
Fostering social connection for global health: The essential role of social connection in combating loneliness, social isolation and inequities in health

Draft decision proposed by Chile, Ecuador, Japan, Kenya, Mexico, Morocco, Panama, Paraguay, Spain, Sweden and Vanuatu

The Executive Board, having considered the report by the Director-General,¹

Decided to recommend to the Seventy-eighth World Health Assembly the adoption of the following resolution:

The Seventy-eighth World Health Assembly,

(PP1) Having considered the report by the Director-General;

(PP2) Reaffirming the principle set forth in the WHO Constitution, which defines health as a state of complete physical, mental and social well-being, not merely the absence of disease, and recognizing that social health is an integral yet often overlooked dimension of overall health;

(PP3) Considering that social connection is [both a structural and individual (DEL)] Social Determinant of Health, and can be interlinked to other social, economic and environmental determinants, creating cumulative health vulnerabilities.

[PP3 alt Chair proposal] Considering that social connection is Social Determinant of Health, and can be interlinked to other social, economic and environmental determinants, creating cumulative health vulnerabilities.

(PP3bis) Acknowledging that digital technologies have a profound and complex impact on social connection which needs to be better understood and regulated to minimize social disconnection while leveraging its role in strengthening social connections [for Health (ADD) (DEL)].

¹ EB156/8.

(PP3bis alt Chair proposal) Acknowledging that digital technologies have a profound and complex impact on social connection which needs to be better understood and regulated to minimize social disconnection while leveraging its role in strengthening social connections for Health and well-being.

(PP4) [Recognizing that social disconnection takes the form of social isolation and loneliness, rejection or exclusion, which when chronic, negatively affects physical and mental health, life expectancy, and well-being.

(PP4 alt Chair proposal) Recognizing that social connection is an umbrella term describing how people relate and interact with each other and that social isolation and loneliness, when chronic, are forms of social disconnection, that negatively affect physical and mental health, life expectancy, and well-being.

[PP4bis Chair proposal] Noting that structural inequalities can exacerbate loneliness and social isolation and recognizing that these conditions are not experienced equally by all, with certain groups – such as women, children, youth, Indigenous Peoples, persons with disabilities, older adults, those living in poverty and those exposed to gender-based violence – being disproportionately affected.

(PP4ter] Noting that data on social disconnection, social isolation and loneliness, particularly on their prevalence, drivers, and its impact on health and well-being remain scarce, particularly in developing countries; (ADD)]

(PP5) Recalling resolution WHA62.14 (2009) on reducing health inequities through action on the social determinants of health.

(PP6) Recalling resolution WHA65.8 (2012) on the Outcome of the World Conference on the Social Determinants of Health. (RESERVE)

(PP6bis)(Proposal) Recalling resolution WHA71.8 (2018) that recognizes that access to assistive devices is essential for persons with disabilities to participate fully in society including the ability to connect socially. (RETAIN – Chair)

(PP7) Recalling also resolution WHA 74.16 (2021) on the Social Determinants of Health, which calls for reducing health inequities and inequalities and the unequal distribution of health resources within and between countries, and which emphasizes support for the 2030 Agenda for Sustainable Development.

(PP8) [Recalling resolution 70/1 (2015) of the United Nations General Assembly which adopted the 2030 Agenda for Sustainable Development, an action plan for people, planet and prosperity, leaving no one behind and the strengthening of universal peace and access to justice. (DEL)(RETAIN as drafted)]

(PP9) [Recognizing that quality social connection contributes to the achievement of the Sustainable Development Goals, particularly Goal 3: Ensure healthy lives and promote well-being for all at all ages; and Goal 10, which aims to reduce inequalities within and between countries; while also recognizing that [many (DEL)] / [other (ADD) global public health goals [will (DEL) [may (ADD)] remain unattainable without a focus on social connection. (RESERVE) (RETAIN as drafted)]

(PP9 alt Chair proposal) Recognizing that positive social connections contributes to the achievement of the Sustainable Development Goals, particularly Goal 3: Ensure healthy lives and promote well-being for all at all ages; and Goal 10, which aims to reduce inequalities within and between countries; while also recognizing that other global public health goals could remain unattainable without a focus on social connection.

