World Health Organization
Western Pacific Region

Unlocking the potential of social prescribing in the Decade of Healthy Ageing: the WHO's perspective

SPEAKER

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Director

UNIT

WHO WPRO

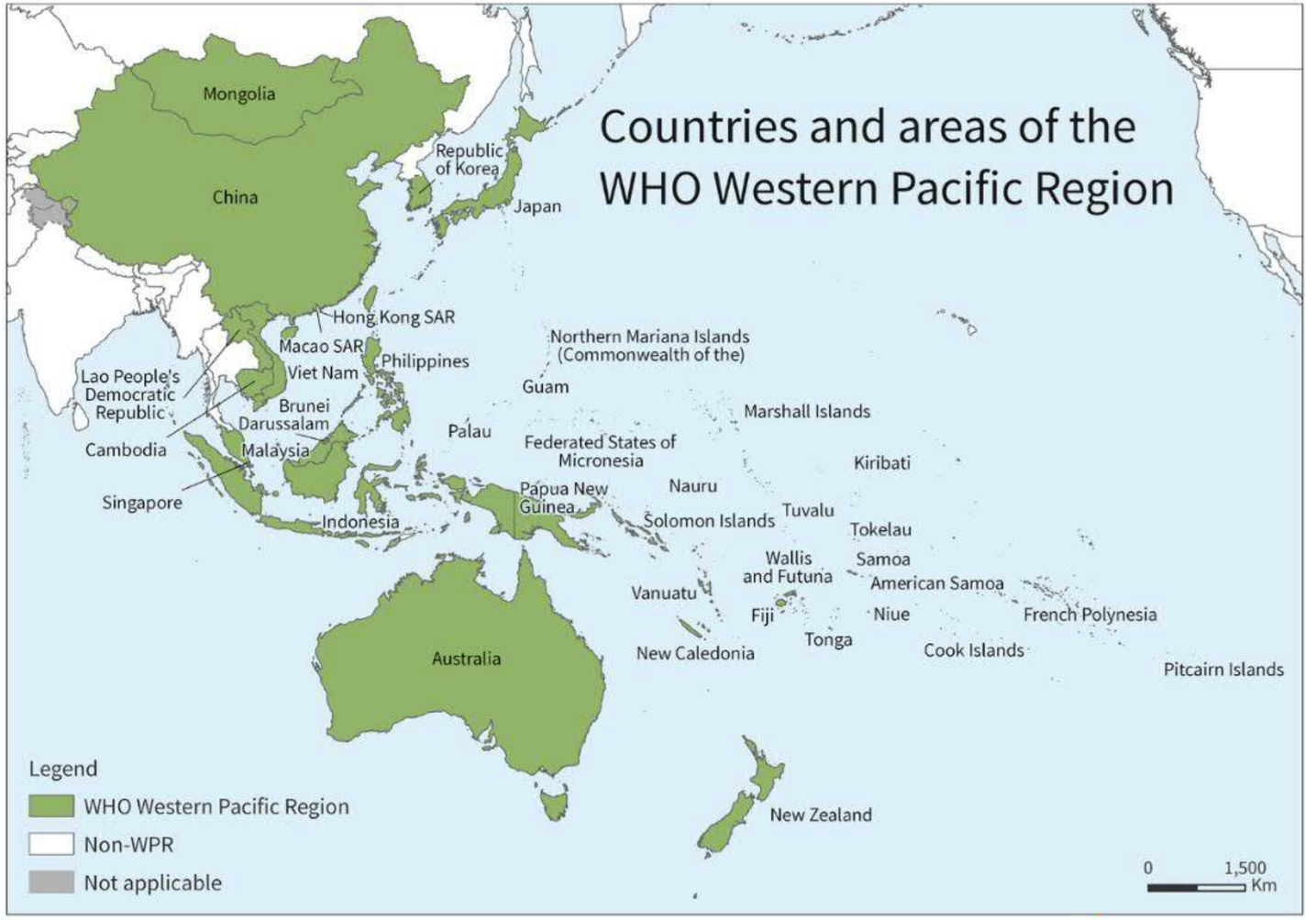
Data, Strategy and Innovation

DATE

June 8, 2026

VENUE

The University of Hong Kong



World Health Organization
Western Pacific Region

The Region:

38
countries and areas

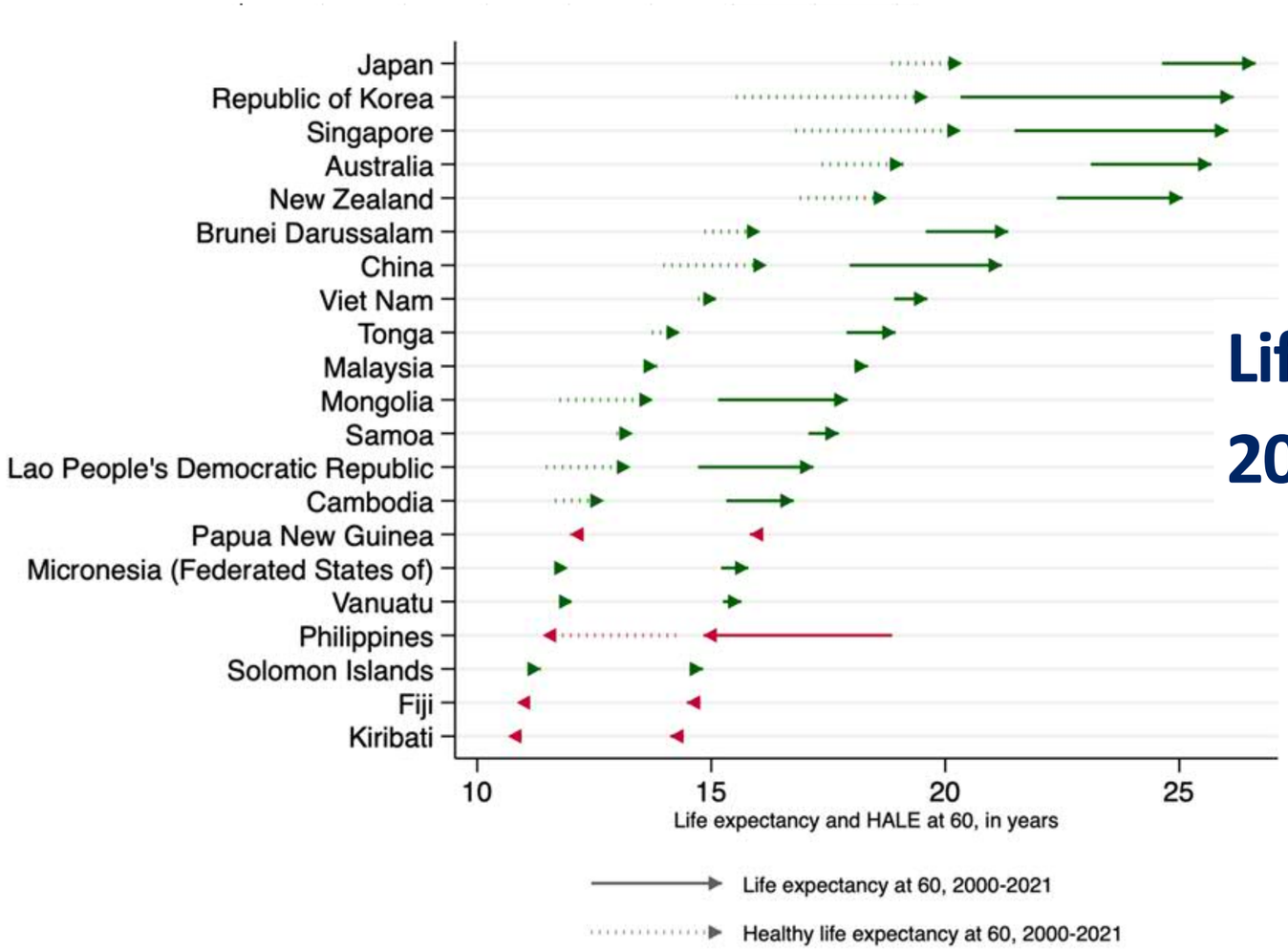
Nearly 2.2b
people

Big and small countries; diverse
Stretches across 7 time zones

How we work:

- 1 of 6 WHO Regions
- Regional Office in Manila
- 16 WHO Country Offices

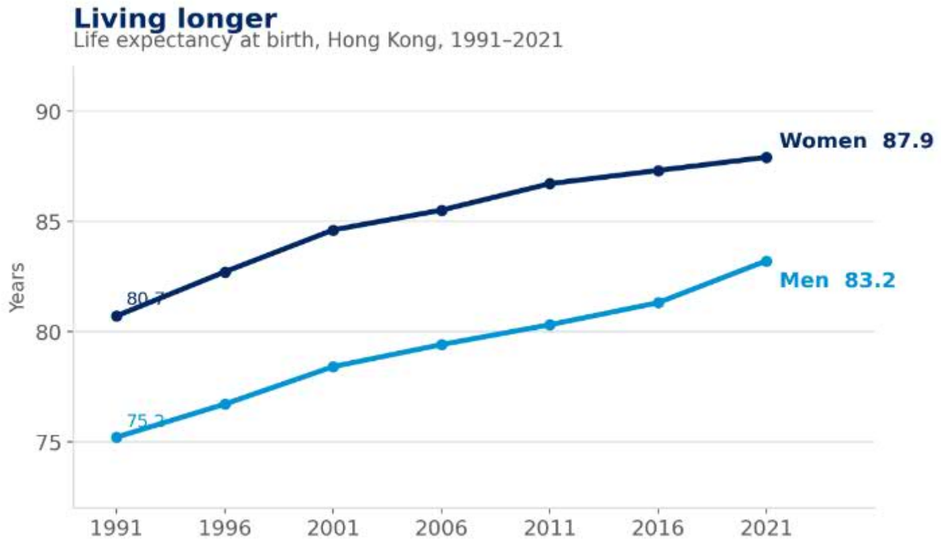
In Western Pacific, People live longer but not necessarily healthier

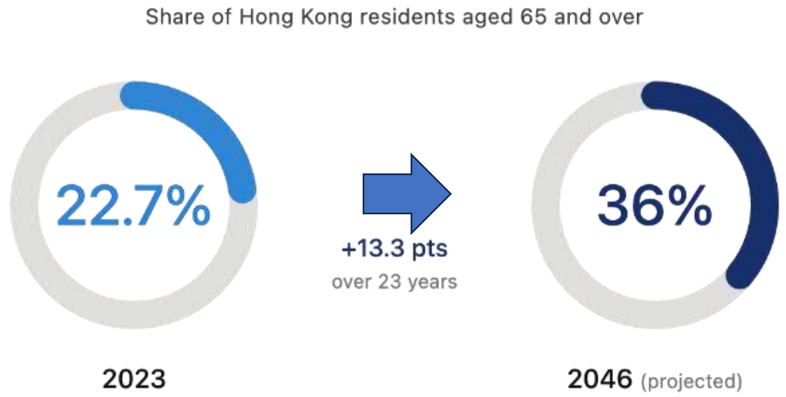


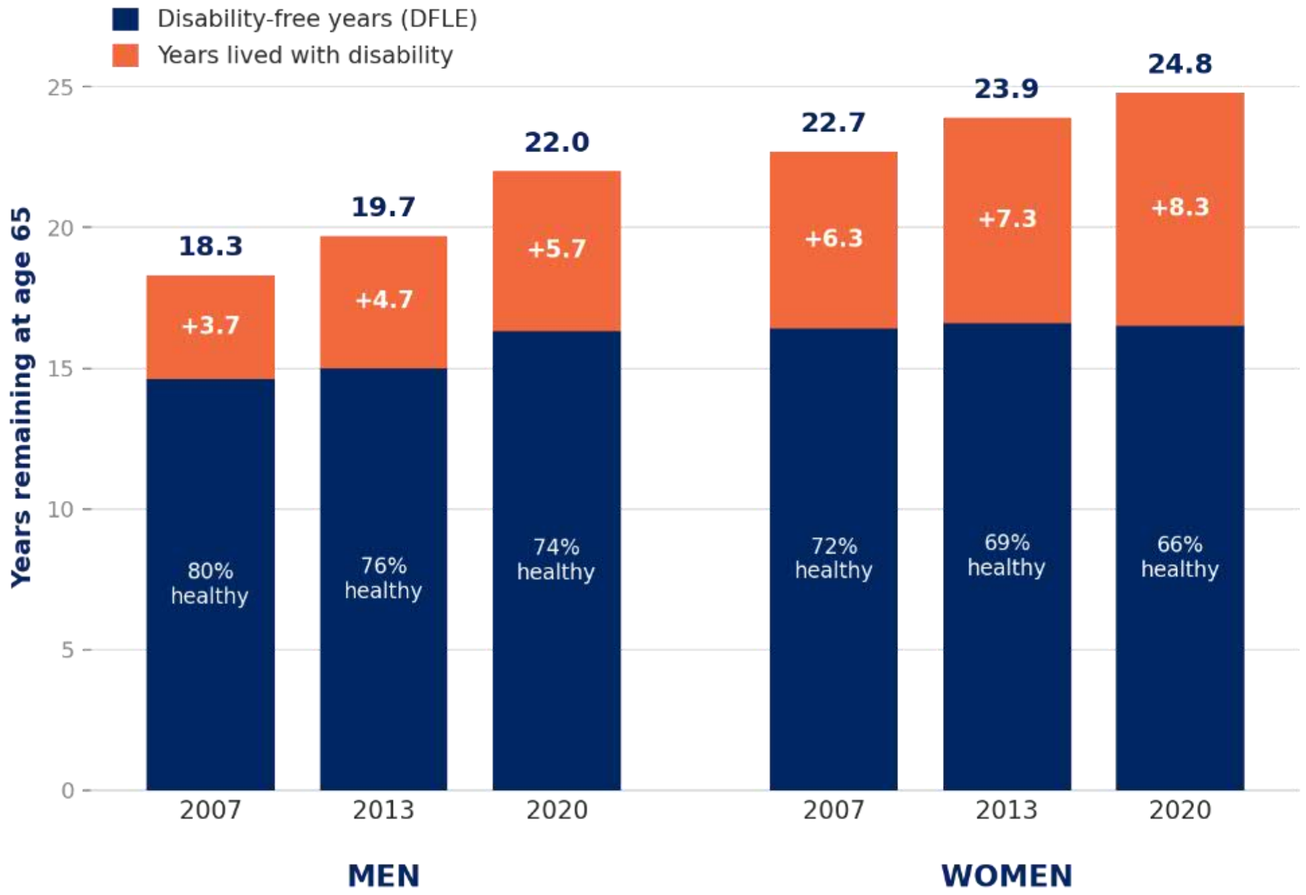
Life expectancy and HALE at 60 years 2000 and 2021

Source: WHO WPRO (2024). Health statistics in the Western Pacific Region 2023: monitoring health for the SDGs

Hong Kong lives longer than almost anywhere, yet healthy years are not keeping pace.

