The Politics of Wellbeing
Policy Brief

Author: Saamah Abdallah, Konzeptwerk Neue Oekonomie

Civil Society across the Commonwealth, supported by the Commonwealth Foundation, host an annual policy forum addressing the theme of the annual Commonwealth Health Ministers’ meeting (CHMM) which is held each year in Geneva on the eve of the World Health Assembly. Through the policy forum, Commonwealth civil society comes together to discuss, debate, and develop a consensus position or set of positions and recommendations and/or a declaration for action on the policy issues under discussion. These positions or requests for action are then presented by civil society to Commonwealth Health Ministers at their meeting.

The 2017 Commonwealth Civil Society Policy Forum will be held Saturday 20 May, 3.00 - 6.30 pm, at the Starling Hotel in Geneva, and will address the following issues:

- Funding models to finance universal health coverage;
- The politics of wellbeing;
- Women’s voices on structural violence in health care.

Three policy briefs have been developed on the three issues outlined above. These policy briefs will then be shared with civil society across the Commonwealth through an online survey to gain input into and consensus about the proposed recommendations and action to be presented to Commonwealth Health Ministers at their meeting.

Introduction

Statisticians, policy-makers and politicians around the world have begun to recognise the need for a new understanding of what defines good policy or a successful nation. In many contexts this understanding has taken the form of ‘wellbeing’ — typically understood as a more holistic and often personal perspective on how life is going for citizens.

Research on wellbeing demonstrates that it can be influenced by many policy levers and, importantly, it has a flow-on effect to other policy outcomes such as health. This briefing argues that Commonwealth Health Ministers should seriously consider the wellbeing perspective. The brief puts forward two broad recommendations: 1) collect regular and robust data on subjective wellbeing; 2) introduce a policy screening tool to assess the expected impact of new policies on wellbeing.

Context

Over the last two decades, the concept of ‘wellbeing’ has entered the policy discourse in many developed countries, including the United Kingdom (UK), Australia, New Zealand, France and Italy. The UK was at the forefront of this development, when in 2000 the Local Government Act gave local authorities the power ‘to do anything they consider likely to promote the economic, social and environmental well-being of their area unless explicitly prohibited elsewhere in legislation’. In 2005, ‘promoting personal well-being’ was identified as central to the UK’s sustainable development strategy; Securing the Future. The European Commission sustainable development strategy followed suit in 2006 with reference to the ‘continuous improvement of the quality of life and well-being on Earth for present and future generations’. Wellbeing is also integral to health policy with the World Health Organisation defining health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’.

In this document we use the definition proposed by the Making Wellbeing Count for Policy project: “Individual wellbeing is a sustainable condition that allows an individual to develop and thrive. It is the combination of feeling good and functioning well”.

This definition is similar to the World Health Organisation’s definition of quality of life, and indeed not too dissimilar to the concept of happiness espoused by the United Nations. The definition necessitates that wellbeing be measured at least in part using self-reported measures — people saying how they feel and how well their psychological needs are met. As a result, wellbeing is typically operationalised based on the responses to individual questions or sets of
questions in large-scale surveys. There is a strong body of evidence demonstrating the validity (and reliability at the aggregate level) of such measurements. An excellent summary can be found in the Organisation for Economic Cooperation and Development (OECD) Guidelines on Measuring Subjective Wellbeing.9

It is worth noting that there is some debate as to whether health is an aspect of wellbeing, or wellbeing an aspect of health. In this document, we understood wellbeing to be the broader concept, i.e. that health is an aspect of wellbeing. The definition above is of an overall assessment of an individual which is influenced by their health, but also by many other factors such as their material conditions, social relationships, etc.

WHY WELLBEING?

There are many advantages for the use of wellbeing in policy, including:

1. **It matters to people.** It is an outcome that people seek for themselves in life. Governments should therefore be supportive of wellbeing, which in effect means putting people at the centre of policy.
2. **It is democratic.** Rather than policy-makers or experts defining what is important to people, it allows people to voice for themselves their experiences.
3. **It provides an evidence-base.** Research on the determinants of wellbeing enables evidence-based decisions to improve people’s lives.
4. **It is holistic.** Wellbeing is affected by almost everything. Monitoring wellbeing means that unintended policy consequences can be captured, and unexpected patterns can be detected. It also encourages policy-makers to think across policy silos and collaborate across departments.
5. **It leads to virtuous circles.** The dynamic nature of wellbeing means that improving wellbeing leads to multiple positive outcomes, including greater productivity at work, more stable societies and better health.

