ideal convergence of conditions that motivates innovation around health and wellbeing in work environments? And how might we align the necessary conditions within varying contexts (e.g. country/community; organization; life cycle/stage) to implement?
- How do we assign responsibility to the different stakeholders to take ownership for the health of migrants?
- How do we balance the rights of all parties (e.g. employees; organizations; governments, etc.)?

APPENDIX 2

Convergence Workshop Programs

FOOD AND NUTRITION SECURITY

- 8:15 Opening Keynote Presentation and Discussion
Assuring Food and Nutrition Security for All in a Rapidly Transforming Agri-Food Sector
Philip Donne, President, Campbell Company of Canada
- 9:00 **Panel 1:** *Driving the Value Proposition of Food towards Affordable and Nutritious Food for All: Facts, Challenges and Possibilities*
Framing Presentations & Discussion:
Marti Van Liere, Senior Manager, Global Health Partnerships, Unilever Research and Development Vlaardingen, The Netherlands
Deanne Brandstetter, VP, Nutrition and Wellness, Compass Group, USA
David Katz, Director, Yale-Griffin Prevention Research Center, USA
- 10:15 **Panel 2:** *Improving Nutrition and Caloric Density Profile and Information for Processed Food in a Sensorially, Culturally, Functionally and Economically Sustainable Manner – A Special Focus on the Challenge of Reducing Salt*
Framing Presentations and Discussion:
David Sparling, Chair, Agri-Food Innovation and Regulation, Richard Ivey School of Business, Canada
Howard Moskowitz, President, Moskowitz Jacobs Inc., USA
Chor San Khoo, VP, Global Nutrition and Health, Campbell Soup Company, USA
- 11:15 **Panel 3:** *Promoting Fruit and Vegetable Production and Consumption Through Whole-of-Society Multi-Level and Multi-Sector Approaches*
Framing Presentations and Discussion:
David McInnes, President and Chief Executive Officer, CAPI
Robert Pederson, Manager, European Agriculture and Health Consortium, Belgium/EU
Lorelei DiSogra, VP, Nutrition and Health, United Fresh Produce Association, USA
- 13:30 **Panel 4:** *Linking Small Farms, Businesses, and Community Farms/Gardens to the Local, National and Global Markets to Ensure Sustainable Food and Nutrition Security and Rural Development*
Framing Presentations and Discussion:
Timothy Johns, Professor, School of Dietetics & Human Nutrition, McGill, Canada
Vikram Bhatt, Professor, School of Architecture, McGill, Canada
- 14:35 **Panel 5:** *A System-Level Approach to Addressing Health Inequity in Food and Nutrition Security: Policies, Norms, Technology, and Governance Approaches*
Framing Presentations and Discussion:
Jorgen Schlundt, Director, Department of Food Safety and Zoonoses, WHO, Switzerland
David Acheson, Managing Director, Food and Import Safety, Leavitt Partners, USA
Paola Perez-Aleman, Assoc. Prof., Desautels Faculty of Management, McGill, Canada
- 15:35 **Wrap-Up and Consensus Session:** *Top Three Strategic Business & Societal Opportunities/Challenges*

CREDIT AND FINANCIAL EMPOWERMENT_____

8:00 Introduction

8:15 Opening Keynote Presentation

Credit and Financial Empowerment: From Individuals to Countries

Stephen Vogel, Chief Executive Officer, Grameen America, USA

8:45 General Discussion

9:00 **Panel 1: Empowering Individuals, Households, and Micro-Entrepreneurs**

Insights and Safeguards from Microfinance for Formal Finance Systems

Sophie Romana, Executive Director, PlaNet Finance US, USA

Microfinance as a Growth Strategy for Formal Banking: Challenges and Opportunities

Jeronimo Ramos, Executive Superintendent, Real Microcredito, Banco Real, Brazil

Fabio Boa Sorte, Director, Real Microcredito, Banco Real, Brazil

Credit Access and Using Randomized Trials to Estimate Social and Economic Impact: Studies from the Philippines and India

Delia Welsh, Managing Director, Innovations for Poverty Action, USA

On Finance and Other Empowerment Strategies to Promote Entrepreneurship in Under-Privileged Youth

John Aylen, President, John Aylen Communications, Canada

10:00 General Discussion

10:30 Coffee Break

10:45 **Panel 2: Empowering Small and Medium Businesses in Vulnerable Environments**

