




National policy responses to address loneliness: A global scoping review of 194 WHO member states

Nina Goldman^{a,b,c,d,*} , Melek Alemdar^{a,e}, Herlind Megges^f, Naka Matsumoto^g, Eric Schoenmakers^h, Pauline van den Bergⁱ, Mathias Lasgaard^{c,d}, Julie Christiansen^{c,d}, Niina Junttila^j, Andreas Goldman^k, Debora Draxl^l, Austen El-Osta^b, Pamela Qualter^a

^a Manchester Institute of Education, University of Manchester, Manchester, UK

^b Department of Primary Care & Public Health, Imperial College London, London, UK

^c Department of Psychology, University of Southern Denmark, Esbjerg, Denmark

^d DEFACTUM - Public Health Research, Central Denmark Region, Aarhus, Denmark

^e Ahmet Keleşoğlu Education Faculty, Necmettin Erbakan University, Konya, Türkiye

^f Department of Demographic Change, Non-Statutory Welfare Services, Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, Berlin, Germany

^g Graduate School of Governance Studies, Meiji University, Tokyo, Japan

^h Fontys University of Applied Sciences, Eindhoven, the Netherlands

ⁱ Fontys Business and Communication, Fontys University of Applied Sciences, Eindhoven, the Netherlands

^j Faculty of Educational Sciences, University of Turku, Turku, Finland

^k Faculty of Humanities and Social Sciences, University of Luzern, Luzern, Switzerland

^l Consultant for Psychology and Design, Basel, Switzerland

ARTICLE INFO

Keywords:

Loneliness
Social isolation
Social connection
Policy
Global review

ABSTRACT

Background: Loneliness is associated with adverse physical and mental health outcomes. It affects individuals across all age groups and geographical regions.

Objective: To characterise the extent that WHO Member States address loneliness, social isolation and social connection through national policies.

Methods: We searched government websites using key terms. A matrix was used to extract data, followed by in-depth document analysis.

Results: By February 2025, only eight WHO Member States (Denmark, UK (England, Scotland, Wales), Finland, Germany, Netherlands, Sweden, Japan, USA) had policies directly addressing loneliness, social isolation or social connection. Policymakers validated the findings. Common policy aims included building a more connected society, addressing loneliness as a wider societal challenge rather than just an individual issue, and supporting both individuals and organisations to manage loneliness. Key recommendations in these policies often highlighted the need to increase knowledge through research, raise public awareness to reduce stigma, promote cross-sectoral collaboration, integrate loneliness into government policy and implement community-based approaches. National policies emerged following societal activism, initiatives from government departments or a large-scale research project.

Conclusion: Various policies are in place to help address loneliness at the national level. To maximise impact, policies require adequate funding. To date, none of the national policies had undergone rigorous evaluation concerning their effectiveness. This review highlights the growing political focus on loneliness and provides a starting point for those seeking to understand, develop or strengthen national strategies to address loneliness, social isolation or social connection.

1. Background

Social connections are fundamental to human development and

survival, serving to protect against loneliness and poor health [1,2]. The evolutionary theory of loneliness proposes that feeling lonely serves as an adverse signal, prompting individuals to reconnect with others, much

* Corresponding author at: Community Psychology, Syddansk Universitet, Degnevej 14, 6705 Esbjerg Ø, Denmark.

E-mail address: ningo@health.sdu.dk (N. Goldman).

<https://doi.org/10.1016/j.healthpol.2025.105553>

Received 10 June 2025; Received in revised form 17 December 2025; Accepted 22 December 2025

Available online 23 December 2025

0168-8510/© 2026 The Authors. Published by Elsevier B.V. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

like physical pain motivates us to address bodily harm [3].

Loneliness and social isolation are prevalent across all age groups and geographic regions, yet there are disparities in data availability, most likely due to competing priorities and limited national resources [4]. Data from 70 countries shows that 11.7 % of adolescents ages 13–17 years often feel lonely, with significant country differences [5]. Similarly, 8.6 % of European adults report feeling frequently lonely, whereas 20.8 % experienced social isolation [6]. In low-income countries, between 10 % and 25 % of older adults experienced loneliness [7].

Loneliness is a subjective, often distressing and intense feeling that can result from being alone [8], or when our social relationships lack the quality or quantity we desire [9]. Conversely, social isolation is the objective measure of social connection, referring to the absence of social contacts and social relationships [10,11]. Loneliness and social isolation are distinct constructs [12], with social isolation not necessarily leading to feelings of loneliness and vice versa.

Current research links loneliness to premature death [13], cardiovascular issues [12,14,15], depression [2,16], and suicide and self-harm [17,18], with the magnitude of these associations rivalling other common risk factors for health and mortality [13,19–21]. Certain socio-economic outcomes such as low educational attainment, unemployment, criminality [22–24] and functional disability [25] are also associated with higher levels of loneliness. Social inequalities contribute significantly to experiences of loneliness, for example when discrimination occurs based on ethnicity, migration background, or socio-economic status [26–29]. This necessitates a comprehensive and society-wide approach which can be supported by developing policy support for national governments [30]. In 2023 the World Health Organisation (WHO) established the Commission on Social Connection with the aim to recognise and resource loneliness and social isolation as global health priorities [31]. Its flagship report strongly urged member states to prioritise loneliness and social connection with the same urgency as physical and mental health [32]. In a historic step, the World Health Assembly adopted a resolution urging member states to either develop national policies on social connection or to integrate these considerations into existing and new health programmes [33]. Similarly, the Organisation for Economic Co-operation and Development (OECD) has called on governments to integrate social connection considerations into their wellbeing frameworks, while noting that loneliness remains undermeasured and absent from many household surveys [34]. In Europe, the Joint Research Centre (JRC) has been working to improve our understanding of loneliness as well as its contextual factors, to enhance EU policy and action in this area [35,36]. National policies can be instrumental in setting new strategic direction and give official recognition of the issue which allows them to potentially catalyse social change.

A previous review [37] covered 52 countries of the UN European country group. Using governmental websites and the Google search engine, it identified 23 documents from 14 countries. The inclusion criteria were quite broad, including government websites, technical reports and studies. That review also included documents where loneliness was not the main focus. It concluded that many of the documents lacked critical nuance and often treated loneliness as a fixed condition rather than a transient experience which is also shaped by cultural factors may be due to the inclusion of many different kinds of resources that may not have had expert input regarding loneliness. The review proposed eight recommendations for policymakers. Since its publication, many other countries (e.g. Germany, Sweden and Finland) have developed national strategies. Subsequently, the lead author was commissioned by the WHO to update the review, focussing specifically on national-level policies [32], as these are the main policy instruments available to national governments. The WHO had no further influence over the design or analysis of this global scoping review.

This scoping review aimed to build on the previous review by examining the extent to which WHO Member States address loneliness, social isolation and social connection in their national policies.

Specifically, we sought to (i) identify which countries have such policies in place, (ii) examine their stated goals and recommended interventions, and (iii) explore the rationale behind their development. We discuss how the proposed interventions in these policies are funded and how progress is monitored. Additionally, we document how loneliness is addressed within different government departments and synthesised the distinctive features of each policy. Our global scoping review provides researchers, policymakers and advocates with a nuanced resource that highlights how loneliness can be addressed through policy efforts. When loneliness is made a national policy priority, it helps to legitimise the issue, which can result in increased funding from the government and philanthropic sources. It could also provide a starting point for integrating efforts to prevent loneliness into wider health and social welfare agendas.

2. Methods

We used a scoping review methodology to identify national policies that tackle loneliness, social isolation or social connection as national policy documents are not routinely available on a central database. Our review builds on a previous European review [37] and is reported using the PRISMA Extension for Scoping Reviews (Appendix Table A1) [38].

2.1. Search strategy and selection criteria

We conducted a systematic search using Google to identify official government websites of each member state ($N = 194$). On those websites, we used primary search terms (loneliness, social isolation, or social connection) to identify relevant governmental documents. If no relevant items were identified for a specific country, we performed an open internet search using both primary (loneliness, social isolation, or social connection) and secondary (strategy/policy/action plan) terms in conjunction with the country name, ensuring a comprehensive retrieval of relevant documents. Online searches were conducted between 1.4.2024 and 28.02.2025. The authors covered language searches in Danish, Dutch, English, Finnish, French, German, Japanese, Spanish, and Turkish with additional help from researchers speaking Arabic, Burmese, Chinese, Italian, Latvian, Malay, Norwegian, Portuguese, Russian and Serbian. DeepL and Google website translators were used to navigate governmental websites in languages that could not be covered by the author team and additional researchers.

Documents were included if they met the following criteria: (i) published by a WHO Member State, (ii) officially published or commissioned by a national government, (iii) publicly available, (iv) either a national policy document (strategy, action plan or advisory as self-defined by the member state), and (v) directly related to loneliness, social isolation, or social connection. We included documents in any language at the screening stage. Documents were excluded if they were (i) an older version of another identified document, (ii) loneliness, social isolation or social connection were part of another policy (e.g. healthy ageing, public health, social policy), and (iii) a technical report, white paper, or statistical report.

