

ANNOTATIONS ON THE DG REPORT MENTAL HEALTH AND
SOCIAL CONNECTION
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wfuna



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GLOBAL MODEL WHO 2025

ANNOTATIONS ON

FOSTERING SOCIAL CONNECTION FOR GLOBAL HEALTH

The text referred to as “Anchor” above each annotation in this document can be found in the document titled, “Mental Health and Social Connection” that is uploaded as a separate document on your simulation webpage. The highlighted text in that document and the annotations are color-coded to assist you in linking each annotation with the appropriate text in the original document.

¶ 1 (Anchor: “the need to strengthen action on social connection and mental health”)

■ Did You Know That...

This is the first time that social connection has been placed on the Executive Board agenda as a stand-alone global health topic. The decision reflects recognition that loneliness and isolation are not only social concerns but measurable determinants of health outcomes. WHO now treats social connection as integral to the Fourteenth General Programme of Work (2025–2028), linking it directly to mental-health promotion and equitable well-being. Elevating the issue to Board level also helps secure future funding and research commitments across regions.

■ Things to Think About

Why might it have taken so long for social connection to gain global policy attention compared with other determinants such as nutrition or housing? What cultural or political barriers make governments hesitant to treat loneliness as a public-health problem?

■ Interesting Facts

The agenda item was proposed jointly by two Member States in 2024, showing how country-level advocacy can drive WHO’s policy priorities.

■ Glossary

Executive Board (EB) — A governing body of 34 Member States that prepares the agenda and recommendations for the World Health Assembly.

¶ 2 (Anchor: “Social health refers to the adequate quantity and quality of relationships”)

■ Did You Know That...

WHO defines health as having three interdependent dimensions—physical, mental, and social—yet social health has long been overlooked in public-health planning. Recognizing social well-being as essential means that friendship, belonging, and community ties are now seen as measurable components of national health outcomes. Many surveys already show that people who feel connected report better recovery from illness and lower stress levels. Incorporating social health into policy could therefore improve prevention as well as care.

■ Things to Think About

How can ministries of health translate the idea of “social well-being” into concrete programs or indicators? Should schools, workplaces, or local councils be required to assess social connectedness as part of health promotion?

■ Interesting Facts

Social health was part of WHO’s original 1948 constitution but largely disappeared from practice until revived by the COVID-19 experience.

■ Glossary

Social health — A person’s capacity to form satisfying relationships and participate meaningfully in society, supporting both mental and physical well-being.

¶ 3 (Anchor: “Social connection is an umbrella term for how people relate to, and interact with, each other”)

■ Did You Know That...

The concept of social connection encompasses both the structure of relationships (how many and what kind) and their perceived quality. WHO stresses that supportive relationships not only provide emotional comfort but also tangible health benefits such as better immune response and faster recovery after surgery. Positive social ties influence brain development in children and maintain cognitive health in older adults. Thus, connection acts as a biological as well as a social protective factor.

■ Things to Think About

If quality matters more than quantity, how should policymakers design programs to strengthen meaningful—not merely frequent—social contact? Could technology bridge or widen that gap?

■ Interesting Facts

Long-term studies show that people with five or more close confidants live significantly longer than those with none, even after controlling for income and health behaviors.

■ Glossary

Structural aspect — The measurable network of relationships a person has.

Functional aspect — The type of support those relationships provide, such as advice, care, or companionship.

¶ 4 (Anchor: “Social isolation and loneliness are forms of social disconnection”)

■ Did You Know That...

WHO differentiates social isolation—objective lack of contact—from loneliness, which is a subjective emotional state. Both have measurable effects on mental and physical health, but loneliness can occur even in crowds when people feel disconnected. Understanding this distinction helps governments design tailored interventions: community hubs address isolation, while counseling or peer support may relieve loneliness. The goal is to recognize that emotional experience is as critical as structural support.

■ Things to Think About

Should public-health surveys measure both isolation and loneliness separately? What risks arise when policies assume that building more social spaces automatically reduces loneliness?

■ Interesting Facts

Brain-imaging research shows that loneliness activates the same neural pathways as physical pain, explaining why chronic loneliness increases stress hormones.

■ Glossary

Social disconnection — Any reduction in meaningful interaction or perceived belonging within a community.

¶ 5 (Anchor: “Mental health is a state of mental well-being that enables people to cope with the stresses of life”)

■ Did You Know That...