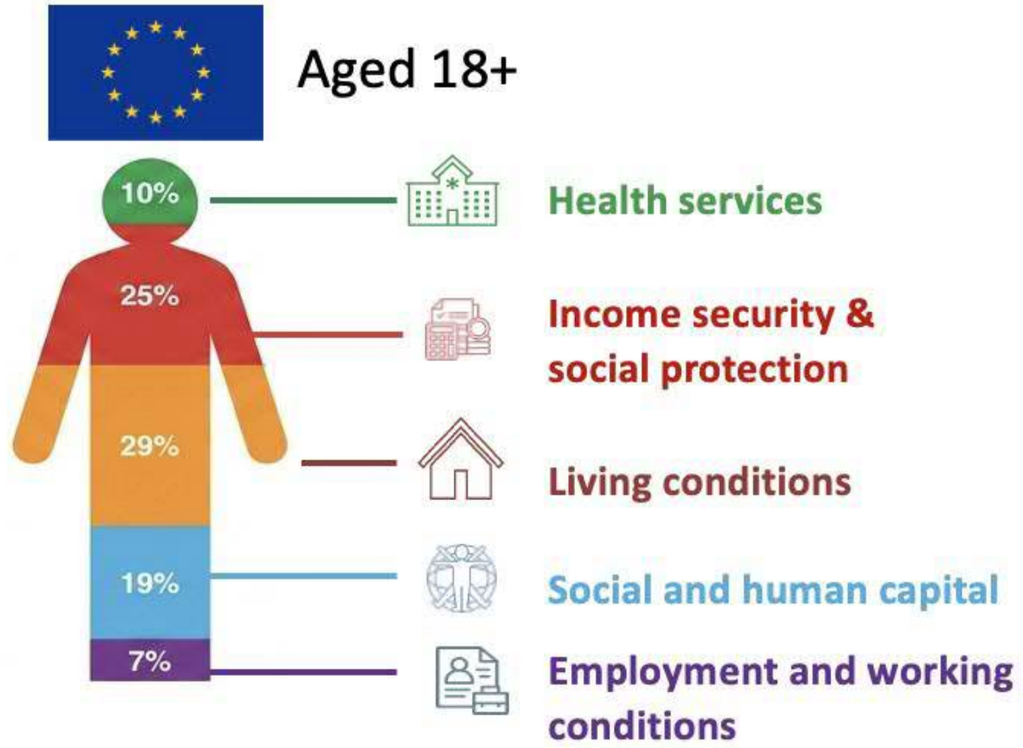




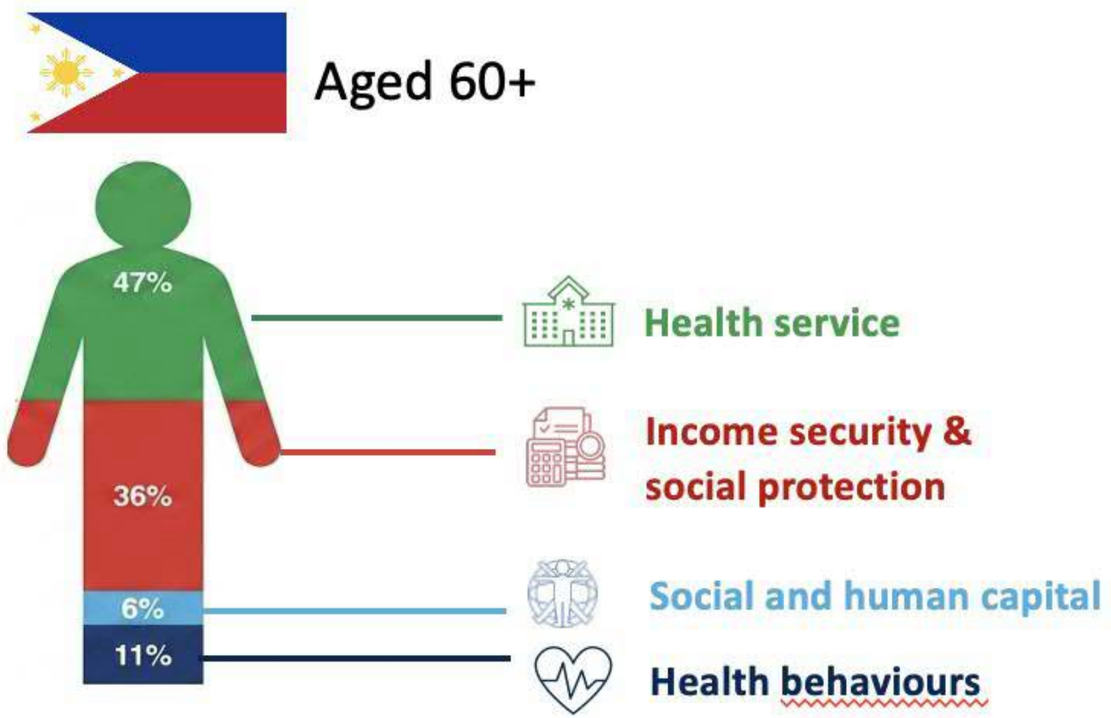


Sources: Census and Statistics Department, Demographic Trends in Hong Kong 1991 to 2021 (life expectancy at birth) and Hong Kong Population Projections 2022 to 2046 (population aged 65 and over). Chung et al., Lancet Regional Health Western Pacific 2023;41:100909 (life expectancy and disability-free life expectancy at age 65, Sullivan method).

Available evidence indicates that health services account for a limited share of the health gap in older age.



Source: Adopted from WHO European Health Equity Status Report (2019)



Source: Afable, S.D., et al. BMC Public Health 26, 737 (2026)