2.2. Data extraction

Data extraction involved three phases. Phase one: research assistants led by the lead author created a preliminary database of all identified documents in Microsoft Excel (Microsoft Corporation; Redmond, WA, USA). This database included information on the country, the title of the document and a link to the resource. Phase two: MA, DD, AG, NG screened all identified documents in the database, removing those that did not meet the inclusion criteria. Uncertainties were discussed with PQ and C. Mikton from the WHO. Danish, German, Dutch, Finnish, and Japanese documents were translated using DeepL Pro and the accuracy was verified by native speakers (ML, JC, ES, PvdB, NJ, NM, HM, NG). Phase three: In line with best practice guidance, the lead author created

a tailored extraction form in Microsoft Excel, which was then reviewed by PQ, AEO, ML. This form was piloted on two policies, after which some of the wording was refined to improve accessibility and clarity. It was then systematically used for all included documents [39]. The form captured the following information: Title of document, publisher, publication year, word count for key words, policy aims and recommendations, interventions (types and delivery), funding, monitoring or evaluation plans, cross-departmental approaches to loneliness. HM, NM, ES, PvdB, ML, JC, AG, DD, AEO, NJ, NG extracted the data from the documents.

2.3. Expert consultation

To ensure the accuracy and completeness of our findings, we also consulted with policy and country-specific experts from each of the eight member states. These experts were identified through the professional networks of the author team and through snowballing. They were selected either for their expertise in drafting or consulting on national policies in Denmark, UK (England, Scotland, Wales), Finland, Germany, the Netherlands, Sweden, and the USA ($n = 9$), or for their language and cultural knowledge to assist the author team in navigating the Japanese national policy ($n = 1$). Four experts from Finland, Germany, Japan and the Netherlands are also co-authors on this review (NJ, HM, NM, ES). All ten experts reviewed the country-specific findings within this scoping review, including supplementary material, and some of them volunteered to provide additional context (e.g. on funding, policy timelines, development process, monitoring mechanisms) that was not detailed in the policy documents. As the engagement with the experts consisted of voluntary professional consultations aimed at verifying the correctness of the extracted information, rather than collecting new data, ethical approval was deemed unnecessary.

3. Results

Across all 194 WHO Member States, we identified 36 documents from 21 countries. We excluded national policies where loneliness, social isolation, or social connection were part of a mental health ($n = 3$; Ireland, Malta, Spain), healthy ageing ($n = 2$; Albania, Malta), public health ($n = 1$; Norway) or social policy ($n = 2$; Czechia, Djibouti), see Supplement Table A2. A total of 12 documents from eight Member States were included in the analysis (see Fig. 1).

Table 1 shows all the countries with national policies on loneliness, social isolation, or social connection, all of which are high-income countries. The majority of the policies were published since 2023,

with the first being published in 2018, indicating that the development of national strategies on loneliness is a relatively recent phenomenon.

3.1. Characteristics of the included national policies

All countries recognised that addressing wider societal factors is crucial to reducing loneliness and social isolation. Table 2 provides an overview of the aims, objectives and priorities of the included national policies. The most common aims of the policies are itemised below:

- I. Raising awareness to reduce stigma of loneliness (all)
- II. Supporting both individuals and organisations to manage loneliness (all)
- III. Cross-sectoral collaboration between government, private sector, and the third sector (all)
- IV. Building stronger communities and strengthen local approaches to address loneliness (Denmark, Finland, Japan, Scotland, Wales, the Netherlands, USA)
- V. Fund research to strengthen knowledge (Denmark, England, Germany, the Netherlands, USA)
- VI. Integrate loneliness concerns into government policy (Denmark, Finland, England, USA)

Some strategies, specifically Scotland and Wales, made explicit reference to the types of values (e.g. kindness) they wished to promote in order to create a connected and inclusive society. Denmark was the only country to set a specific target to halve the number of people who report to be lonely by 2040. Japan also emphasises that a long-term approach is needed. The US was the only country to call for reform of the digital environment.

Despite screening for three key terms (loneliness, social isolation, and social connection), eight out of the ten countries we identified clearly focused on loneliness. The US advisory being the exception, which mentioned social connection more frequently within the document, despite having loneliness in the title of the document. Japan mentions isolation as frequently as loneliness which is due to the fact that it is often mentioned together, indicating that they conceptually closely equate loneliness with isolation. A detailed overview of word-counts of key terms in the documents is presented in Table A3 in the appendix. National policies tended to use Perlman and Peplau's 1981 definition of loneliness, as outlined in the introduction. There were no definitions of key terms in the current Scottish strategy of 2023, but they could be found in a previous version of the document from 2018. The number of references also varies widely, with the US advisory citing the

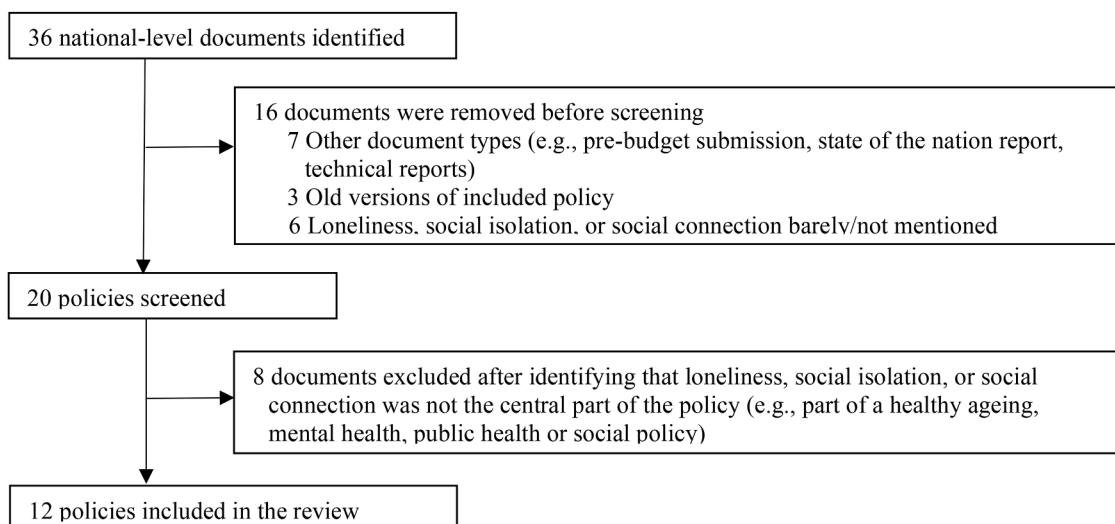


Fig. 1. Scoping review PRISMA flow diagram.

Table 1
Overview of included documents (n = 12 documents, 8 Member States, 10 countries).

Country	Document Name	Type	Publisher	Year
Denmark [36, 37]	Sammen mod ensomhed. En national 2040 Strategi for nedbringelse af ensomhed i Danmark. (=Together against loneliness. A national 2040 Strategy for reducing loneliness in Denmark)	Strategy	2 NGOs: Ældre Sagen (=DaneAge Association), Danish Red Cross on behalf of the national government	2023
	National handlingsplan mod ensomhed (=National action plan against loneliness)	Action plan		
Finland [42]	Osallistujien Suomi: Kansallinen osallisuuden vahvistamisen ja yksinäisyyden vähentämisen toimenpideohjelma (=Participants' Finland: National action plan for enhancing participation and reducing loneliness)	Action plan	Parliament of Finland, Ministry of Education and Culture, Ministry of Social Affairs and Health, Finnish National Agency of Education, Finnish Institute for Health and Welfare + other institutions, associations, and universities	2024
Germany [43] (Official English version [44])	Strategie der Bundesregierung gegen Einsamkeit (=Federal Government's Strategy to Counter Loneliness)	Strategy	Federal Ministry for Family Affairs, Senior Citizens, Women and Youth	2023
Japan [45]	孤独・孤立対策に関する施策の推進を図るための重点計画 (=Priority plan on measures to address loneliness and isolation) [updated version of 2021]	Priority plan	Loneliness and Isolation Measures Headquarters	2024
the Netherlands [46]	Eén tegen eenzaamheid. Actieprogramma 2022-2025. (=One against loneliness. Action programme 2022-2025) [updated version of 2018]	Action plan	Ministry of Health, Welfare and Sport	2022
Sweden [47]	Tillsammans för god gemenskap i hela befolkningen (=Together for a good community spirit throughout the population)	Strategy	Public Health Agency Sweden on behalf of the government	2025
UK England [48,49]	Emerging Together: The	Action plan	Department for Culture,	2021

Table 1 (continued)

Country	Document Name	Type	Publisher	Year
	Tackling Loneliness Network Action Plan		Media and Sport England	
	A connected society - A strategy for tackling loneliness	Strategy		2018
Scotland [50]	Recovering our Connections 2023-2026. A Plan to take forward the delivery of a connected Scotland - our strategy for tackling social isolation and loneliness and building stronger social connections (updated version, originally published 2018)	Strategy	Scottish Government	2023
Wales [51]	Connected Communities. A strategy for tackling loneliness and social isolation and building stronger social connections	Strategy	Welsh Government	2020
United States of America [52]	Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community	Advisory, framework for a national strategy	US Department of Health and Human Services	2023

most literature and Japan, as well as the action plans of England and Denmark both without references.

