

SDG commentary: services that enable well-being of the human species

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Abstract

Purpose – The purpose of this paper is to explore the challenges, interplay and potential directions for future service research to address the first three Sustainable Development Goals (SDGs) of no poverty, zero hunger and good health and well-being.

Design/methodology/approach – This commentary examines how service research has addressed these SDGs in the literature, and through the development of a theory of change, the authors propose an agenda for service research going beyond serving, to enabling and transforming service systems, expanding the current focus on individual to community and population well-being through promotion and prevention.

Findings – Service research has increasingly advocated human-centered approaches but requires a shift towards an all of humanity perspective. Individual and collective well-being have gained attention in service research, emphasizing the importance of considering collective well-being.

Research limitations/implications – The commentary underscores the need for a comprehensive approach to develop services that contribute to the well-being of the human species. It calls for research that transcends dyadic interactions, considers systemic dynamics and broadens the focus from individual to collective and population well-being.

Social implications – This paper discusses important societal issues of poverty, hunger and good health and well-being and the need for integrated and ecosystem approaches to develop equitable and sustainable solutions for collective well-being.

Originality/value – While SDGs 1, 2 and 3 address individual goals, they collectively underpin the well-being of communities and societies.

Keywords Well-being, Health and well-being (SDG3), Hunger (SDG 2), Poverty (SDG 1), Service ecosystem, Health services

Paper type Viewpoint

1. Introduction

The United Nations' ambition for the first three Sustainable Development Goals (SDGs), no poverty, zero hunger and good health and well-being, is for a society in which people can live a life of dignity and purpose, have good nutrition, feel well and are in good physical and mental health. These three SDGs are tightly interrelated. Overcoming poverty, which impacts peoples' health and well-being, in all its forms everywhere, demands sufficient income and resources to meet basic biological and psychological needs such as nutrition, health, education and shelter [Fisk *et al.*, 2016; United Nations Development Programme (UNDP), 2023]. Ending hunger requires adequate food security, that is, ongoing access to safe, nutritious and sufficient food from sustainable agriculture. Good health and well-being entails ensuring healthy, active and fulfilling lives for all, at all ages, requiring that all individuals can thrive. To achieve good health and well-being for the human species therefore depends on service systems that

enable access to sufficient resources, good nutrition, health care, education and an adequate standard of living (UNDP, 2023).

For service research to address poverty, hunger and good health and well-being there is a need to understand the intersection of the contextual influences and multiple intricacies associated with how race, place and poverty converge in a dynamic way across various spatial contexts and circumstances to influence well-being (Tung *et al.*, 2017). As such, more systemic approaches are needed to advance these interrelated SDGs. Moreover, well-being of the human species is interrelated with well-being of the planet. However, while service research has increasingly called for human-centered approaches (Fisk *et al.*, 2020), this privileges people over the planet, which could result in unintended consequences for the well-being of both the planet and communities and populations. Thus, more systemic approaches are needed for the well-being of the human species where natural ecosystems resources, which are required to nourish and sustain humans, are also considered.

ServCollab is a global human services nonprofit that seeks to elevate the human experience by bringing researchers together to collaborate on ways to reduce suffering, improve well-being

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Figure 1 ServCollab goals and research themes

Source: Russell-Bennett *et al.* (2024)

and enable well-becoming (Fisk *et al.*, 2020). Although no poverty, zero hunger and good health and well-being are individual SDGs, they are all fundamental basic facets of well-being and thriving communities, which is consistent with ServCollab's three human rights goals (serve, enable and transform), standards of justice for serving humanity (distributive, procedural and interactional justice) and research approaches for serving humanity (service design and community action research) (Fisk *et al.*, 2020). As such, this commentary first addresses the three interrelated goals, and how they contribute to individual, collective and population well-being as shown in Figure 1. Then, we examine how service research has addressed these SDGs, and finally, through the development of a theory of change, we propose an agenda for service research going beyond serving, to enabling and transforming service systems, expanding the current focus on individual to community and population well-being through promotion and prevention.

