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Interview: Reflections on Wellbeing

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What does 'wellbeing' mean to you?

The definition of health found in the Constitution of the World Health Organization (1948) has inspired my own ideas of wellbeing ever since I started my public health practice:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (2020, p. 1)

Adopted at a time of optimism in the recovery from World War II, this definition was inspired by a spirit of multilateralism, idealism, and solidarity, having been drafted by people who shared the resolve that the world should never again see such carnage as had just ended.

This definition has been praised for many reasons, among them:

- for being positive, eschewing the medical approach of "mere" prevention or control of diseases,
- for being holistic, encompassing multiple dimensions of wellbeing, and
- for being aspirational, setting a vision of health that is as idealistic and as relevant today as it was seven decades ago.

The definition could be improved. In one sense, it sets too high a standard. No-one has ever attained "a state of complete wellbeing". One can still enjoy some measure of wellbeing, even when suffering from disease or disability. Over time, our understanding has evolved to encompass the view that health and wellbeing sit on a continuum, and that people and societies should aim for the highest attainable level of health, rather than a state of "complete wellbeing".

Having agreed that health is a positive and multi-dimensional attribute, it still leaves the term "wellbeing" undefined. I will not attempt a canonical definition here, but I would point out three concepts that I regard as essential to wellbeing: balance, reserve, and resilience:

- *Balance*, or harmony, encompasses such ideas as peace and equity in society, sustainability in the environment, and homeostasis in physiology.
- *Reserve*, or redundancy in the engineering sense, refers to the additional physical, mental, and social resources or health assets that are needed to cope with surges in demand due to stress, disease, or disaster.
- *Resilience* is the ability of individuals and society to recover from such surges and to regain a state of balance after temporary departures from it. A person

with a supportive social network will better recover from the loss of a loved one than a person who is isolated and lonely. A school child being bullied will better cope with the stress if they have a trusted adult to whom they can reach out for help. Much of the treatment of certain forms of depression depends on being able to talk about it with trusted family and friends and with mental health professionals.

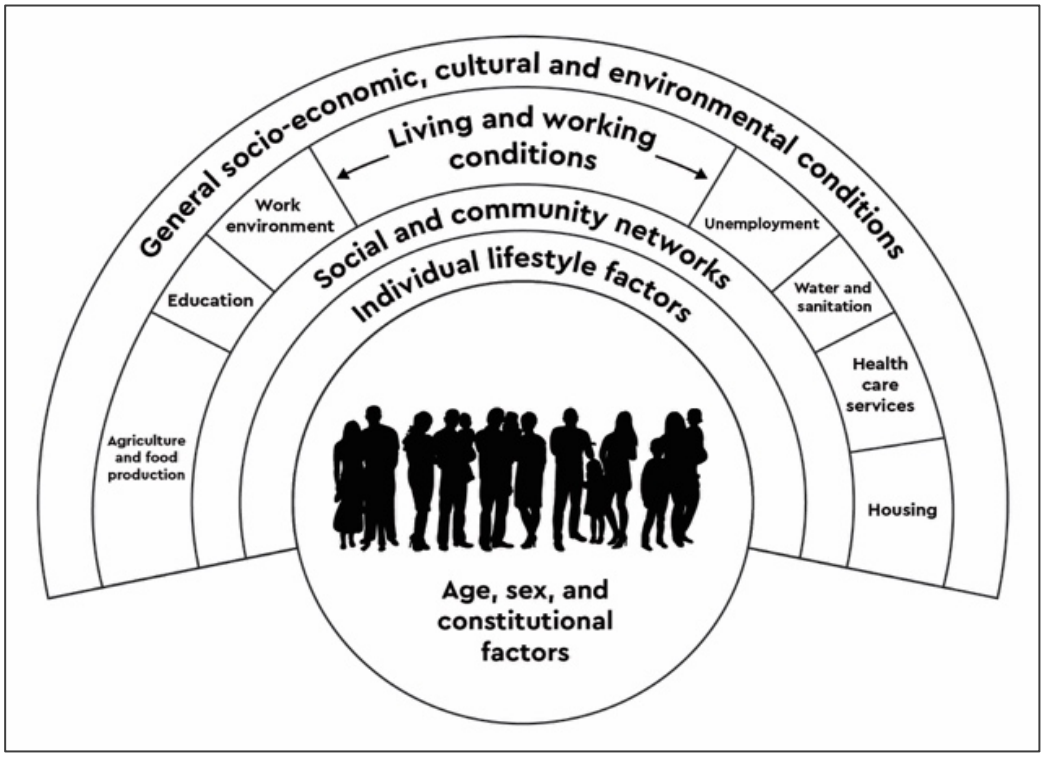
How pertinent is social wellbeing to your own professional work?

Public health and social wellbeing could not exist, one without the other. The two are inextricably intertwined. Indeed, in my discussion above, taking the lead from the WHO definition of health, I intentionally made no distinction between health and wellbeing.