WHO's definition shifts the focus from illness to capability—emphasizing resilience, learning, and contribution to community life. This positive framing aligns with modern approaches that treat mental health as a continuum rather than a binary state. Social environments strongly shape these capacities: supportive networks improve brain function and stress management. Thus, policies improving social connection can directly enhance national mental-health outcomes.

■ Things to Think About

How might redefining mental health in positive terms change national funding priorities? Would governments invest more in prevention if mental health were seen as a developmental asset?

■ Interesting Facts

Globally, WHO estimates that nearly one billion people experience a mental disorder, but far more live below their optimal level of mental well-being.

■ Glossary

Mental well-being — A dynamic state where individuals realize abilities, handle life stresses, and contribute productively to their community.

¶ 6 (Anchor: “Social isolation and loneliness affect people of all ages, in all regions of the world”)

■ Did You Know That...

Loneliness is not confined to older adults. WHO notes that at least one in six adolescents report feeling isolated, often linked to digital dependence and school pressures. In ageing populations, social loss and mobility issues compound the risk. Recognizing that disconnection spans generations helps design inter-age initiatives that benefit both youth and elders.

■ Things to Think About

Why do social-connection policies often target the elderly while ignoring youth loneliness? What community models could bridge generations?

■ Interesting Facts

Global surveys show remarkably similar loneliness prevalence across regions—suggesting that culture offers only partial protection.

■ Glossary

Prevalence — The proportion of a population affected by a particular condition at a given time.

¶ 7 (Anchor: “associated with a 14–32% higher risk of mortality”)

■ Did You Know That...

Meta-analyses equate chronic social isolation to smoking 15 cigarettes a day in its impact on mortality. Isolation increases inflammation, blood pressure, and impairs immunity. The resulting burden adds to costs for health systems and productivity losses for employers. Recognizing social ties as biological protectors elevates them to a new category of public-health intervention.

■ Things to Think About

Should governments frame friendship-building programs as disease-prevention strategies? How could such framing influence health-insurance coverage or employer wellness plans?

■ Interesting Facts

Roughly 5% of global dementia risk is now attributed to social isolation, according to The Lancet Commission on Dementia (2024).

■ Glossary

Mortality risk — The likelihood of death within a specific period, used to measure the severity of health determinants.

¶ 8 (Anchor: “Social disconnection has an impact on education, employment and the economy”)

■ Did You Know That...

Social connection influences school retention, workplace productivity, and economic resilience. Loneliness reduces cognitive focus and motivation, while isolation lowers team performance and innovation. WHO now considers social capital an economic asset—countries with higher trust and engagement show stronger recovery from crises. Treating connection as part of human capital reframes it as an investment, not a cost.

■ Things to Think About

How could ministries of education and labor integrate social-connection indicators into performance evaluations or curricula? Would businesses adopt policies that reward collaboration to enhance well-being?

■ Interesting Facts

Workplace isolation costs U.S. employers an estimated US \$400 billion annually in absenteeism and turnover—figures proportionally similar in other economies.

■ Glossary

Workplace isolation — An employee's feeling of being disconnected and separated from their colleagues, supervisors, and the overall work environment, which results in a lack of social connections, support, and interaction, ultimately leading to diminished job satisfaction and reduced performance. This detachment can stem from insufficient social networks, a lack of engaging interactions, or a feeling of being unrecognized or unappreciated at work.

¶ 9 (Anchor: “social isolation and loneliness place a significant economic strain on society”)

■ Did You Know That...

The economic toll includes health-care costs, lost wages, and lower productivity. Studies estimate that socially disconnected adults use health services 30–50% more frequently. In countries with ageing populations, these costs rise as isolation increases among older adults. Quantifying this burden helps policymakers justify preventive investments in community infrastructure.

■ Things to Think About

Could health insurers or national health services save money by funding social-connection programs? What evidence would convince finance ministries to allocate budgets for prevention?

■ Interesting Facts

A UK cost-benefit analysis found that every £1 spent on community-connection programs returned £3 in reduced health costs and improved productivity.

■ Glossary

Economic strain — The cumulative financial pressure on individuals and systems resulting from a health or social problem.

¶ 10 (Anchor: "The COVID-19 pandemic exacerbated loneliness and social isolation worldwide")

■ Did You Know That...

Pandemic restrictions revealed how essential daily social contact is for mental stability. Loneliness rose sharply among people living alone, young adults, and those with pre-existing anxiety. WHO's analyses show that isolation's mental-health impacts persisted long after lockdowns ended. The pandemic thus served as a real-world experiment proving social connection's health value.

■ Things to Think About

How can governments maintain emergency responses that protect physical safety without causing social harm? Should future disaster plans include social-health metrics alongside infection rates?