3.2. Target groups

While all national loneliness policies target the general population, they all recognise that specific personal, social, structural and environmental conditions increase the likelihood of individuals to experience loneliness, yet the degree of detail on these conditions varies across countries. All policies recognise that loneliness can occur across the lifespan, with varying emphasis on which particular age groups are more vulnerable. Sexual orientation is also mentioned as a risk factor, particularly when individuals experience exclusion or discrimination because of it. Individual circumstances, such as living alone, carers, single parents or experiencing significant life transitions, are recognised as contributing to increased loneliness. Additionally, many policies highlight that health problems and disabilities can be significant drivers of loneliness.

3.3. The ecosystem of policy evolution

The factors driving the creation of a national policy are deeply contextual (see Appendix Table A4 for country level details). We found that a national policy can emerge from several pathways: it may stem from activism and the efforts of civil society organisations, which are then adopted and formalised by the government either in cooperation or consultation with non-governmental stakeholders (Netherlands, England, Denmark); be directly initiated by a government department, sometimes as a result of a public consultation (US, Germany, Wales, Scotland, Sweden, Japan); or result from a large-scale research project involving collaboration between researchers and policymakers (Finland). However, it is notable that activism and civil society efforts do not always translate into national policy, as in the examples of

Table 2
Overview of aims, objectives and key priorities of the ten national policy documents.

Country	Overall aims	Objectives or key priorities
Denmark strategy and action plan [40,41]	<ol style="list-style-type: none"> 1. Half loneliness in the Danish population over the age of 16 by 2040 (to 4 %) 2. Reduce the loneliness of children [11–15] to the same level as adults 3. If data becomes available, also reduce loneliness for children under 11 <p>The strategy sets the direction of focus. The action plan provides 75 cross-cutting and arena-specific initiatives.</p>	<p>Address loneliness in five dimensions of life:</p> <ol style="list-style-type: none"> 1. Home and housing 2. Day care, school and education 3. Leisure and communities 4. Working life and employment 5. Health and care <p>Five overarching focus areas:</p> <ol style="list-style-type: none"> 1. Strengthening knowledge 2. Need for national conversation about loneliness 3. Detect loneliness and offer help that works 4. Consider loneliness across legislation and policies 5. Strengthen cross-cutting cooperation - also locally
UK England action plan [48]	<ol style="list-style-type: none"> 1. Supporting organisations to tackle loneliness 2. Supporting individuals to tackle loneliness 	<ol style="list-style-type: none"> 1. Bringing together funders interested in social connection to share learning and look for opportunities to align and join up funding where possible 2. Creating volunteering opportunities that build connection, particularly for people experiencing loneliness 3. Exploring a range of opportunities to tackle digital exclusion, including how government's Inclusive Economy Partnership can facilitate high-impact partnerships between government, business and civil society to support digital inclusion
England Strategy [49]	<ol style="list-style-type: none"> 1. Change how loneliness is perceived and acted upon both within government and society 2. Build a more connected and cohesive society by supporting social relationships and addressing loneliness through various interventions and policies 	<ol style="list-style-type: none"> 1. Strengthening knowledge, funding research 2. Integrate loneliness concerns into all government policies, acknowledging social factors and promoting well-being 3. Build national conversation around loneliness to raise awareness and reduce stigma
Scotland strategy [50]	<ol style="list-style-type: none"> 1. A Scotland where individuals and communities are more connected, and everyone has the opportunity to develop meaningful relationships regardless of age, stage, circumstances or identity 2. Generate impact by collating and setting in motion a number of actions and commitments in Scottish Government and beyond, which will create conditions in which barriers to 	<p>Four priorities to set out early actions and foster progress:</p> <ol style="list-style-type: none"> 1. Empower communities and build shared ownership 2. Promote positive attitudes and tackle stigma 3. Create opportunities for people to connect 4. Support an infrastructure that fosters connections

Table 2 (continued)

Country	Overall aims	Objectives or key priorities
Wales strategy [51]	<p>connection can start to be broken down</p> <ol style="list-style-type: none"> 1. Support the development of meaningful connections between people 2. Build a supportive Wales where people recognise triggers for loneliness, protect their well-being, and feel empowered to seek help 3. Reduce the stigma and shame attached to loneliness 	<p>Four priorities to set out early actions and foster progress:</p> <ol style="list-style-type: none"> 1. Increasing Opportunities for People to Connect 2. A Community Infrastructure that Supports Connected Communities 3. Cohesive and Supportive Communities 4. Building Awareness and Promoting Positive Attitudes
Finland action plan [42,53]	<ol style="list-style-type: none"> 1. Integrate existing and new strategies and action plans into a cohesive and actionable framework with a clear timeline 2. Facilitate informed decision-making by providing information on research results and cost implications related to loneliness (via budgeting tools) 3. Develop long-term public outreach, preventive work and activities that affect attitudes against loneliness and builds stronger communities 	<p>Preparing practical tools and materials to enhance the preventive work, and support interventions within the focus areas:</p> <ol style="list-style-type: none"> 1. Families and close networks 2. Education, teaching, training and youth activities 3. Social and health services and promotion of well-being 4. Hobbies, sport and other clubs, NGOs, church and parishes 5. Public administration and decision-makers
Germany Strategy [43]	<ol style="list-style-type: none"> 1. Address loneliness with a cross-sectoral approach 2. Address loneliness as a societal challenge 3. The strategy represents a further building block in the systematic treatment of the topic in Germany 	<ol style="list-style-type: none"> 1. Raising public awareness and reduce stigma 2. Strengthening knowledge, funding research 3. Strengthening social work practitioners 4. Cross sectoral collaboration 5. Expanding low-threshold and barrier-free access to needs-orientated services
Japan priority plan [45]	<ol style="list-style-type: none"> 1. Address loneliness and isolation from a long-term perspective 2. Compile specific measures against loneliness to be focused on in the future 3. Provide necessary support to those who are lonely and help them lead smooth daily and social lives by interacting with society and others in accordance with their wishes 	<ol style="list-style-type: none"> 1. Reduce stigma: Encourage open communication and seeking help 2. Tailored support: personalised consultations for individual needs 3. Community building: Create spaces for connection, belonging, and professional support 4. Cross sectoral collaboration between government, private sector, and NPOs
Netherlands action plan [46]	<ol style="list-style-type: none"> 1. Reduce loneliness by means of letting people participate in society and having them feel like they matter 	<ol style="list-style-type: none"> 1. Increasing community awareness of loneliness 2. More social initiative against loneliness 3. A local approach to loneliness in all municipalities. The goal is to enlarge the number of local coalitions in municipalities (currently n=260) and to strengthen local coalitions to become future proof (with funding)
Sweden strategy [47]	<p>An overarching goal to have a society with equal conditions for social relations. Strong emphasis is</p>	<p>Three themes that run across all targets:</p> <ol style="list-style-type: none"> 1. Education [on loneliness and its effects] to increase

(continued on next page)

Table 2 (continued)

Country	Overall aims	Objectives or key priorities
	placed on equality, because access to social relations and networks is not evenly distributed in Sweden. Three targets: 1. Social arenas should be more accessible to all 2. Reducing barriers to social participation 3. Fewer people in long-term loneliness	the legitimacy and reduce the stigma 2. Raising awareness to strengthen work in ordinary activities 3. Working together for common solutions Suggestions of what different societal actors such as government, authorities, regions, municipalities, civil society, business, academia and individuals, can contribute to reduce loneliness.
USA advisory [52]	1. Build more connected lives and a more connected society 2. Call attention to the importance of social connection for individual health as well as on community-wide metrics of health and well-being, and conversely the significant consequences when social connection is lacking 3. Call for a national strategy	1. Strengthen social infrastructure in local communities 2. Enact pro-connection public policies 3. Mobilise the health sector 4. Reform digital environments 5. Deepen our knowledge 6. Cultivate a culture of connection Plus, key recommendations, organised according to stakeholder group, to support a whole-of-society approach to advance social connection

Switzerland [54], Australia, New Zealand and Canada have shown [37]. Policy experts from England, Finland and the United States have emphasised the importance of a political champion to advance the loneliness policy agenda. Although there was some hesitation to

acknowledge the influence of individual actors, these political allies were nonetheless widely regarded as central in facilitating the development and adoption of a national strategy by the parliament. For an overview of each country's policy timeline, including key milestones in its development consult Appendix Table A5.

3.4. Interventions

The policy documents covered an extensive range of interventions aimed at reducing loneliness and social isolation. To facilitate a grouping based on an existing taxonomy, we used a classification system for interventions developed by Surkalim et al. [55,56] to categorise these interventions into six types and four modes of delivery. Fig. 2 illustrates how each intervention type may be delivered, based on the policies we reviewed.

We have synthesised the most common examples of interventions mentioned in national policies by intervention type:

1. *Social access* interventions aim to provide or increase structural opportunities for participants to engage in social interactions. Most common interventions proposed were a) improving social infrastructure and community spaces, b) improving access to services by addressing financial barriers, transport issues, or digital inclusion, and c) empowering local actors to leverage civic engagement.
2. *Skills training* interventions aim to teach or improve skills related to relationship building or maintenance. Most common trainings covered a) capacity building and training for caregivers, volunteers and professionals, b) improvement of digital and communication skills in different age groups, c) school-based programs for students on social and emotional skills and for staff to be able to address loneliness among children and young adults.
3. *Social engagement facilitation* interventions aim to foster consistent or regular interactions. Most common were a) encouragement and facilitation of inclusive and flexible volunteering, joining clubs,



Fig. 2. Overview of intervention types and at what level they can be delivered. Designed by Debora Draxl.

neighbourhood activities, b) promotion of multi-purpose and multi-generational spaces, c) promote social prescribing and outreach-type support.