Scaling Up What Social Businesses Can Do

Hans Reitz, Co-Founder, Grameen Creative Lab, Germany

Scaling Up What Non-Profit and Cooperative Financial Institutions Can Do

Josée St-Hilaire, Senior Director, Developments, Développement International Desjardins, Canada

Scaling Up What Investment Companies Can Do

Daniel Gagnon, President & Chief Investment Officer, Groupe Financier Strategis, Canada

11:30 General Discussion

12:00 LUNCH

13:00 **Panel 3: Empowering Vulnerable Communities and Countries: Scaling Up What Private and Public Development Aid Can Do**

Participatory Budget and Other Innovations to Empower Communities: Key Success Parameters

Philip Oxhorn, Associate Professor; Director, Centre for Developing-Area Studies, McGill University, Canada

G8 Commitments and Other International Financial Empowerment Strategy to Close the Health Equity Gap

John Kirton, Co-Director, Program on Global Health Diplomacy; Director, G8 Research Group; Professor, Department of Political Science, University of Toronto, Canada

Financial Innovation for R&D and Emerging Market Development to Address the Neglected Diseases of the Poor

Nick Drager, Professor of Practice, McGill World Platform for Health and Economic Convergence, McGill University, Canada; Former Director, Department of Ethics, Equity, Trade and Human Rights, World Health Organization, Switzerland

Financial Innovation for Individuals and Families to Address the Neglected Diseases of the Poor

Prashant Mathur, Scientist D, Division of Noncommunicable Diseases, Indian Council of Medical Research, India

14:00 General Discussion

14:15 Coffee Break

14:30 **Panel 4: Could Credit and Financial Empowerment Serve as a Lever to Ensure Sustainable Health Equity Worldwide?**

Hope Beanlands, Scientific Director, National Collaborating Centre for Determinants of Health, Canada

15:15 General Discussion

15:45 Wrap-Up and Consensus-Building Session

Plenary Discussion on Top Three Strategic Business and Societal Challenges and Opportunities to Bring to the Think Tank

SUSTAINABLE PLACES AND COMMUNITIES

8:00 Introduction and Scene Setting

Avi Friedman, Director, Affordable Homes Group; Professor, School of Architecture, McGill University, Canada

PANEL 1: Urban Design and Management

8:15 Framing Presentation

Rethinking human settlements

Elizabeth Plater Zyberk, Principal, FAIA, Duany Plater-Zyberk & Co., USA

8:35 Case Study

Developing Sustainable Neighborhoods

Iain Tuckett, Group Director, Coin Street Community Builders, UK

8:50 Discussion

PANEL 2: Transportation

9:15 Framing Presentation

Mobility and connectivity for health

Lawrence Frank, Bombardier Chair in Sustainable Transportation. Associate Professor, University of British Columbia, Canada

9:35 Case Study

Solutions to problems of urban mobility within Latin America

Claudia Adriaola, Latin America Deputy Director, EMBARQ – WRI, USA

9:50 Discussion

10:15 Coffee Break

PANEL 3: Water and Sanitation

10:45 Framing Presentation

Healthy Infrastructures

Peter G. Bourne, Visiting Fellow, Green Templeton College, University of Oxford, UK

11:05 Case Study

Increasing access to sanitation and improving hygienic behaviors

Pawan Kumar Jha, Senior Advisor Technical, Sulabh International Academy of Environmental Sanitation, India

11:20 Discussion

12:00 LUNCH

PANEL 4: Housing – Affordability, Tenure and Social Mix

13:00 Framing Presentation

Thinking Outside the Box in Terms of Affordable Homes and Communities

Avi Friedman, Director, Affordable Homes Group; Professor, School of Architecture, McGill University, Canada

13:20 Case Study

Community Architecture: Health and Wealth

Rod Hackney and Tia Kansara, Managing Director, Rod Hackney Associates Ltd & Director, Kansara Hackney Ltd, UK

13:35 Discussion

PANEL 5: Access to Food

14:00 Framing Presentation

Integrating food production in cities

Rene van Veenhuizen, Senior Advisor, ETC Foundation, Urban Agriculture Department, The Netherlands

14:20 Case Study

"Seeds in the City: The Greening of Havana"

Maria Caridad Cruz, Director, Program for sustainable local development, Fundación *de la Naturaleza y el Hombre*, Cuba