2. SDG 1, no poverty; SDG 2, zero hunger; and SDG 3, good health for well-being

Table 1

2.1 SDG 1: No poverty

The first of the United Nations' 17 Sustainable Development Goals (SDGs) is to "end poverty in all its forms everywhere" (United Nations, 2018). Everyone should have enough resources for the basic needs of life, enough food for themselves and for their family, a roof over their head and resources to cover clothing, education and health expenses (World Bank, 2001). According to various economic definitions, a distinction must be made between *absolute poverty*, which refers to the minimum acceptable level of income to sustain the life of an individual, and *relative poverty*, defined as the minimum acceptable level of income in relation to the amount of money necessary to meet basic needs (Chambers, 2006). At institutional levels when aid

programs are designed, often no distinction is made between absolute or relative poverty, as there is no agreement regarding what the basic needs are. Poverty is a concept used to describe the people in a society that cannot participate in the activities that most people take for granted. While many people globally juggle to pay their bills, people living in poverty must make difficult choices, such as missing meals to pay for children's school needs. While there are monetary dimensions of poverty, importantly, there are also basic social needs that an individual must satisfy to have an acceptable quality of life (World Bank, 2001) including nutritional and health status, literacy, personal security and empowerment (Beegle and Christiaensen, 2019).

With respect to this heterogeneous view over what basic needs are, the World Bank (2001) definition refers to physiological needs, linking poverty to the lack of sufficient income for fulfilling basic biological needs such as nutrition, health and shelter. UNESCO refers to the basic social needs that an individual must satisfy to have an acceptable quality of life (World Bank 2001). Poverty also leads to a lack of sanitation, clean drinking water and adequate housing, which in turn causes a host of other social and health problems. To broaden the focus of poverty towards physiological needs, social deprivation has been introduced as a manifestation of poverty, which includes vulnerability, lack of autonomy and lack of self-respect, among others (Garmezy, 1997). UNESCO refers to the basic social needs that an individual must satisfy to have an acceptable quality of life (World Bank 2001). This includes access to education, administration, cultural consumption, etc. (UNDP, 2007). Therefore, "poverty reduction" encompasses more than just raising income levels, it is about creating an environment in which individuals can flourish, that is, lead healthy and fulfilling lives with secure access to basic needs such as food, shelter and clothing. Taking this approach will ensure that every person can live freely, with dignity and respect, be treated fairly, and can actively participate in the community.

Table 1 Sustainable development goals (SDGs) descriptions

SDG	Description
SDG 1 No poverty	Eradicating poverty in all its forms remains one of the greatest challenges facing humanity. While the number of people living in extreme poverty dropped by more than half between 1990 and 2015, too many are still struggling for the most basic human needs. As of 2015, about 736 million people still lived on less than US\$1.90 a day; many lack food, clean drinking water and sanitation. Women are more likely to be poor than men because they have less paid work, education and own less property. New threats brought on by climate change, conflict and food insecurity, mean even more work is needed to bring people out of poverty. The SDGs are a bold commitment to finish what we started, and end poverty in all forms and dimensions by 2030
SDG 2 Zero hunger	The number of undernourished people has dropped by almost half in the past two decades because of rapid economic growth and increased agricultural productivity. Many developing countries that used to suffer from famine and hunger can now meet their nutritional needs. Unfortunately, extreme hunger and malnutrition remain a huge barrier to development in many countries. There are 821 million people estimated to be chronically undernourished as of 2017, often as a direct consequence of environmental degradation, drought and biodiversity loss. Over 90 million children under five are dangerously underweight. The SDGs aim to end all forms of hunger and malnutrition by 2030, making sure all people – especially children – have sufficient and nutritious food all year. This involves promoting sustainable agricultural, supporting small-scale farmers and equal access to land, technology and markets. It also requires international cooperation to ensure investment in infrastructure and technology to improve agricultural productivity
SDG 3 Good health and well-being	We have made great progress against several leading causes of death and disease. Life expectancy has increased dramatically; infant and maternal mortality rates have declined, and we have turned the tide on HIV and malaria deaths have halved Good health is essential to sustainable development and the 2030 Agenda reflects the complexity and interconnectedness of the two. It takes into account widening economic and social inequalities, rapid urbanization, threats to the climate and the environment, the continuing burden of HIV and other infectious diseases and emerging challenges such as noncommunicable diseases. Universal health coverage will be integral to achieving SDG 3, ending poverty and reducing inequalities. Emerging global health priorities not explicitly included in the SDGs, including antimicrobial resistance, also demand action. But the world is off-track to achieve the health-related SDGs. Progress has been uneven, both between and within countries. There's a 31-year gap between the countries with the shortest and longest life expectancies. And while some countries have made impressive gains, national averages hide that many are being left behind. Multisectoral, rights-based and gender-sensitive approaches are essential to address inequalities and to build good health for all

Source: Sustainable Development Goals | United Nations Development Programme (undp.org)