(PP10] Noting that quality/positive social connection, can prevent and reduce social isolation and loneliness, enhancing physical and mental health and extending lifespans, and also contributes to support healthy behaviours.

(PP10bis] In contrast, social disconnection, specifically social isolation and loneliness, are associated with cardiovascular disease, and mental health conditions, including depression, dementia and other types of cognitive decline, and have adverse impacts on individuals, communities and societies.

(PP11) [Recognizing (DEL)] [Noting (ADD)] the [deep (DEL)] impact of loneliness and social isolation felt worldwide, that was exacerbated during the COVID-19 pandemic, affecting all [age groups (DEL)] [people (ADD)], [but in particular youth, adolescents, women and girls, older persons, and persons with disabilities (DEL (with listing included in PP4), (with listing included in PP4))].

(PP11 alt Chair proposal) Recognizing the impact of loneliness and social isolation felt worldwide, that was exacerbated during the COVID-19 pandemic, affecting all.

(PP12) Recognizing the centrality of promoting quality social connection and social participation, and addressing social isolation and loneliness, rejection or exclusion [and its interlinkages with other vulnerabilities (RESERVE)], [for the reduction of inequities and inequalities in health and well-being (RESERVE)], [particularly for the most vulnerable (DEL) (RETAIN)].

(PP13) [Recognizing that addressing the social determinants of health, [including structural inequalities (RETAIN)], involves actions to address [the social, [cultural, economic, [technological (ADD)] and political (DEL)] [environmental (ADD) (DEL)] (DEL) factors that shape social connections and can prevent and respond to social isolation and loneliness.

(PP13 alt Chair proposal) Recognizing that addressing the social determinants of health involves actions to address the factors that shape social connections and can prevent and respond to social isolation and loneliness.

(PP13bis) [Recognizing the role of [the (ADD)] family, as the [natural and (ADD)] fundamental group of society and the natural environment for the growth and well-being of all its members, and of family-oriented policies, which can contribute to promote social connection and reduce social disconnection; (ADD) (RESERVE)]

(PP14 alt) Emphasizing that [culture (DEL)] [[cultural, religious, and spiritual values (ADD) (DEL)] plays a [foundational (DEL) (RETAIN)] [important (ADD)] role [which individuals and communities establish identity, purpose, and connection with one another, families and communities, and important for promotion of social connection, through better (ADD)] in social inclusion [and harmonization (ADD) (DEL)] [cohesion, and understanding; (ADD)]; (Relevant reports will be in footnote)

(PP14 alt 2 Chair proposal) Emphasizing that cultural values play an important role in the promotion of social connection, through better social inclusion and cohesion.

(PP15) [Acknowledging (DEL)] [Noting (ADD)] the progress of the World Health Organization's Commission on Social Connection, [as well as the importance of the Commission continuing its work (RESERVE – pending costing)].

(PP15 alt Chair proposal) Noting with appreciation the progress of the World Health Organization's Commission on Social Connection, as well as the importance of the Commission continuing its work.

Note by SEC: Commission mandate finishes in Nov 2026.

(OP)1. URGES Member States,² taking into account national contexts and priorities:

(a) to develop evidence-based policies, programmes and strategies on social connection and/or integrate these issues within existing and new health policies, programmes and strategies, including those that target the social determinants of health;

(b) to develop or strengthen [where applicable (ADD)], public awareness campaigns to emphasize the importance of quality [(DEL quality)] / positive social connection for mental and physical health and overall well-being, while seeking to reduce the stigma around loneliness at all life stages;

(c) to [Endeavor to (add), support () or consider ()] [Establish (indicators on loneliness, and/or social isolation and social connection, taking into account such factors as (ADD)] including [(delete)] gender- and age-[(add specific) responsive (support) (delete responsive, support ()) and disability (support mention of 3 factors] (all relevant factors () – inclusive indicators, (delete ()) strengthen (ADD) national health and social monitoring systems to assess and address the impact of social connection and disconnection on public health outcomes.