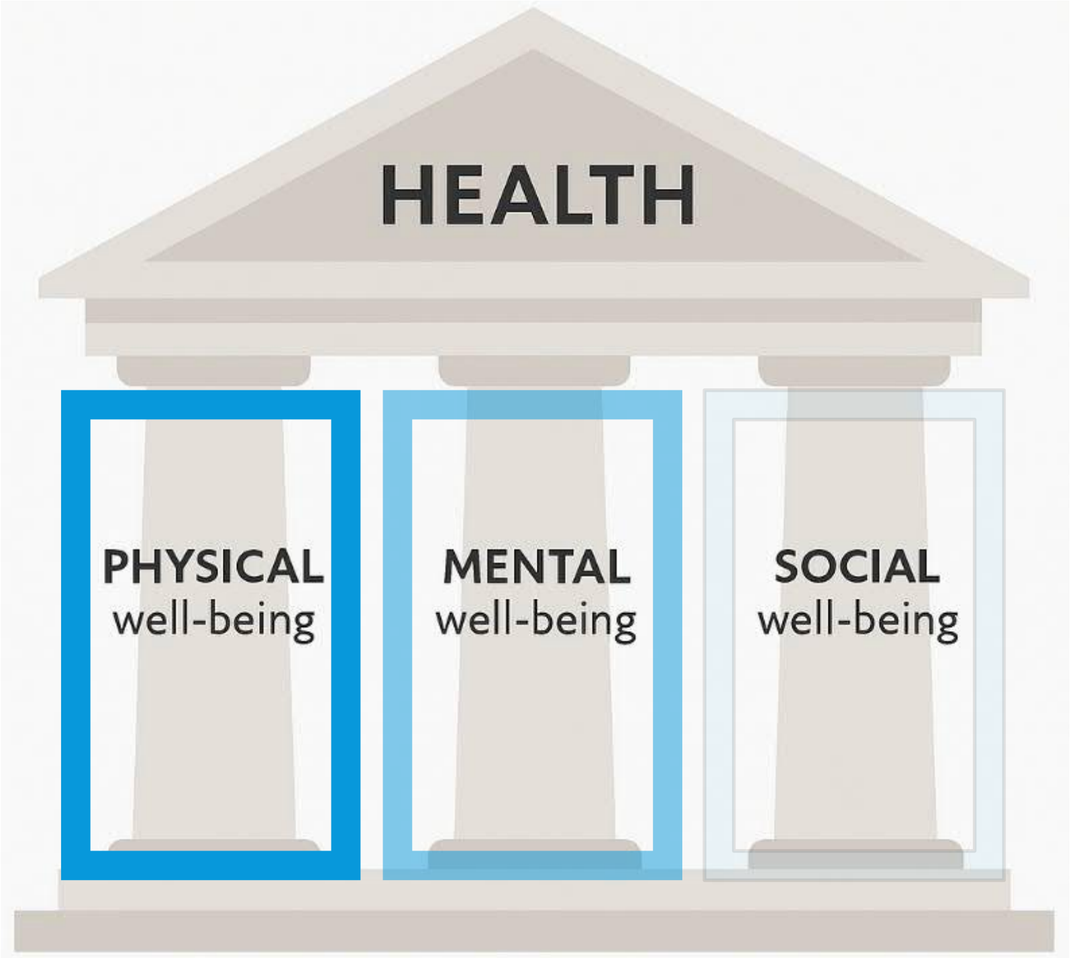
> Most of the inequity sits outside the health sector — so the response has to sit outside clinics/hospitals/health centres too.

Image source: file:///Users/siwonlee/Downloads/Europe_orthographic_Caucasus_Urals_boundary.svg
https://kyoso.geidai.ac.jp/en/cultural.html ; https ://upload.wikimedia.org/wikipedia/commons/6/6d/PHL_orthographic.svg

World Health Organization
Western Pacific Region

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

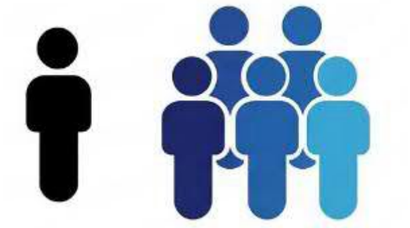
(WHO Constitution, 1948.)



Source: https://www.who.int/about/governance/constitution

WHY NOW

The 2025 WHO Commission on Social Connection identifies social disconnection as a public health concern



1 in 6

people globally experienced loneliness between 2014 and 2023

871,000

deaths a year are linked to loneliness

up to 1 in 3

older adults are estimated to be socially isolated

Sources: WHO. From loneliness to social connection: charting a path to healthier societies. Geneva: WHO Commission on Social Connection; 30 June 2025. World Health Assembly resolution WHA78 on social connection, May 2025.

THE DECADE OF HEALTHY AGEING (2021–2030)

Social prescribing advances integrated care, one of the four action areas of the UN Decade of Healthy Ageing.

WHAT THE DECADE IS

2021–2030. A global collaboration aligned with the final ten years of the Sustainable Development Goals.

WHO leads. WHO directs implementation and serves as the Decade Secretariat with other UN agencies.

Whole-of-society. A concerted effort to improve the lives of older people, their families and communities.

FOUR ACTION AREAS

- Combatting ageism
- Age-friendly environments
- **Integrated care** ***social prescribing fits here***
- Long-term care

WHERE SOCIAL PRESCRIBING FITS

Integrated care for older people

Person-centred services, coordinated across health and social care, that prevent, slow or reverse declines in older people's capacity, without causing financial hardship.

Named in the WHO ICOPE handbook (2nd ed., 2024)

- Connects older people to non-clinical community services and can form part of a personalised care plan.
- Acts as a mechanism to deliver social care and support through formalised relationships with community stakeholders.
- Begins with mapping local services: welfare, housing, social activities, lifelong learning and health promotion.

Sources: WHO. UN Decade of Healthy Ageing (2021–2030): action areas. who.int/initiatives/decade-of-healthy-ageing. WHO. Integrated care for older people (ICOPE): guidance for person-centred assessment and pathways in primary care, 2nd ed. Geneva: WHO; 2024 (Box 11.1, Social prescribing).

WHO WPRO became the first WHO region to formally adopt social prescribing as a healthy ageing strategy.

Regional Action Plan on Healthy Ageing in the Western Pacific

2020

Community-based integrated care

WHO toolkit

2022

WHO Academy course

2022

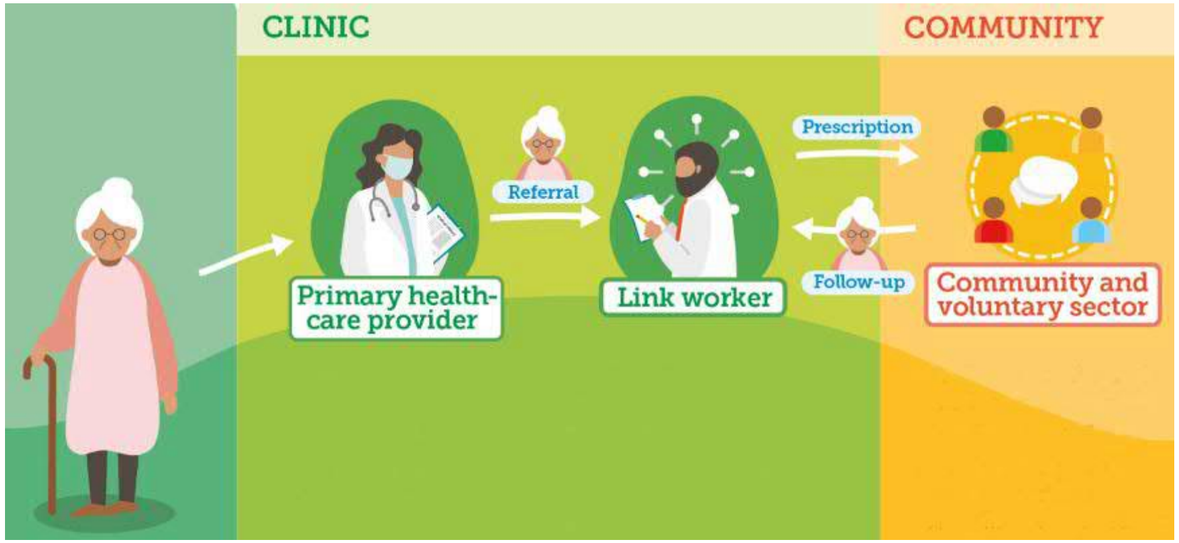
Collaborating Centre

2024

A toolkit on how to implement social prescribing. Manila: World Health Organization Regional Office for the Western Pacific; 2022. Licence: CC BY-NC-SA 3.0 IGO

Regional action plan on healthy ageing in the Western Pacific. Manila: World Health Organization Regional Office for the Western Pacific; 2020. Licence: CC BY-NC-SA 3.0 IGO.

