

Health Economics and Corporate Wellness Strategies: Business Perspectives on Achieving SDG 3

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Received Date: 23 November 2025

Revised Date: 11 December 2025

Accepted Date: 10 January 2026

Abstract

Good health and well-being at all ages" is the third SDG of the UN, which takes into consideration "healthy lives are essential to sustainable development." With this being the case, attaining SDG 3 has become increasingly reliant on multi-sectoral partnership, where the role of the business and private sector is key although traditionally believed to be a responsibility of government and healthcare. Businesses affect health through community engagement, supply chain practices, employee benefits and work environments. This research explores the association of corporate wellness programs and health economy, discussing how organizations can make substantial contributions to SDG 3, while gaining tangible and intangible advantages. The primary question the study seeks to answer is: "How can corporate health initiatives contribute to SDG 3 and improve business performance and competitiveness?" This is achieved by integrating insights from studies in sustainability, corporate strategy and health economics. The review incorporated extensive scrutiny of relevant industry data for the period 2010–2025, international policy frameworks and academic research. The studies point to an enormous financial burden as the toll of poor worker health takes form in presenteeism, absenteeism and medical costs that cost billions in lost productivity each year. Well-constructed business wellness programs, especially those that focus on access to primary care, mental health support, chronic disease monitoring and prevention do yield measurable improvements in wellbeing and long-term financial returns. However it's program integration, leadership buy in, inclusivity and the use of evidence based therapies rather than airy fairy wellness 'product' that determines how well a program works. From a health economics perspective, investment in employee health is an investment in human capital that has long-term macro-economic benefits, as well cost containment strategy. Indeed, some of the leading economic outlet are estimating that broad wellness programs could unlock trillions of dollars in global productivity and economic value – a testament to the immense power for improved workforce health on a global landscape. From businesses perspectives, those who integrate wellness with strategic planning and sustainability reporting demonstrate higher engagement of employees, capability towards innovation as well as resilience particularly during a crisis situation (e.g. pandemics or economic depressions) Corporate governance views. The research concludes that achieving SDG 3 requires a shared value approach in which companies serve as health promoters consistent with public health imperatives. It implies intersectoral coalitions, WHO-analogous health outcome measures and regulatory inducements to ensure that wellness benefits are equally accessible by all workers. Ultimately, business wellness is a strategic necessity and moral imperative for sustainability not just simply the role of human resources.

Keywords

Public–Private Partnerships, Mental Health, Preventable Care, Organisation-Based Well-Being, Sustainable Business, Workplace Health, Employee Productivity, Corporate Wellness, Health Economics And SDG 3.

INTRODUCTION

Health is not only a human right, but also a prerequisite for economic development. Under the UN Sustainable Development Goal 3 (SDG 3): Good health and well-being, "Ensure healthy lives and promote well-being for all at all ages," health is both an enabler of productivity as well as social progress. SDG 3 encompasses a wide array of targets from lowering maternal and child mortality, to preventing and treating communicable and noncommunicable diseases (NCDs), increasing mental health, decreasing drug abuse — or use — to attaining universal health coverage (UHC) just to name a few. These objectives underlie an appreciation that health is integral to social cohesion, productivity and



prosperity. But in recent progress reports on the global level, shortcomings in overall healthcare access and the burden of chronic diseases — mental health crises among them — along with insufficient funding mean that more than half of SDG 3 targets will not be achieved. A range of creative collaborations between government and industry will be needed to achieve these objectives by 2030; thinking about corporations not just as contributors but as proactive shapers of population well-being is among them. While SDG 3 remains highly government and health system focused, companies, particularly large employers, are major drivers of health outcomes. Tens of millions of people spend most of their waking life in physical, psychological and social environments that companies manufacture, through employment arrangements, workplace designs, benefit packages and company policies. In addition, corporations are indirectly affecting the dynamics of healthcare demand, price, and supply because they are among the largest seers of healthcare services and insurers of working populations. Because of this dual role, businesses are both positioned to gain from a healthy population and serve as powerful levers for systemic change towards SDG 3.

What is the significance of Employee Happiness regarding Business Performance? Through presenteeism (reduced performance at work) and absenteeism (time away from work), ill health dents productivity, according to empirical research in organisational behaviour and health economics. Presenteeism may in itself be more costly than direct absenteeism. Yet another huge, but beneath the radar business profitability drain. Recent studies, show that the mental illness and mental distress cost the world economy trillions of dollars in lost productivity each year. There’s not just the loss of productivity but also lowered morale, higher insurance costs and greater turnover—and all that can stifle organizational creativity and nimbleness. Corporate wellness initiatives are a conscious response to these problems. These programs aim to encourage healthy behaviors and environments through interventions such as health risk appraisals, exercise promotion, nutrition counseling, behavioral health resources, and management of chronic conditions. From an economic perspective, these are also investments in human capital. Employees with longer service, less illness-related absence and higher productivity are the hallmarks of a more healthy worker who reflect beneficial patterns for both society and the company. When well designed and sustained over time, investments in the health of a workforce have been shown to provide significant positive ROI — often between \$2 and \$4 for each dollar spent — according to research by the World Health Organization (WHO) and datasets from the McKinsey Health Institute.

That being said, there are vast differences when it comes to the efficacy of corporate wellness programs. Studies indicate that the one-size-fits-all or feel-good wellness programs often fail to deliver measurable financial results or health improvements. A significant number of programs have low uptake, poor clinical care integration and do not consider structural workplace factors such as psychosocial stress, job insecurity or business. Accordingly, businesses increasingly recognize the need for evidence-based wellness plans that are integrated with governance frameworks, promote broader sustainability goals and tap into behavioural economics research as well as public health research. The interplay between business strategy and health economics provides a useful prism through which to understand and optimize such efforts. They are located inside operational and competitive formats in corporate strategy, while there are tools of evaluating-and-costing- benefits and externalities of investing in health (health economics). Together, these fields enable businesses to develop wellness programs that maximize social and financial returns. “Providing preventive care may not lead to immediate cost savings, but it can help reduce long-term healthcare costs while promoting worker stability and strengthening a company’s reputation, all of which contribute to achieving greater profitability over time,” he said.