14:35 Discussion

PANEL 6: Mobilizing the Whole-of-Society for Sustainable Places and Communities

15:00 Framing Presentations

Daniel Becker, Director, Center for Health Promotion - CEDAPS, Brazil

Stephen Samis, Director, Health Policy, The Heart and Stroke Foundation of Canada, Canada

15:30 Discussion

15:45 Wrap-Up and Consensus Session

Group Reports and Convergence Discussion on Top Three Priority Domains for the Think Tank

Wendy Thomson, Director, School of Social Work, McGill University, Canada; Former Director of Audit Commission and Chief Advisor Public Service Reform, UK

Small-Group Convergence Discussion:

Challenges and Opportunities for Leading Changes on the Ground and the Top Three Strategic Business Opportunities for Healthy Cities.

16:30 END

HEALTH-PROMOTING WORK ENVIRONMENTS _____

8:00 Introduction

Robert Hebdon, Chair, Pre-Think Tank Thematic Convergence Workshop; Professor, Desautels Faculty of Management, McGill University, Canada

8:15 **Panel 1: Innovative Business Practices to Increase Health Promotion in the Workplace**

Framing Presentation

Sustainability and Security Opportunities and Challenges for Firms in the Global Economy

Harold Salzman, Professor, Public Policy, Bloustein School of Planning and Public Policy and the Heldrich Center for Workforce Development, Rutgers University, USA

8:35 Innovators in Action

Randy Wark, Vice President, Human Resources and Chief Administrative Officer, Society of Composers, Authors and Music Publishers of Canada, (SOCAN), Canada

Brent Pawlecki, Corporate Medical Director, Pitney Bowes Inc., Canada

Cecily Hall, Director, U.S. Benefits, Microsoft Corporation, USA

Louis Côté, Director, Human Resources, Information, Planning and Legal Affairs, Montreal Health and Social Services Agency, Canada

9:40 Discussion

10:00 Coffee and BlackBerry Break

10:20 **Panel 2: Labor Markets; and Migration's Impact on Healthy Workplaces**

Framing Presentation

How Labor Markets Work

Kevin Doogan, Jean Monnet Professor, European Policy Studies, School of Policy Studies; Author, *New Capitalism? The Transformation of Work*, the United Kingdom

10:40 Innovators in Action

Xenia Scheil-Adlung, Coordinator, Health Policy, Social Security Department, International Labour Office, Switzerland

Penny Price for **Richard Hooper**, Manager, Medical Service Department, Qatar Petroleum, Qatar

David Reich, Founder and Chief Executive Officer, Assured Labor, USA

11:40 Discussion & Lunch Set-Up

12:00 LUNCH

13:00 **Panel 3: Challenges and Opportunities within Child, Youth and Senior Labor Markets**

Framing Presentation

Gaining Control of One's Own Workplace Life: Health and Safety in the United States

James A. Gross, Professor, School of Industrial Labor Relations, Cornell University, USA

13:20 Innovators in Action

France Dufresne, Assistant Vice-President, Creation, Production and Show Quality, Cirque du Soleil, Canada

Eric Vengroff, Vice President and General Manager, CARP - A New Vision of Aging for Canada, Canada

14:00 Discussion

14:30 Coffee and Blackberry Break

14:45 **Special Case Study Session: GP²S, Development and Partnership for the New Standard “Healthy Enterprise”**

Framing Presentation

GP²S and the “Healthy Enterprise” Standard, a Winning Combination for Health and Wealth

Marie-Claude Pelletier, President and Chief Executive Officer, Groupe en promotion pour la prevention en santé (Group for Promotion of Prevention Strategies (GP²S)), Canada

Innovators in Action

Roger Bertrand, Chairman of the Board, Groupe en promotion pour la prevention en santé (Group for Promotion of Prevention Strategies (GP²S)), Canada

Daniel Langlais, Standards Analyst, Bureau de normalisation du Québec, Canada

Philippe Simonato, Manager, GE Aviation Bromont, Canada

15:45 Wrap-Up and Consensus Session

Discussion on Top Three Strategic Business and Societal Opportunities and Challenges

16:30 END

APPENDIX 3

Health and Economic Convergence Think Tank Program

OPENING DINNER SESSION

November 17 – 6:00PM to 9:30PM

18:00 **Message from the Co-Chairs**

Introducing the Inaugural MWP Think Tank Program and its Business4Health Compact: Mainstreaming the Social Determinants of Health into Business