Poverty, is associated with lower adult life expectancy, higher infant mortality, poorer mental health, chronic disease and obesity (WHO, 2022). Over the past 25 years, steady progress was occurring in poverty reduction until the Covid pandemic caused a significant setback. The global extreme poverty rate reached 9.3% in 2020, up from 8.4% in 2019 (World Bank, 2022). The world's poorest people carried the steepest costs of the pandemic, their income losses were twice as high as the world's richest, and global inequality rose for the first time in decades (Bundervoet *et al.*, 2022). The poorest also faced large setbacks in health and education which, if left unaddressed by policy action, will have lasting consequences for their lifetime income prospects. The recovery since 2020 has also been uneven, with rising food and energy prices, fueled in part by the war in Ukraine and by climate shocks and conflict hindering a swift recovery (World Bank, 2022). The recent crises have pushed the world further off track from the global goal of ending extreme poverty by 2030. Continuing current trends, 574 million people, nearly 7% of the world's population will still be living on less than \$2.15 a day in 2030 (World Bank, 2022).

The convergence of present external factors and environmental challenges is exacerbating global poverty. Increasing instability, conflict and rising debt undermine

economies and vital services, deepening poverty. At the same time, climate change is causing extreme events that destroy livelihoods and intensify resource scarcity, especially for vulnerable populations. These intertwined problems impede efforts to reduce poverty and underscore the urgent need for shared global solutions (Brixiová *et al.*, 2020).

Hence, poverty is not only a challenge for those who are experiencing it, but also has broader implications for society. In today's increasingly interdependent world, people's well-being is closely intertwined. Poverty contributes to increasing inequality in society, which can undermine economic growth and social cohesion while increasing the likelihood of political and social tensions that can escalate into instability and conflict. As a result, increasing poverty threatens not only the well-being of individuals but also that of entire communities and regions. Therefore, any effort to build thriving communities through sustainable livelihoods and wealth creation, thus reducing poverty not only directly alleviates the suffering of billions of people but also indirectly improves the collective well-being of a society. Poverty alleviation should be promoted through the provision of sustainable services, supported through an integrated service ecosystem, policy and advocacy and collective partnerships.

2.2 SDG 2: zero hunger

Access for all to safe, nutritious and sufficient food is key to achieving SDG 2, zero hunger. Malnutrition is on the rise globally [World Food Program (WFP), 2022], in 2021, 828 million people were affected by hunger. An increase of 150 million since the start of COVID-19 and a number which is set to increase once the impacts of the war in Ukraine are accounted for. Addressing SDG 2, zero hunger, therefore requires a multi-faceted approach, including sustainable agriculture practices, food security initiatives and equitable distribution systems. Thus, it is crucial to not only produce more food but also reduce food waste and promote more efficient supply chains to ensure that food reaches those in need (Popkin and Ng, 2022). Governments, international organizations and local communities play vital roles in working towards this goal by collaborating to eradicate hunger and improve the overall well-being of people worldwide.

However, hunger does not tell the whole story. Well over one billion people suffer from obesity globally (WFP, 2022). For the first time in history, more people are obese, than underweight. This means that in many cases, malnutrition is no longer caused only by inadequate quantity of food but also its quality. Getting the required daily calories from healthy foods is estimated to cost close to five times more than those calories from poor quality food (Herforth *et al.*, 2020). There are estimates that approximately 3 billion people cannot afford the minimum cost of a healthy diet (Herforth *et al.*, 2020). There is a vast difference in cost between the type of diets people can afford and the type of diets that will protect against malnutrition in all its forms and allow for a healthy and active life (Popkin and Ng, 2022). Where many people may have access to calories, these may be empty calories, leading to malnutrition, poor health and increased chronic disease. Existing food and agriculture support undermines food security. Governments spend some \$630bn per year to support food and agriculture, with most support directed towards foods like maize, rice, wheat and sugar. Meanwhile, foods like fruit and vegetables do not enjoy the same level of assistance (WFP, 2022). The reason for this is economic, with government support directed towards high volume goods which can raise farm incomes, create jobs and increase GDP. This approach has incentivized foods which can provide empty calories while disincentivizing healthier products. Further, this approach is not aligned with the objective of promoting healthy diets and in many cases is inadvertently undermining food security and nutrition outcomes (WFP, 2022).

This highlights the need to shift thinking from only quantity towards quality, and not only economics, but nutrition. The good nutrition imperative means changing the thinking implicit in the entire global system away from a purely financial bottom line towards a focus on people (Ambikapathi *et al.*, 2022). This fundamental shift will not be easy, yet the growing rates of malnutrition worldwide should make it clear that increasing the availability of healthy diets worldwide can no longer be seen as a luxury, rather, it is an imperative (Popkin and Ng, 2022).

