Global Campus Europe

VILNIUS UNIVERSITY

European Master's Programme in Human Rights and Democratisation
A.Y. 2025/2026

The silent epidemic: social disconnection among older adults

An analysis of its protection under the international human rights framework, and the proposed Convention on the Rights of Older Persons

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Word Count Declaration: 21912

ABSTRACT

Social disconnection is a silent but increasingly recognized public-health issue nowadays. However, social health has historically been neglected, and in the face of an aging population, it can be a relevant issue to address to ensure healthy aging. Although human rights protect our basic necessities, they have not done so in the case of social connection. Therefore, this thesis aims to address this issue by framing social disconnection within the context of human rights, focusing on older people. To do so, this thesis takes a qualitative, desk-based approach. First, it engages into a literature review of social disconnection as a global issue, including its prevalence, impact, and potential interventions, focusing on older people and aging factors. Then, after a review of human rights scholarship on social rights, it conducts a doctrinal and qualitative analysis of the content of current human rights instruments for older persons and state submissions concerning a possible United Nations convention on the rights of older persons, using a framework of analysis based on different dimensions of social connection. This thesis demonstrates that social disconnection is a relevant issue that still requires further attention and interventions due to its negative impacts and the different factors that can relate to it. Furthermore, by analyzing the human rights documents and state inputs this thesis argues that social connection is a dimension that is not sufficiently protected under the current older persons rights' framework, and that the draft of the convention presents an opportunity to address this issue that has not been taken yet.

ACNOWLEDGMENTS

This thesis is dedicated to my grandparents, and to all the grandparents in the world that in silence that take care of us, and who sometimes, also in silence have to deal with loneliness.

I want to highly appreciate the infinte patience and support of my partner, my parents and friends

LIST OF ABBREVIATIONS AND SHORT FORMS

CRPD	Convention on the Rights of Persons with Disabilities
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social, and Cultural Rights
IGWG	Intergovernmental Working Group
Inter-American Convention	Inter-American Convention on Protecting the Human Rights of Older Persons
MIIPA	Madrid International Action Plan on Aging
OEWGA	Open-Ended Working Group on Ageing
OHCHR	Office of the High Commissioner for Human Rights
Protocol to the African Charter	Protocol to the African Charter on Human and People's Rights on the Rights of Older Persons in Africa
UN	United Nations
UNGA	United Nations General Assembly
Vienna Plan	Vienna International Plan of Action on Aging
WHA	World Health Assembly
WHO	World Health Organization

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1. INTRODUCTION

Whether by choice or not, everyone has been alone at some point. Some people seek solitude, in search of inspiration, introspection, or simply silence. But there are also those who feel lonely without seeking it or wanting it; many may live socially isolated and are not able to get social connections, others may feel lonely even when they are surrounded by people. In a world that seems every day more and more connected, many feel disconnected, and many do so in silence. In 2023, Dr. Vivek H. Murthy, current Surgeon General of the United States and co-chair of the World Health Organization (WHO) Commission on Social Connection, on a health Advisory titled *Our Epidemic of Loneliness and Isolation*, qualified the impacts of loneliness and social isolation as a "critical public health concern" (Office of the Surgeon General, 2023, p.9). In 2025, the World Health Assembly (WHA) adopted for the first time a public health mandate on social connection through Resolution WHA78.9, recognizing that social well-being is a health dimension that have often been overlooked and stressing that health is related not only to the absence of diseases, but also to "complete physical, mental and social well-being".

1.1. Study justification

Social disconnection, such as the feeling of loneliness, does not discriminate among people; anyone can experience it. Certain age groups, such as older adults, have been stigmatized due to their age, and considered, for instance, less able to do activities or having fewer friends, and, as a result, being alone. While not every individual has the same personal factors, in some cases it can be true that a person may have a smaller network of connections or that due to a physical situation is unable to do certain activities, however, this should not necessarily lead to a situation of loneliness, even more, this should not be used to justify this stigma or accept it as a norm or as something that cannot be changed.