4. *Psychological therapy* interventions aim to change maladaptive thinking patterns and/or improve self-efficacy. The most common interventions covered a) improving access to psychological services therapy, b) targeted therapeutic interventions, c) integration of social and psychological care.
5. *Systemic approaches* are changes to operational or knowledge management of social isolation and loneliness. Most common approaches included a) focus on building a knowledge base, b) identifying data and evidence gaps, c) mapping intervention evidence.
6. *Multi-component* interventions are made up of any combination of the above five mechanisms. Most commonly this involved a) interventions to foster knowledge sharing across organisations and sectors, b) support for policy changes.

Most policies addressed a broad range of intervention types, with three notable exceptions. First, the revised Dutch action plan does not mention any specific interventions because it aims to support local coalitions against loneliness to develop their own interventions at municipal level. Second, the Swedish strategy does not mention any skills training or psychological interventions. However, it states that a more comprehensive list of interventions is in development. Third, psychological therapy interventions were the least common type of intervention addressed across the policies we reviewed.

Interventions can be delivered at multiple levels, reflecting the various ways in which loneliness and social isolation can be addressed. These range from empowering individuals to making structural changes on the national level. We have synthesised the most common examples for each delivery mode:

1. *Self-delivery* interventions are self-administered. The most common interventions were a) providing self-help resources, b) supporting self-help organisations, c) promoting self-management of health and wellbeing.
2. *Interpersonal delivery* means interventions are administered by professionals, volunteers, or others in an individual's social network. The most common examples included a) support social prescribing and befriending programs, b) develop new training and psycho-education programs, c) encourage support through informal networks.
3. *Community-based delivery* means interventions are administered by organisations, services, or facilities, within a community or organisational setting (e.g., schools, hospitals, workplaces etc.). Most common examples were a) supporting and promoting volunteerism and civic engagement, b) improve a communities physical and social infrastructure to remove barriers to connection, c) promoting educational initiatives to build awareness, skills and local leadership in addressing loneliness.
4. *Societal-level delivery* means interventions are targeted at the macro-level factors affecting broader society. The most common interventions included a) national awareness campaigns and public engagement initiatives, b) policy and legislative reforms, c) supporting research and evidence-building.

Most interventions detailed by governments targeted the community or broader societal level, with the latter aligning more closely with the typical sphere of influence of national governments. For country level examples of this classification system consult Appendix Table A6.

3.5. Funding

The plans for funding and implementation for policies varied considerably across the eight Member States. The Netherlands, Denmark, UK and Japan explicitly outline new funding to address

loneliness through various measures and interventions in their policies. These countries often implemented multi-faceted funding structures involving multiple government departments and organisations. In 2021, Japan launched a cross-departmental initiative to address loneliness and social isolation, allocating approximately \$42 million annually to support non-profit and related organisations. The government also tracks overall spending on this issue and publishes detailed budget information online [57]. Similarly, Wales provides a detailed breakdown of how the government is spending on this issue and has established a block grant (loneliness fund) to enable quick and agile funding options for the third sector. This loneliness fund is given to local governments for distribution. In contrast, Finland, Germany and the US did not specifically mention in their national policies how much they intend to invest in addressing loneliness, making specific funding implementation less clear. Appendix Table A7 provides an overview of identifiable funding commitments by country. It shows that funding is mainly used for loneliness interventions, except for Wales, which also describes major investments in transport or education to provide and improve services that ultimately promote social connectedness and community cohesion within its national strategy.

3.6. Monitoring and evaluation

The monitoring and evaluation practices vary widely across the eight Member States. England (UK) has published annual progress reports (the fourth report was published in March 2023), with individual departments reporting their contributions. Scotland (UK) listed primary national indicators within its strategic framework, to enable an evaluation of the strategy. Wales (UK) commissioned an evaluability assessment to determine how their national strategy could be effectively evaluated. The Netherlands has adopted a multi-faceted approach, using the national health monitor, benchmark research, and evaluations of specific initiatives to track progress. Additionally, they maintain a database of effective social interventions and identify key performance indicators. Japan annually reviews reports and budgets on loneliness and isolation measures from relevant ministries and agencies at the Promotion Headquarters (headed by the Prime Minister). In addition, the law requires that each measure in the priority plan must have specific targets and timeframes for achieving them, and that the Promotion Headquarters must review the status of achieving the targets in a timely manner and publish the results. Germany will use a similar system, with the responsible ministry publishing regular reports that evaluate individual measures within the overall strategy. Denmark monitors the progress of initiatives outlined in its national action plan through a designated secretariat and tracks loneliness prevalence through regular national health surveys. Finland will monitor indicators annually (e.g. various loneliness and inclusion measures) and a brief annual report will be produced based on them. Process indicators (e.g. impact assessment of intervention implementation) will be monitored twice a year, whereas monitoring and evaluation will be overseen by a parliamentary working group with expert members. Sweden did not outline how they intend to report on progress of their policy or if and how they intend to evaluate it. The US does not have a documented monitoring mechanism for loneliness initiatives, most likely due to the nature of the advisory.

3.7. Cross-sectoral engagement

We also examined how the eight Member States addressed loneliness across different governmental departments. Despite their different governmental structures, there was a collective understanding that reducing loneliness requires collaboration across many different governmental departments such as education, healthcare, economy, spatial planning, culture, housing, community development, transport, and social welfare. The Dutch action plan adopted a slightly different route, aiming for a local approach to loneliness in all municipalities. However, all policies emphasise the need for a whole-of-society

approach to reducing loneliness, involving the national government working with organisations, businesses, institutions and local authorities. A detailed overview of how loneliness and social isolation can be addressed in various governmental departments is outlined in the Appendix Table A8.

3.8. Unique features across the policy landscape

We identified the unique features of each national loneliness policy, and summarise those in Table 3. While the ten countries share the common goal of reducing loneliness, their national responses are a product of their political, institutional, and social contexts. This underscores that there is no one-size-fits-all approach. These reviewed policy documents offer valuable insights that may inform and serve as a foundation for future national and local initiatives.

4. Discussion

4.1. Summary of results

Our review of all 194 WHO Member States identified only eight Member States (Denmark, UK (England, Scotland, Wales), Finland, Sweden, Germany, Japan, Netherlands, USA) with national policy documents (strategy, action plan, priority plan or advisory) to address loneliness. Common aims and priorities across many policies were raising awareness to reduce stigma (all countries), supporting both individuals and organisations to manage loneliness (all countries), building stronger communities and strengthen local approaches to address loneliness (Denmark, Finland, Japan, Scotland, Wales, Netherlands, USA), cross-sectoral collaboration between government, private sector, and the third sector (Denmark, England, Germany, Japan, Sweden, USA), fund research to strengthen knowledge (Denmark, England, Germany, USA), and integrate loneliness concerns into government policy (Denmark, England, USA). Most policies were published in 2023, with notable exceptions being England, Scotland and the Netherlands, which released their first policies in 2018.

Although all national loneliness policies are intended for the general population, they often focus on specific groups that are considered to be at higher risk of experiencing loneliness. The lack of interventions in some national strategies (e.g. Netherlands, Sweden) does not necessarily indicate inaction, nor does greater detail in action plans (e.g. Denmark, England) imply a strong commitment to implementing the proposed interventions. Another challenge lies in delivering interpersonal and community-based interventions because these may fall outside the direct control of national governments, depending on a country’s political structure. While many national policies recognise this limitation and emphasise that reducing loneliness ‘requires everyone’, they rarely take full ownership of the issue by addressing the structural drivers that contribute to loneliness.

Furthermore, the reviewed policies did not clarify which interventions were based on scientific evidence, nor did they offer any theories of change or programme theory explaining how they might reduce loneliness. We argue that interventions are more effective when informed by theory and lived experience and when they are carefully designed using a theory of change to guide the process [58]. We also advocate for the use of guidelines to improve the design and evaluation of intervention studies [59]. This is particularly important given that a recent meta-analytic review highlighted the large number of low-quality intervention studies [60].

4.2. Global lack of national loneliness policies

Drawing on the work of McConnell and t’Hart [61], Goldman et al. [37] suggest that the limited number of countries with national loneliness policies may be the result of calculated, ideological, or reluctant inaction of national governments. Furthermore, Cairney [62] identifies

Table 3
Unique features of each policy.