A healthy food environment and the empowerment of people to make healthy food choices must be enabled through the provision of sustainable service, mobilized through an integrated service ecosystem, policy and advocacy and collective partnerships. Services can play an important role in

influencing the supply and availability of quality nutrition through service ecosystems (Baron *et al.*, 2018). SDG Target 2.1 challenges the world to go beyond ending hunger to provide food security for all by ensuring access for all to safe, nutritious and sufficient food all year round. SDG Indicator 2.1.2 – the prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale – is used to monitor progress towards the ambitious goal of ensuring access to adequate food for all, thus enabling food security for all.

2.3 SDG 3: good health and well-being

The goal of good health and well-being is to ensure a healthy and active life for all, at all ages. In addition to having access to sufficient resources, and good nutrition, good health and well-being requires that all individuals have access to quality health care and can lead healthy and fulfilling lives. The traditional view of health care, focused on repairing and treating disease (Deloitte, 2019), has evolved towards a vision of integrated people-centered care, meaning that:

[...] “all people have access to health services that are provided in a way that responds to their life course needs and preferences, are coordinated across the continuum of care and are safe, effective, timely, efficient and of acceptable quality” (WHO, 2016).

At its core, a people-centered approach to good health and well-being involves putting people and communities at the center of health systems and empowering people to co-create their own health instead of being passive recipients of care. This also implies going beyond curing illnesses towards promoting good health through considering other aspects of a person's well-being (e.g. a person's physical, cognitive, emotional and contextual aspects), and acknowledging that people have the capabilities and knowledge to manage their own health (Patricio *et al.*, 2020).

With emphasis shifting towards population health outcomes and value-based care, social determinants of health (SDoH) have been identified as important drivers of health and health equity (Hill-Briggs *et al.*, 2021). The social determinants of health are the conditions in which people are born, live, work, play and age. These circumstances, which include a range of factors such as income, location, housing or quality of social support networks, are formed by the distribution of power, money and resources at the local, national and global levels (Hill-Briggs *et al.*, 2021). The SDoH are primarily responsible for health inequities, that is, the unfair and avoidable differences in health status seen within and between countries (WHO, 2020).

Considering the social determinants of health highlights the interrelationship of the three SDGs, as poverty and poor nutrition negatively impact health and well-being. As such, calls to action focus on improvement of these determinants at individual, organizational and policy levels (Chin *et al.*, 2018; Peek *et al.*, 2020) and must go beyond health and social care services, towards coordinated efforts across population food, financial, education, social and health systems. Highlighting the complexity of achieving the first three SDGs, environmental factors, such as air pollution and climate change, also have serious consequences on people's health and mortality (OECD, 2021). For example, there is epidemiologic and experimental evidence that environmental exposures,

including air pollution increase risk of developing chronic disease such as cardiovascular disease and diabetes (Liu *et al.*, 2014). The world health organization (WHO) estimates that more than 13 million deaths around the world each year are due to avoidable environmental causes. As such urgent actions are needed to keep humans and the planet healthy and foster social movements to create societies focused on well-being (WHO, 2022). This must be promoted through the provision of sustainable service, mobilized through an integrated health service ecosystem, policy and advocacy and collective partnerships.

2.3.1 Moving to collective well-being

Individual and collective well-being have gained increasing attention as key tenets in service research (Ostrom *et al.*, 2015). Given that long-term individual well-being cannot exist without collective well-being, this is important as although services are co-created individually, they are often designed not for the individual but rather for the collective (Anderson *et al.*, 2013). Applying a collective lens also makes apparent the consequences and unintended consequences in service design which could advantage one collective over another (Parkinson *et al.*, 2022a and b). Borrowing from Allison *et al.*'s (2020) definition of collective flourishing, collective well-being can be defined here as the phenomenon whereby an interconnected group of people who feel good and function well together (Waters *et al.*, 2022). System approaches recognize that individuals are influenced by the institutions within which they are situated and, as such, these approaches move beyond individual-level interventions to target change at the collective level (Kern *et al.*, 2020; Waters *et al.*, 2022), thus enabling collective action.