■ Interesting Facts

Countries that invested in online community support and volunteer networks during lockdown saw lower reported loneliness than those relying solely on information campaigns.

■ Glossary

Exacerbated — Made a problem worse or more severe.

¶ 11 (Anchor: “the urgency of addressing social connection is underscored by growing evidence of its links to health”)

■ Did You Know That...

Rapid urbanization, declining family structures, and technological change have reshaped how people relate. Remote work and digital communication can sustain contact but also deepen isolation if they replace face-to-face interaction. Recognizing these social transformations is crucial for future-proofing health systems. WHO calls for collaboration between technology companies, urban planners, and educators to foster environments that enable real connection.

■ Things to Think About

Should digital-health policies include guidelines for balanced technology use to avoid social harm? How might cities redesign spaces to encourage safe, inclusive gatherings?

■ Interesting Facts

Globally, single-person households now represent more than 30% of urban dwellings—a historic shift with implications for public health and social policy.

■ Glossary

Technological shifts — Major changes in how people live and work caused by innovations such as social media, automation, and remote communication.

¶ 12 (Anchor: “promising solutions range from national policies and measures to improve social infrastructure to targeted interventions”)

■ Did You Know That...

Social prescribing—linking patients to community activities—has shown strong results in improving mental well-being. Cognitive behavioral therapy (CBT) and psychoeducation programs are also effective for individuals experiencing chronic loneliness. WHO’s task is to synthesize global evidence into practical guidance that countries can adapt. Evidence-based interventions make connection a measurable, fundable objective within health systems.

■ Things to Think About

Should health professionals be trained to identify loneliness as part of routine care? What community resources would a successful social-prescribing program require in your context?

■ Interesting Facts

Pilot studies in the United Kingdom and Japan show that social prescribing can reduce primary-care visits by 20% and improve patient satisfaction.

■ Glossary

Social prescribing — A healthcare approach in which practitioners refer people to non-medical community activities, such as exercise groups or volunteering, to improve well-being.

¶13 (Anchor: “Member States are beginning to invest in promoting social connection”)

■ Did You Know That...

Several governments have launched dedicated strategies on loneliness—Japan appointed a Minister for Loneliness in 2021, and the United Kingdom created a cross-government framework to build “connected communities.” These plans treat isolation as a public-health and economic issue, integrating it into education, urban planning, and employment policy. WHO encourages Member States to share models so other countries can adapt them to local cultures. The aim is to move social connection from a charitable concern to a core policy responsibility.

■ Things to Think About

How might low- and middle-income countries build national social-connection strategies when resources are limited? Would partnerships with civil society or the private sector help fill those gaps? Consider how governments could measure success—through reduced loneliness rates, improved mental health, or economic gains.

■ Interesting Facts

Nine countries already have official loneliness strategies, and more than 20 others include social connection under healthy-ageing or mental-health plans. This growing movement parallels how tobacco control began with only a few early adopters before becoming global.

¶13 (Anchor: "Scaling up these actions as a public health priority will require more strategic support for Member States")

■ Did You Know That...

Some of the things that can help reduce loneliness and social isolation include but are not limited to:

1. Training community and health workers to identify and address isolation is also essential so they can identify loneliness early and connect people to support services.
2. Long-term, reliable funding is needed, not short-term grants, so programs can continue year after year.
3. Finally, coordination between sectors like health, education, housing, and local services, along with public awareness campaigns, helps make social connection a lasting part of everyday health policy.

■ Things to Think About

What other kinds of support could help scale up actions to reduce loneliness and social isolation? What can WHO do to assist countries in scaling up actions?

¶14 (Anchor: “availability of comprehensive data on loneliness, social isolation, social connection and their links to mental health is limited”)

■ Did You Know That...

Few countries collect standardized data on social connection, which makes comparing trends difficult. Most information comes from small surveys or high-income nations, leaving major gaps in low-resource settings. WHO's proposed global metrics will likely draw on household surveys, digital-health records, and longitudinal studies to capture social networks over time. Without this evidence, policies risk being based on anecdote rather than need.

■ Things to Think About

How can privacy and ethics be managed when governments start collecting data on people's relationships and feelings of loneliness?

■ Interesting Facts

The OECD found that only 12 of 38 member countries track loneliness nationally. By comparison, nearly all track smoking and obesity. This imbalance shows how social health remains under-measured despite its major health impact.

¶15 (Anchor: “Given the strong evidence linking social disconnection to poor health outcomes”)

■ Did You Know That...