Country	Description
Denmark	The Danish strategy is the result of an unprecedented collaboration between two large national NGOs (DaneAge and the Danish Red Cross), which has led to broad public acceptance of the strategy, as these are respected and well-known organisations. The strategy has an unusually long run time (2040), reflecting the fact that achieving a 50 % reduction in loneliness is a complex, long-term goal. This extended timeframe distinguishes the Danish approach from other national policies, which tend to adopt shorter-term targets.
England	Alongside Scotland, England has taken the lead in demonstrating pioneered political will, resulting in the world’s first published loneliness strategy and a ministerial mandate to reduce loneliness. The strategy aims to expand social prescribing across the country to reduce loneliness. Social prescribing links people in the health care system with community support services to help them rebuild their social networks. Since then, other countries (e.g. Denmark, Germany, USA) have worked with England to learn about social prescribing. Unlike many other countries, the English strategy makes no reference to poverty, low-income groups, or welfare support, which may reflect the government’s strong austerity agenda at the time of its development.
Finland	Finland’s approach is unique because it is based on research-led policy development, i.e. it was the initiative of scientists and was then adopted by the government. Their approach to designing the action plan is similar to Germany, but without direct government funding. The action plan consists of 21 actions and describes who is responsible for their implementation, the time frame, and how it will be evaluated. These actions can be implemented using existing financial recourses, making it unique and is probably a reason why the action plan was so well received by politicians.
Germany	The government funded the Loneliness Network (KNE, Kompetenznetz Einsamkeit), a unique feature of the German strategy. The KNE supported the development of the strategy, but also actively addresses knowledge gaps through research. Even after the launch of the strategy, the KNE continues to play a key role, facilitating cross-sectoral collaboration between the public, private, and third sectors. By institutionalising links between research and practice, as well as maintaining a coordination mechanism beyond the launch of the strategy, Germany offers a valuable model for other nations to tackle loneliness through long-term, knowledge-based approaches.
Japan	Japan has a dedicated government office for “Measures to Combat Loneliness and Isolation”. Japan is the only country to have enacted legislation that sets out basic principles for addressing loneliness, delineates the responsibilities of national and local governments, and mandates the development of a priority plan to promote relevant policies. The priority plan is by far the most detailed of all the reviewed policies.
the Netherlands	The Dutch policy document reflects a decentralised and local approach where loneliness is addressed at the municipal level. The national government supports this, offering advisory assistance to municipalities setting up their local coalitions against loneliness. Government, public and private organisations form multidisciplinary coalitions at national and local level to address loneliness.
Scotland	The national strategy focuses on connections and communities to reduce loneliness by empowering local communities, integrating loneliness reduction into health and social care, and considering both the physical and digital environments to promote stronger social connections and inclusion. It emphasises the importance of core values such as kindness to build a society where individuals and communities are more connected.
Sweden	The strategy emphasises that the existence of structural barriers and prejudices to social relationships contributes to loneliness; loneliness is viewed as a social problem. Sweden is the first country to establish this link so explicitly and to make it a cornerstone of the strategy. They also address the temporal aspect of loneliness, focusing on prolonged loneliness and its consequences.
Wales	The strategy explicitly sets out the specific roles of government, local authorities and wider public services, including health, the third sector and individuals, in addressing loneliness. It embeds loneliness prevention within a wider societal framework and emphasises a core value of kindness. Wales is the only country to have commissioned an evaluability assessment to determine how

(continued on next page)

Table 3 (continued)

Country	Description
USA	their national strategy could be effectively evaluated. In short, the data infrastructure is not set up to evaluate the policy. Despite the title talking about loneliness, this advisory heavily leans on the concept of social connection. The USA is a special case as an advisory is not a formal policy, but a significant guidance document, distinguishing it from the other cases included in this analysis.

some obstacles to prevention policy, which may also apply to loneliness policies. He suggests that policymakers face obstacles such as limited time and resources, a wide range of responsibilities, and the need to navigate many different fields in which they lack expertise. They must also navigate the complexities of multiple stakeholders within and beyond government, requiring cross-sectoral collaboration. Moreover, preventative agendas tend to clash with short electoral cycles [62], and there is limited evidence on what interventions are effective, and for whom, in terms of addressing and preventing loneliness [60].

4.3. Cross-sectoral and cross-departmental collaboration

Despite different governmental structures, there was a common understanding within these national policy documents that addressing this issue requires a whole-of-society approach (including national government working with organisations, businesses, institutions and local authorities) and collaboration across many different governmental departments (e.g., education, healthcare, economy, spatial planning, culture, housing, transport, social welfare). However, fully implementing cross-sectoral and cross-departmental collaboration can present logistical challenges and is often highly political. Decisions about which department should take on leadership, coordination, and funding responsibilities are influenced by existing governmental structures and administrative traditions. Yet, our findings suggest that the institutional location of the policy does not necessarily dictate the types of interventions proposed. For example, although Germany addresses loneliness within the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, suggesting a welfare-oriented approach, this does not necessarily result in a greater focus on social care interventions compared to countries where loneliness falls under the remit of health departments, such as Sweden and the USA. Across all policies, emphasis on psychological therapy interventions were among the least common, regardless of where the policy was situated. It is also worth noting that the placement of the issue within a particular department may be more a reflection of where a political champion for the issue happens to be situated within government than the result of strategic alignment, as can be seen in the Netherlands, USA and Sweden, for example. In any case, the level of governance at which interventions are implemented appears to be more important than ministerial location. Countries with a strong tradition of decentralisation, such as the Netherlands, tend to give local authorities the responsibility for developing and delivering local solutions to loneliness. While this governance structure allows for local approaches to loneliness to be tailored, it also risks increasing spatial inequalities in the intervention provision, given that the level of available resources and political commitment varies greatly at the local level.

4.4. Funding and evaluation

The Netherlands, Denmark, the UK (England, Scotland, Wales), and Japan have all set out new funding to address loneliness through various interventions or programs. Specific funding was more difficult to identify in policies for Germany, Finland, Sweden and the USA, with those countries referring to the use of existing financial frameworks within government departments. We should also keep in mind that budgets are allocated outside the context of these policies. It is not yet possible to make general claims about the effectiveness of the various national

policies because most have only recently been published and the necessary data collection infrastructure for comprehensive policy evaluation has not yet been established everywhere. We observed that countries with detailed policies (Japan, Denmark, Finland, England) tend to have more formal reporting structures and transparency regarding the responsible monitoring bodies. However, it is challenging to evaluate the effectiveness of loneliness policies over time due to the long-term and often indirect nature of the intended outcomes, and the difficulty of attributing observed changes specifically to policy interventions amidst broader social, economic, and cultural influences. The Welsh evaluability assessment of their national strategy reached similar conclusions and offered recommendations on evaluation methods, design, and ways to improve evaluability. For example, it recommended improving the data collection infrastructure, which is currently lacking [53]. This would address challenges relating to data availability, consistency, and comparability, and would improve the ability to track impact across different populations and contexts. This highlights a broader concern that measuring the impact of loneliness policies is complex and that current systems of data collection are often inadequate.

4.5. Context specific approaches

In addition to material and institutional solutions to reduce loneliness, there was acknowledgement that strategies should be tailored to a country's unique cultural and social context. For instance, Japan's national plan prioritised creating an environment where people feel comfortable seeking help, advice, and speak up. This recognises the cultural differences that explain why Japanese individuals are less likely to seek support during stressful times compared to European-Americans, because seeking help in Japan is often seen as a potential threat to social harmony, whereas in the US it is viewed as a natural way to address personal challenges [63,64]. Policymakers from Denmark, Sweden, Germany and Finland highlighted that the right "ecosystem" needed to be in place for a national loneliness policy to emerge. This would typically include national or even regional loneliness data, local (to the country) researchers who can contextualise the data, active civil society organisations addressing loneliness, strong media engagement to raise public awareness of the issue, and political advocacy to champion the cause within the national government. The latter was emphasised as both a great opportunity and barrier for placing loneliness on the national agenda. Some countries have much of the ecosystem in place but lack a national political leadership, e.g. New Zealand, Australia, Canada, and Switzerland, which might be one of the barriers to a national policy in these countries.

4.6. Framing of the issue

With the exception of the US advisory, all Member States have focused their policy efforts specifically on the construct of loneliness, rather than social isolation or the broader construct of social connection. Framing policies around loneliness rather than social isolation or social connection directs policy attention towards the emotional and subjective dimensions of social experiences, which can affect the types of interventions prioritised (e.g., those addressing cognitive and relational processes). Such framing also shapes public understanding by normalising loneliness as a legitimate and addressable emotional state, reducing the stigma. It also influences stakeholder engagement by encouraging involvement from sectors concerned with mental health, wellbeing, and youth support. Concentrating on loneliness also enables the development of more targeted interventions. So far, much of the intervention literature has focused on how individuals can overcome loneliness and less on community-based approaches [60]. However, this carries the potential risk of individualising the issue and placing responsibility on those affected, rather than acknowledging the structural and societal conditions that contribute to loneliness [65]. This risk may

be mitigated by the fact that, at the policy level, all Member States advocated for a whole-of-society approach, recognising that systemic change is necessary for meaningful impact. Sweden, in particular, offers a compelling example of how loneliness can be framed as a collective social issue requiring coordinated societal action.

In contrast, the US adopts a different approach by centring its advisory around concept of social connection rather than loneliness. This approach emphasises strengths and opportunities - specifically, the goal of building communities and societies with stronger social bonds - rather than focusing on deficits or individual experiences of loneliness. While that shift in framing offers a more positive narrative, it is important to recognise that social connection and loneliness are not simply opposites. Focusing solely on social connection may overlook the nuanced and multifaceted nature of loneliness, including its emotional, psychological, and structural dimensions. Furthermore, placing too much emphasis on promoting connection without clearly articulating the personal and societal consequences of loneliness and social isolation may limit political engagement and reduce the perceived urgency for policy action.