Figure 1: Corporate Wellness & Health Economics: Visualising SDG 3 Impact

The growing emphasis of ESG factors in corporate reporting is too aligned with the business's participation SDG 3. The investors and other stakeholders are increasingly evaluating enterprises based on the social value and not just financial indicators. Integrating employee health in ESG reporting builds trust with stakeholders, increases corporate accountability and enhances transparency. And, demonstrating leadership in sustainable business practices and helping to drive change in the private sector, companies can benchmark success, identify areas for improvement and share health and well-being metrics. While the value of corporate wellness is increasingly recognised, it is also still not yet soundly situated in the broader SDG agenda. Large parts of the workforce have no access to preventive care or mental health treatments because employer-based health plans are limited to high-income sectors in many areas, particularly lower- and middle-income countries. In order to bridge this gap, both supportive government policies and corporate dedication are necessary. Tax credits, subsidies or co-financing options are among the methods governments can use to encourage employer contributions and where appropriate, public-private partnerships might be pursued to expand coverage and share data to inform policy learning. This collective action supports business efforts to maintain a healthy workforce and helps increase the efficiency of national health systems. Consequently, this research serves two purposes: It seeks to analyse the strategic significance and economic case of corporate wellness programmes as way to achieve SDG 3, and it offers governance and policy frames that align corporate incentives with public health gains. The study contributes toward a developing discourse that challenges the role of the private sector in global health governance by connecting sustainability research, business strategy literature and health economics data. The parts that follow provide an overview of the conceptual framework, then review relevant research and bring together empirical evidence to demonstrate how companies can strategically address the health and well-being of their workforce and be key partners in achieving SDG 3.

LITERATURE REVIEW

The body of literature now available on workplace health and corporate wellness covers a broad spectrum of interdisciplinary study in the areas of public health, health economics, organizational behavior, and sustainability studies. Three main threads show up:

- judicious and ineffective intervention effectiveness of health-care (immunization campaigns, screening programs, lifestyle changes), public health and epidemiological study bias other purposes;
- Studies of health economics, which consider cost-benefit relationships in employee health investments; and
- Organizational and management research on culture, leadership, and integrating health as a part of business strategy. Taken together, these aspects reveal workplace health is indeed more than a welfare program and represents a complex strategic and economic asset that can enhance organizational performance, in alignment with the Sustainable Development Goal 3 (SDG 3) of "ensure healthy lives and promote well-being for all at all ages".

A. Epidemiologic and Public Health Evidence

Worksite is an important setting for promoting preventive health behaviour according to the fan of public health strategies. The well-intentioned workplace interventions that we've seen at Mercer and other organizations actually can be highly effective in influencing employee health outcomes, according to meta-analyses and systematic reviews. Although not all are large or long-term, research published in Bio Med Central and other reputable journals has demonstrated that physical activity-based interventions lead to significant improvements in CVD risk factors (including BMI as well as fitness levels. Programs that involve organizational changes such as schedule flexibility, role management, and supervisor support show the largest sustained results compared to those that focus solely on changing individual behavior.

Preventive health programme and worksite screening are also important for early detection of chronic heart life fitness center diseases such as obesity, diabetes as well as high blood pressure. Such programs have a direct effect on the achievement of SDG 3.4 (reducing by one third premature mortality from noncommunicable diseases [NCD]) by 2030). At the same time, reviews emphasize that both program design and follow-up as well as the level of cultural and contextual adaptation of interventions influence effectiveness. Short follow-up periods, heterogeneity in methodology remain to recurrent limitations which do not allow it to be applied across sectors or regions.

B. Health Economics: Costs, Revenue, and Investment Value

Health in the workplace has long been studied by health economists, who see it as a good social investment no less than a profitable one. Indirect costs (employee sick leave and presenteeism) 4594; absenteeism and direct costs (cost of medicines, insurance premiums, and compensations claims) have been differentiated in the literature. It is from these studies that indirect healthcare costs are shown to often exceed direct cost by two or three times. In the UK,

presenteeism (allegiance) is causing more loss of productivity in comparison to absenteeism and leading to billions of dollars in economic losses each year according to a study on hidden costs of workplace sickness which released by The Guardian. From a macroeconomic perspective, good health among workers promotes social stability, economic growth and labor force participation. Widespread global gains in workforce health and well-being could add US\$12 trillion of economic value by 2040, as modelled by the McKinsey Health Institute (2024). There is often good value for money (VFM) cost-benefit ratios from a business case perspective for mental health and prevention investments, with estimated returns on investment (ROI) between 1.5 to 4 per dollar spent. These numbers vary widely, however, depending on the maturity of the program and the timescales over which assessments are made as to whether evaluations factor in non-financial gains – increased retention, innovation ability and morale. Value on Investment (VOI) – Advancing beyond traditional ROI to account for such intangibles as employee engagement, social capital and brand value has been steadily gaining traction among both academics and practitioners.

Despite promising data, several economic analyses caution about oversimplifying ROI numbers. Short-term evaluations can underestimate long-term benefits, especially for preventive therapies whose effects accumulate over many years. What's more, a focus on health interventions alone could fail to account for the complicating variables of job design changes, technological progress or broader economic cycles. To evaluate the real value of investment in wellness, future research based on health economics advocates a multi-level longitudinal approach that comprehends dimensions from both company and society level perspectives.

C. Management and Organizational Views

Yet beyond the core economic issues, a growing body of organizational behavior research is revealing how critical factors such as employee engagement, business culture and leadership commitment are to program success. Rather than independently deployed as HR programs, wellness programs designed in company strategy generally deliver more meaningful change that lasts. A perennial subject in management studies, however, is that engagement and trust are high when people in charge demonstrate healthy behaviour, talk openly about mental health, or give their staff flexibility.