Social disconnection is not necessarily more prevalent among older adults (WHO, 2025a, pp.28-29); however specific situations related to age can lead to a greater vulnerability towards it (National Academies of Sciences, Engineering, and Medicine, 2020, p.2). Even more, those who experience it may suffer negative health impacts as well as socio-economical, and even previous factors can be determinants of a lack of social connection (WHO, 2025a, pp.84-96). Therefore, the focus should not be on whether older adults feel alone due to their age, but rather on ensuring that no one has to experience such feelings, regardless of age. To make this possible, it must be acknowledged the reality of social disconnection and understand its different dimensions.

Furthermore, this issue can also be related to the demographic ageing. Nowadays demographic projections estimate that the proportion of older adults will double by 2050 (WHO, 2025b) and the quality of life of such persons should not be neglected, this is why ageing policies are taking a strong relevance, as for instance the United Nations (UN) has implemented the *UN Decade of Healthy Aging 2021-2030*.

Under this premise, human rights have defended our most basic needs in order to have an adequate standard of living under Article 11 of the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966), including the access to "adequate food, clothing and housing", even more the right to access to water has also been later recognized under such article (United Nations. Committee on Economic, Social and Cultural Rights, 2003). Nevertheless, even though it has been acknowledged that human beings are social individuals which need social connection for their happiness (Cacioppo & Patrick, 2008, p.5), and, it has been demonstrated that lacking such connection is directly connected with increasing risk of mortality (WHO, 2025a, p. 84), still it does not exist a human right protecting social connections. Therefore, also considering that it still exists a gap on the protection of older persons human rights and in light of the UN proposal to establish an international binding document to fulfill such gap (United Nations Human Rights Council, 2025), this moment was considered an opportunity for this thesis, in order to advance into the understanding of social connection from a human rights perspective.

Finally, it is worth mentioning that part of the motivation behind this study stems from my own personal and family experiences, through which I have observed and experienced firsthand that no one prepares you for old age, no one prepares you for losing your loved ones, and yet older adults continue to care for others. That is why I asked myself if there was anything that human rights could contribute to this context, and this thesis is my small contribution to that effort.

1.2. Research aims and questions

This thesis has two general aims. First, it aims to understand if social disconnection, specifically loneliness and social isolation can be considered a global problem relevant to older people. Under this premise this thesis aims to understand the different concepts related to social connection and disconnection, analyzing also its prevalence, implications and possible interventions, mainly focusing on older people. On the other side, this thesis aims to link all the theoretical knowledge of social disconnection with human rights and

understand whether human rights can protect social connection among older adults. This thesis will then, create a framework of analysis based on different dimensions of social connection that can be protected under human rights and asses its prevalence under specific human rights instruments of older persons and under the state proposals for a future convention on such rights.

Therefore, this thesis's general main research question is whether human rights can, and do, protect social connection among older adults or not, and why this protection is necessary. Furthermore, taking into consideration the aim of the thesis, some questions that should be deal with are:

- Question 1: What is social disconnection, and why is it or is not it a globally relevant issue? Is it relevant to study social disconnection among older adults?
- Question 2: What is the current prevalence and implications of social disconnection, mainly in relation to older adults, and what are the current interventions in relation to social connection and aging policies?
- Question 3: Can social connection be protected under human rights law?
- Question 4: Which other dimensions in relation to social connection can be promoted under human rights law, in the case that social connection is not directly protected as a right?
- Question 5: Are social connection and its related dimensions protected under the current human rights framework for older persons?
- Question 6: Are social protection and its related dimensions, considered relevant by states in light of a future international legally binding instrument for the protection of older persons' rights?

Finally, this thesis aims to propose recommendations based on the findings of these questions.

1.3. Methodology and outline.

In terms of methodology, this thesis adopts a socio-legal desk-research method, combining conceptual analysis, literature review, theoretical human rights analysis, and qualitative document content analysis. This research adopts an interdisciplinary approach as it engages with human rights law, applying also a philosophical perspective to it and combines public health and gerontology studies and social and ageing policy.

Firstly, Section 2 of this thesis is based on a review of secondary sources such as academic literature including academic journal papers, handbooks and books and institutional reports concerning social connection and social disconnection, mainly loneliness and social isolation. This part conceptualizes the thesis in the current moment from a global point of view. Particular reliance is place on the report *From loneliness to social connection—Charting a path to healthier societies: Report of the WHO Commission on Social Connection* issued in 2025, this is justified under its institutionally relevance, its direct connection with the subject of study and its content, that comprises a wide range of updated information synthesized. However, throughout the thesis when specific empirical findings are discussed, relying on academic studies, systematic reviews, or meta-analyses, such works are directly cited rather than the report.