Social prescribing: non-clinical prescription



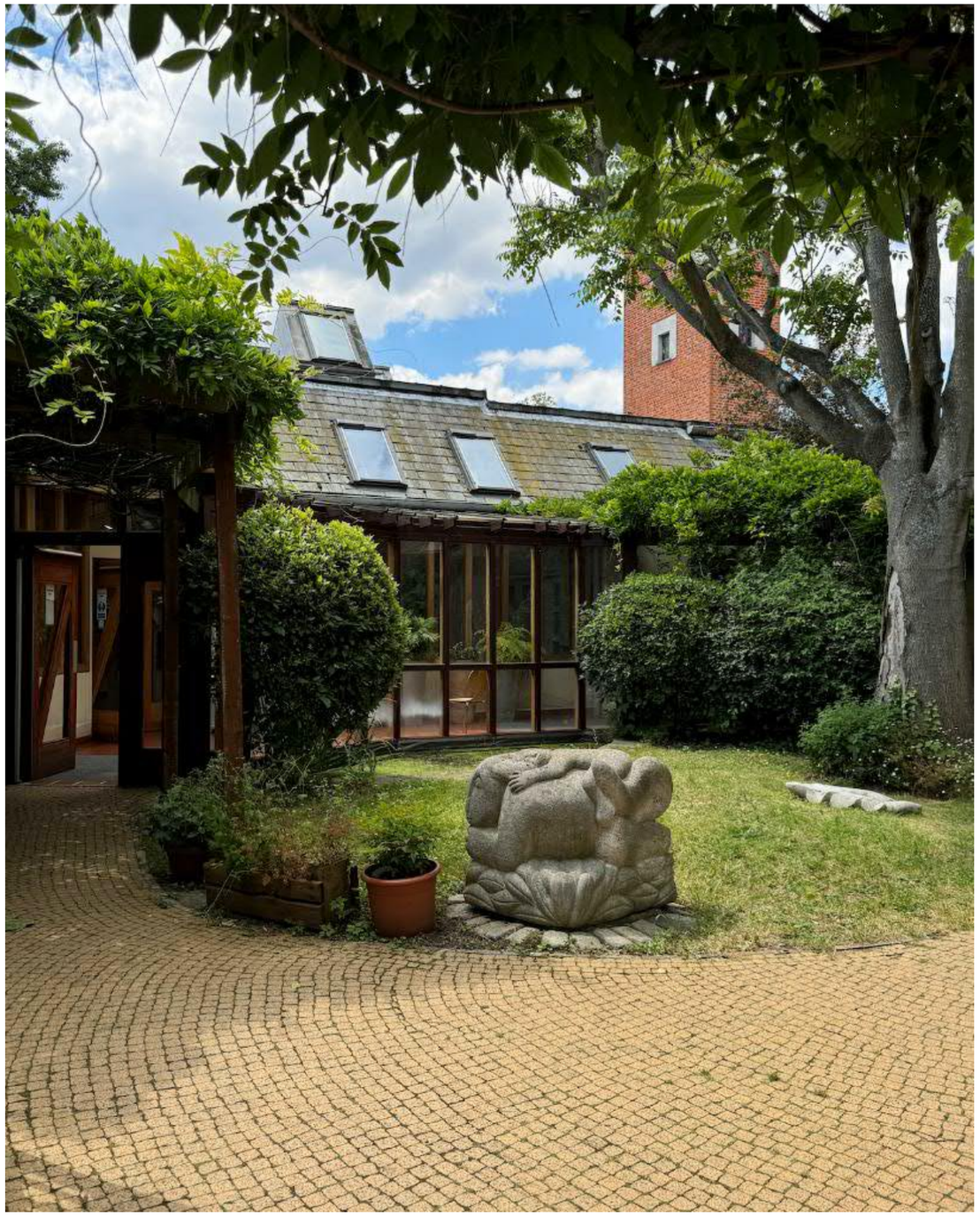
Social prescribing is a means of connecting patients to a range of non-clinical services in the community to improve their health and well-being.

It builds on the evidence that addressing social determinants of health such as socioeconomic status, social inclusion, housing, and education is key to improving health outcomes.

A toolkit on how to implement social prescribing. Manila: World Health Organization Regional Office for the Western Pacific; 2022. Licence: CC BY-NC-SA 3.0 IGO

Dahlgren G, Whitehead M. 1991. Policies and strategies to promote social equity in health. Stockholm, Sweden: Institute for Futures Studies.

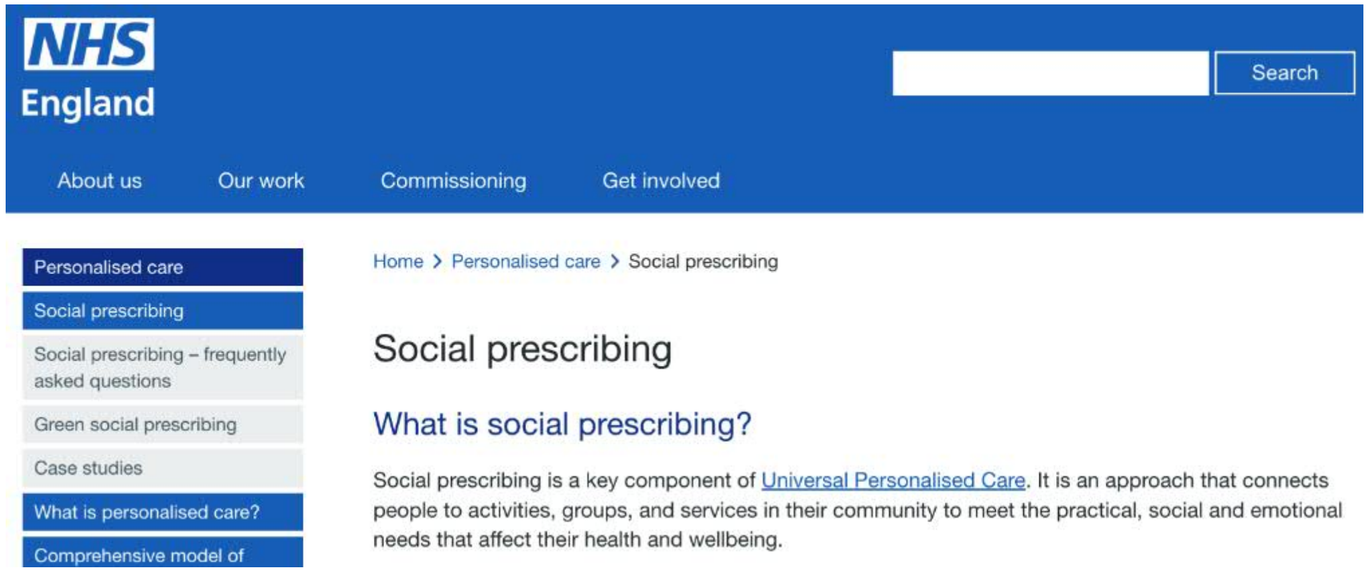
Regional action plan on healthy ageing in the Western Pacific. Manila: World Health Organization Regional Office for the Western Pacific; 2020. Licence: CC BY-NC-SA 3.0 IGO.