Mounting evidence links weak social ties to higher risks of cardiovascular disease, dementia, depression, and suicide. Public-health frameworks now rank social disconnection alongside major NCD risk factors like tobacco and physical inactivity. This shift reframes loneliness from a personal failing to a population-level risk demanding collective action. It also positions social-connection initiatives as preventive investments in both mental and physical health.

■ Things to Think About

If social disconnection is a risk factor like smoking, what would “social-health legislation” look like in practice?

■ Interesting Facts

Meta-analyses show that people with robust social relationships have a 50% greater chance of survival over time compared with isolated individuals. The health effect size is larger than that of physical inactivity and obesity.

■ Glossary

Inextricably linked— when things are so closely connected that you can’t talk about one without also talking about the other. In health discussions, you might say “mental health and social connection are inextricably linked,” meaning they deeply affect each other and can’t be addressed independently.

¶16 (Anchor: “no ad hoc regional or international commitments – including by the Health Assembly – currently exist on social connection”)

■ Did You Know That...

Unlike climate change or tobacco control, social connection has no binding international framework. References exist in ageing, dementia, and neurological-health strategies, but none mandate coordinated global action. When there is no coordinated global mandate to reduce loneliness and social isolation, efforts tend to be fragmented and inconsistent across countries and sectors. This limits the ability to treat loneliness and social isolation as interconnected, preventable determinants of health.

■ Things to Think About

What are the pros and cons of creating a separate global treaty or resolution on social connection versus embedding it in existing frameworks like mental health or healthy ageing? Would a stand-alone approach attract more attention—or fragment efforts?

■ Interesting Facts

The Decade of Healthy Ageing (2021–2030) is currently the main international platform that even partially addresses social connection, focusing mostly on older adults.

¶17 (Anchor: “Addressing social connection also aligns with the Sustainable Development Goals”)

■ Did You Know That...

Loneliness and isolation intersect with many SDGs—poverty, education, gender equality, and cities—because social connection supports inclusion and resilience. Embedding it in SDG 3 (Health and Well-Being) encourages multisectoral cooperation beyond health ministries. Linking indicators for social participation could strengthen progress reviews across the 2030 Agenda.

■ Things to Think About

How could countries integrate social-connection indicators into their national SDG reporting? Would this make the issue more visible to finance or education ministries?

■ Interesting Facts

The UN General Assembly first recognized loneliness as a determinant of health in 2020, through Resolution 75/131 on the Decade of Healthy Ageing—an emerging policy milestone.

■ Glossary

Sustainable Development Goals (SDGs) — A set of 17 global goals adopted by the UN to end poverty, protect the planet, and ensure well-being for all by 2030.

¶18 (Anchor: “WHO Commission on Social Connection”)

■ Did You Know That...

Launched in 2023, the WHO Commission on Social Connection brings together global experts to synthesize evidence and advocate for policy action. It is tasked with developing a comprehensive report by 2025 that outlines a road map for reducing loneliness and social isolation worldwide. Its composition—policy leaders, academics, and activists—signals a whole-of-society approach. The Commission also hosts side events to mobilize Member States and public engagement.

■ Things to Think About

Why might WHO choose a temporary three-year commission instead of an ongoing department? Could this model help accelerate innovation or risk losing momentum after 2026? How can countries contribute to its work before the final report?

■ Interesting Facts

The Commission was co-chaired by representatives from Japan, Morocco, and the United States—reflecting diverse contexts of social isolation.

■ Glossary

WHO Commission — A temporary WHO body convened to review evidence, advise policy, and promote action on a specific theme.

¶19 (Anchor: “the Secretariat has published an advocacy brief on social isolation and loneliness among older people”)

■ Did You Know That...

WHO's advocacy brief and subsequent evidence maps (2021–2023) marked the first systematic attempt to consolidate global interventions against loneliness. These efforts cover digital solutions, in-person community programs, and policy models. The Secretariat's films and network analyses help raise public awareness while connecting practitioners across regions. Such activities signal WHO's shift toward addressing social connection as a structural determinant of health, not a soft issue.

■ Things to Think About

How does visual storytelling through film or social media influence policy attention compared to technical reports? Should WHO prioritize communication campaigns or research guidelines to mobilize countries?

■ Interesting Facts

The Secretariat's Delphi process gathered expert consensus on priority actions from over 60 countries—an unusual level of engagement for a new health theme.

■ Glossary

Delphi process — A structured method of collecting expert opinion through multiple rounds of anonymous feedback to reach consensus.