The Financial Times (2025), and other industry wide surveys and white papers published in the recent past warn that wellness investments do not always lead to better health outcomes. And the payoff from programs that overlook basic workplace problems — excessive workloads, insufficient autonomy, inadequate pay — is usually small. What's more, wellness programs that feel like an imposition or a veneer might be counterproductive, eroding trust among employees and heightening stress. Consequently, beyond traditional wellness programs, scholars recommend an integrated "healthy organization" approach that features job design, social support, career development and inclusiveness obligations. Equity matters are also recurrent in conversation these days. Employees who are healthier, wealthier or more educated and who already have greater access to health care resources may inadvertently benefit more from voluntary wellness programs. There is risk that this selection bias would magnify similar cohort inequalities in work-place health. As a result, meeting moral as well as financial objectives is the function of inclusive design—ensuring participation across job functions, income levels and demographics. What's more, in the post-pandemic world, mental health is taking centre stage within workplace wellness, and organisations are incorporating resilience training, happiness at work and remote working flexibility into their initiatives around health.

D. Relationship of SDG 3 with Corporate Wellbeing

A growing interest among scholars and policy makers is the application of business wellness programmes to SDG 3. The United Nations Global Compact and World Health Organization (WHO) emphasize that workplace interventions, ethical product design and community health collaborations are among the corporate sector mechanisms to support global health goals. The SDG 3 targets for reducing NCDs (Target 3.4), improving mental health (Target 3.5) and achieving UHC (Target 3.8) are instrumental as they most closely resonate with corporate wellness. They pay health benefits once per year for their contract and informal employees, promoting social inclusion and equity according to the 2030 Agenda's principle of 'leave no one behind'. Studies that relate sustainability to wellness even argue that business health initiatives enhance Environmental, Social, and Governance (ESG) performance. Inclusion of health data in sustainability reporting, such as employee well-being indices, access to health care rates or mental health utilization enhances transparency and stakeholder accountability Businesses. This convergence illustrates the interrelationship between productivity, health and sustainable development - supporting not only SDG 3 but also SDG 8 & 9 ("Decent Work and Economic Growth" & "Industry, Innovation and Infrastructure").

E. Research Gap and Synthesis

To sum, conditional optimism abounds throughout the outlook: wellness programs in the workplace that are comprehensive, science-based and woven into environments conducive to health can improve health and generate financial returns. Nevertheless, there are problems, most notably the lack of alignment between corporate incentives and public health goals, unequal access to programs, and methodological limitations when measuring ROI. There is a lack of empirical evidence examining how corporate wellness can contribute to national and/or global SDG 3 aspirations in a systematic way. Accordingly, longitudinal multi-sectoral/specialty monitoring and development of standardized HE indicators more conducive to a cross-country comparison should become in future the key directions for research. All told, the literature is clear on a significant discovery: the worksite is a powerful and under-used arena for population health progress. For wellness to realize its promise, it has to evolve from fragmented programs into strategic systems that combines economic vitality and societal well-being — tying businesses from mere stakeholders into entitlement owners of SDG 3.

THEORETICAL FRAMEWORK

This is the conjunction of corporate strategy and health economics. If corporate strategy may explore how health-enhancing endeavors contribute to sustainable advantage, capability development and firm-level value creation, then health economics may provide the systematic means to examine costs, benefits and externalities associated with corporate wellness programs. When each of these perspectives are synthesised, the framework maps the link between corporate wellness initiatives and organisational value and/or SDG 3 (health & wellbeing) outcomes. Each of the 4 nested intervention, economic, systems, and governance/incentive alignment pathways (constituting the conceptual model) offers one such a pathway to generate business and health benefits concurrently for businesses.

A. Pathway for Intervention (Micro-Level Mechanisms)

This is the intervention pathway that provides a direct communication between employer and employee health. This cascade shows how organizational interventions impact individual health behaviors, risks profiles, and clinical outcomes. It is inspired by insights in behavioral economics and prevention health theories such as Health Belief Model and Social Cognitive Theory. Employers implement various “wellness” programs including disease prevention initiatives (screenings, vaccinations), management of chronic conditions (e.g., diabetes, hypertension), mental health services provision (counseling, resilience training), workplace safety measures (ergonomics, hazard control) and health promotion activities (nutritional counseling/education, exercise programs).

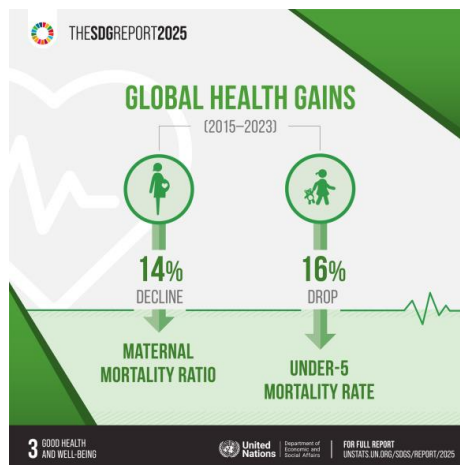


Figure 2: Global Health Gains (2015-2023) – Progress toward SDG 3

The pathway consists of three stages: input, intermediate and output. To build a supportive environment, employers supply infrastructure and resources at input level (e.g., digital wellness platforms, health education, access to healthcare professionals), improved treatment adherence, reduced risk behaviors [e.g., smoking, sedentary behavior], enhanced health literacy, and reduced risk biomarkers e.g., hypertension or cholesterol) are intermediate level outcomes. These ultimately lead to a lower morbidity, decreased preventable stays in hospital as well as better mental health. In theory, this practice is in line with the Grossman health capital model whereby health is both an investment and a consumption good. But when that well-being translates into higher productivity and innovation at work, the company wins. Employees invest time and effort into their health, and employers co-invest in the form of wellness infrastructure which increase collective “health capital.” Thus, the micro-level mechanism links

macroeconomic outcomes to theories of individual health behavior. The approach can also have the effect of refocussing attention on a time deficit: health gains accumulate slowly, and measurable benefits may come only in later years. Ultimately companies have to adopt a PSR (Profit- Sales-Revenue) thinking, where preventive health (in terms of human capital being the strategic asset rather than temporary expenses on workforce) is seen as an opportunity. In so doing they create the foundation for sustainable workforce resilience and align internal health improvements with SDG 3 targets to reduce disease burden and promote mental health.