Both approaches - whether focused on reducing loneliness or enhancing social connection - require clearly defined frameworks for understanding and measuring progress towards desired outcomes. We do not advocate for national policies to centre exclusively on either construct because the choice of focus may vary depending on cultural and societal context. However, it is essential to recognise that the way these issues are framed significantly shapes the types of solutions considered viable, and their potential reach and effectiveness. Framing decisions can influence policy priorities, but also public understanding and stakeholder engagement.

Not only is it important how loneliness is conceptualised, but also which framework is used to address it. A recent discourse analysis of the UK loneliness policy landscape [66] revealed that the consequences of framing loneliness as a public health issue, characterised by loss of productivity and increased strain on the National Health Service, individualises responsibility and places the onus on individual behavioural change rather than addressing the wider societal drivers. There has been growing recognition that there are structural determinants of loneliness that are linked to social inequality [26], social norms [67], welfare regimes [65], austerity [68] or social infrastructure [69]. Even with political support for loneliness, we would assume that the reach of national strategies focussing only on the public health and economic costs of loneliness, as these ways of framing the issue promote short-term, individualised solutions, that align with electoral and fiscal cycles, and disregard the deeper structural determinants of loneliness. This as was observed in the UK context [66].

4.7. Limitations

A key limitation of our scoping review was the potential language barrier, which risks exclusion of relevant documents not published in languages understood by the author team or research assistants who covered Arabic, Burmese, Chinese, Danish, Dutch, English, Finnish, French, German, Italian, Japanese, Latvian, Malay, Norwegian, Portuguese, Russian, Spanish and Turkish. To address that challenge, we employed Google's website translator to identify potentially relevant policies in other languages. In addition, policies and action plans are not always easily identifiable via official government websites because they may be hosted on separate department websites. To address this, we also conducted an open internet search using both primary and secondary keywords in conjunction with the country name to ensure a comprehensive retrieval of relevant documents. It would have been beyond the scope of this study to include policies at the regional level for all 194 WHO Member States. We would like to emphasise that all policies were products of, or supported by, governments that may not be in power at the time of writing. We therefore cannot make any claims about the current state of policy support in every country. A final limitation of this study is its exclusive focus on written policy documents outlining

national approaches to loneliness. These documents may offer only a partial representation of the policies in practice. Some are highly detailed, while others present broader or more aspirational statements, leading to variability in the depth and specificity of information available. Further, policy documents represent only the initial stage of the policy process. The actual impact of a policy is shaped by how it is interpreted, implemented, and adapted by individuals and institutions at various levels. As such, the current analysis may not fully capture the complexity of policy enactment or the contextual factors that influence how loneliness policies are translated into action.

4.8. Future directions

Future research could involve a follow-up study on these ten countries to assess the implementation and effectiveness of the proposed interventions. A broader discussion is needed among researchers, policymakers and stakeholders involved in implementing national loneliness policies to determine who is responsible for implementing these interventions and to what extent. Further discussion is needed on how to capture the wider impact of these policies, beyond individual outcomes, and on what evidence and evaluation methods would be suitable to do so.

Although all identified national loneliness policies have been adopted in high-income countries, it is equally important to support the development of such policies in low- and middle-income countries, where evidence and policy progress in this area are limited. While social health policies are often perceived as a luxury of wealthier nations, reducing loneliness may demonstrate a strong social return on investment. Consequently, some countries have begun to explore the economic cost of loneliness at the state level to highlight what it would cost to not do anything about it [70,71]. Therefore, national loneliness policies could in fact represent a highly efficient and cost-effective approach to improving public health in resource-constrained settings. There have been some efforts to strengthen the evidence base on loneliness in lower- and middle-income countries [72,73], but more and better evidence on loneliness, social isolation and social connection is needed to address the issue effectively [32].

5. Conclusion

The global landscape of national loneliness policies reflects a growing recognition of the issue as a major social and public health concern and underlines the complex and multifaceted nature of the issue. As of February 2025, only eight of the 194 WHO Member States had adopted such a policy. The emphasis on cross-sectoral collaboration, public awareness, and community-based solutions reflects a collective commitment to promoting social connection as a societal goal to reduce loneliness and social isolation. Understanding loneliness as a complex, context-specific phenomenon reinforces the need for tailored, culturally sensitive policies. As global attention to the issue increases, exemplified by initiatives such as the WHO Commission on Social Connection, more countries and regions may be encouraged to develop comprehensive strategies that address loneliness and promote social connection across societies. The development of a national policy to address loneliness should be viewed as an evolving process rather than rigid framework. It requires cross-sector collaboration and a careful balancing of scientific evidence and political priorities. This can be particularly challenging when there is pressure to recommend specific interventions, but the existing research does not yet offer clear or conclusive guidance. In general, we believe that loneliness policies should be based on robust data, ongoing dialogue with key stakeholders, and be designed to be adaptable, ensuring they remain relevant and impactful. At the same time, we have to keep in mind that the effects of proposed loneliness policies may take years to manifest, making it difficult to isolate their impact from that of other social policies and wider societal changes.

Role of the funding source

The partial funder of the study (WHO) developed the study design with the first author, but had no role in the data collection, data analysis, data interpretation, writing of the report or decision to submit the paper for publication.

Declaration of generative AI and AI-assisted technologies in the writing process

During the preparation of this work the authors used DeepL Pro to improve the grammar and readability. After using this tool, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

Funding

This research was commissioned and partly funded by the World Health Organization (WHO). Nina Goldman was supported by the Swiss National Science Foundation (SNSF), Bern (Grant #: 214225). Austen El-Osta is grateful for support from the National Institute for Health Research and Care Research (NIHR) Applied Research Collaboration Northwest London. The views expressed are those of the authors and not necessarily those of the WHO, SNSF, NHS or the NIHR or the Department of Health and Social Care.

Availability of data and materials: References to the original documents supporting the conclusions of this article are listed in Table 1. If a link has expired, or if you wish to access a translated English version of the document, please contact the corresponding author to obtain a pdf version of the document in question.

CRedit authorship contribution statement

Nina Goldman: Writing – original draft, Visualization, Validation, Supervision, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Melek Alemdar:** Writing – review & editing, Validation, Investigation. **Herlind Megges:** Writing – review & editing, Validation, Formal analysis. **Naka Matsumoto:** Writing – review & editing, Formal analysis. **Eric Schoenmakers:** Writing – review & editing, Validation, Formal analysis. **Pauline van den Berg:** Writing – review & editing, Validation, Formal analysis. **Mathias Lasgaard:** Writing – review & editing, Validation, Methodology, Formal analysis. **Julie Christiansen:** Writing – review & editing, Validation, Formal analysis. **Niina Junttila:** Writing – review & editing, Validation, Formal analysis. **Andreas Goldman:** Writing – review & editing, Validation, Investigation, Formal analysis. **Debora Draxl:** Writing – review & editing, Visualization, Investigation, Formal analysis. **Austen El-Osta:** Writing – review & editing, Methodology, Formal analysis, Conceptualization. **Pamela Qualter:** Writing – review & editing, Supervision, Methodology, Conceptualization.

Declaration of competing interest

We declare no competing interests.

Acknowledgments

We would like to thank Dr. Christopher Mikton (Department of Social Determinants of Health World Health Organisation, Geneva, Switzerland) for commissioning this work, arranging WHO funding and providing consultation on conceptualisation and methodology. We thank the following researchers who scanned WHO Member States for documents in the following languages: Dr. Ieva Grudinzka-Elsberga (Russian, Latvian), Nawafel Shehabi (Arabic), Maria Mascarenhas Fonseca e Almeida Alba (Portuguese), Amalina Miskon (Malay), Nay Myo Htet (Burmese), Weiyuan Wu (Chinese), Dr. Klara Øverland

(Norwegian), Sara Savona (Italian). We thank the following national policy experts for proofing the country level information. We wish to emphasise that the information given to us was based on the individuals personal experiences and does not necessarily represent the official position of the respective governments: Marc van Dijk (Ministry of Health, Welfare, and Sports, Netherlands), David Vincent Nielsen (DaneAge & United against Loneliness, Denmark), a representative on behalf of Minister Kato in Japan, Edna Ishayik (Associate Director of Science and Policy at the Office of the Surgeon General, USA), Susanna Nordberg (Public Health Agency of Sweden), a representative from the Department for Culture, Media and Sport, England, Dr. Hanna Durrant (Wales Centre for Public Policy), co-author HM for Germany, and co-author NJ for Finland.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at [doi:10.1016/j.healthpol.2025.105553](https://doi.org/10.1016/j.healthpol.2025.105553).