Bromley by bow centre

United Kingdom

How NHS England introduces social prescribing



The link worker model

Referral

GPs and local agencies refer people who need more than medical care, including those who are lonely, isolated or living with long-term conditions.

Link worker gives time

Focusing on 'what matters to me', the link worker co-produces a simple personalised care and support plan with the person.

Connect to community

People are linked to local groups, services and voluntary, community and social enterprise (VCSE) organisations, which link workers also help sustain.

Embedded in every Primary Care Network
Link workers are funded through the Additional Roles Reimbursement Scheme.

1,000
link workers in place by 2020/21

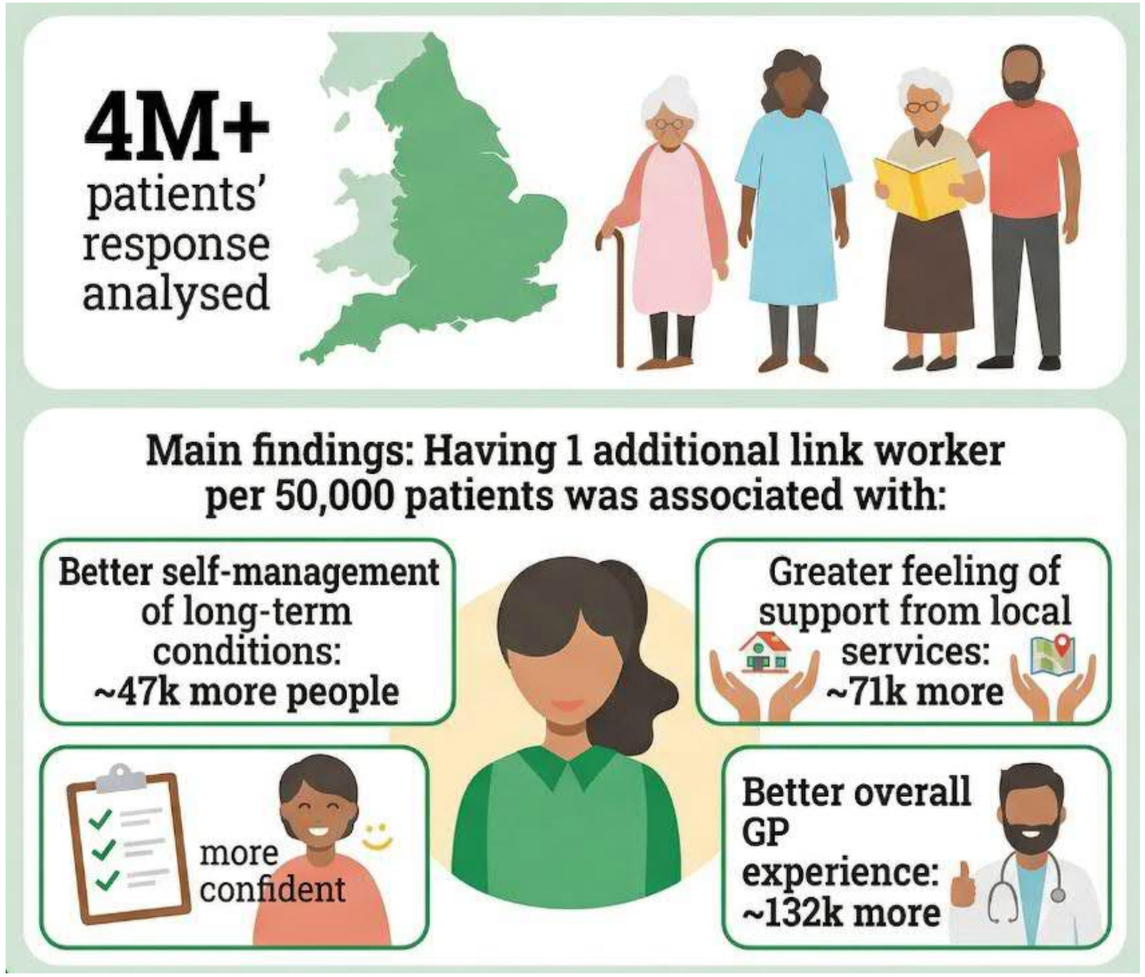
900,000
people referred per year by 2023/24

Source: https://www.england.nhs.uk/personalisedcare/social-prescribing/ NHS England, Universal Personalised Care; NHS Long Term Plan (2019).

Evidence from the UK

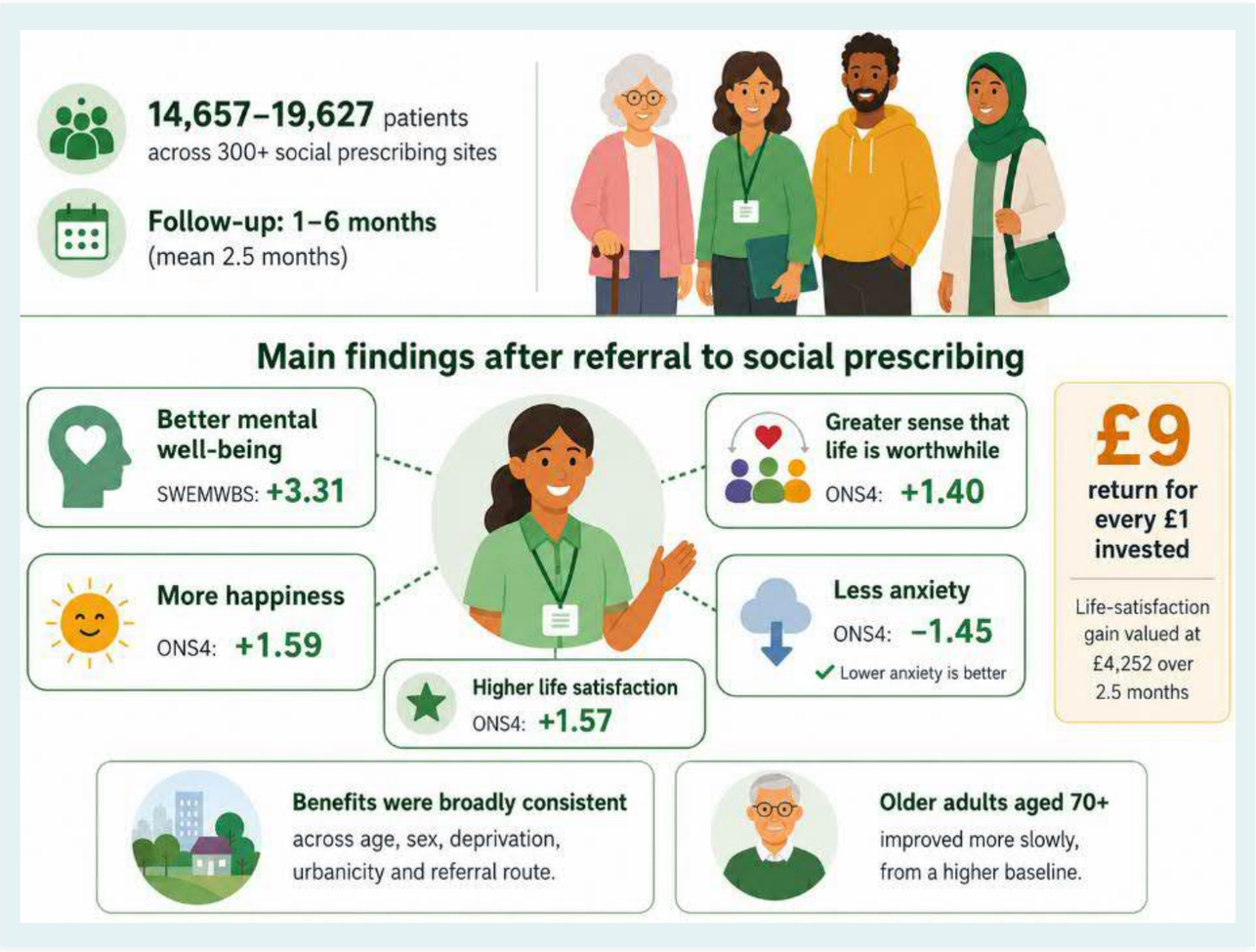
Largest Social Prescribing Study (England, 2018–2023)