B. The Economic Mediation Path (From Wealth Generation and Productivity to Health)

The economic route demonstrates that tangible and intangible company gains due to employee health increase. This stance, based in the economics of productivity and human capital theory, argues that workers who are healthier generate more value because they can be more innovative and productive — and they're less likely to take sick days. There's also a straight line between health and productivity (fewer sick days, more energy), and an indirect one too (morale, teamwork, creativity). Healthier workers have less presenteeism (working while ill) and absenteeism (time off work). Presenteeism tends to account for a major proportion of lost productivity in companies today, according to research in the emerging field of occupational health economics. As such, there may be substantial cost savings associated with interventions that improve the management of chronic conditions or offer mental health support. Organizations also save money in the form of workers' compensation claims, disability claims and health care costs. The ROI of corporate wellness has been one of the primary themes in health economics research and discuss. Results Empirical studies show that, depending on the extent of the program, participating rates and evaluation period, ROI has also taken a variety (from 1.5:1 to 4:1). But an increasing number of researchers are backing a more holistic measure called Value on Investment (VOI), which also factors in non-financial benefits such as higher employee engagement, lower staff attrition and improved corporate image. From a strategic management point of view, the findings enhance competitive advantage through enhancement of intangible assets including organizational culture, brand recognition and innovation capabilities. This pathway is compatible with the resource-based view (RBV) of the firm, which focuses on unique internal resources and competencies that serve as a source of long-term performance. The health and wellness of people are strategic assets, because they're rare, precious and very difficult to copy. A business that integrates wellness into their regular operations acquires dynamic capabilities that enhances long-term sustainability and flexibility. For SDG 3 to be realized in a business context, the economic pathway accordingly speaks not only of cost savings but also the strategic importance of health as an underpinning of value creation, innovation and sustainable corporate performance.

C. Systems Pathway (externalities and macrosystem)

Corporate Wellness within a Systems Context (Systems Pathway) The systems pathway frames corporate wellness within a broader social and public health perspective. It acknowledges that business does not operate in a vacuum, but rather as part of interconnected health ecosystems with communities, governments, insurers and providers that work together (or don't) to support a culture of health at the workplace. Workplace interventions are a way for businesses to generate positive externalities — benefits that ripple out and beyond their own workforce. Examples include employer-based facilitation of immunization, health education campaigns and partnerships with local health authorities. This method is motivated by the concept of systems thinking in health economics, which emphasises the interconnectedness among actors and feedback loops in a health system. Companies who develop widespread immunization programs are involved in creating herd immunity by reducing the propagation of infection through the community. They take pressure off public hospitals and reduce society's health-care bill when they provide screenings and early detection. The impact of such spill-overs on national progress towards SDG 3 targets for immunization, maternal health and non-communicable diseases is supported from these findings.

Those initiatives that relate to business health, likewise may influence policy. Collective action in the form of business partnerships, for instance, can be a force to shape national conversations on universal health care (UHC) or financing public health infrastructure. The participation of private sector can significantly enhance access to preventive and curative services in low-income countries, where public health systems are often underfunded. The systems approach also recognizes negative externalities; for example, workplace wellness programs that reach only highly skilled workers may exacerbate inequality if low-wage or contract employees are excluded. To ensure all employment levels, and if feasible, dependents or community members benefit from these provisions, business should adopt inclusive models. In essence, such an approach serves to inform us how corporate wellness supports broader social resilience by aligning between the macroeconomic imperatives of public health systems and the microeconomic concerns with business. The systems pathway transforms corporate health investments into shared value initiatives to

advance collective efforts toward SDG 3, through the creation of positive incentives for private sector players and public consequences.

D. The Mechanism for Governance and Incentive Compatibility

Governance and incentive alignment The governance and incentive alignment pathway considers the institutional and structural factors that influence the scale, quality and sustainability of corporate health investments. Board oversight, CEO responsibility and performance measures – all governance frameworks that heavily influence how companies make decisions about health. Wellness initiatives gain credibility and longevity when integrated into corporate governance structures, linked to ESG (Environmental, Social and Governance) reporting requirements and monitored through clear metrics. From a health economical point of view, policy incentives are also relevant. Tax breaks, reduced cost of insurance or subsidies for preventive health programs are some of the ways the government might be able to influence business practices. Conversely, corporate culture can become more wellness inclusive due to regulatory mandates such as reporting requirements, occupational health standards and wellness certification programmes. With incentives aligned, businesses would be certain to value the good of health investments as further profits instead as costs they choose to bear.

One conceptual framework for this is the stakeholder theory of corporate governance, which posits that businesses create value over time by considering the interests of multiple stakeholders including communities, governments, shareholders and employees. Health investments epitomize this in that, by promoting production increase and worker good standing and social well-being. For instance, in GRI 403: Occupational Health and Safety there is a sustainability disclosure that includes health performance indicators to be accountable (and prove a commitment) of the goal on SDG. Equity to this road is a cross-cutting dimension. Governance structures need to ensure wellness initiatives are equitable and nondiscriminatory, in the context of structural inequities between genders, income levels, and job types. Differences can be identified and reduced by transparent reporting of the participation percentages and outcomes, broken down by demographic group. Lastly, this pathway recasts incentive alignment in temporal terms: investments in preventive health initially may not lead to payoffs, but over time have large social and economic returns. In other words, the proper governance approach is required for a sustainable outlook where wellness is an investment strategy aligned with sustainability goals and not just short term fiscal arbitrage on costs. By adopting these concepts, companies and lawmakers can collaborate to create healthy ecosystems where private health investments lead to measurable progress towards SDG 3.