References

- [1] Holt-Lunstad J. Loneliness and social isolation as risk factors: the power of social connection in prevention. *Am J Lifestyle Med* 2021;15(5):567–73.
- [2] Mann F, Wang J, Pearce E, Ma R, Schlieff M, Lloyd-Evans B, et al. Loneliness and the onset of new mental health problems in the general population. *Soc Psychiatry Psychiatr Epidemiol* 2022;57(11):2161–78.
- [3] Hawkey LC, Cacioppo JT. Loneliness matters: a theoretical and empirical review of consequences and mechanisms. *Ann Behav Med* 2010;40(2):218–27.
- [4] Surkalim DL, Luo M, Eres R, Gebel K, Van Buskirk J, Bauman A, et al. The prevalence of loneliness across 113 countries: systematic review and meta-analysis. *BMJ* 2022:e067068.
- [5] Igami K, Hosozawa M, Ikeda A, Bann D, Shimizu T, Iso H. Adolescent loneliness in 70 countries across Africa, America, and Asia: a comparison of prevalence and correlates. *J Adolesc Health* 2023;72(6):906–13.
- [6] d'Hombres B, Barjaková M, Schnepf SV. Loneliness and social isolation: an unequally shared burden in Europe. *SSRN Electron J* 2021 [Internet][cited 2022 Nov 24]; Available from: <https://www.ssrn.com/abstract=3823612>.
- [7] Banerjee A, Duflo E, Grela E, McKelway M, Schilbach F, Sharma G, et al. Depression and loneliness among the elderly in low- and middle-income countries. *J Econ Perspect* 2023;37(2):179–202.
- [8] Weiss RS. Loneliness: the experience of emotional and social isolation, xxii. Cambridge, MA, US: The MIT Press; 1973. p. 236 (Loneliness: The experience of emotional and social isolation).
- [9] Perlman D, Peplau L. Toward a social psychology of loneliness. In: Gilmour R, Duck S, editors. *Personal relationships in disorder*. Academic Press; 1981. p. 31–56.
- [10] Valtorta N, Hanratty B. Loneliness, isolation and the health of older adults: do we need a new research agenda? *J R Soc Med* 2012;105(12):518–22.
- [11] De Jong-Gierveld J, Van Tilburg T, Dvckstra PA. Loneliness and social isolation. In: Perlman D, Vangelisti A, editors. *The Cambridge handbook of personal relationships*. Cambridge, UK: Cambridge University Press; 2006. p. 485–500.
- [12] Christiansen J, Lund R, Qualter P, Andersen CM, Pedersen SS, Lasgaard M. Loneliness, social isolation, and chronic disease outcomes. *Ann Behav Med* 2021; 55(3):203–15.
- [13] Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspect Psychol Sci* 2015;10(2):227–37.
- [14] Valtorta NK, Kanaan M, Gilbody S, Hanratty B. Loneliness, social isolation and risk of cardiovascular disease in the English longitudinal study of ageing. *Eur J Prev Cardiol* 2018;25(13):1387–96.
- [15] Steptoe A, Shankar A, Demakakos P, Wardle J. Social isolation, loneliness, and all-cause mortality in older men and women. *Proc Natl Acad Sci* 2013;110(15): 5797–801.
- [16] Lim MH, Rodebaugh TL, Zychur MJ, Gleason JFM. Loneliness over time: the crucial role of social anxiety. *J Abnorm Psychol* 2016;125(5):620–30.
- [17] Shaw RJ, Cullen B, Graham N, Lyall DM, Mackay D, Okolie C, et al. Living alone, loneliness and lack of emotional support as predictors of suicide and self-harm: a nine-year follow up of the UK Biobank cohort. *J Affect Disord* 2021;279:316–23.
- [18] Loades ME, Chatburn E, Higson-Sweeney N, Reynolds S, Shafran R, Brigden A, et al. Rapid systematic review: the impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *J Am Acad Child Adolesc Psychiatry* 2020;59(11):1218–39. e3.
- [19] Hawkey LC. Loneliness and health. *Nat Rev Dis Primer* 2022;8(1):22.
- [20] Dahlberg L, McKee KJ, Frank A, Naseer M. A systematic review of longitudinal risk factors for loneliness in older adults. *Aging Ment Health* 2022;26(2):225–49.
- [21] Committee on the health and medical dimensions of social isolation and loneliness in older adults, board on health sciences policy, board on behavioral, cognitive, and sensory sciences, health and medicine division, division of behavioral and social sciences and education, national academies of sciences, engineering, and medicine. *social isolation and loneliness in older adults: opportunities for the*