(c alt Chair proposal) to strengthen national health and social monitoring systems to assess and address the impact of social connection and disconnection on public health outcomes, including, as appropriate, disability, age- and gender-specific indicators

(c bis) to develop and incorporate indicators, [as appropriate add ()] on digital technology and digital environments to assess and address their impact on social human interactions (combine with C ()).

(c bis alt Chair proposal) to develop and incorporate indicators, as appropriate, on digital technology and digital environments to assess and address their impact on social connection.

(d) to develop, implement, and evaluate [ADD where appropriate, ()] the currently best available evidence-based strategies that promote social connection to reduce social isolation and loneliness, [taking into consideration the specificities of groups facing particular vulnerabilities delete ()] [(Delete vulnerability, use Age, disability and

² And, where applicable, regional economic integration organizations.

race rather than vulnerabilities () support], and integrate, [Move where appropriate ()], into health promotion, disease prevention, and recovery and management programmes as well as into health emergencies prevention, preparedness and response plans.

(d alt Chair proposal) to develop, implement, and evaluate the currently best available evidence-based strategies that promote social connection to reduce social isolation and loneliness taking into consideration the specificities of groups facing particular vulnerabilities; and integrate them into health promotion, disease prevention, management and recovery programmes as well as into health emergencies prevention, preparedness and response plans.

(e) to promote, support and disseminate evidence and research, including studies related to the social determinants of health and research on the impact of digital technologies and social media platforms on social connection, loneliness and social isolation with a focus on their impact on health outcomes to inform policy and practice. [This research should also examine use of digital and social media platforms for their positive and negative impact on social isolation and loneliness as well as examine variations across different religions, cultures, social values, populations, life stages, age groups, among other aspects [and include a gender analysis (delete blue text)].

(e alt Chair proposal) to promote, support and disseminate evidence and research, including studies related to the social determinants of health and research on the impact of digital technologies and social media platforms on social connection, loneliness and social isolation with a focus on their impact on health outcomes to inform policy and practice.

(f) to create [and strengthen a social infrastructure that creates (delete), support] a supportive environment at all levels, through cross-sectoral collaborations, including partnerships with NPOs, [at all levels – international, regional and local del ()] – and initiatives that foster social interactions, inclusivity, and mutual support, including through social participation.

(f alt Chair proposal) to create a supportive environment at all levels, through cross-sectoral collaborations and initiatives that foster social interactions, inclusivity, and mutual support, including through social participation.

(g) prioritize support for culture [Revise : Strengthen collaboration between culture and health sectors to promote social inclusion ADD support in promoting social inclusion [ADD (harmonization, cohesion, support cohesion)].

[alt g promoting the role of cultural values in strengthening social connection and fostering social inclusion support]

(g alt Chair proposal) strengthen collaboration between culture and health sectors to promote social inclusion and cohesion.

(h) to develop a strategy that promotes the safe and responsible use of digital technology, including social media and artificial intelligence, to advance social connectedness.

(OP)2. ENCOURAGES international, intergovernmental and [other non-state actors, including (ADD)] / [nongovernmental organizations (DEL)]/[other non-state actors (ADD), as well as private sector, academia, donors and civil society, to work with Member States and the Secretariat to:

(OP2 alt Chair proposal) ENCOURAGES international, intergovernmental and non-state actors, including private sector, academia, donors and civil society, to work with Member States and the Secretariat to:

- (a) address the determinants of social disconnection and promote [high quality (retain ()), Delete and replace with positive (Support ()) or supportive ()] social connection;
- (b) support the exchange and dissemination and impact assessment of knowledge, information and best practices related to high quality/positive social connection, loneliness and social isolation and physical and mental health and well-being;
- (c) contribute to the enhancement of supportive environments for social connection, and leverage technologies and innovations that promote social connection and address social isolation and loneliness;
- (d) promote the development of strategies, learning from those already underway, filling knowledge gaps, stimulating research on the subject, favouring synergies between countries.