National rollout via the Additional Roles Reimbursement Scheme (ARRS)



Nationwide analysis: impact on well-being outcomes (UK, 2017–2025)

Pre–post analysis of **14,657–19,627 patients** across **300+ UK social prescribing sites** (Access Elemental platform), 1–6 months after referral (mean 2.5 months); Bayesian growth curve modelling.



Source: Wilding A, Agboraw E, Munford L, et al. Impact of the rollout of the national social prescribing link worker programme on population outcomes: evidence from a repeated cross-sectional survey. Br J Gen Pract 2025;75(761):e880–e888. doi:10.3399/BJGP.2024.0542
Bu, F., Hayes, D., Munford, L. et al. The impact of social prescribing on well-being outcomes in a nationwide analysis. Nat. Health (2026). https://doi.org/10.1038/s44360-026-00099-w
Image created using Nano Banana 2

For subscribers

Commentary

She survived pneumonia. Living alone was the real risk

Health is not only about the absence of disease. World Social Prescribing Day reminds us it is a shared responsibility within our communities.

An older person who lives alone and lacks the social support to attend her or his medical appointments faces challenges managing chronic conditions, say the writers.

SingHealth Community Hospitals

Singapore

Embedded in SingHealth's care pathways, social prescribing by Wellbeing Coordinators is showing early reductions in acute care use

SingHealth Community Hospitals – 3 hospitals (~1,100 beds)

Acute Hospitals
Treatment of acute illness

→

Community Hospitals & Polyclinics
Recovery, rehabilitation & primary care

→

Community Partners
Assets, services & social connection

Embedded in SingHealth's Regional Health System – social prescribing runs along existing care pathways, not as a parallel programme

THE MODEL · WHO DELIVERS IT

Wellbeing Coordinators

A purpose-built link-worker role working alongside Community Nurses in place-based teams. They co-manage health and social needs, co-create a care plan with the patient, and link them to community assets after discharge.

HOW IT WAS BUILT

Iterative & contextualised

No rigid definition. Built through double-loop learning and Agile cycles, with assets mapped via asset-based community development.

PRELIMINARY EVIDENCE

Significant reductions over time in:

- ↓ **Emergency department visits**
- ↓ **Inpatient admissions**
- ↓ **Average length of stay**

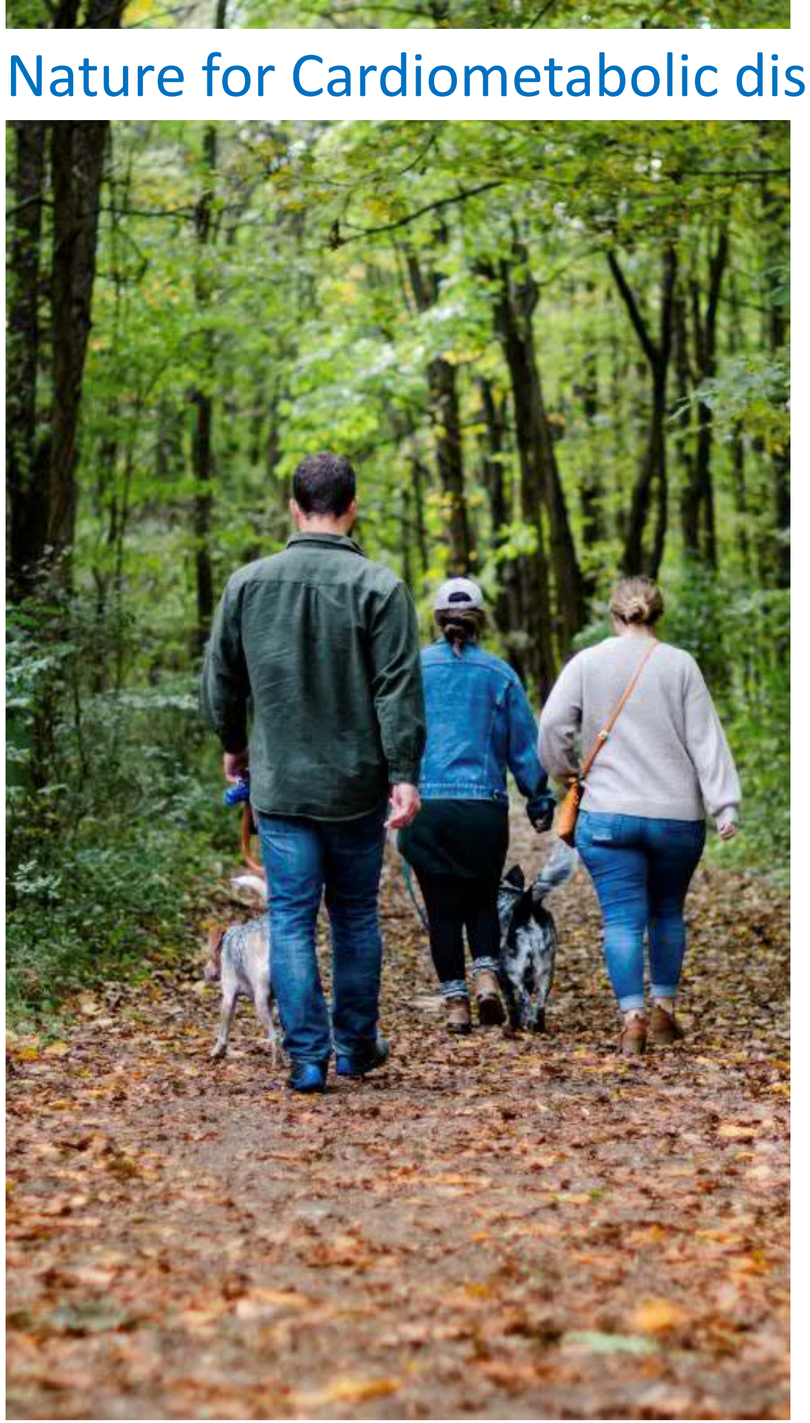
Specialist outpatient visits rose in the first 6 months after enrolment, then declined.

Mixed-effects linear regression; $p < 0.05$ to < 0.01. SingHealth programme evaluation.