WELLBEING AND OTHER OUTCOMES

4.1. Wellbeing and health

Positive wellbeing is a strong predictor of future health.10 11 12 A review of 30 longitudinal studies reported that the effect of high wellbeing on life expectancy is equivalent to that of smoking (though, of course, in the opposite direction).13 Another quantifies the impact of high wellbeing on life expectancy as 4-10 additional life years.14 A meta-analysis of 150 studies found that wellbeing also had a positive effect on many other health outcomes;15 for example, high wellbeing predicts improved cardiovascular health,16 and reduced risk of depression.17 But it is important to highlight that high wellbeing is not simply the opposite of depression. For example, the effect of positive wellbeing on health remains even after controlling for symptoms of depression.18

Several hypotheses explain the link between wellbeing and health. Some are physiological. For example, positive emotions can reduce stress or protect against the negative physiological effects of stress.19 Positive feelings may also directly improve the performance of the immune system.20 Other theories focus on behavioural patterns. For example, people with higher wellbeing tend to have healthier lifestyles, refraining from smoking and alcohol and doing more physical exercise,21 and adhering to medication.22 Social relationships are likely to also play a causal role in the relationship perhaps mediating some of the effect.

There is a forceful case for preventative early action approaches in all policy areas, and particularly health.23 Some see such prevention as necessary if our states are to remain sustainable in a context of dwindling planetary resources.24 Improving wellbeing is part of this approach.25 The Health Improvement Analytical Team at the UK Department of Health, reviewed the impacts of wellbeing on health and noted that improving wellbeing ‘may ultimately reduce the healthcare burden’.26 Meanwhile, the Wellworth tool, developed by Happy City, estimates that increasing life satisfaction in people over 65 years from the lowest value to the highest value increases average life expectancy by 6 years, with a monetary value of £180,000.27
4.2. Wellbeing and prosocial behaviour

There is some evidence that higher wellbeing is associated with more prosocial behaviour. For example, a review of longitudinal and experimental studies found that people with higher wellbeing were more likely to express liking for a stranger. Inducing positive emotions in experimental settings increases the likelihood of a number of prosocial behaviours including volunteering, donating blood and making a financial charitable contribution. People with higher levels of positive emotion are more likely to deal with negotiations through collaboration and cooperation rather than through avoidance or competition, and to make more concessions during these negotiations.

HOW TO IMPROVE WELLBEING

If wellbeing is so important, what can be done to increase it? Economists, psychologists and other researchers have been building a vast evidence base on the correlates of low and high wellbeing, and on how it can be improved. In 2012, the New Economics Foundation produced an authoritative tome Wellbeing evidence for policy: A review.

The factors that are most important – freedom for material deprivation, good social relationships, good health, employment, good government – may not be that surprising, but wellbeing research allows us to quantitatively assess and compare these effects and so evaluate difficult trade-offs. And some effects may indeed be bigger or smaller than traditionally assumed.

For example, perhaps the best-known finding from research on wellbeing has been that, amongst wealthy countries, increasing GDP is not associated with increasing wellbeing. The evidence suggests that, once relatively basic needs are met, the benefits of increasing individual income are relative. One individual’s income increase may lead to an increase in their wellbeing, but it will also be associated with a decline in the wellbeing of his or her peers. As a result, contrary to mainstream policy doctrines, increasing GDP does not lead to increasing wellbeing – at least in wealthier countries.

Contrastingly, increases in measures of social capital in a country (for example trust in others, and participation in civil society) are found to be associated with stable increases in wellbeing. This highlights one of the other consistent findings of wellbeing research – social relationships are fundamental. This is of vital relevance for policy. How much does government invest in building community cohesion, for example? How much is enhancing trust in other people considered a policy objective? Furthermore, many policies which might have other objectives may inadvertently harm social relationships. For example, in a review of wellbeing in Austria, the OECD identified relatively low labour mobility as a positive factor. By contrast, countries that promote labour mobility – for example encouraging people to move from rural areas to cities for work – may be inadvertently harming social relationships and in doing so, harming wellbeing also.