The next part, which comprises Section 3, is based on a doctrinal and theoretical human rights approach. It examines scholarship on social rights, with particular attention to arguments concerning the historical neglect of such rights. It then considers academic proposals that are conceptually close to a right to social connection. This part relies primarily on academic books and peer-reviewed articles in human rights law and theory. One work is prominent under this part, as the analysis draws highly on selected chapters of the book: *Being Social: The Philosophy of Social Human Rights* (2022) edited by Kimberley Brownlee, David Jenkins, and Adam Neal. This work was considered highly relevant as is very recent, and it solely addresses social rights.

Subsequently, the analysis of social connection and human rights conducted in the last two sections, 4 and 5, is based on qualitative content analysis. In Section 4 this analysis is done on different types of legal and quasi-legal instruments in relation to older persons' rights including primary legal sources such as binding human rights instruments and soft-law instruments, international policy frameworks, institutional opinions, and advisory jurisprudence. It should be noted that not all instruments have the same legal value. The main documents analyzed are summarized under the Section 4.3, without prejudice that other less relevant documents or instruments that are not considered directly on older person's rights but that can be relevant to the issue of social connection are also included afterwards. For the analysis it was created a framework on different dimension of social connection that is explained in detail under section 4.2, this framework is used to analyze the existing human rights instruments concerning older persons in Section 4 and the state inputs submitted in relation to a possible convention on the rights of older persons in Section 5. Therefore, lastly the second part of the qualitative content analysis under Section

5, involves examining the total of 30 state inputs received by the call of submissions of the United Nations Intergovernmental Working Group on older persons (hereinafter "IGWG on older persons") in relation to its mandate of elaborating a draft for an international legally binding instrument on the human rights of older persons (*Call for Inputs*, 2026). The list of analyzed submissions can be found in Appendix 2; when directly addressed, specific inputs are also cited in the text. Furthermore, all inputs in English and Spanish were analyzed in the original language, only in the case of the submissions of Qatar, in Arab and of France, in French, the inputs were translated to English using *Google Translate* (n.d.). Additionally, the decision to consider only state submissions was based on two premises. Firstly, due to the time available for the analysis, it was considered not viable to assess all the 202 total submissions. Secondly, choosing the state submissions is based on the premise that state members will have the final decision in adopting a legally binding document, and it is possible that states will prioritize their point of view to be included under their proposals. Nevertheless, this selection does not aim to undermine the contributions of other stakeholders, such as National Human Rights Institutions, Civil Society Organizations or independent experts, as their work is essential for advancing these rights and equally valuable. In order to relief the possible limitation that this selection can have into the analysis, insights from these other actors were included using an unofficial summary of the inputs (*IGWG on the Human Rights of Older Persons Summary of Inputs Received*, 2026) which was also used as a guide for the general analysis on state inputs. Lastly, another possible limitation relates with the content of the inputs, even though they are all based on three specific questions they demonstrate several differences on the length and therefore on how accurately they represent the totality of the recommendations by those states.

In the end, Section 6 is dedicated to conclusions and recommendations in relation to the results of the analyses.

Lastly, it should be acknowledged that this thesis faces some general limitations. Firstly, as the approach is taken from a global perspective. It was attempted to select those academic papers that approach it from such a global perspective, but at the time of giving specific case examples, it is acknowledged that the totality of examples cannot encompass a global representation. However, this selection of examples was done in relation to its relevance for the study without the premise of creating a hierarchy or diminishing information from other regions of the world. For instance, this is the case of the section 2.4 on interventions against social disconnection which rely solely on interventions done in the

European region, which were easily available through the United Nations Economic Commission for Europe (UNECE, n.d.-a) Ageing Policies.

Another limitation that this analysis encounters is that it does not critically assess the possibility of the proposed rights under section 5 to be feasible, as it was considered that the usefulness of those proposals was stating the contemporary relevance of social rights rather than directly defending such rights under this thesis.