Laurette Dubé, Program Co-Chair, Professor, James McGill Chair, Consumer and Lifestyle Psychology and Marketing, McGill University; Founding Chair and Scientific Director, McGill World Platform for Health and Economic Convergence, Canada

“Health and Wealth for All” in National and Global Health Agendas: The Current State of Affairs, Challenges and Opportunities

Michael Marmot, Program Co-Chair; Director, International Institute for Society and Health at University College London., UK

19:00 **Opening Keynote Presentation**

Harnessing the Power of Business for Sustainable Health and Wealth for All: How Vanguard Business Creates Economically Sustainable Social Good

Rosabeth Moss Kanter, Arbuckle Professor, Harvard Business School, Harvard University, USA; Author, *SuperCorp: How Vanguard Companies Create Innovation, Profits, Growth, and Social Good*; *The Change Masters*; *Men and Women of the Corporation*, USA

Introduction by: **Richard I. Levin**, Dean, Faculty of Medicine, McGill University, Canada

Words of thanks and a commentary for discussion by: **Michael Bloom**, Vice-President, Organizational Effectiveness and Learning, The Conference Board of Canada, Canada

20:15 **Panel and plenary discussion on the top three strategic business and societal challenges and opportunities in harnessing the power of business for health and wealth for all**

Wendy Thomson, Program Co-Chair, Director, School of Social Work, McGill University, Canada; Former Director of Audit Commission and Chief Advisor Public Service Reform, UK

With:

Business and Political Leaders from the Convergence Workshops

- Food and Nutrition Security – **Philip E. Donne**, President, Campbell Company of Canada
- Credit and Financial Empowerment – **Stephen Vogel**, Chief Executive Officer, Grameen America, USA
- Sustainable Places and Communities – **Peter Bourne**, Visiting Fellow, Green Templeton College, University of Oxford, UK
- Health-Promoting Work Environments – **Robert Hebdon**, Associate Professor, Desautels Faculty of Management, McGill University, Canada

MODULE 1

New Models of Capitalism to Create Value for Society and for Business: Challenges and Opportunities for All in Mainstreaming the Social Determinants of Health - Cartier I

Wednesday, November 18 – 8:00AM to 12:00PM

This module elaborates further on the novel frames, mindsets and business models which underlie social business, creative capitalism and inclusive capitalism. The module will also address the challenges and opportunities involved, as well as feature and discuss world-changing business and social innovations to promote sustainable health and wealth for all.

8:00 **Keynote Presentations**

From the Grameen Bank to Social Business: Increasing the Share of What Business Can Contribute to the Health and Wealth of All

Stephen Vogel, Chief Executive Officer, Grameen America, USA

Hans Reitz, Co-Founder and Executive Director, Grameen Creative Lab, Germany

Sustainable Business and New Capitalism: Greening and Health Equity Through the Base of the Pyramid Protocol

Stuart L. Hart, Samuel C. Johnson Chair, Sustainable Global Enterprise; Professor, Management, Cornell University; Author, *Capitalism at the Crossroad*, USA;

Kevin McGovern, Founder, The Water Initiative, USA

Disruptive and Trickle-Up Innovation

Amit Mital, Corporate Vice President, Unlimited Potential Group, Microsoft, USA

9:50 Coffee Break

10:00 **Challenges and Opportunities in:**

Building Synergy Between Business Innovation and Community Engagement

Pawan Kumar Jha, Senior Advisor Technical, Sulabh International Academy of Environmental Sanitation, India

Mark Sarner, President, Manifest Communications, Canada

Bringing “Powerful Strangers” to the Table on the Social Determinants of Health

John Millar, Executive Director, Population Health Surveillance and Disease Control, Provincial Health Services Authority, British Columbia, Canada

11:00 **Panel and general discussion**

12:00 LUNCH

MODULE 2

Government as Enabler and Catalyst: Institutional Entrepreneurship for Policy and Governance Innovation

Wednesday, November 18 – 13:00AM to 5:30PM

Turning to government, challenges arise in fostering policy and governance innovation that can simultaneously balance health and social welfare with the economic imperatives of markets. Government must also serve as catalyzing and enabling force in harnessing the power of business to reach the ultimate social goal of sustainable health and wealth for all. It first requires the identification of the diversity of health and economic outcomes that must converge in the specific context of everyday and strategic decisions of governments at local, national and global levels. It also calls for the careful design and implementation of the mechanism, i.e., institution, procedure, or strategy, that could lead to the targeted convergent outcome through a set of incentives or disincentives for action by individuals, civil society, business, and markets.