METHODOLOGY

A. Study Design Overview

To integrate multidisciplinary perspectives among economics, business strategy, and public health evidence, this analysis employs an organized, policy-focused integrative review methodology. Unlike a defined systematic review, the integrative method allows consideration of multiple types of evidence—quantitative studies, economic analyses, case-based reports and global policy frameworks—providing an overarching view of both micro-economic (firm-level) factors and macro-economic (macroeconomic) aspects in corporate wellness. The objective of the approach is to integrate empirical, theoretical, and policy-oriented evidence on the role of workplace wellness and corporate health investments toward fulfilling Sustainable Development Goal 3 (SDG 3): "Ensure healthy lives and promote well-being for all at all ages. The complexity and interdisciplinary nature of the topic justify this approach. Corporate wellness intersects multiple layers of analysis, from societally advancing to global development goals, organizational performance measures and individual health outcomes. The methodology draws on policy analysis (including institutional and government reports) and evidence synthesis (systematic and meta-analytic studies) to offer a structure that links science-based knowledge to strategic business intelligence. The time horizon for the review of workplace health is before and after COVID-19, from 2010 to 2025. An assessment of corporate wellness programs in the context of global health policy expansion is made more informed given that the timeline parallels with adoption and implementation of the 2030 Agenda for Sustainable Development.

B. Searching for Studies and Sources of information

The review adopted a multi-method data collection approach that combined credible organizational assessments, authoritative policy frameworks and peer-reviewed academic literature. In particular, it contained: Data sources Systematic search of academic databases including PubMed, Scopus, Web of Science and Google Scholar. Boolean operators and search terms applied were:

- "Workplace wellness" AND "systematic review"
- "corporate wellness ROI" OR "employee health economics"

- o "presentee cost" AND "productivity of work"
- "mental health worksite" OR "chronic disease management program"
- "SDG 3 by corporate OR business" ['corporate contribution'] OR 'healthy sustainable development'

We gave preference to systematic reviews, meta-analyses and large multi-country studies that reported quantitative estimates for health and economic outcomes.

a) Business and Economic Analysis:

Reports by research companies and consulting firms (eg, The Economist Intelligence Unit, Deloitte Insights, PwC Health Industries and McKinsey Health Institute) were identified through focused searches. These analyses also provide empirical evidence on productivity increments, as well as employer health and ROI/VOI summaries. Additionally, macroeconomic analyses that examined national productivity and employee health were synthesized to help provide context for our firm-level findings.

b) Framework and Policy Documents:

The assessment featured key organizational findings and reports in support of connecting corporate health programs with the global health agenda, including:

- United Nations, The Sustainable Development Goals Report (2024)
- Global Action Plan for SDG 3 under WHO (World Health Organization)
- ILO: Workplace Health Promotion Framework
- OECD Health Overview 2023
- The Future of Work and Well-Being Reports From the World Economic Forum

These papers outlined the policy interventions (e.g., incentives, governance structures and reporting requirements) that shape firm engagement in global health promotion, and provided normative framing of firm action with respect to SDG goals.

C. Inclusion/Exclusion Criteria

High quality sources that met any or all of the following criteria were considered for inclusion:

- Quantitative data on the economic or health outcomes of workplace interventions.
- A full economic evaluation of the impact of increased productivity through health programmes, presenteeism or absenteeism.
- Content on conceptual or policy frameworks linking SDG 3 indicators to business wellbeing.
- Those by legitimate organizations (World Bank, McKinsey, OECD, UN, WHO etc.) on studies or reports.

The following exclusion criteria were eliminated:

- Anecdotal or opinion essays that have no empirical grounding.
- Some older research published before 2010 that did not adhere to the standards of proper study design.
- Studies that only focus on clinical healthcare and do not consider organizational or financial issues.
- This allowed the review to strike a balance between scientific rigour and policy relevance (ensuring both trustworthiness and relevance).

D. The Analytical Method

The data was heterogeneous in terms of type and design, so a qualitative comparative synthesis and to the extent possible quantitative summary indicators were used. The evidence were classified according to three overall dimensions that corresponded with the conceptual framework.

a) Health Impact

Health effects are from systematic evaluations of the impact on biomarker changes, frequency of chronic diseases and well-being perception due to wellness interventions (e.g. diet instruction, programs involving physical activity, quit smoking or mental health support).

b) Economic Results:

Key findings on healthcare spend, absenteeism/presenteeism rates, cost-benefit ratios and employer ROI/VOI.

c) Social and Policy Implications:

Ways for companies to better align with SDG 3 Indicators, including considerations of inequality, community-level externalities and the right of access to care.

To ensure a balanced interpretation, triangulation was paramount in the synthesis approach (cross-checking evidence across disciplines). Table 1 is a comparative table that displays estimates of selected ROIs, productivity gains and sample program impacts based on quantitative evidence from economic studies of relevance to our study.

E. Table of Data Summary

- Evidence type, Source examples, Geographical scale, Main findings and Implications for SDG 3
- International physical activity programs increase fitness and decrease absenteeism 12 to 20%; multi-component programs show even greater compliance; Systematic Reviews on Wellness Programs BioMed Central (2018-2023); Cochrane Review (2022) into action Supports SDG 3.4: Reduce Premature Mortality from NCDs
- Mental Health Interventions OECD and LMICs Results from workplace mental health programs that deliver a positive return on investment (ROI) ~2.3:1 Reduced absenteeism related to depression by 30% (complies with SDG 3.5: Promote mental health and well-being; WHO & ILO, 2021; Lancet Psychiatry, 2023).
- Reductions in indirect costs from reduced presenteeism are predominant; multi-national ROI ranges 1.5:1 to 4.0:1; firm-level economics mirror national productivity, as reported (Employer ROI) via economic analyses by McKinsey Health Institute (2024) and Deloitte Insights (2023).
- At the global level, better health of the workforce could increase GDP by 5-8% by 2040 on Macroeconomic Workforce Health Studies (OECD, 2022; World Bank, 2023). SDG 3 as well as economic growth goals
- The UN SDG Report (2024), WHO GAP (2023) and ILO Standards Global all underscore the importance of private sector engagement (driven by awareness, action and investment preemption) for workplace health equity. They also offer an approach for multisector collaboration on SDG 3.