Despite calls for collective action, historically, there has been an emphasis on individual responsibility for poverty, hunger and health and well-being outcomes (Sofo and Wicks, 2017). However, this micro focus offers limited mechanisms for change. Rather, there are opportunities to a more systemic approach towards collective responsibility through local governance and civic organizations for supporting community well-being through local issues and strategies (NASEM, 2019; Scott and Bell, 2013). Focusing only on individual levels draws attention away from thinking about collective and community well-being as embedded in wider structures of politics and inequality and as shaped by factors operating across a range of scales and time which offer opportunities for collective action.

3. Addressing Sustainable Development Goals 1, 2 and 3 in the service domain

3.1 Poverty alleviation in the service literature

The literature on poverty in service management remains relatively limited. Existing studies have predominantly focused on the base of the pyramid and have sought to understand the challenges faced by those living in poverty (Reynoso and Cabrera, 2019). Some of these studies have looked at the potential of service innovations and technologies, such as mobile technologies and digital platforms, to address barriers to accessing services for underserved populations (Akareem *et al.*, 2022; Pandey *et al.*, 2022). However, it is important to note that this line of research has primarily examined poverty from a financial perspective, particularly in the Global South. Another

line of research has focused on financial well-being (Brüggen *et al.*, 2017), which includes both objective and subjective dimensions. The objective dimension refers to income levels, while the subjective dimension includes individuals' perceptions of their ability to maintain desired living standards and achieve financial freedom. This line of research has shed light on the dynamic nature of financial well-being, recognizing that subjective assessments can change over time due to personal and contextual factors.

Despite increasing calls for research on well-being and inclusive societies (Alkire (née Nasr) *et al.*, 2020), impoverished populations have received limited attention in the service management literature. A notable gap is in understanding how to ensure dignity, respect, and empowerment of people living in poverty and what poor people experience (Gebauer and Reynoso, 2013), what they do to overcome their problems and what resources they use to overcome their challenges. This experience-based approach is therefore critical because it focuses on what people do and how they use what they have. It helps move the dialog beyond simply providing resources to poor people to viewing them more as resourceful actors by highlighting their capabilities and strengths (Townsend, 2012; Sofo and Wicks, 2017). Thus, to address this gap, further research is needed to explore innovative strategies and policies that consider wealth creation to contribute to poverty reduction and improve the well-being of marginalized individuals and communities through social protection and sufficient resources. This means expanding the scope of poverty analysis beyond financial considerations, addressing the multidimensional aspects of poverty, and promoting inclusive service practices. By expanding our understanding and developing effective solutions, we can work towards creating a more equitable society and improving collective well-being.

3.2 Hunger, food security and nutrition in the service literature

While research on health care and health service systems has received significant attention in research years, literature on reducing hunger in services research is sparse, with a small focus on "food well-being" in service design of restaurants (Rejikumar *et al.*, 2022) and food experiences (Batat and Addis, 2021). However, this does not speak to reducing hunger, rather on increasing profits by commercial organizations. This indicates there is a large gap in services research on the reduction of hunger. However, there have been calls from service researchers to make more effective use of food waste through redirecting edible food-waste to alleviate hunger (Baron *et al.*, 2018). This approach which focusses on service ecosystems and demonstrates how service research can play a critical role in developing solutions to hunger by understanding and addressing the root causes of hunger by examining food systems and supply chains. Thus, research into service ecosystem design and institutional change is needed to improve quality nutrition, food security and reduce food waste.

3.3 Health care in the service literature

The service research community has paid increasing attention to health care as a fertile area for service research, with a pervasive impact on economies and the quality of daily life

(Berry and Bendapudi, 2007; McColl-Kennedy *et al.*, 2017). This work has paved the way for a rich stream of service research in health care, evolving beyond health care as a service sector, towards recognizing health care as the backbone of society (Danaher and Gallan, 2016) and acknowledging patients as active cocreators of health with their patient network (McColl-Kennedy *et al.*, 2012; Sweeney *et al.*, 2015). Health care customers are no longer viewed as passive recipients of service, but as assuming a more active role in their care and engaging in a range of activities and interactions with many different stakeholders such seeking information about their condition, or interacting with family and friends (Danaher *et al.*, 2023; Ostrom *et al.*, 2015).

Only a few attempts, namely, exploring how service design can contribute to transformation towards people-centered, integrated services (Patricio *et al.*, 2020) or conceptualizing “service ecosystem health as the interdependent state of private, public, and planetary well-being necessary for sustaining life” (Fisk and Alkire, 2021). To enable integrated, people centered and equitable care, health service systems should ensure that people receive a continuum of health promotion, diagnosis, treatment, rehabilitation and palliative care services across the different levels and sites of care for their entire lives (WHO, 2016; Berry *et al.*, 2023). To address the many factors impacting health and well-being today which lie beyond individual control, researchers have proposed bringing together integrated care through health promotion and public health, going beyond simply integrating care services to focus on improving the health of the populations they serve, and acknowledging that population health is affected by a wide range of influences across society and within communities (Alderwick *et al.*, 2015).