POLICY IMPLICATIONS

What first steps can countries take to improve wellbeing? There are now several reports with specific policy recommendations that have been developed from a wellbeing perspective, including reports by the UK All-Party Parliamentary Group on Wellbeing Economics, the Legatum Commission, the What Works Centre for Wellbeing, and the World Happiness Report. Recommendations range from increasing focus on mental health, to parental education, to economic redistribution. Rather than attempt to select two specific policies from this vast range of options, this document proposes two general policies which are relevant for a wide range of countries.

Measure subjective wellbeing

As noted earlier in this document, the wellbeing of a country’s population cannot be fully assessed without directly asking people how they feel. To do so properly requires large-scale representative national surveys. Most recent attempts to measure wellbeing differently have included the use of such data, including Measures of Australia’s Progress, the UK’s Measuring National Wellbeing programme, the OECD’s Better Life Index, Bhutan’s Gross National Happiness and Ecuador’s Buen Vivir. The UK has taken measuring wellbeing particularly seriously, by including four subjective wellbeing questions in its Labour Force Survey, which goes out to 160,000 households a year. Thanks to proactive work by the OECD and Eurostat (the European Statistics Agency), subjective wellbeing questions are now asked in official surveys in all EU countries and all but two OECD countries.
But it is not only wealthy countries that are measuring subjective wellbeing. Until the UK began its survey in 2011, the largest national survey including wellbeing questions, reaching almost 20,000 respondents, had been conducted in Ecuador – as part of the Buen Vivir programme. Several other Latin American countries have begun regular collection of wellbeing data, including Colombia, Mexico and Chile. Bhutan conducts a very in-depth survey of wellbeing as part of the Gross National Happiness programme. And in 2011, Vanuatu administered the Community Well-Being survey, as a pilot for replication across Melanesia.

Measuring subjective wellbeing in national surveys has multiple benefits for policy:

1. Provides an overall assessment of national progress.
2. Allows the identification of population groups or regions with particularly low (or high) wellbeing.
3. Depending on the depth of questions on wellbeing, allows an understanding of what aspects of wellbeing are in particular need of attention. For example, is people’s sense of autonomy particularly low? Is experience of loneliness increasing?
4. Depending on what other questions are included in the survey, allows an understanding of the factors associated with low or high wellbeing within the country and, as a result, potentially hint at possible policy priorities. For example, is commuting associated with particularly low levels of wellbeing? Is volunteering associated with particularly high levels?
5. Provides a representative robust benchmark against which more local or project-level surveys can be compared.

There is a further, less observable, benefit of measuring subjective wellbeing. If the data is made visible to the public, and is explicitly referred to by politicians, it can contribute to the promotion of an alternative societal vision of progress. At present, the indicator that is referred to most frequently by politicians, the media and commentators, is GDP – a measure of economic activity. This attention has been blamed for a policy approach that has prioritised economic growth above other objectives, with negative outcomes. A context whereby people’s wellbeing is given as much attention as economic growth, if not more, could contribute to more people-focussed policy.

For the most benefit to be gained from subjective wellbeing measurement, national statistics should include internationally harmonised wellbeing questions in large-scale regular national surveys and report data in a timely fashion.

1. National statistics institutes should collect wellbeing data from robust representative national populations, with samples that are large enough to allow geographical and demographic breakdowns.
2. Attention should be given to international best practice, such as the OECD Guidelines on Measuring Subjective Wellbeing, particularly to ensure comparability between nations.
3. Wellbeing questions should be included in pre-existing surveys, allowing the pre-existing questions to be analysed in combination with wellbeing data (for example, by including subjective wellbeing questions in a Labour Force Survey, one can carry out detailed analysis of the relationship between working conditions and wellbeing).
4. Data should be processed quickly, and reported in a timely fashion to ensure relevance to policy and politics.
5. Governments should give prominence to wellbeing reporting and identify improving wellbeing as a fundamental goal.

