World Health Organization

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GLOBAL MODEL WHO 2025

World Health Organisation Headquarters

YOUTH DECLARATION ON SOCIAL CONNECTION

2025

GENEVA, SWITZERLAND
OCTOBER 28 - 31, 2025

EXECUTIVE SUMMARY

Despite living in one of the most technologically advanced and connected age, social disconnection disproportionately affects young people and could exacerbate the many challenges that young people already face including mental health, socio-economic inequalities and other barriers to fostering meaningful connection and genuine relationships.

Therefore, we call upon WHO Member States, private sector, civil society, youth organizations and academia to take the following measures:

1. **Launch Comprehensive National Strategies to Foster Connection:** Treat connection as a national priority and public good, design national connection campaigns.

2. **Address Stigma and Promote Mental Health through Connection:** Use innovative methodologies to address stigma- including mandatory mental health and social disconnection screening referrals at different levels of healthcare delivery, digital social prescribing and volunteering to raise awareness and support those who need it.

3. **Invest in Young People's Futures:** Create supportive spaces in academia, promote digital well-being through ethical social media guidelines and practices..

4. **Develop Metrics and Close Research Gaps:** Decide upon national and global metrics to measure progress, incentivize research through anonymous web-based surveys, and promote collaborations on a regional level.

5. **Co-Design Solutions with Marginalised Populations:** Create equitable and leverage existing participatory spaces to prioritize social connection, utilise shared interest through sport and culture to promote connection.

6. **Promote Multisectoral Collaboration for Connection:** Incentivize cross-sectoral collaborations to create equitable and accessible infrastructure that promotes connection.

7. **WHO Social Connection Fund:** To support the calls to action in this Declaration, we call for the creation of the WHO Social Connection Fund- with Health Equity and Meaningful Youth Engagement as the core values to operationalize this Declaration.

As young people, we stand at the intersection of the most connected and yet the most disconnected generation in history. We have grown up in a world of instant messages but delayed empathy, where online connection too often replaces real belonging. We see how isolation silently erodes health, trust, and hope among our friends, our families, and ourselves.

We care because loneliness is not only a feeling; it is a public health emergency shaping our generation's future. We are witnessing rising mental health struggles, shrinking community spaces, and digital systems designed for engagement, not connection. Yet, we also know that change is possible, because our generation is creative, compassionate, and ready to rebuild the social fabric from the ground up.

Our perspective matters because the solutions we imagine are rooted in lived experience: in classrooms, online networks, community projects, and friendships that cross borders. We are not just calling for connection; we are building it. And we call on all leaders and institutions to join us, to empower us, and to create space for our ideas, because belonging is everyone's responsibility.

PREAMBLE

We, the youth delegates of the 3rd Global Model WHO, call upon all WHO Member States, international and intergovernmental organizations including civil society, youth organisations, private sector, academia, and the WHO Secretariat to take transformative and collaborative action to foster social connection. We must address the physical, mental and social harms from isolation and loneliness, especially among young people and other vulnerable groups. This declaration calls for co-designed, equity-driven interventions that address both the structural and functional roots of social disconnection.

ACKNOWLEDGING THE RISING ISSUE OF SOCIAL DISCONNECTION

Loneliness is linked to more than 871,000 deaths annually and social disconnection causes a 29% increased risk in cardiovascular disease and a 32% increased risk of cerebrovascular stroke.[1] Beyond its health impacts, social disconnection weakens economic productivity, learning outcomes, and the capacity for innovation.

1 World Health Organization. (2024). From loneliness to social connection: Charting a path to healthier societies: Report of the WHO Commission on Social Connection. World Health Organization. https://www.who.int/publications/i/item/9789240112360

MENTAL HEALTH, TECHNOLOGY AND SOCIAL DISCONNECTION

Social disconnection can severely harm the mental health of young individuals causing anxiety, depression, psychosis, and more. These factors, compounded by long term socio-economic trends like nuclear families, single-occupancy households, impact of conflicts and disasters as well as technological shifts such as the overuse of social media and remote work could aggravate social disconnection..Social media often leads to comparison between individual lifestyles, negatively impacting self esteem among youth and makes it harder for vulnerable populations to reach out for support. Brain health and cognitive health is also affected by isolation in which case rates of dementia become notably higher. We can no longer excuse the lack of action particularly when it comes to taking appropriate measures to dispel the stigma around mental health and the lack of regulation of social media and the exploitation of its users, most of whom are young people, further leading to social isolation- the time to act is now.

THE NEGLECTED POPULATION: YOUNG PEOPLE

Despite the highest rates of loneliness being registered in young people, much of the discussion around social disconnection ignores this population group. As young people, we face overwhelming academic pressure, the rise of unemployment rates, lack of purposeful work, and disproportionately high costs of living which inevitably increase social disconnection and isolation. We need prompt and effective actions when it comes to preserving the future of young people.