Despite calls for a more systemic approach to health services, there is little service research on people-centered, integrated care, with a more systemic view (Patricio *et al.*, 2020). This more systemic view of health and well-being assumes a key role if we consider the interconnections of health with other SDGs of no poverty and zero hunger, which are key social determinants of health. As such, future research should adopt a broader perspective, going beyond the health-care system towards understanding the person’s lifetime journey across the multiple service systems (e.g. food, social and health) and considering the interrelationships between these different social determinants of health and well-being. Failing to tackle the social determinants of health means repeating disadvantage over and over.

4. A Research agenda for developing services for the well-being of the human species

Aligned with the sustainable development goals (SDGs), developing services for the well-being of humanity is a key priority of ServCollab. No poverty, zero hunger and good health and well-being are interrelated and form the backbone of well-being of the human species. Together, they underpin the ServCollab goals of serving, enabling and transforming service systems for individual, collective and planetary well-being (Fisk *et al.*, 2020). The relevance and challenges posed by these goals offer immense opportunities for advancing service research and for achieving social impact. One approach to mapping out the

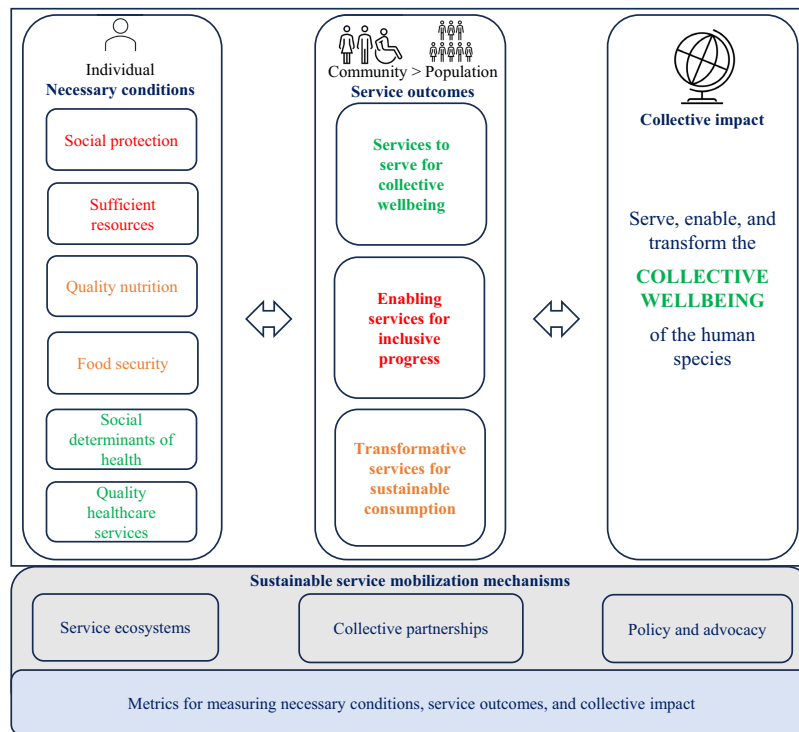
opportunities for advancing service research for the first three SDGs is a theory of change, which is essentially a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context (Cooksy *et al.*, 2001). A theory of change is focused on mapping out or “filling in” what has been described as the “missing middle” between what a program or change initiative does (its activities or interventions) and how these lead to desired impacts being achieved. This is achieved by first identifying the desired long-term goals and then works back from these to identify all the conditions (outcomes) that must be in place (and how these related to one another causally) for the goals to occur. These are all mapped out in an “Outcomes Framework”. The Outcomes Framework then provides the basis for identifying what type of activity or intervention will lead to the outcomes identified as preconditions for achieving the long-term impact. Through this approach, the precise link between activities and the achievement of the long-term impacts are more fully understood. This leads to better planning, in that activities are linked to a detailed understanding of how change may happen. This mapping also leads to better evaluation, through the development of better metrics making it is possible to measure progress towards the achievement of longer-term impacts that goes beyond the identification of program outputs (Cooksy *et al.*, 2001).