To end, it should be noted that some academic sources that are used are not recent, mainly the ones used to explain the concepts of social disconnection and related to the debates on social rights, however those academic sources where selected as they were considered seminal work on those areas of study.

2. UNDERSTANDING SOCIAL DISCONNECTION IN OLDER ADULTS: PREVALENCE, IMPLICATIONS AND INTERVENTIONS

The subsequent chapter will be devoted to the introduction of the subject of study, which will be preceded by the definition of the key terms. Then, the current state of social disconnection will be analyzed, focusing on loneliness and social isolation among older adults, along with its consequences, and possible interventions.

2.1. Key concepts. Social connection and social disconnection: loneliness, social isolation, and solitude.

As social beings, individuals need to be socially connected with each other; however, this connection may not always be fulfilling, and individuals may not always be able to obtain it, which can lead to feelings of disconnection. Social disconnection can manifest in different ways, including social isolation and loneliness, but the disconnection can also be voluntary, for instance, if the individual chooses to be in solitude. All these terms have different connotations that are necessary to understand before beginning the main analysis; this is why this first part will define them to clarify their nuances.

To begin with, the term *social connection* is used to describe all-together the different dimensions through which people can interact. Social connection has three dimensions: structural (the number of connections), functional (the purpose of the interactions) and quality (the positive and negative aspects of the interactions) (Holt-Lunstad, 2022, p. 195). Social connection is thereby an umbrella-term that encompasses other terms such as "social cohesion, social participation, social negativity, social support, social capital and social trust" (WHO, 2025a, pp. 10). The opposite to social connection is the term *social disconnection*, which also encompasses different terms including "social isolation, loneliness, lack of social support, low social capital and social negativity". Loneliness and social isolation, which will be defined, are the ones with more evidence and more researched (p. 10) and will be the ones covered by this analysis.

Firstly, the term *social isolation* is defined as "a condition in which an individual lacks social connections or has no access to family, friends, or other social support" (Oxford University Press, n.d.-a). Social isolation is an objective situation in which a lack of a social structure creates a barrier of access to social connections (WHO, 2025a, p. 11). Nevertheless, even if, according to the previous definition, a person with a small number of meaningful connections is considered socially isolated, such a person will not necessarily feel lonely. The feeling of loneliness depends on that person's expectations and needs. In this case, *loneliness*, from a psychological point of view, is a "subjective experience"

(Cacioppo & Patrick 2008, p. 5). Loneliness appears when there exists a discrepancy between our desired social state and the quality and quantity of our actual social experience (WHO, 2025a, p. 11; de Jong Gierveld et al., 2006, p. 486). The philosopher Anca Gheaus (2022) points out that loneliness is not necessarily related to having less company. Even if we have many relationships, we can still feel lonely if there is a lack of emotional connection in those relations (p.236). Therefore, "socially isolated persons are not necessarily lonely, and lonely persons are not necessarily socially isolated in an objective sense", the interconnection is more complex, and the feeling of loneliness depends also on various other factors (de Jong Gierveld et al., 2006, pp. 486, 495). Nevertheless, social isolation can still present negative impacts for the individual and the society, for instance, both the effects of loneliness and social isolation have usually been studied collectively under the study area of health (Shankar, 2025, p.217).

On the other hand, an individual's social desires could make that person decide to have less connections and spend more time alone, and this desired state should not create a feeling of loneliness. This relates to the term of *solitude*, defined as "the state of being or living alone" (Oxford English Dictionary, n.d.-b) and it is even stated as a synonym of loneliness. However, it is usually understood as a state of being alone with oneself in a voluntary way. A common definition of solitude used by philosophers is Hannah Arendt's (2003) as she defines solitude as "… though alone, I am together with some body (myself, that is)*"* (p.98). Gheaus (2022) who also applies this definition of Arendt, argues that understanding being in solitude and appreciating it is fundamental to combat loneliness (p. 234). However, it has been argued that the idea of appreciating one shelf personhood through solitude can also lead to loneliness if the individual starts feeling that being only with oneself is not enough (Velleman, 2013, pp. 9-10).