In 1991, a few years into my public health practice, Dahlgren and Whitehead presented the *social model of health* in diagrammatic form as a series of concentric circles or arcs surrounding a group of individuals at the centre. Each of the circles from the centre outwards represents a more upstream influence on health. This model and others like it grabbed the imagination of academics and practitioners like me who were at the time themselves working at the interface of health and social wellbeing, for instance on the "Health for All" movement.

At the core of the social model, on the inner circle, lie the more direct influences that define the biological limits of health: our age, sex, and genes. The next circle of influence is our behaviour, the choices that we make in life that amplify or diminish our health with risk factors such as tobacco or alcohol consumption on the one hand and protective factors such as healthy diet and physical activity on the other. Beyond the influence of genes or behaviour, all individuals are embedded within social and community networks, comprised of family, work, and social relationships that can help or hinder a person's health career. These social networks are, in turn, embedded in a larger set of socioeconomic, cultural, and environmental conditions, such as access to

Figure 1.
The main determinants of health.
Source: based on Dahlgren and Whitehead (1991)



decent work and to health services, housing, water and sanitation, education, agriculture, and the physical environment itself.

These successive spheres of influence blur any artificial distinction between health and social wellbeing, between medical and social action, or between personal and population level determinants. The social and environmental determinants thus become targets for intervention, converting population health science into an instrument of social policy. Adopting a social model of health requires population health scientists to work on developing healthy public policy, collaborating across sectors of government, mobilising the whole of society, and constantly advocating for equity in health.

How can we consider wellbeing in the context of the COVID-19 pandemic?

The fundamental concepts of balance, reserve, resilience, and the social model of health and wellbeing apply perfectly to the era of COVID-19 and the societal efforts to "build back better". A few examples will make this clear.

The accelerated development of effective vaccines has been a major scientific achievement. In the space of less than a year, humanity has developed an essential and coveted tool for protecting populations from hospitalisation and from severe forms of COVID-19. At the time of writing, over 1.2 billion vaccine doses had been administered worldwide. But the distribution has been unequal. According to OurWorldInData.org, (22 May 2021) just ten countries have used up 75% of these doses. While many countries are donating vaccine doses to the WHO COVAX facility, or providing vaccine donations on a bilateral basis, or even considering temporary waivers on vaccine patents, vaccine equity has become an urgent issue. It is an issue of balance and the fair distribution of health assets. It is an issue of reserve in vaccine production capacity. It is also an issue of resilience and recovery, since even countries that now enjoy high levels of vaccination remain vulnerable while transmission rages in other countries, and new strains of the virus arise from mutation. Wellbeing in this sense implies that no-one is safe until everyone is safe.

Mask wearing, hand washing, and physical distancing have become established as important behaviours to protect self and others. Yet even these simple behaviours have shown up the inequity within and between societies. Mask wearing has been readily accepted by many populations yet has become a bone of contention in many others. Hand washing is a luxury in populations with poor access to proper water and sanitation while running water in the home is commonplace in other societies. Physical distancing is an impossibility for certain occupational groups, while others enjoy jobs that enable them to work from the safety of their own home. Social wellbeing in the era of COVID-19 requires such basic inequities to also be addressed.

Beyond personal behaviour, the social model of health and wellbeing requires us to consider the broader living and environmental conditions. COVID-19 has given prominence to the idea of "One Health", the concept that human, animal, and environmental health are deeply interlinked. The One Health concept is central to our ability to prevent new pandemics. It calls for changes to the industrialised rearing of livestock and the use of antibiotics on animals raised under intense and stressful conditions, breeding grounds for new pathogens and for anti-microbial resistance. It calls for changes to the sanitary conditions in food markets that are, on the one hand, essential sources of food for many in the developing world, yet, on the other hand, may harbour illegal trade in wild animals. It calls for an end to deforestation which reduces the habitat for wild animals and increases encounters between them and humans, creating even more opportunities for animal-human spillover of new pathogens.

Resilience is another core concept. The health assets of societies need to be shored up. Universal health coverage needs to be guaranteed. Too many people worldwide lack access to a basic package of health services. Pandemic preparedness needs investment in surveillance and early warning systems, in reserves of protective equipment, and in improving society's ability to protect those who live and work under precarious conditions. During the lockdowns that have helped to "flatten the curve" in many countries, women have been exposed to a surge in domestic abuse, and many whose jobs

cannot be conducted from the safety of their own homes have had their livelihoods threatened.

On a global level, true wellbeing includes also multilateralism, the willingness to cooperate across borders to overcome health threats that do not respect national boundaries. These ideas are captured perfectly by Richard Horton as he concludes his book on “The COVID-19 Catastrophe” thus:

> We are social beings. We are political beings. COVID-19 has taught us that we are mutual beings too. (2020, p. 127 of 134, e-book edition)

Maybe that is when humans will attain true wellbeing, when we recover that spirit of multilateralism, idealism, and solidarity, and when we come to act as though we are mutual beings too.

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