(OP)3. REQUESTS the Director-General:

- (a) to include social connection and [related (ADD)] actions [which can (ADD)] [to (DEL)] prevent and respond to loneliness and social isolation, as a [key (DEL)] [important (ADD)] component in the WHO's public health agenda, research priorities, and capacity-building initiatives across WHO divisions and the three levels of the organization.
- (b) to [facilitate (DEL)] [Support (ADD)] the development of evidence-based guidelines for governments on promoting and sustaining quality social connections, as well as addressing social isolation and loneliness at individual, community, regional, and national levels, [targeting at transformative approaches that address the root causes of [gender (DEL)] inequalities with attention to socially constructed barriers and needs (DEL) (RETAIN)].
- (b alt Chair proposal) to facilitate the development of evidence-based guidelines for governments on promoting and sustaining positive social connections, as well as addressing social isolation and loneliness, particularly those groups most affected, at individual, community, regional, and national levels.
- (c) to develop recommendations to assess/for assessment of the scale and distribution of social disconnection. (ADD)] Develop [in consultation with Member States (DEL) (RETAIN)] [valid, reliable, and globally comparable methods to assess the scale and distribution of social disconnection and [work with Member States to (ADD)] track progress towards improving social connection over time.

(c alt Chair proposal) to develop, in cooperation with Member States, as appropriate, valid, reliable, and globally comparable methods to assess the scale and distribution of social disconnection and track progress towards improving social connection over time.

(c bis proposal) to [Develop recommendations for successful and healthy integration of digital technologies in people`s daily lives, recognizing that digital technologies and digital environments are important determinants of health and a public health approach is required for reducing digital impact on social isolation while promoting their use as tools to fight loneliness and isolation (ADD)(RESERVE)]

(c bis alt Chair proposal) to develop recommendations for successful and healthy integration of digital technologies for reducing negative impact on social connection while promoting their use as tools to tackle loneliness and isolation.

(d) [Develop, in consultation with Member States, [and within existing resources (ADD), (RESERVE)] a WHO Global Strategy and action plan to address social isolation and loneliness and foster social connection that links with and leverages other relevant WHO frameworks (RESERVE)(DEL)]

(e) to provide technical assistance and capacity-building support to Member States [upon request (ADD)] in designing and implementing policies and interventions that enhance social connections, including through social participation.

(f) to provide technical assistance, to the extent possible and [upon request (ADD)], to integrate social connection, and prevent social isolation and loneliness in efforts to deliver universal [health (ADD)] coverage and primary [health (ADD)] care, and the strengthening and resilience of health systems, including to prevent, prepare and respond to health challenges.

(f alt Chair proposal) to provide technical assistance, to the extent possible, and upon request, to integrate social connection, and prevent social isolation and loneliness in efforts to deliver universal health coverage and primary healthcare, and strengthen health systems, including to prevent, prepare and respond to health challenges.

(g) to support with technical assistance to mobilize national and international resources to strengthen intersectoral work and local development with a view to strengthening social connection and reducing social isolation and loneliness.

(h) [Extend the mandate of the WHO Social Connection Commission through 2028. (RESERVE)]

(i) to develop, in conjunction with the Member States, [mechanisms that encourage the evaluation of intersectoral and sectoral (DEL) [methodologies to assess effectiveness of (ADD)] policies and programmes that promote physical and mental health and well-being based on social connection.

(j) to collaborate with Member States [at the UN bodies (ADD)], [the Secretary-General of the United Nations (DEL)] and other specialized agencies belonging to the United Nations, [in the definition of essential messages (DEL)] on social connection, social isolation and loneliness, as a social determinant of health inequalities, [and in

their incorporation into the process of preparation for future United Nations conferences [as a key component for the achievement of the Sustainable Development Goals (DEL) (RETAIN)] (DEL) (RETAIN)].

(j alt Chair proposal) to collaborate with Member States, the Secretary-General of the United Nations and other specialized agencies belonging to the United Nations, in the development of a coherent narrative on social connection, social isolation and loneliness, as a social determinant of health.

(k) to report on the implementation of this resolution to the 79th World Health Assembly in [2026]/[2027 ()], through the Executive Board at its 158th session, and subsequently to report on the progress of the work associated with this resolution at the [81st]/[82nd ()] [and 83rd (DEL)] sessions of the World Health Assembly, in 2028 and 2030 respectively.