In summary, social isolation is an objective and even structural situation that can lead to loneliness. Such a feeling of loneliness depends on one's expectations of meaningful connections; however, both terms can denote a state of social disconnection. Additionally, a person may voluntarily choose to spend time in solitude, which can be meaningful, however it might even lead also to feelings of loneliness.

Even more, it is relevant to note that the previous definitions can vary across languages, and they have even changed throughout history. Focusing on loneliness, the term and its use is relatively new, mentions of the term in English documents were scarce until the begging of the 17th century, when it began to be used more frequently. At that time, the term was associated with a physical state rather than "a psychological or emotional

experience" and voluntarily choosing to be lonely was widely associated with the connection to God (Alberti, 2019, pp.13-14). The history of the word loneliness in other languages can also reveal differences in understanding. For instance, in Spanish, by the middle of the 18th century, the term loneliness was defined as a state of deprivation or lack of company, whereas currently it is recognized that such lack of company can be voluntary or involuntary and therefore unwanted (García González, 2020, p.11). On his study of the history of loneliness, Alberti (2019) associates the modern understanding of the term loneliness as a problem symbolizing social disconnection, as a possible consequence of modern demographic changes, urbanism, individualism and secularism among other factors (pp. 18-19).

Similarly, differences can be found in the use of the above-mentioned terms depending on the language. As it has been indicated before, in English it is possible to differentiate between the unwanted feeling (loneliness) and the voluntary state (solitude), even if, sometimes they are used as synonyms. This also happens in other languages like Arabic or Hindi. However, in other cases, one unique term can denote, depending on the context, the subjective experience of loneliness or the objective condition of being alone. This can be found in languages such as Spanish or Turkish. In other cases, such as in Korean, even with the existence of two separated words, they are used in a mixed way in practice (Heu, 2024)[1].

Bearing in mind the different connotations, the analysis, will use the current definitions of the terms: social connection, social disconnection, loneliness and social isolation understanding the last three as negative situations and experiences for the individual and based on the point of view of humans as social beings. Having defined these concepts, the following section will assess the current global state of connection and the consequences of social disconnection, focusing on older people, and the challenge of demographic aging.

2.2. Global prevalence of social disconnection: loneliness and social isolation among older adults and its drivers

Aiming to comprehend how socially connected or socially disconnected society is, it is important to have mechanisms to measure it. Social connection is a very recent term, consequently it does not exist validated measuring instruments that measure its three dimensions together, nevertheless, there exist validated instruments to measure some types

[1] For a broader comparison between languages, see the full work of Heu (2024).

of social disconnection including loneliness and social isolation, which as indicated in the previous section, are the ones that present more data available up to date. However, current data covering global prevalences on social disconnection is only available for loneliness, in this case the most used scale measures (WHO, 2025a, p.27) are the University of California, Los Angeles (UCLA) Loneliness Scale (Russell, 1996; Russell et al., 1980) and the De Jong-Gierveld Loneliness Scale (de Jong Gierveld & van Tilburg, 2006). For other types of social disconnection, such as social isolation, there is no global data up to date (WHO, 2025, pp. 26, 33-34). Due to this, this section will be based mostly on the prevalence of loneliness as analyzed by the WHO (2025a) in its report: *From loneliness to social connection - Charting a path to healthier societies: report of the WHO Commission on Social Connection.*

The WHO (2025a) report shed light on the loneliness global prevalence for the first time, by analyzing 23 data sets from single and multi-country studies conducted between 2014 and 2023. According to this data, it can be considered that loneliness is a world spread issue. The WHO analysis estimates that one out of six people, or 15,8% of the global population, reports feeling lonely (p.28). Furthermore, loneliness can affect anyone, regardless of their age, sex or other demographic factors, however the relation between loneliness and those factors can differ.