EQUITY AND ACCESSIBILITY LEADING THE WAY

Social disconnection is not only the result of inaccessibility to community spaces, but also of deep-rooted structural and social exclusion. Inequalities driven by racism, sexism, ableism, ageism, and discrimination based on gender identity, sexual orientation, or socioeconomic status continue to shape who feels seen, safe, and valued. These inequities are magnified during crises - such as natural disasters, armed conflicts, and displacement - leaving refugees, internally displaced persons, and migrant workers particularly isolated.

Young people experience these inequities acutely. Many grow up without access to safe community spaces, affordable education, or mental health support. Youth from marginalized groups such as young women, persons with disabilities, LGBTIQ+ youth, and those living in poverty, face compounded barriers to participation and belonging.

Digital divides further separate those who can connect and those who cannot. Even where connection exists, online spaces too often expose young people to harassment, comparison, and discrimination, worsening their sense of exclusion. Addressing these injustices requires targeted, equity-driven policies that remove structural barriers and create environments where every young person can participate fully and safely in society.

Despite these persistent disparities, only 8 of the 194 Member States that adopted the resolution on social connection at the 78th World Health Assembly in May 2025 have a national strategy in place to address this growing issue. Social disconnection and its far-reaching effects on people's health and well-being can no longer be ignored. Member States must act now and prioritize social connection at every level of governance, combating isolation and loneliness through inclusive, community-led, and equity-focused strategies.

CALL TO ACTION

We call upon WHO Member States, international and intergovernmental organisations, civil society, youth organisations, private sector, academia, and the WHO Secretariat to treat social connection as a determinant of health and an investment in societal wellbeing, not an afterthought.

We urge the establishment of a WHO Social Connection Fund, a catalytic global mechanism to resource, coordinate, and scale innovations that foster connections across education, sports, health, and digital systems.

The Fund would provide seed financing, support technical assistance, and knowledge exchange for community-led pilots, prioritising low- and middle-income settings, youth- and older people-led initiatives, and multisectoral partnerships that demonstrate measurable social and health returns.

1. LAUNCH COMPREHENSIVE NATIONAL STRATEGIES TO FOSTER CONNECTION

Connection as a national priority and public good.
Actions & Examples:

- Establish National Strategies on Social Connection (within 12 months), positioning social connection as a public good (examples are Japan's Minister for Loneliness, UK's National Loneliness Strategy).
- Launch national "Connection Campaigns" through art, storytelling, and music to normalise help-seeking and celebrate community.

- Integrate intergenerational and community programmes as core pillars of national strategies:
  - Intergenerational Campuses linking schools and older people care facilities (Apples & Honey Nightingale, UK; Providence Mount St. Vincent, US; Mehrgenerationenhaus, Germany).
  - Forgotten Skills Workshops where older people teach crafts, repair, cooking, gardening, and traditional trades to young people.
- Link with WHO's Social Connection Fund to finance pilot projects and scale best practices globally.

2. ADDRESS STIGMA AND PROMOTE MENTAL HEALTH THROUGH CONNECTION

Mental health and belonging are inseparable.
Actions & Examples:

- Routine loneliness screening and referral in primary care, maternal and adolescent health (Ireland's Loneliness Taskforce).
- Embed mental health support in schools and universities via trained counsellors and peer facilitators linked to moderated digital communities (Togetherall, UK, Canada, New Zealand).
- Digital Social Prescribing (DSP): link patients and youth to local clubs, volunteer networks, or walking groups through electronic referrals (NHS Social Prescribing Programme, UK).
- Micro-volunteering networks like Check-In and Chat to provide companionship and reduce isolation (NHS Volunteer Responders, UK)..
- Deploy "warmlines"- trained volunteers who operate call-ins from the socially isolated and provide mental health and psychosocial support(MHPSS).

3. INVEST IN YOUNG PEOPLE'S FUTURES

Youth connection is the foundation of resilient societies.
Actions & Examples:

- Create supportive spaces in academia and workplaces for peer connection, mentorship, foster social relations and creative collaboration. Develop institutional frameworks for fostering social connection.
- Integrate "social-connection curriculum" in education: peer mentoring, community service, and intergenerational exchange.
- Ensure digital wellbeing through ethical regulation of social media, protecting young users from addictive design and harmful comparison.
- Expand digital inclusion through Seniors Go Digital (Singapore)-style mentoring, pairing young volunteers with older adults to build mutual literacy and empathy.
- Promote youth-led innovation via the WHO Social Connection Fund's youth and LMIC priority window.