F. Synthesis and Integration

The synthesis connected practices among enterprises at micro level to sustainable development outcomes at macro level through calculation of quantitative trend and analysis of policy discourse. To help illustrate how individual firm-level gains can accumulate into national health benefits, we compared the costs and cost-savings of one our most widely applied programs to World Health Organization targets for NCD prevention. Likewise, the comparison of epidemiological results with qualitative content drawn from management reports was conducted to address uniformity across discipline. It is an evidence-to-policy translation model that focuses on the usefulness for decision-makers and organizational leaders. This model will provide policymakers with an understanding of not only what can be encouraged to promote workplace health, but how market forces, corporate motivations and governance systems influence the success of implementation.

G. Restrictions in Methodology

The report, while comprehensive, acknowledges several limitations. It is also a structured narrative review more oriented towards managerial and policy audiences rather than a rigorous systematic review according to PRISMA criteria. There are limitations to cross-study comparability due to variations in program design, evaluation indicators and outcome measures. Moreover, many corporate studies rely on proprietary analytics or self-reported figures, which can introduce bias. To allay these concerns, cross-country comparisons, longitudinal studies and meta-analyses were emphasised. Policy relevant, and more normative than merely empirical, high-level institutional reports are also included. Consequently, recommendations are oriented towards trends in strategy (rather than tactical" and phrased as generalizations with caution taken. That said, this systematic undertaking offers a foundation for critically examining the potential of corporate wellness initiatives and health economics to advance SDG 3 and enhance organizational success.

ANALYSIS

A. Employer Incentives and Economic Costs

But directly and indirectly poor workforce health has a marked negative cost to an organisation. More than a fraction of this burden can only be contributed to by direct medical costs, such as the employers payment for healthcare and health insurance claims and work related injuries. Here, indirect costs like presenteeism and absenteeism, as well as lost performance in the workplace, add up to a much greater extent. Presenteeism — when employees stay on the job even when ill — can be costlier in terms of reduced productivity than its mirror image, absenteeism, according to a growing body of research. Most indirect economic costs associated with poor health result from work not done (absenteeism) as opposed to lost productivity, as supported in the analysis by sector and country level documentation. For example, national figures from the US and UK reveal that productivity losses due to long-term illnesses such as diabetes, heart disease and stress have also risen sharply – reaching into billions of dollars in lost

production annually. These findings demonstrate a financial need for organizations to invest in wellness and prevention.

At the macroeconomic level, the consequences are equally dire, albeit in an economic sense. According to a global model developed at the McKinsey Health Institute, improving worker health and well-being will generate an extra \$12 trillion of value globally by 2040. This will be accomplished by increasing labor market participation, reducing wellness expenses, and large-scale industry productivity. In financial terms, these figures justify investments in employee well-being made by corporations and other business entities, particularly multinational corporations that supervise huge and dispersed labor forces. The significance of social health is even more critical in knowledge-based sectors where emotional and cognitive performance is very important. Healthier workforce elevates competitiveness, minimizes operational risks and support economic development. As a result, rational corporate strategy and business operations coincide with social health, creating a virtuous loop that benefits corporate earnings and helps SDG 3 to attain its objective of good health and well-being for all. Since interventions' piratical costs and effectiveness are different, the cost-effectiveness and efficiency of interventions vary more widely. Mental health interventions are particularly potent when support from clinical resources such as counselling, digital cognitive-behavioral therapy (CBT), and employee assistance programs (EAPs) is combined with organisational changes that reduce workload, increase employees' autonomy over their work, and offer supportive leadership. Studies published by the World Health Organization and BioMed Central have demonstrated that workplace mental health interventions that modify job design result in greater reductions on stress, burnout and staff turnover compared to interventions which offer psychological help separately. Nonetheless, methodological concerns are persistent, which preclude definitive causal inferences between wellness initiatives and performance 1. These concerns include variations in outcome measures and poor long-term data with selection bias.

In addition to being more cost-effective, prevention-focused strategies are generally also more effective than treatment-focused ones. Vaccination programs, smoking cessation efforts, and early detection of long-term diseases such as diabetes and hypertension have a favorable cost-benefit compared with other, later-stage medical interventions. Employer-based economic evaluations report mixed ROIs. In some cases, particularly for programs that focus on high-risk health behaviors, studies demonstrate an ROI as early as one to three years. Others have had at best neutral (and at worst negative) short-term results after accounting only for direct medical cost savings. But in most the value of investment (VOI) is positive once you start considering intangible and indirect benefits, such as higher employee morale, engagement, retention and your corporate reputation. Increasingly industry appraisals are advocating a move away from simple ROI based evaluation schemes to those utilising broader VOI models which also factor in productivity, well-being and long-term organisational resilience. This higher valuation is consistent with the concept of new health economics that indicates there are many preventive measures which lead to considerable delayed benefits not reported in normal accounting periods.

B. Equity and Implementation Gap Issues

Even though there is sound proof of wellness programs, implementation varies still by industry and location. Even thoughtfully designed efforts will fail if such structural job conditions, managerial styles and organizational culture do not change. Research continues to show that stigma, mistrust or manager non-support — particularly around mental health and stress management — are the major obstacles for employees who do not participate in wellness programs. Finally, overall effectiveness is reduced by the organizational chaos of employee benefits and the failure to align workplace initiatives with external health care.