13:00 **Keynote Presentations**

Culture, Shared Values and Changes Needed to Ensure Health and Wealth for All

Michèle Lamont, Robert I. Goldman Professor of European Studies; Professor, Sociology and African and African American Studies, Harvard University; Fellow; Co-director, Research Program on Successful Societies, Canadian Institute for Advanced Research, USA

Governing by Social Innovation and Civic Participation: A New Shape of the Public Sector in India

Ram Chandra Mishra, IAS, Additional Secretary, Ministry of Urban Development and Poverty Alleviation, Government of India

Market Transformation as Source of Policy and Governance Innovation: The Case of Small Holders
Thomas Reardon, Professor, International Development and Agribusiness/Food Industry, Michigan State University; Member, World Economic Forum's Global Agenda Council on Food Security, USA

14:00 Coffee Break

14:10 **Keynote Presentations**

Social Policy and Equality in the Post-Recession World

Wendy Thomson, Program Co-Chair, Director, School of Social Work, McGill University, Canada; Former Director of Audit Commission and Chief Advisor Public Service Reform, UK*

Harnessing the Power of the Informal Economy: The Case of Squatters

Robert Neuwirth, Journalist, Author, *Shadow Cities: A Billion Squatters, A New Urban World*, USA

Institutions, Policy-Making and Business Involvement in Halving Extreme Poverty by 2015

John W. McArthur, Chief Executive Officer, Millennium Promise Alliance; Former Deputy Director and Manager, UN Millennium Project, USA

Public Policy-Making as Social Resource Creation

Peter A. Hall, Krupp Foundation Professor of European Studies, Harvard University; Co-Director, Program on Successful Societies, Canadian Institute for Advanced Research, USA

15:50 **Panel and general discussion**

16:50 END OF DAY 1

MODULE 3

The Business4Health Compact – Part 1

Thursday, November 19 – 8:00AM to 12:15PM

Following a series of keynote commentaries, panel and plenary discussion in Modules 3 and 4 will focus on (i) conceiving of concrete strategies for single and collective action in the top three strategic priorities for business, social and health innovation and (ii) enabling policy and governance model in each targeted domains of economic activities.

Theme 1 – Food and Nutrition Security: Grassroots and Corporate Innovation with Policy Enablers

8:00 **Keynote Presentations**

Linking Small-Scale Farms and Small Businesses to Local, National and Global Communities and Value Chains

Hal Hamilton, Director, Sustainable Food Lab, USA

Integrating Health and Agricultural Considerations Along the Value Chain to Meet the Food and Nutritional Security Needs of All

David Sparling, Chair, Agri-Food Innovation and Regulation, Richard Ivey School of Business, University of Western Ontario, Canada

The Challenge of Innovating Business to Deliver Nutritious and Affordable Food to All

Deanne Brandstetter, Vice President, Nutrition and Wellness, Compass Group North America, USA

One World, One Health: Fostering System-Wide Grassroot and Corporate Innovation Along the Food Chain to Provide Safe, Nutritious and Appealing Food to the World

Jorgen Schlundt, Director, Department of Food Safety and Zoonoses, World Health Organization, Switzerland (Cross-Sector Policy Convergence)

David Acheson, Managing Director - Food and Import Safety, Leavitt Partners. Previously Associate Commissioner for Foods, USA (Cross-Country Food Chain Convergence)

9:15 **Panel and general discussion in the context of the top three strategic business and societal challenges and opportunities in the four economic domains of convergence**

10:00 Coffee Break

Theme 2 – Credit and Financial Empowerment: From Individuals and Micro-Enterprises to Communities and Countries

10:15 Keynote Presentations

Microcredit and Microfinance Programs in Developing and Developed Countries: What Works, What Does Not, and Why

Delia Welsh, Executive Director, Innovations for Poverty Action, USA

Scaling Up What Banks and Finance Services Can Do to Help the Poor

Anne Gaboury, President and Chief Executive Officer, Développement International Desjardins, Canada