WHO evidence and gap maps — These are visual tools that organize and summarize all available research on a specific topic—in this case, interventions to reduce social isolation and loneliness. Together, they guide policymakers, researchers, and funders in deciding where to invest or conduct new studies to strengthen the evidence base for tackling loneliness and isolation.

¶20 (Anchor: “Work is under way to update WHO guidelines on risk reduction of cognitive decline and dementia”)

■ Did You Know That...

By linking social connection to brain health, WHO underscores how social factors shape neurological outcomes. Regular social interaction stimulates cognitive function and may delay dementia onset. The updated guidelines will advise countries on integrating social activities into elder care, education, and urban planning. This marks a broader turn toward “whole-person” approaches in health policy.

■ Things to Think About

How can health systems balance clinical care with community interventions like social clubs or volunteering opportunities for older people? Would reimbursing these activities under universal health coverage be feasible?

■ Interesting Facts

Social engagement has been associated with up to a 30% lower dementia risk, especially when combined with physical activity and lifelong learning.

■ Glossary

Cognitive decline — Gradual loss of memory and thinking skills associated with ageing or disease.

¶21 (Anchor: “To make social connection a global public health priority”)

■ Did You Know That...

WHO proposes that Member States treat social connection as a pillar of health promotion alongside nutrition and exercise. Integrating connection into primary health care (PHC) would allow clinics to screen patients for loneliness and refer them to community programs. Cross-sector collaboration—with housing, transport, and education—will be crucial. This broad approach acknowledges that loneliness is shaped by how societies are built and how resources are shared.

■ Things to Think About

What ministries outside health could play key roles in reducing isolation in your country? How can governments motivate non-health sectors to see connection as part of their mandate? Could schools and workplaces become core sites of social prescription?

■ Interesting Facts

WHO's Integrated Care for Older People handbook (ICOPE) already includes guidance on social engagement as a component of healthy ageing services.

■ Glossary

Social determinants of health — the conditions in which people are born, grow, live, work, and age that shape their overall health and well-being. These include factors such as income, education, employment, housing, access to healthcare, neighborhood safety, social relationships, and environmental quality. They influence whether people have the resources and opportunities to live healthy lives—often more than medical care alone. For example, someone living in a safe neighborhood with stable work and supportive relationships is likely to have better health outcomes than someone facing poverty, discrimination, or social isolation.

¶22 (Anchor: “addressing social connection and mental health would complement and strengthen the updated comprehensive mental health action plan 2013–2030”)

■ Did You Know That...

Integrating social connection with the Mental Health Action Plan aligns efforts to reduce inequalities and target vulnerable groups. It extends support to people with disabilities, migrants, and those with noncommunicable diseases, who face higher isolation risks. WHO envisions co-financing where mental-health and social programs share resources for community-based care. The goal is to embed connection in health-equity work, not treat it as an afterthought.

■ Things to Think About

How might integrating social connection into existing plans reduce duplication of effort and funding competition? What barriers could arise from cross-sector collaboration between health, labor, and social services?

■ Interesting Facts

The 2013–2030 plan has four objectives: leadership and governance; comprehensive services; prevention and promotion; and information systems—each relevant to social connection.

■ Glossary

Mental Health Action Plan 2013–2030 — WHO’s global framework guiding countries to improve mental health services and reduce suicide.

Technical measures — practical tools (e.g., surveys, databases, training modules, mobile apps, or WHO toolkits) and systems (e.g., national reporting system ensures that information from those tools is gathered, compared, and used consistently across regions or countries) needed to turn awareness about loneliness into real action. This includes collecting reliable data on how connected people feel, creating global indicators to measure progress, developing evidence-based guidelines, training health workers to identify and respond to social isolation, and using digital tools to connect people. Together, these measures help countries design effective programs, track results, and share what works, making efforts to reduce loneliness more organized, comparable, and sustainable across the world.

¶23 (Anchor: “How can the Secretariat ensure that WHO’s comprehensive public health agenda prioritizes social connection”)

■ Did You Know That...

The Executive Board’s questions invite Member States to shape WHO’s next steps on policy integration and partnerships. This signals that social connection is moving from a research topic to a governance priority. Guidance from countries will determine how WHO allocates technical assistance and builds monitoring frameworks. These consultative questions are policy drivers, not just procedural steps.

■ Things to Think About

What should be the top three criteria for selecting pilot countries for social-connection initiatives? Should priority go to those with high loneliness rates or those with existing community infrastructure to build on? How can students and youth voices be included in global policy dialogues?