Through the development of an adapted theory of change, we explore a future service research agenda at the intersection of the three SDGs (Figure 2) for developing a service ecosystem consisting of fair and inclusive services that leverage a range of partnerships to serve people, enable individuals and collectives to promote their own well-being and transforming service systems for social, economic and environmental impact. We conclude by exploring how service research can broaden its perspective from individual, to collective, to population well-being of the human species.

To develop our adapted theory of change, we draw on the key elements identified in the literature review, the activities of social protection and sufficient resources are necessary conditions for achievement of SDG 1, No poverty. The activities of quality nutrition and food security are necessary requirements for achievement of SDG 2, Zero hunger. While to achieve SDG 3, Good health and well-being for all, requires addressing the necessary conditions of social determinants of health and development of quality health-care services. These are underpinned by the need for mechanisms of sustainable service, mobilized through an integrated service ecosystem, policy and advocacy and collective partnerships. Finally, to measure progress on the SDGs and particularly, collective well-being, there is a need for new metrics and evaluation frameworks to measure collective impact.

4.1 From individual to collective, to population, to collective well-being

To develop a research agenda that serves, enables and transforms the human species, an approach is needed that goes beyond the dyadic interactions to more systemic approaches, considering the multiple actors and their many-to-many interactions in service ecosystems, and a systemic view of wealth creation, food security, integrated care and well-being. This will enable us to move towards service ecosystem health as

Figure 2 Theory of change for services for the well-being of the human species

Source: Authors' own work

the interdependent state of private, public and planetary well-being necessary for sustaining life (Fisk and Alkire, 2021).

Acknowledging the interrelated nature of the three SDGs, considers that zero hunger and poverty are important social and political determinants of health, and together form key pillars of well-being that will serve the human species to bring about no poverty, zero hunger and good health and well-being for all. Taking a collective lens also makes apparent the trade-offs and choices in service design and delivery that might advantage one collective over another. Understanding such choices and trade-offs is an important research avenue.

In shaping a research agenda that catalyses transformative change, we must navigate the path from individual to collective, to population and, ultimately, to planetary well-being. As we embark on this journey, we recognize that a paradigm shift is needed – one that transcends dyadic interactions to embrace more intricate systemic approaches, and that moves from the anthropocentric view and single focus on population towards planetary health, acknowledging the interrelatedness of the two dimensions. This agenda seeks to redefine the boundaries of exploration by delving into the multifaceted dynamics of diverse actors within service ecosystems, fostering many-to-many interactions that link with the broader piece of wealth creation, food security, integrated care and well-being.

In developing this holistic perspective, we move towards the conceptualization of service ecosystem health as a harmonious state in which private, public and planetary well-being merge. As articulated by Fisk and Alkire (2021), this state of interdependence augments the significance of collective well-being. Acknowledging the interwoven nature of SDGs, it

becomes evident that eradicating poverty and hunger – cornerstones of societal health, well-being and progress – constitute pivotal milestones on the journey towards collective well-being. Understanding the deep interconnection between SDGs is paramount. Recognizing that the eradication of poverty and hunger is not only a moral imperative but also a pivotal determinant of health, these goals form the foundation of collective well-being. By collectively striving for SDGs 1 (No Poverty), 2 (Zero Hunger) and 3 (Good Health and Well-being), we endeavor to ensure no one is left behind.

4.2 The theory of change research agenda for services for the well-being of the human species

The following section draws on the literature review to outline a proposed theory of change and research agenda for developing services for the well-being of the human species. The theory of change outlines the key necessary conditions, service outcomes and underpinning mechanisms for promoting the collective well-being of the human species. Potential research questions are proposed in Table 2 to operationalize the research agenda.

1. *Services to serve for collective well-being:* Research should explore the global challenges and opportunities that require a collective approach to integrated services which serve well-being, including no poverty, zero hunger and good health and well-being for all through exploring the complex interplay between societal, environmental and economic factors (Patricio et al., 2020). Study and promote access and quality of care, and also explore beyond the health-care system to encompass the social determinants of health.