Introduce a wellbeing policy screening tool

Of course, on its own, measurement will not impact wellbeing. There need to be actual changes in policy. Rather than going into the details of specific policies, this document proposes the adoption of a wellbeing policy screening tool.

There are three precedents to this. The Cabinet Office in the UK – which is responsible for ensuring wellbeing is incorporated into policy across government – has developed a tool entitled Policy Development for Well-being, which is a set of exercises to help policy-makers explore the impacts of a policy on people’s wellbeing. In New Zealand, the Treasury has developed a Living Standards Framework with the intention of making the Treasury the department for wellbeing. The guide to using the framework encourages policy makers to assess impact of policy decisions on five key areas: economic growth, social cohesion, equity, sustainability, and risk.
However, the best example of a policy screening tool is found beyond the Commonwealth, in Bhutan. As well as introducing an elaborate measurement of Gross National Happiness – which includes subjective wellbeing, the country has also created a policy screening tool to assess major policy decisions in terms of their impact on gross national happiness. The Gross National Happiness Commission, set up by the government, has a mandate to assess any new draft policy using the tool, which involves scoring the policy in terms of its impact on 22 factors, going from economic security and material wellbeing to values and stress.

Perhaps the most high-profile decision made by the Commission has been to recommend that the country not join the World Trade Organisation – on the grounds that it would have a negative impact on GNH. Interestingly, before assessing the decision against the GNH policy screening tool, 19 of 24 commissioners were in favour of joining. It was the process of explicitly considering GNH that led to a policy change.

Using subjective wellbeing in such a tool has particular advantages. Many policy objectives are important precisely because they impact or are believed to impact on people’s wellbeing - from economic growth to improved healthcare to labour rights. A tool assessing subjective wellbeing therefore takes account of all these impacts and allows them to be aggregated into a single number, the overall impact on wellbeing.

Conversely, because wellbeing is measured at the individual level, it is possible to estimate differential impacts of a policy on different demographics. This disaggregation allows a balanced perspective that recognises that all policies involve political trade-offs between population groups. In other words, instead of framing policy decisions as trade-offs between policy outcome 1 and policy outcome 2, it is possible to frame them as trade-offs between the wellbeing of group A and the wellbeing of group B.

Of course the wellbeing of present generations is not the only thing that matters. Some objectives are important even if they do not increase present-day wellbeing, including economic sustainability and environmental protection. More religious societies may consider spirituality to be an important objective regardless of its impact on subjective wellbeing (Bhutan includes spirituality explicitly in its framework).

RECOMMENDATIONS

1. Commonwealth Health Ministers should lobby for their national statistics institutes to include internationally harmonised wellbeing questions in large-scale regular official surveys, and to report data in a timely fashion.

2. Commonwealth Governments should commit to using a ‘wellbeing impact policy tool’ to quantify the overall subjective wellbeing impact of all policies, and disaggregate policy impacts for different demographic groups.

REFERENCES

1 While the use of a hyphen (i.e. ‘well-being’) has in the past been more popular, over the last five or so years, spelling wellbeing without a hyphen has become more popular. In this briefing, aside from quotations, we shall use the latter spelling.
2 Bache I & Reardon L (2013)
3 Defra (2005)
4 EU (2006)
6 Harrison et al
7 “an individual’s perception of his/her position in life in the context of the culture and value systems in which he/she lives, and in relation to his/her goals, expectations, standards and concerns” (WHOQOL Group 1995)
9 OECD
11 Sam Wren-Lewis
See also the Positive Health project, which is building the evidence base for factors that lead to good health: http://positivehealthresearch.org/about


Diener & Chan (2011)

Steptoe et al (2015) – in Happy City


http://www.happycity.org.uk/measurement-policy/wellworth/further-information/


See also OECD (2013) op cit.

Gross Domestic Problem, Berman and Hirschman, HPI report, Brainpool

See also Recommendation 4 of the Brainpool Project Final Report

Find appropriate link

The New Zealand framework uses the term ‘living standards’, but the creators note “but other people have used terms like wellbeing and happiness to mean the much (sic) same thing”

http://www.happiness.report/


http://www.gnhcentrebhutan.org/what-is-gnh/gnh-today/a-policy-screening-tool/

From an anthropocentric perspective, these things are only important because they ensure the wellbeing of future generations.