Equity issues are a significant issue but we must also look at other factors. Other voluntary or incentive-based programs also disproportionately attract the healthier, wealthier and more educated; meanwhile lower-wage or temporary workers — often those for whom health risks appear to be highest — are overlooked. Such unequal engagement could exacerbate existing health disparities and undermines the potential of wellness programs to contribute towards public health goals. To address these challenges, companies need to incorporate inclusive design principles that grant wellness benefits to everyone in the workforce – whether someone is a contingent worker, remote employee or works on a part-time basis. Ensuring that workplace health programs are supportive of local and national healthcare systems, while coordinating with insurers, community health providers and public health agencies can also enhance equity. As SDG 3 indicates, the goal of “leave no one behind” necessitates this type of inclusivity.

C. Measurement, Reporting and Corporate Governance

Integration of business wellness activities Although many companies have a commitment on health promotion, tying this to the targets around SDG 3 will need strong governance and monitoring systems. Even as more companies

are beginning to report on health and well-being metrics directly in their Environmental, Social, and Governance (ESG) reports, there is still some inconsistency. Benchmarking and reporting/ accountability become difficult without standard measures. A strong system should include three types of indicators — economic success, social impact and health outcomes. Indicators of health outcomes might be self-perceived well-being, vaccination rates, biometric improvements and screening uptake. Economic outcomes Economic measures include healthcare cost trends as well as return on investment (ROI), presenteeism and absenteeism (WPAI) rates, and productivity indices derived from validated instruments like the Work Productivity and Activity Impairment (WPAI) scale. The broader societal component of corporate health role, is coded by social impact indicators such as community engagement, gender equity and equitable access to health interventions. Corporate governance also affects the level, durability and sustainability of health investments. Firms whose CEO incentives are performance-based, for which the board monitors wellness interventions, and that openly report on these initiatives should be more likely to retain substantial progress. Consistency and comparability between sectors could be enhanced by aligning the governance mechanisms with international standards such as WHO SDG 3 Action Plan, or GRI 403: Occupational Health and Safety. Finally, corporate wellness becomes more than just “easy to participate,” and instead gets woven into a measurable strategic goal by incorporating health and well-being metrics into ESG/sustainability reporting. With it, by embedding wellbeing in organisations, we can change the way work is done for the better of all: effective interventions and strategies that increase resilience and productivity while delivering a real contribution towards the global drive to achieve SDG 3.

CASE STUDIES

The translation of health economic research into actionable corporate strategies is essential to the operationalization for achieving Sustainable Development Goal 3 (SDG 3- ensure healthy lives, and promote well-being for all).. More and more companies have demonstrated that health-centric business models result in measurable social and economic benefits as well as healthier employees. The resulting case-based discussion provides highlights from academic papers, business literature and global best practices to illustrate how businesses made their contributions towards SDG 3 actionable while strengthening their competitive and reputational advantages. Best practice is full integration of primary access and prevention within the corporate setting. To deliver primary care, immunization programs and regular chronic disease screenings on location or near a jobsite, many forward-thinking companies have teamed up with insurers, health providers and neighborhood clinics. By facilitating the connection between clinical care and workplace wellness, these agreements ensure that workers facing challenges to their health benefit from timely and preventative interventions. Employees with ready access to primary care demonstrate outcomes such as better blood pressure and glucose control and are more likely to adhere to prescribed treatments, empirical evidence from global firms in manufacturing, technology, and energy has shown. The overall cost of long-term treatment costs and preventable hospitalizations is reduced due to the synergistic effect. Employers benefit not only in terms of obvious cost savings, but also because productivity is up, absenteeism is down and turnover rates are greatly reduced. Indeed, companies like IBM and Johnson & Johnson prove that continual investment in preventive health infrastructures can lead to lower medical claims for employers—and higher employee engagement and retention rates.

Equally, mental health as a strategic foundation of business wellness is gaining currency. With burnout, anxiety and depression rampant in the post-pandemic era, the workplace also has become a key venue for mental health intervention. Companies that build mental health in their basic leadership and management practices will realize long-term results for corporate performance and employee well-being. Programs such as psychological safety leadership training, flexible or unlimited leave policies for mental health and private counseling services aid in reducing stigma and boosting program utilization, data from multinationals in technology and financial services show. And the barrier of entry has been even lower still with the rise of digital mental health solutions, such as teletherapy and app-based cognitive-behavioral therapy (CBT), which seems to be particularly well-suited for remote teams and younger employees. When mental health is perceived as a managerial skill instead of an added bonus, research shows that outcomes improve in every respect — lower stress, turnover and greater satisfaction with work. The best ones demonstrate that both structural and cultural change are needed to secure lasting advances in mental health. They combine structural reforms of workload, control and recognition mechanisms with micro-level caring.

Another area of innovation is in the role to reduce presenteeism, for example through work design and flexibility improvements. One of the biggest and little-understood sources of productivity loss is presenteeism, when workers keep showing up to work despite being sick. That’s why forward-moving companies are instituting policies such as paid sick leave, the option to work remotely or have a hybrid schedule while sick and flexible enough even when someone does get infected for workers to recover without penalty. They not only minimize the risk of infection, but also protect (employee) rehabilitation or a return to work - which is particularly relevant in areas where infectious diseases

are easily transmitted. These measures can significantly reduce productivity losses associated with sleepiness and poor performance, reports from the healthcare and hospitality industries show. Firms which focusing recuperation as a productivity related strategic factor are also found to have stronger perceptions about organizational justice and higher levels of employee loyalty. This is a paradigm shift in moving from a sickness-based approach to work, which was and remains reactively managed, toward the development of systems at work that are inherently self-sustaining of health.