Sources: Lee KH, Low LL, Lu SY, Lee CE. Lancet Reg Health West Pac (2023) – model & implementation; SingHealth programme evaluation – utilisation outcomes. Prepared for ISPC 2026, Kyoto.

PANDA (Physical Activity in Nature for Cardiometabolic diseases in people aged 45+) **trial**

Australia



https://www.powerlab.site/research/panda-trial

PANDA (Physical Activity in Nature for Cardiometabolic diseases in people aged 45+) **trial tests nature prescriptions as a low-cost route to sustained activity in adults with cardiometabolic disease**

1 in 4
Australians aged 45+ live with cardiometabolic disease

72%
of inactive eligible adults would accept a nature prescription

~1 million
people that willingness represents nationally

< 2 hrs
in nature per week for about half of them today

THE PROBLEM

Prescriptions don't stick

Physical activity is proven, but standard exercise prescriptions see low uptake and adherence, often felt to be too complex, costly, time-consuming or disruptive to daily life.

THE OPPORTUNITY

Nature as a no-cost setting

Green spaces (parks, hills) and blue spaces (lakes, rivers, beaches) are attractive, accessible places for regular activity. The COVID-19 surge in nature use showed strong public appetite.

WHAT PANDA DOES

Co-design, test, translate

A co-designed nature-prescription intervention to sustain activity and improve cardiometabolic markers, with guidelines built alongside Canada's PaRx for rapid national rollout.

WHY IT MATTERS A real-world test of whether nature-based social prescribing can be a scalable, low-cost tool for chronic disease management in primary care.

FUNDING & CONSORTIUM

NHMRC MRFF (2022) · Led by University of Wollongong with UNSW, Sydney, Griffith, Southern Cross & UBC · The George Institute · Western Sydney Diabetes · BC Parks Foundation (PaRx) · National rollout targeted within 12 months of completion.

Source: PANDA Trial, PowerLab (powerlab.site/research/panda-trial).

Community Network Engagement for Essential Healthcare and COVID-19 Responses through Trust.

LAO PDR

In Lao PDR's CONNECT initiative: build trust and health equity through community-led, multi-sectoral collaboration.

01 WHAT CONNECT IS

Community Network Engagement for Essential Healthcare and COVID-19 Responses through Trust. Led by the **Ministries of Health and Home Affairs**, WHO-supported, with nationwide rollout.

02 HOW IT WORKS

Govern
Local governance: governor and multisector commitment.

Engage
Communities co-identify needs and co-develop plans.

Build capacity
Respectful provider care that earns greater trust.

Sustain and scale
Supervision paired with policy dialogue.

IN PRACTICE

Village revolving fund opens access to the health centre.

Equitable water access restored for the community.

A 93-year-old man newly registered for health insurance.

SHORT-TERM OUTCOMES

Greater trust and stronger community ownership of health, with mild gains in service uptake.

6.9×
rise in first-dose COVID-19 uptake per outreach round, in targeted rural communities.

+8.5 pts
health-centre recommendation for antenatal care among women exposed to CONNECT.
82.9% → 91.4%

+14 pts
facility (health-centre) births overall.
27.2% → 41.5%

Kubota S, Elliott EM et al. The Lancet Regional Health Western Pacific. 2026;67:101681. https://doi.org/10.1016/j.lanwpc.2025.101681

Cambodia

In Cambodia, training existing Village Health Support Groups as link workers showed social prescribing can be feasible, low-cost, and trusted where formal services are thin.

Study at a glance

SETTING Selected districts in Cambodia, a country with rapid population ageing and rising NCDs

DESIGN Cross-sectional comparison across three groups of older adults

SAMPLE 1,200 older adults (n = 400 per group), 2025

INTERVENTION Social prescribing delivered by trained Village Health Support Group (VHSG) link workers

Group 1	Group 2	Group 3
Received VHSG-led social prescribing *n = 400*	Trained district, no individual support *n = 400*	Untrained district, no VHSG training *n = 400*

Key findings

Group 1 vs. Group 2
Group 1 participants had higher odds of having chances to talk with community supporters (remained statistically significant after Bonferroni correction)

+27% Likely to report better healthcare access

–40% Less likely to report loneliness

Source: Kimura H et al. (2026). Bridging health and community: social prescribing in Cambodia. *Lancet Regional Health – Western Pacific*. Findings from WHO WPRO implementation, 2025.
Image generated using ChatGPT

WHAT COMES NEXT

Three directions are now in early discussion, each pairing human link workers with shared infrastructure.

MOVE 01

Regional Learning Hub

Common standardised measures co-developed across countries.

MOVE 02

Social Rx 2.0

An AI-enabled platform with link workers in the loop, building on existing digital health infrastructure.

MOVE 03

Policy integration

Embed social prescribing into national healthy ageing and primary care plans.

Needs evidence and partners from more countries.

AI can strengthen each stage of the social prescribing pathway, while the relational core stays human

Sensing, matching and analytics support referral, connection and follow-up, freeing link workers for the human work that drives outcomes.

1 AI-ENABLED

IDENTIFY & REFER

Predictive risk stratification and record screening help flag people facing loneliness, isolation or unmet social needs.

2 HUMAN-LED

CONNECT & ASSESS

The link worker builds trust and co-produces the plan. AI drafts summaries and reduces admin, so more time goes to the person.

3 AI-ENABLED

MATCH TO ASSETS

A living asset map and preference-aware matching connect each person to the right services, activities, groups and local NGOs.

4 AI-ENABLED

FOLLOW UP & MEASURE

Outcome tracking and equity analytics show what works, for whom, and where supply and demand gaps remain.

The relational work of trust, empathy and advocacy stays human. AI assists the link worker; it does not replace them.

Example 1. Living asset map

SingHealth Community Hospital plans to apply AI to its Living Asset Map, freeing link workers from manual, time-consuming tasks so they can spend more meaningful time with participants.

Example 2. PANDA trial - nature prescribing

An AI-enabled platform delivered personalized behavioural support messages and locally relevant nature-activity suggestions.

WHAT COMES NEXT

Hong Kong SAR has the conditions to anchor the next phase, building on what the UK, Singapore, Australia, Lao PDR and Cambodia have shown.

LESSONS LEARNED

- **UK**
  National link-worker model embedded in primary care.
- **SingHealth Community Hospitals, Singapore**
  Embedding social prescribing in a health cluster system, starting at a community hospital level
- **Australia**
  Utilizing Primary Health Networks funding.
- **Lao PDR**
  National rollout of local governance and trust strengthening programme.
- **Cambodia**
  Training village health support group members to become link workers.

HONG KONG SAR, WHY HERE, WHY NOW

Integrated health system

Public hospital and primary care reform is opening pathways for social prescribing integration.

Active community sector

NGOs and faith-based groups already provide link-worker support for isolated older adults.

AI and health-tech capability

University AI research, academic clinical centres, and smart-city infrastructure provide the technical base.

Cross-disciplinary convener

Academic partners and research institutes already bring together medicine, social work, primary care, NGOs, and policymakers.

What would social prescribing look like in Hong Kong SAR?

Thank you, let's continue the conversation.

Scan to access the articles, see our work, and stay in touch.

READ THE EVIDENCE

The Lancet Regional Health, Western Pacific

Series on social prescribing in the Western Pacific Region

EXPLORE OUR WORK

WHO Western Pacific

Supporting healthy ageing through social prescribing

STAY IN TOUCH

Connect

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