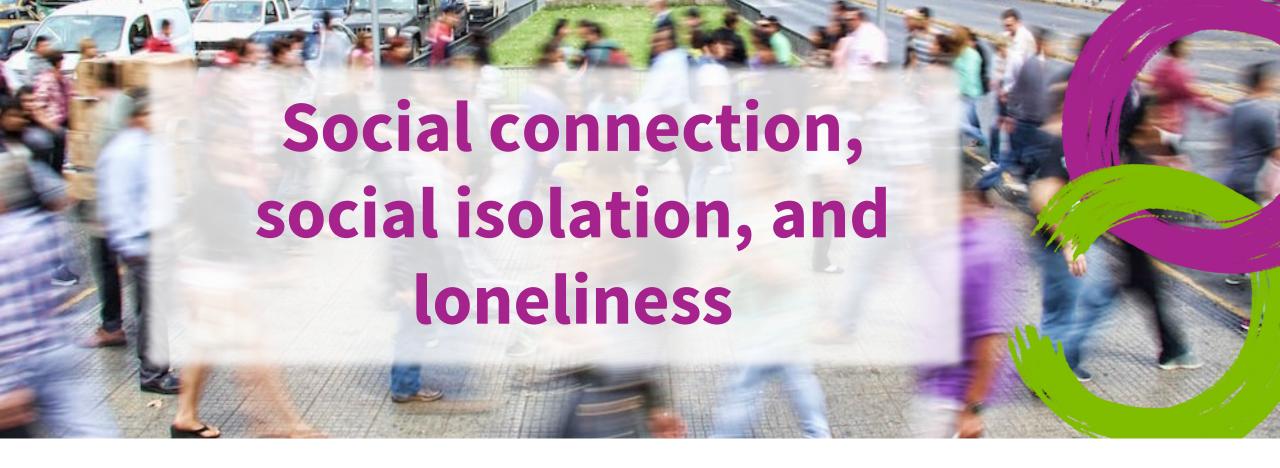
# The WHO constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."









WHO Member States Information Session
Session no.9 – Commission on Social Connection
7 March 2024

### Social connection: why is it a global public health priority?











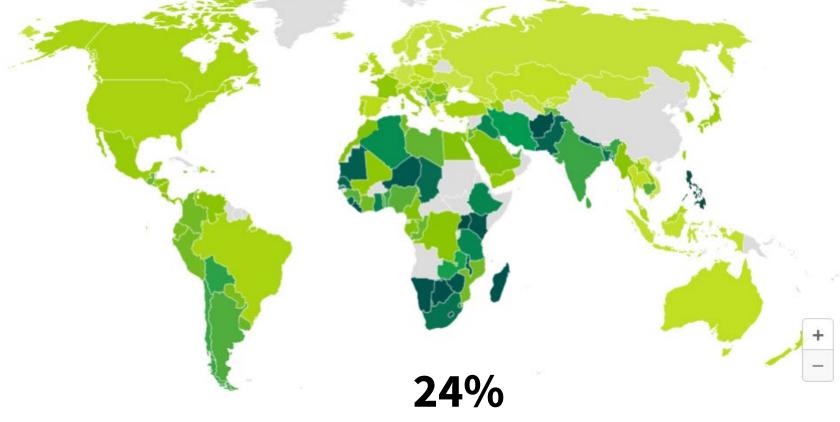
### First, some definitions

- Social connection: Relates to feeling close and connected to others. An individual's position on three dimensions:
  - Structural (number of relations)
  - Functional (support)
  - Qualitative (positive to negative)
- Social isolation: A form of social disconnection. The objective state of having an insufficient number of social roles, relations, and interactions.
- Loneliness: A form of social disconnection. A subjective and negative experience arising from a discrepancy between needed/desired and actual social connections (quantity and quality).