Some multinational firms, is supporting community health programs that extend beyond their immediate employees, increasing commitments to SDG 3. Manufacturing and extractive companies, for one example, have been supporting local health care education efforts in the areas where they operate regarding immunizations and maternal care. These expenses serve a dual function: they stabilise local labour markets and improve the company's reputation, but also directly impact SDG 3 indicators such as rates of vaccination and reductions in maternal mortality. Healthier communities are provided with a more reliable labor force, lower absenteeism numbers and improved ties to the local community, so businesses can improve their operational resilience indirectly by investing in community health. More holistic, strategic forms of philanthropy that factor in public health externalities are reflected by this kind of community-based investment. It gets businesses nearer to the idea of "shared value," where social progress and commercial success are not opposing ends, but rather reinforce each other. At the highest levels of management and corporate culture, comprehensive wellness efforts supported and incorporated in long-term business exploits tend to be most impactful - they're also typically the longest lasting. Industry reports, like those developed by the World Economic Forum and McKinsey & Company, consistently demonstrate that integrated, holistic programs connected at a system level bring higher returns than fragmented wellness or short-term initiatives. Companies that blend accessible clinical care, psychosocial services, preventive health initiatives and robust outcomes tracking outperform those that rely on ad hoc programs or incentive-based wellness benefits. A determining factor is leadership commitment: programs that have senior level sponsors, adequate resources and transparent reporting systems yield more success and increased participation. Further, when companies define wellness in their human resources policies and performance measures they are driving sustainable culture change that goes beyond a discretionary benefit to an institutional governance responsibility.

In summary, all of prevention, mental health, equity and community engagement are included within integrated organisational structures in company-plans that contribute to SDG 3. Healthy companies are those that invest in the health of their employees as an investment in human capital & organizational sustainability and not simply a cost centre. Businesses can generate concrete social and economic value by investing in the community, fostering mental health normalcy offering preventive healthcare assistance, and enabling flexible working hours. Collectively, these cases demonstrate that pursuing SDG 3 through corporate wellness is not just the right thing to do, but a commercially astute strategy for long-term productivity, competitive advantage and resilience.

CONCLUSION

The intersection of health economics and corporate strategies is one of the most promising but least leveraged paths to achieving Sustainable Development Goal 3 (SDG 3) for healthy lives and wellbeing for all. This article has demonstrated that improving employees' health is not only a social responsibility, but also a survival issue and competitive advantage for companies. Based on the evidence reviewed, organizations that invest strategically in workplace wellness, illness prevention and health promotion yield benefits that extend far beyond their employees' personal lives, and impact communities, companies and national economies. There has never been a stronger business case for business wellness. Poor health of employees increases indirect costs in industries through presenteeism, absenteeism and reduced productivity. These hidden losses are often greater than direct medical costs, health economists say, meaning that there is a large opportunity cost in delay. Conversely, companies that treat employee health as an asset (as opposed to a liability) enjoy tangible financial rewards. From a macroeconomic standpoint, strong labor markets, improved national productivity and more stable economies are all affected by healthy work forces. Bettering the health of the population and work force could yield trillions more in global productivity, estimates from groups like the McKinsey Health Institute suggest. This demonstrates that SDG 3 is not only a moral target but also a smart investment.

The findings also indicate that corporate health programs are not a series of disconnected wellness perks, but integrated, evidence-based strategies woven into core management and governance processes. Aspects of the most successful such cases include access to primary and preventive care; the inclusion of mental health; employment design which reduces stress, absenteeism and presenteeism at work; and supporting community health goals. Companies cultivate healthy climates that promote productivity and innovation by incorporating exercise into the design of the

workspace in the form of flexible scheduling, safe work environments, and supportive leaders. Importantly, these efforts are effective because they are integrated into public health systems and other organizational priorities, instead of being one-off projects. This paper's idea shows how macro-level externalities (such as improved community health), meso-level economic consequences (for example, productivity gains) and micro-level interventions (for example, mental health programs) collaborate to create shared value for both society and business. Inclusion and equity also appear as important success drivers. There are a number of flaws to many corporate wellness programs, including that they have not been equally accessible to all employees and that in some cases, the fitter and higher-paid workers benefit most. In the spirit of true SDG3 for health and well-being all (employees) especially those employed in precarious, distant, low-wage contexts should have equitable access to health-enhancing environments and services through corporate policies. And beyond the moral claim, this equitable factor works for purely practical reasons, because inclusive programs also drive trust, decrease attrition and increase organizational resilience more broadly. Collaborating with government entities, insurers and public health groups can help businesses design programs that are less expensive and fairer to the amounting shares of public dollars they use, while accommodating the realities of their workforces.

From a governance perspective, the sustenance of health investments is highly contingent on corporate reporting and accountability mechanisms. Measuring and reporting of social and environmental indicators are already common in the sustainability reporting, but not yet all related to worker health and well-being. Standardized frameworks that span productivity, social impact, and health outcomes would enhance industry comparison and accountability. Health could be embedded as part of generating economic value also by integrating it within Environmental, Social and Governance (ESG) reporting and linking executive remuneration to indicators of well-being. In doing so they would contribute to breaking down the dichotomy between health, environmental and financial performance parameters into a new paradigm, where it is just that health performance is on an equal level with a companies' assessment of how well it performs on other factors. At a broader systems-level, public-private partnerships at the collective level will be needed to scale the impact of corporate wellbeing on progress toward SDG 3. Public policies to promote investments in health that benefits the business, such as tax credits for preventive measures, recognition of companies that invest in health or cofinancing actions targeted at the community would increase the private donations for public goals. Parallel benefits could be expected from corporate involvement in regional or national health activities, such as immunization programmes or mental health awareness campaigns. These complementarities illustrate the potential for value co-creation between public and private sectors, where health is no longer a specialized good but rather a cross-sectoral objective.

In summary, paradigm and metric shifts are required for the corporate wellness industry to further SDG 3. What's required is for companies to move from a philanthropic and compliance-based approach toward having an explicit, commercial strategy for investing in health that recognizes well-being as a driver of resilience, creativity and productivity. Organizational and community health are contingent upon the health of their workforce. Business can also be a powerful driver of sustainable development by incorporating health economics into strategic decisions, advocating for fair access to wellness resources and aligning internal efforts with external public health infrastructure. At the end of the day, SDG 3 can only be realized when we rethink corporate success as being able to contribute to long-term health, dignity, and shared prosperity for all – instead of mindless profits.

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