- health care system. Washington, D.C.: National Academies Press; 2020 [Internet] [cited 2022 Nov 24]. Available from: <https://www.nap.edu/catalog/25663>.
- [22] Jefferson R, Barreto M, Jones F, Conway J, Chohan A, Madsen KR, et al. Adolescent loneliness across the world and its relation to school climate, national culture and academic performance. *Br J Educ Psychol* 2023;93(4):997–1016.
 - [23] Matthews T, Qualter P, Bryan BT, Caspi A, Danese A, Moffitt TE, et al. The developmental course of loneliness in adolescence: implications for mental health, educational attainment, and psychosocial functioning. *Dev Psychopathol* 2023;35(2):537–46.
 - [24] Morrish N, Mujica-Mota R, Medina-Lara A. Understanding the effect of loneliness on unemployment: propensity score matching. *BMC Public Health* 2022;22(1):740.
 - [25] Qi X, Belsky DW, Yang YC, Wu B. Association between types of loneliness and risks of functional disability in older men and women: a prospective analysis. *Am J Geriatr Psychiatry* 2023;31(8):621–32.
 - [26] Barreto M, Doyle DM, Qualter P. Changing the narrative: loneliness as a social justice issue. *Polit Psychol* 2024 [Internet][cited 2024 Mar 7];n/a(n/a). Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/pops.12965>.
 - [27] Pan H, Qualter P, Barreto M, Stegen H, Dury S. Loneliness in older migrants: exploring the role of cultural differences in their loneliness experience. *Int J Environ Res Public Health* 2023;20(4):2785.
 - [28] Goh PH, Koh IYS, Piyadigama DS, Yong KM. Loneliness and relationship disruptions in emerging adults: gender and culture as moderators. *Pers Relatsh* 2023;30(3):854–67.
 - [29] Barreto M, Victor C, Hammond C, Eccles A, Richins MT, Qualter P. Loneliness around the world: age, gender, and cultural differences in loneliness. *Personal Individ Differ* 2021;169:110066.
 - [30] Lim M, Qualter P, Ding D, Holt-Lunstad J, Mikton C, Smith B. Advancing loneliness and social isolation as global health challenges: taking three priority actions. *Public Health Res Pract* 2023;33(3) [Internet][cited 2024 Feb 1] Available from: <https://www.phrp.com.au/?p=43281>.
 - [31] World Health Organization. WHO commission on social connection [Internet]. 2024 [cited 2024 Aug 21]. Available from: <https://www.who.int/groups/commission-on-social-connection>.
 - [32] WHO Commission on Social Connection. From loneliness to social connection: charting a path to healthier societies. Geneva: World Health Organization; 2025. p. 236 [Internet] Available from: <https://www.who.int/publications/i/item/978240112360>.
 - [33] World Health Organization. Fostering social connection for global health: the essential role of social connection in combating loneliness, social isolation and inequities in health [Internet]. Sect. Agenda item 13.2, A78/A/CONF./2 2025. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_ACONF2-en.pdf.
 - [34] Mahoney J, Fleischer L, Bottura G, Scrivens K. Measuring social connectedness in oecd countries - a scoping review. *Economic Co-operation and Development (OECD); 2024* [Internet](OECD Papers on Well-being and Inequalities). Report No.: 28. Available from: https://www.oecd.org/content/dam/oecd/en/publications/reports/2024/09/measuring-social-connectedness-in-oecd-countries_02a04f4b/f758bd20-en.pdf?utm_source=chatgpt.com.
 - [35] Schnepf SV, d'Hombres B, Mauri C. Loneliness in europe: determinants, risks and interventions. Cham: Springer Nature Switzerland; 2024 [Internet][cited 2025 Nov 7]. (Population Economics). Available from: <https://link.springer.com/10.1007/978-3-031-66582-0>.
 - [36] The Joint Research Centre (JRC). Loneliness - The Joint research centre. EU Science Hub; 2025 [Internet]. [cited]. Available from: <https://joint-research-centre.ec.europa.eu/projects-and-activities/survey-methods-and-analysis-centre/loneliness-en>.
 - [37] Goldman N, Khanna D, El Asmar ML, Qualter P, El-Osta A. Addressing loneliness and social isolation in 52 countries: a scoping review of national policies. *BMC Public Health* 2024;24(1):1207.
 - [38] Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med* 2018;169(7):467–73.
 - [39] Büchter RB, Weise A, Development PD. testing and use of data extraction forms in systematic reviews: a review of methodological guidance. *BMC Med Res Methodol* 2020;20(1):259.
 - [40] Ældre Sagen, Danish Red Cross. Sammen Mod Ensomhed. En national 2040 strategi for nedbringelse af ensomhed i danmark (=Together against loneliness. a national 2040 strategy for reducing loneliness in denmark) [Internet]. 2023 [cited 2024 July 2] p. 60. Available from: <https://sammenmodensomhed.dk/>.
 - [41] Ældre Sagen, Danish Red Cross. National handlingsplan mod ensomhed (=National action plan against loneliness) [Internet]. 2023 [cited 2024 July 2]. Available from: <https://sammenmodensomhed.dk/>.
 - [42] Ministry of Education and Culture, Ministry for Social Affairs and Health, Finnish National Agency of Education, Finnish Institute for Health and Welfare. Osallistujien suomi: kansallinen osallisuuden vahvistamisen ja yksinäisyyden vähentämisen strategia (=Participants' finland: national strategy for enhancing participation and reducing loneliness). Parliament of Finland; 2024 [Internet] Available from: www.osallistujien suomi.fi.
 - [43] Bundesministerium für Familie, Senioren, Frauen und Jugend. Strategie der bundesregierung gegen einsamkeit [Internet]. 2023 [cited 2024 July 2]. Available from: <https://www.bmfsfj.de/bmfsfj/service/publikationen/strategie-der-bundesregierung-gegen-einsamkeit-234582>.
 - [44] Bundesministerium für Familie, Senioren, Frauen und Jugend. German federal government's strategy to counter loneliness [Internet]. 2024. Available from: <https://www.bmfsfj.de/bmfsfj/meta/en/publications-en/german-federal-governments-strategy-to-counter-loneliness-248224>.
 - [45] Loneliness and Isolation Measures Headquarters. 孤独・孤立対策に関する施策の推進を図るための重点計画 (=Priority plan on measures to address loneliness and isolation) [Internet]. 2024 [cited 2024 June 25] p. 212. Available from: http://www.cao.go.jp/kodoku_koritsu/torikumi/jutenkeikaku/pdf/jutenkeikaku.pdf.
 - [46] Ministry of Health, Welfare and Sport. Eén tegen eenzaamheid. actieprogramma 2022-2025. (=One against loneliness. action programme 2022-2025) [Internet]. Netherlands; 2022 [cited 2023 Oct 5] p. 28. Available from: <https://open.overheid.nl/documenten/ronl-056852de24cfe57b55dd652876937b99d3704e7/pdf>.
 - [47] Folkhälsomyndigheten (Public Health Agency of Sweden). Tillsammans - för god gemenskap i hela befolkningen (=Together - for good community spirit throughout the population) [Internet]. 2025. Available from: <https://www.folkhalsomyndigheten.se/livsvillkor-levnadsvanor/psykisk-halsa-och-suicidprevention/vadgor-vi-och-andra/tillsammans-minskar-vi-ensamhet/>.
 - [48] Department for Digital, Culture, Media and Sport. Emerging together: the tackling loneliness network action plan. UK: UK Government; 2021 [Internet][cited 2023 Oct 5]. Available from: <https://www.gov.uk/government/publications/emerging-together-the-tackling-loneliness-network-action-plan/emerging-together-the-tackling-loneliness-network-action-plan>.
 - [49] Department for Digital, Culture, Media and Sport. A connected society. a strategy for tackling loneliness. UK: UK Government; 2018. p. 84 [Internet][cited 2024 July 2] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/936725/6.4882.DCMS.Loneliness.Strategy.web.Update.V2.pdf.
 - [50] The Scottish Government. Recovering our connections 2023-2026: a plan to take forward the delivery of a connected scotland - our strategy for tackling social isolation and loneliness and building stronger social connections [Internet]. Edinburgh; 2023 p. 30. Available from: <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2023/03/recovering-connections-2023-2026/documents/recovering-connections-2023-2026/recovering-connections-2023-2026/govscot%3Adocument/recovering-connections-2023-2026.pdf>.
 - [51] The Welsh Government. Connected Communities. A strategy for tackling loneliness and social isolation and building stronger social connections [Internet]. 2020 [cited 2024 Sept 17] p. 48. Report No.: WG38912. Available from: <https://www.gov.wales/sites/default/files/publications/2020-02/connected-communities-strategy-document.pdf>.
 - [52] Office of the Surgeon General. Our epidemic of loneliness and isolation: the U.S. surgeon general's advisory on the healing effects of social connection and community. Washington (DC): US Department of Health and Human Services; 2023 [Internet] Available from: <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>.
 - [53] Ministry of Education and Culture, Ministry for Social Affairs and Health, Finnish National Agency of Education, Finnish Institute for Health and Welfare. Osallistujien suomi: kansallinen osallisuuden vahvistamisen ja yksinäisyyden vähentämisen toimenpideohjelma (=Participants' finland: national action plan for enhancing participation and reducing loneliness). Parliament of Finland; 2024 [Internet] Available from: www.osallistujien suomi.fi.
 - [54] Biedermann A, Alpiger P, Kessler C, Löttscher N, Salis Gross C. Kurzversion des aktionsplans für das programm. <connect! - gemeinsam weniger einsam>. Bern: Public Health Services; 2024. p. 34 [Internet][cited Nov 18] Available from: <https://ch-connect.ch/materialien/>.
 - [55] Surkalim D.L., Farzana A., Choo W., Hebert P., Welch V., Tanjong Ghogomu E., et al. ASSeTS: The World Health Organization's systematic review and development of a classification system for social connection, social isolation, and loneliness interventions. (unpublished manuscript). 2024.
 - [56] Surkalim D.L. A systematic review-based universal classification system for social connection, social isolation, and loneliness interventions across the lifespan [Internet]. OSF Registries; 2023 [cited 2024 July 12]. Available from: <https://osf.io/kwu63/>.
 - [57] Cabinet Office of the Japanese Government. 内閣府ホームページ. 2024 [cited 2024 Oct 22]. 孤独・孤立対策関係予算 (=Budget related to measures against loneliness and isolation). Available from: https://www.cao.go.jp/kodoku_koritsu/torikumi/yosan.html.
 - [58] Goldman N, Qualter P, Walibhai W, Verity L. Integrating foundational theories of loneliness to develop effective interventions. *Curr Opin Behav Sci* 2025;66:101599.
 - [59] Schoenmakers EC, Lasgaard M, McHugh Power J. Guidelines for evaluating and reporting social isolation and loneliness interventions. *J Health Psychol* 2024. 13591053241238127.
 - [60] Lasgaard M, Qualter P, Løvschall C, Laustsen LM, Lim MH, Sjøel SE, et al. Are loneliness interventions effective for reducing loneliness? A meta-analytic review of 280 studies. *Am Psychol* 2025.
 - [61] McConnell A, 't Hart P. Inaction and public policy: understanding why policymakers 'do nothing'. *Policy Sci* 2019;52(4):645–61.
 - [62] Cairney P, St Denny E. Prevention policy as the ultimate 'wicked' problem. In: Cairney P, St Denny E, editors. Why isn't government policy more preventive? Oxford University Press; 2020. <https://doi.org/10.1093/oso/9780198793298.003.0001> [Internet][cited 2025 Nov 17]. p. 0. Available from: <https://doi.org/10.1093/oso/9780198793298.003.0001> [Internet][cited 2025 Nov 17]. p. 0. Available from: <https://doi.org/10.1093/oso/9780198793298.003.0001>
 - [63] Zheng S, Masuda T, Matsunaga M, Noguchi Y, Ohtsubo Y, Yamasue H, et al. Cultural differences in social support seeking: the mediating role of empathic concern. *PLOS ONE* 2021;16(12):e0262001.
 - [64] Mojaverian T, Hashimoto T, Kim HS. Cultural differences in professional help seeking: a comparison of Japan and the U.S. *Front Psychol* 2013;3:615.
 - [65] Nyqvist F, Coll-Planas L, McHugh Power J. Current research trends in macro-level perspectives on loneliness in older adults. *Curr Opin Behav Sci* 2025;66:101583.
 - [66] Jentoft EE, Sandset T, Haldar M. Problematising loneliness as a public health issue: an analysis of policy in the United Kingdom. *Crit Policy Stud.* 2025;19(1):1–18.

- [67] Heu LC. The loneliness of the odd one out: how deviations from social norms can help explain loneliness across cultures. *Perspect Psychol Sci* 2023; 17456916231192485.
- [68] Naughton-Doe R. Austerity, ageism, and the rhetoric of self-reliance: the policy drivers and socio-cultural attitudes contributing to the loneliness experienced by older residents in an underprivileged community in South Wales. *Soc Policy Soc* 2024;1–16.
- [69] Swader CS, Moraru AV. Social infrastructure and the alleviation of loneliness in Europe. *KZfSS Köln Z Für Soziol Sozialpsychol* 2023;75(1):387–414.
- [70] Cigna. Loneliness and the workplace. Cigna; 2020. p. 57. U.S. Report [Internet] [cited 2025 May 5] Available from: <https://legacy.cigna.com/static/www-cigna-com/docs/about-us/newsroom/studies-and-reports/combating-loneliness/cigna-2020-loneliness-report.pdf>.
- [71] McDaid D, Park AL. Modelling the economic impact of reducing loneliness in community dwelling older people in England. *Int J Environ Res Public Health* 2021;18(4):1426.
- [72] Akhter-Khan SC, van Es W, Prina M, Lawrence V, Piri I, Rokach A, et al. Experiences of loneliness in lower- and middle-income countries: a systematic review of qualitative studies. *Soc Sci Med* 1982 2024;340:116438.
- [73] Denche-Zamorano A, García-Gil MÁ, Mendoza-Muñoz M, Barrios-Fernandez S. Sadness and loneliness in adolescents with physical, sensory or health problems in low/middle-income countries. *Children* 2023;10(6):996.