Jean Vincent, President and General Manager of Native Commercial Credit Corporation, Canada

Microfinance as a Growth Strategy for Formal Banking: Challenge and Opportunities

Jeronimo Ramos, Executive Superintendent, Real Microcredito – Santander Group, Brazil

Fabio Boa Sorte, Director, Real Microcredito – Santander Group, Brazil

Scaling Up Public and Private Aid Development Programs: From Point Interventions to Catalysts for Sustainable Change

Johannes F. Linn, Executive Director, Wolfensohn Center for Development and Senior Fellow, Global Economy and Development, Brookings Institution; Former Vice-President, World Bank Europe and Central Asia; Author, *Urban Public Finances in Developing Countries*, USA

11:30 **Panel and general discussion in the context of the top three strategic business and societal challenges and opportunities in the four economic domains of convergence**

12:15 LUNCH

MODULE 4

The Business4Health Compact – Part 2

Thursday, November 19 –13:00PM to 17:30

Theme 3 – Sustainable Places and Communities

13:00 Keynote Presentations

Building Health Equity into Urban Design and Planning: Urban HEART Diagnostic and Management

Jacob Kumaresan, Director, WHO Centre for Health Development, Kobe, Japan

Revisiting Cities: Cities, Politic and Economic Challenges and Opportunities in Harnessing the Power of Business

Rod Hackney, Managing Director, Kansara Hackney Ltd, UK

Tia Kansara, Director, Kansara Hackney Ltd, UK

Building Health Equity into Community Life

Daniel Becker, Director, Center for Health promotion, Rio de Janeiro, Brazil

Training a New Breed of Leader for Sustainability

David Bell, Professor Emeritus, Senior Scholar and Former Dean, Faculty of Environmental Studies, York University, Canada

14:00 **Panel and general discussion in the context of the top three strategic business and societal challenges and opportunities in the four economic domains of convergence**

14:45 Coffee break

Theme 4 – Health-Promoting Work Environments

15:00 Keynote Presentations

The Transformation of Employment and Work: A Worldwide Overview of New Capitalism

Kevin Doogan, Jean Monnet Professor European Policy Studies, UK

Challenges and Opportunities in the Evolving Structuring of Work and Organization: On Call Centers and Off-Shoring

Harold Salzman, Professor of Public Policy, Rutgers University/School of Public Policy & Heldrich Center for Workforce Development, USA

Raising the Global Social Protection Floor: A Framework for Action in Good and Bad Economic Times

Xenia Scheil-Adlung, Health Policy Coordinator, International Labor Organization, Switzerland

Lessons from Those Who Do It Right

Jody Heymann, Canada Research Chair, Global Health and Social Policy; Professor, Epidemiology and Biostatistics; Founding Director, Institute for Health and Social Policy, McGill University, Canada

Business Challenges and Opportunities

Penny Price for **Richard Hooper**, Manager, Medical Service Department, Qatar Petroleum, Qatar

Scaling Up and Trickle Down Business Innovation in Employment and Work Conditions: Health-Promoting Benefits and Programs

Cecily Hall, Director of Benefits, Microsoft, USA

IBM's Corporate Service Corps: Training a Breed of Worldly and Socially Innovative Senior Executives

Jennifer Crozier, Director, Corporate Citizenship and Corporate Affairs, USA

16:45 Panel and general discussion in the context of the top three strategic business and societal challenges and opportunities in the four economic domains of convergence

CLOSING KEYNOTE PRESENTATION_____

17:30PM to 18:20PM

17:30 Closing Keynote Presentation

Seizing Opportunities in the Present to Shape a Future of Health and Wealth for All: Special Insights from India

Arti Mehra, Former Mayor, New Delhi, India

17:50 Tier 1 Conclusion and Preparing for Tier 2. Program Co-Chairs

APPENDIX 4

Partners and Contributors

FINANCIAL SUPPORT AND SUBSTANTIVE CONTRIBUTION_



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Santé
et Services sociaux
Québec



Fondation Lucie
et André Chagnon

Agence de la santé
et des services sociaux
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Studies



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SUBSTANTIVE CONTRIBUTION



LearningTimes

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POLICY INSTITUTE



National Collaborating Centre
for Determinants of Health
Centre de collaboration nationale
des déterminants de la santé



Richard Ivey School of Business
The University of Western Ontario

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