

## **Fostering Social Connection for Global Health**

The Third Global Model World Health Assembly,

Having considered the report by the Director-General on fostering social connection for global health<sup>1</sup>;

Recalling resolution WHA 78.9 (2025), the first World Health Assembly resolution on the topic of fostering social connection for global health, as well as WHA74.16 (2021) on social determinants of health, which emphasizes addressing structural inequities contributing to mental health challenges;

Recognizing that social connection, which refers to the structure, function and quality of relationships and a sense of belonging, trust, and mutual support, is essential for individual, family, and community health as well as cultural preservation and resilience;

Concerned that loneliness and social isolation are rising worldwide affecting people of all ages, leading to risks of non-communicable diseases, mental health challenges, and premature death;

Deeply concerned that loneliness is a global problem that affects 1 in 6 people worldwide with rates being highest among youth and low-income countries, which accounts for 871,000 deaths per year and cost billions in healthcare, education, and employment;

Acknowledging that the COVID-19 pandemic and its associated precautionary and preventative measures intensified social isolation;

Recognizing the disproportionate impact that a lack of social connection has on people in situations of vulnerability, including but not limited to women, children, refugees, and persons with disabilities;

Emphasizing that areas with ongoing humanitarian crises, as well as regions affected by extreme weather events and other impacts of climate change, aggravate loneliness and social isolation;

Recognizing that digital platforms, including social media and instant messaging applications, can serve as vital tools to connect people across distances, particularly older adults, rural populations, and persons with disabilities, but may also heighten loneliness, misinformation, and social polarization when misused;

Emphasizing that strengthening social connection can be a factor in improving mental and physical health outcomes, reduce health inequities, and foster community resilience;

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<sup>1</sup> Document A77/25.

Noting that promoting social connection aligns with WHO's Fourteenth General Programme of Work (GPW14, 2025–2028) and contributes to the achievements of the Sustainable Development Goals particularly SDG 3: Good health and well-being, SDG 10: Reducing inequalities, and SDG 11: Sustainable communities;

Welcoming WHO's establishment of the Commission on Social Connection in 2023, as well as its recent call to action in the 2025 report to foster social connection;

Recognizing that social connection is not only a public health issue but is shaped by how we learn, work, communicate, and the spaces we live in and that each sector has a role in strengthening community ties and preventing loneliness and isolation;

Determined to promote coordinated, multisectoral action at national, regional, and community levels to strengthen social ties as a foundation for global health, well-being, and resilience,

1. URGES Member States:

(1) to design and strengthen existing national strategies with adequate budget allocation, formulate corresponding actions, and develop operational guidelines, aligned with national, cultural and religious contexts, that promote social connection, reduce loneliness, as well as incorporate goals on social connection and well-being into health, education, labor, immigration, and digital technology policies;

(2) to include social connection as a goal in urban and rural planning, respecting the environment, through the design of safe public spaces with accessible transportation for all, and encourage social interaction intergenerationally and interculturally, prioritizing rural and remote areas;

(3) to implement national strategies which address difficulties in social connection that arise through different geographical terrains, e.g., mountains, deserts and islands, also keeping in mind the effects of climate change on these;

(4) to establish a set of universal metrics and standardized tools for measuring social connection and its associated health impacts, into public health monitoring systems and national policy evaluation frameworks;

(5) integrate measures of social connection into public health monitoring and policy evaluation, including research and data collection by investing in research on the health impacts of loneliness, in order to identify those that are most effective in improving health outcomes;

(6) to support accessible community-based initiatives that bring people together through culture, education, common beliefs, shared values, and social contribution;

(7) to increase education on mental health and social connection by adequately training primary health care workers and community health volunteers to identify and address loneliness and social isolation, as well as encourage social prescribing;

(8) to expand access to counseling and outreach services bearing in mind multilingual and multicultural backgrounds;

(9) to prioritize social connection and social infrastructure as part of preparedness and recovery from emergencies and any humanitarian crises;

(10) to address structural barriers such as economic, geographical, institutional, cultural, religious, language or technological barriers that prevent or limit social participation among marginalized groups including, but not limited to, immigrants, internally displaced persons and refugees;

(11) to promote safe and inclusive online environments by establishing legal protections against cyberbullying and online harassment, as well as developing national hotlines, counselling services, and digital literacy programs to support those affected by social disconnection;

2. CALLS UPON international, regional, and national partners, including digital platforms, telecom companies, NGOs, academia, architects, and other relevant stakeholders in the private and health sectors:

(1) to work with WHO and Member States in advancing the global agenda on social connection;

(2) to assist intersectorally with local governments, planners, and architects on designing indoor and outdoor spaces as well as transportation systems, that are accessible, safe and conducive to all, and encouraging social interaction while reflecting community-specific needs;

(3) to invest in best practices and methods for reducing loneliness and isolation, across cultural and socioeconomic contexts in order to inform the development and implementation of effective policies and programmes on this issue through WHO technical networks;

(4) to develop equitable funding, best practices, and technical expertise , including but not limited to training health workers, religious healers and Member States to monitor and rehabilitate systems for local, national, and regional initiatives that promote social connection between communities, prioritizing vulnerable groups and low and middle-income countries, in order to promote resilience and collective well-being;

(5) to promote healthy, inclusive, and supportive workplaces that foster a sense of belonging by encouraging team cohesion, open communication, flexible working arrangements, and mental health support programmes, while also taking measures to strengthen intergenerational connections and provide childcare support in order to prevent loneliness among caregivers and parents, recognizing that positive work environments strengthen both individual and community well-being;

(6) to address social connection as a core component of national health promotion campaigns through the establishment of national hotlines, digital platforms, and community-based counselling services that provide accessible mental health support for

everyone and by increasing awareness of the importance of empathy, volunteerism, intergenerational solidarity, and community engagement;

(7) to develop telehealth and outreach programmes, and improve home-based care for individuals including, but not limited to, Indigenous, homebound, rural, and hard-to-reach communities, prioritizing synchronous strategies that promote human interaction in order to foster social connections;

(8) to invest in research on how digital platforms affect social connection and well-being to guide the governance of digital technologies and the development of effective and accessible mental health programmes;

(9) to pursue with technology companies to ensure that digital platforms promote positive social interaction and do not deepen isolation;

(10) to address the digital divide by expanding affordable internet access to allow more people who may be isolated—because of where they live or for other reasons—to be able to connect;

(11) to work with institutions at all educational levels to develop curricula that promote healthy collaboration and discourse, empathy, respect, and responsible digital citizenship;

### 3. REQUESTS the Director-General:

(1) to promote WHO's work on social connection as a determinant of health;

(2) to develop global guidelines for the most adequate and evidence-based practices in fostering social connection;

(3) to assist and provide strategic guidance to Member States in developing national, regional, and local action plans on social connection within communities;

(4) to promote collaboration with other UN agencies and partners to integrate social connection into their agendas, particularly in areas of social development;

(5) to take measures to share the findings of the Commission on Social Connection with all stakeholders across relevant sectors;

(6) to create a monitoring and evaluation framework to assess the implementation and impact of national and global strategies on social connection, subject to the annual inspection of the WHA.