## Scale of the problem

#### Recent Gallup-Meta survey: "In general, how lonely do you feel?"

In general, how lonely do you feel?			
	Very + Fairly lonely		
Age 15-18	25%		
Age 19-29	27%		
Age 30-44	25%		
Age 45-64	22%		
Age 65+	17%		



% Lonely 0% 65%

of the global population felt "very lonely" or "fairly lonely".

## Severity of consequences – risk of mortality

Increased risk of early death

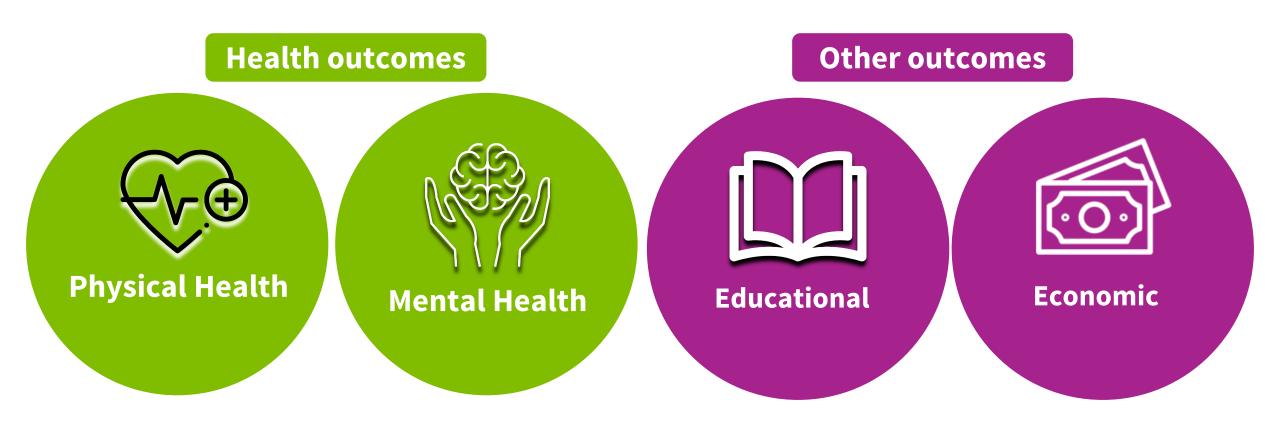
14-32%

#### Similar to:

- Smoking
- Excessive drinking
- Physical inactivity
- Obesity
- Air pollution



## Severity of consequences for individuals



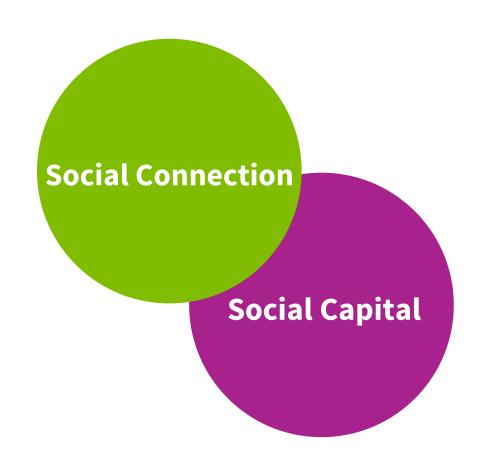


# Severity of consequences for communities and society

**Community** safety

**Community prosperity** 

**Community** governance



Social & economic development

Innovation



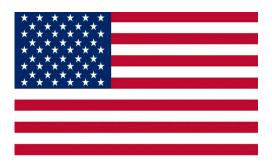
#### Costs

#### Costs in countries - two examples



Total cost of loneliness per year (healthcare and loss of productivity):

- € 14 billion
- 1.17% of GDP



Cost per year of stress-related absenteeism due to loneliness:

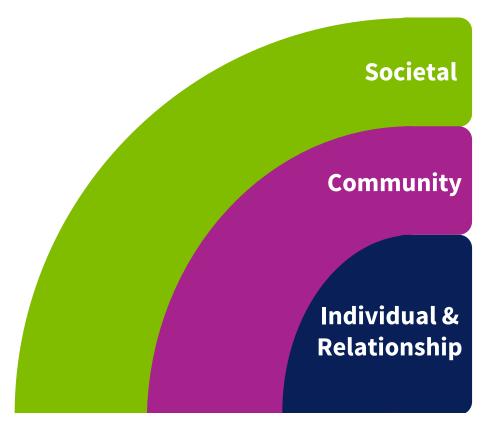
US\$ 154 billion

# Determinants – some examples of risk factors

Individual	Interpersonal	Social groups	Community & societal
Physical and mental health	Difficult relationships	Ethnic minorities	Public transport
Personality	Life transitions	Immigrants	Built environment
Age (younger and very old)	Marital status	Disability	Digital technology
Social economic status	Living alone	LGBTQI+	Poverty

## Promising solutions

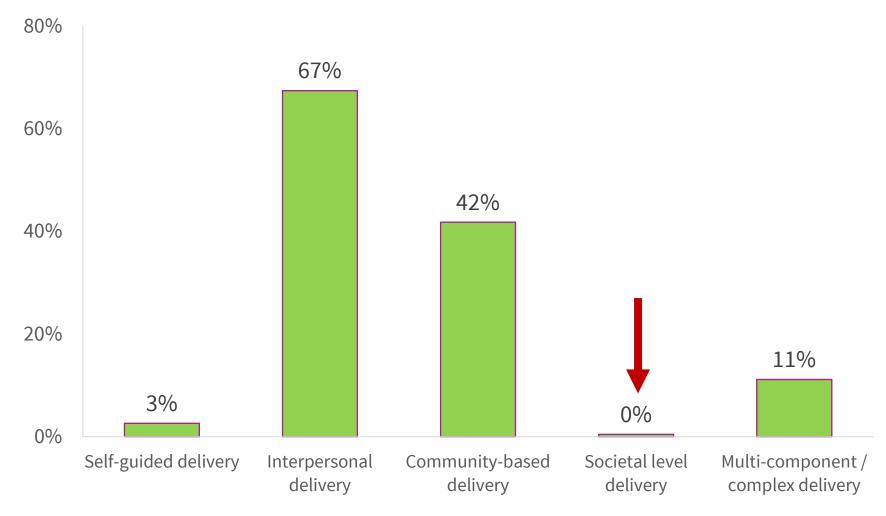
#### Available solutions:



- Laws and policies that address:
  - Discrimination and marginalization
  - Social cohesion and norms
- Improving infrastructure
- Volunteering
- Social prescribing
- Cognitive behavioral therapy
- Psychoeducation

## Promising solutions

#### Hundreds of interventions evaluated



421 evaluations of in-person interventions by type

### WHO's efforts to increase social connection













#### Commissioners



- 1. Vivek Murthy (co-Chair), Surgeon General, United States
- 2. Chido Mpemba (co-Chair), Youth Envoy, African Union
- 3. Ayuko Kato, Minister for Loneliness, Japan
- 4. Khalid Ait Taleb, Minister of Health and Social Protection, Morocco
- 5. Jakob Forssmed, Minister for Social Affairs and Public Health, Sweden
- 6. Cleopa Mailu, Permanent Representative to the UN, Kenya
- 7. Ralph Regenvanu, Minister for Climate Change Adaptation, Energy, Environment and Disaster Management, Vanuatu
- 8. Ximena Aguilera Sanhueza, Minister of Health, Chile
- 9. Haben Girma, Deaf Blind Advocate and Activist, United States
- 10. Hina Jilani, Elder and Human Rights Lawyer, Pakistan
- 11. Karen Desalvo, Chief Health Officer, Google, United States



# A world where everyone has quality social connections that benefit their health and wellbeing

# Aims – 3-year tenure









#### Main outcomes

**Political will Public awareness Country and** Resources community Commission action **Report (2025)** Interventions Measurement **WHO Commission** 

on Social Connection