4. DEVELOP METRICS AND CLOSE RESEARCH GAPS

Measure what matters: connection as an indicator of progress.
Actions & Examples:

- Develop national and global indicators on loneliness prevalence, screening, referrals, and recovery, coordinated through WHO's Social Connection Fund data platform.
- Support regional research networks to document what works in diverse contexts (e.g., LMIC pilots on Digital Social Prescribing or Ibasho Cafés).
- Fund rapid implementation research on intergenerational learning, time-banking, and community sports through WHO's Knowledge Hub.
- Encourage open data-sharing and joint reporting by academia and ministries to accelerate learning.
- Encourage the creation of group meetings in communities and Risk Behavior Web-based Survey, led by health professionals, composed by people of different ages with mental health disorders.

5. CO-DESIGN SOLUTIONS WITH MARGINALISED POPULATIONS

Belonging must be built with, not for, communities.
Actions & Examples:

- Design inclusive public and digital spaces co-created with women, persons with disabilities, migrants, older people and youth.
- Develop urban environments that promote connection:
  - 15-Minute Connection Grid (Melbourne's 20-Minute Neighbourhoods).
  - Ibasho Cafés led by older people in Japan, Nepal, and the Philippines, fostering dignity and intergenerational connection.
- Sport for Inclusion and Integration:
  - Promote sport as a connector through inclusive national programmes (e.g., Kenya's Bakee Mtaani
  - La Nuestra Fútbol Feminista (Argentina) promoting gender equality and solidarity,
  - Sporting Memories Network (UK) connecting older adults through reminiscence and team spirit.
- Promoting inclusivity through cultural celebrations and festivities as well as cultivating a conducive environment for multiculturalism and integration especially when it comes to migrant workers, refugees and displaced populations
- Create time-banking platforms (Rushey Green Time Bank, UK) valuing everyone's time equally, fostering reciprocity across social divides
- Encourage the creation of group meetings in communities with equal age and sex distribution, preferably leveraging existing social participatory spaces such as the 'Etats généraux de la bioéthique' (EGB), large scale assemblies meant for public consultations on public health decisions/issues.

6. PROMOTE MULTISECTORAL COLLABORATION FOR CONNECTION

Social connection is everyone's business.
Actions & Examples:

- Establish cross-ministerial task forces on social connection, bridging health, education, sport, housing, digital affairs, human rights and urban planning.
- Incentivize public–private-philantropic partnerships to co-finance connection infrastructure (e.g., intergenerational campuses, sports facilities, digital inclusion programmes).
- Include connection goals in local planning and transport, such as benches, safe pathways, accessible community hubs.
- Empower civil society and youth networks as implementing partners of the WHO Social Connection Fund.
- Align investments with the WHO Youth Council's Youth Declaration on Creating Healthy Societies,[2] ensuring that policies and financing foster well-being, resilience, and trust through inclusive, youth-led, and intergenerational approaches.

7. WHO SOCIAL CONNECTION FUND

To operationalise these values, we call for the creation of a WHO Social Connection Fund, to:

- Seed-fund community-led innovations, especially in LMICs.
- Provide technical assistance and evidence-based toolkits.
- Support co-designed interventions linking health, education, digital, and urban systems.
- Build a shared global repository of data and outcomes on social connection.
- Ensure youth, older people, and civil-society participation in governance.

The time for action is now. In the next 12 months, governments, communities, and partners across all sectors must translate commitment into concrete steps that strengthen connection as a public good. National and local authorities should embed social connection into public health strategies, education systems, workplaces, and urban design. Health systems should integrate social prescribing and peer-support approaches into primary care and mental health services. Schools and universities must nurture belonging through inclusive spaces, mentoring, and intergenerational exchange.

2 World Health Organization Youth Council. (2024, October 14). Youth Declaration on Creating Healthy Societies: Building well-being, resilience, and trust. World Health Organization.

The private sector and technology platforms should advance digital wellbeing, ensuring that online spaces empower rather than isolate. Civil society, youth, and community groups must be resourced to lead innovations that bridge divides and rebuild trust.

At the global level, the WHO with its partners should operationalize the WHO Social Connection Fund, mobilizing financial and technical support to scale proven community-led models, close research gaps, and enable shared learning across regions.

We recognize that fostering social connection is not the duty of governments or organisations alone, it is a responsibility that rests with each and every one of us. Every individual, community, and institution has the power to uphold the values of this Declaration by reaching out, listening, including, and supporting one another. Social disconnection is not an abstract issue; it touches real lives, especially the young and vulnerable. By acting with empathy, courage, and intentionality, we can transform isolation into belonging, silence into conversation, and indifference into collective care. The health of our society depends on our shared commitment. Every action, however small, contributes to a world where no one feels alone.

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Youth Declaration on Social Connection 2025

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