Table 2 Proposed research questions for services that enable the well-being of the human species

Research agenda service outcomes and mechanisms	Necessary conditions	Proposed research questions
Services to serve collective well-being Service ecosystem for good health and well-being	Social determinants of health	<ul style="list-style-type: none"> • What design principles can inform the development of service ecosystems that effectively account for the influence of social determinants of health, and their contribution to the attainment of collective well-being? • How can service design facilitate the collaboration of citizens and communities to set priorities for collective well-being?
Enabling services for inclusive progress Service ecosystem for good health and well-being Collective partnerships	Sufficient resources	<ul style="list-style-type: none"> • How can developing a social service ecosystem assist in creating financial and social security? • How can we design integrated, people centered care ecosystems for people and community well-being? • How can the design of social service ecosystems impact the empowerment of poor people, in their self-esteem, sense of autonomy and control of circumstances? • How can advocacy and policy efforts reduce the inequalities of wealth and income in our societies? • How can collective partnerships be strategically formed and effectively leveraged to create sustainable services and programs that contribute to wealth creation and thus the reduction of poverty on both local and global scales?
Transformative services for sustainable consumption Service ecosystem for good health and well-being	Quality nutrition	<ul style="list-style-type: none"> • How can services be co-created for quality nutrition? • How can services be co-created for availability of healthy diet? • How can food systems be leveraged to provide accessible and affordable food to citizens?
	Food security	<ul style="list-style-type: none"> • How can service ecosystems be designed to improve food security? • How can service ecosystems be designed to reduce food waste? • How can services be designed to leverage available food resources? • How can technology be leveraged to provide access for populations to the basic services of food and health?
Collective partnerships	Quality health-care services	<ul style="list-style-type: none"> • Can a set of guiding principles for co-creation of well-being services be developed? • How can service designers work with citizens and communities to set priorities for quality health-care services? • What are the barriers and enablers of implementing quality health-care services in different contexts? • What strategies and mechanisms can optimize collective partnerships to enhance collective well-being, fostering cross-sector collaboration and driving impactful initiatives for improved societal health, equity and prosperity?
Policy and advocacy	Social protection	<ul style="list-style-type: none"> • How can services provide everyone with what is needed to live a life of dignity and purpose? • Are social services locally embedded and determined by peoples' active voices? • How can services be developed using an experiential approach? • Which advocacy efforts drive policy changes to improve food security? • Which advocacy efforts drive policy changes to improve collective well-being through fostering an enabling environment for sustainable development?
Metrics for measuring collective well-being impact	All	<ul style="list-style-type: none"> • How can service designers address the complexity of measuring multidimensional outcomes for collective well-being and propose novel methodologies?

Source: Authors' own work

2. *Enabling services for inclusive progress:* Investigate how services can serve as enabling mechanisms through social protection and providing sufficient resources for thriving communities to achieve well-being for all the human species. Exploration of how services, such as microfinance and skill development programs, can enable

vulnerable populations, eradicate poverty, create wealth and promote sustainable livelihoods, thereby contributing to a foundation of collective well-being. Exploring the underlying factors driving these approaches, and the associated choices and trade-offs represents a rich avenue for future research.

3. *Transformative services for sustainable consumption*: Investigate the capacity of services to bring about transformative changes in consumption behaviors and the potential of services in reshaping consumption patterns. Explore how innovative service models can provide food security, quality nutrition, foster responsible consumption, reduce food waste and promote sustainable agricultural practices, ensuring equitable access for all.

4. *Service ecosystems for health and well-being*: Explore the creation of service ecosystems that holistically address health and well-being. Investigate how integrated health-care systems, digital health platforms and community-based services can collectively enhance access to quality health-care services and promote well-being.

5. *Collective partnerships for impact*: Examine the role of collective partnerships between public, private and civil society sectors in driving collective well-being efforts. Investigate how partnerships can leverage shared resources, expertise and technology to amplify the impact of services aimed at job creation, increasing access to resources, improving food security, improving well-being and creating thriving communities.

6. *Policy and advocacy for sustainable change*: Future research should conceptualize and develop policy frameworks that prioritize collective well-being through service-centric approaches. This research should investigate which advocacy efforts drive policy changes to improve collective well-being through fostering an enabling environment for sustainable development.

7. *Metrics for measuring collective well-being impact*: There is a need for novel frameworks that address the complexity of the service ecosystem and measure multidimensional outcomes and impacts for collective well-being including, economic, social and environmental. Develop metrics and evaluation frameworks to assess the collective impact of service-driven initiatives aiming to improve the collective well-being of the human species through poverty alleviation, hunger eradication and health and well-being improvement.

5. Conclusion

In conclusion, this research agenda and proposed research questions provides guidance to explore an approach to move from individual to collective, to population well-being through services to achieve the sustainable development goals for protecting people by eradicating poverty, hunger and promoting good health and well-being. By investigating serving, enabling and transforming aspects of services within the context of these goals, this commentary aims to contribute to the conversation on how collective efforts can drive positive change for the human species while fostering a more equitable and sustainable world.

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