Firstly, age can be analyzed as a factor of prevalence of loneliness and compared across different age groups, paying attention to the prevalence in older adults. The analysis found a linear decrease of loneliness in age, with a higher prevalence, of 20.9%, among adolescents (13-17 years old) and a tendency to decrease with age, observing the lowest rates among older adults (≥ 60 years old) with a prevalence of 11.8% (pp.28-29), a pattern that has also been reported in previous research (e.g., Barreto et al., 2021). However, the relationship between age and loneliness is not fully certain, as the WHO (2025a) study itself points out: the analysis does not differentiate between age groups in older adults, including all ages from 60 years and older, therefore, it is possible that the prevalence could increase for those over 80 years (p.29). For example, previous national studies have suggested a non-linear prevalence of loneliness across ages, finding several peaks across the life-span and an increase after 75 years old, such as in Germany (Luhmann & Hawkley, 2016) or the United States (Hawkley et al., 2022), or a U-shape prevalence with the highest prevalences among the youngest, lowering with age and growing back after 75 years old, such as in Spain (Fundación ONCE & Fundación AXA, 2024). Even more, a recent meta-analysis (Susanty et al., 2025) which included 70 studies from 54 countries that focused only on

older adults, estimated a global prevalence of loneliness in three among ten older adults representing a 26%, this analysis included also earlier studies, from 2005 to 2024.

Other socio-demographic factors that can be considered are, for example, differences between sexes. Overall, the difference in loneliness prevalence between males and females is slightly higher in females presenting an estimate of 16.1% towards 15.4% in males. However, the highest discrepancies between genders appear in adolescents and older adults, female adolescents have a prevalence of 24.3% compared to a 17.3% of males' adolescents. In older adults, females have a prevalence of loneliness of 13.0% compared to 9.9% in male older adults (WHO, 2025a, p.30). In this case, research has situated women life expectancy and therefore, likelihood to experience widowhood and living alone, as one of the reasons behind this difference in gender prevalence in older people (Lee, 2025, p.119). However, this relation is not necessarily direct, for instance, a systematic review (Niino et al., 2025) found out that while loneliness can be considered a direct consequence after spousal-loss for both sexes, males were found to suffer higher prevalences of loneliness in these cases. Furthermore, the findings on the consistency of this loneliness can be heterogenous, while some studies found out that the situation of widowhood had a lasting effect of loneliness; others found that loneliness decreased after five years (p.261). Even more, it is acknowledged that the individual situations and the cultural context and gender norms can affect these patterns (Lee, 2025, p.120).

In the case of demographic factors, by WHO regions, older people present estimated higher prevalence of loneliness in the African region followed by the Eastern Mediterranean region and the Southeast Asian region, with similar estimates, this pattern is consistent, with few exceptions throughout other ages and sexes (WHO, 2025a, pp.30-31). The beforementioned study which focused only on older adults of Susanty et al. (2025), estimated that the highest rates were found in North America followed by the African region (p.6). Furthermore, in terms of income, the WHO (2025a) estimates indicate that loneliness presents a linear decrease, estimating the highest prevalences of loneliness in low-income countries and the lowest prevalences in high income countries, this was found, with few exceptions, across all age groups and sexes, including older people (p.31)

In terms of social isolation there are not global data available for the whole population, however, many studies have been done in relation to older adults (WHO, 2025a, p.33), the joint estimations from two systematic reviews and meta-analysis in relation to older adults including 27 countries in total, prevalences between 25.0% to 33.6% of social isolation (Hajek et al., 2025; Teo et al., 2023).

Moreover, some specific groups of people that can experience marginalization can be found to be at higher risk of experiencing greater prevalences of social disconnection, including people with disabilities, LBTIQ+ individuals, migrants and refugees and caregivers, also ethnic minorities and indigenous groups, but mixed evidence was found in such case (WHO, 2025a, pp.35-36). While this thesis will not focus deep into these population groups, further research could examine the prevalence of social disconnection among older adults that are part of groups experiencing marginalization.

To sum up, this section has addressed the global state of social disconnection, with a focus on loneliness and older adults. It can be said that older adults present the lowest estimated rates of loneliness across age groups globally. However, prevalence could be higher among older adults over 75 or 80 years old. Furthermore, social isolation rates for the group of older adults may be higher than loneliness rates. Older females tend to have slightly higher loneliness prevalence rates, which may be related to higher expectancy rates and widowhood, however, males in states of widowhoods seem to be more vulnerable loneliness than females. Other factors to consider the place of residence, the average income, and belonging to specific at-risk groups. The following section will emphasize the importance of studying social disconnection in relation to its health and socioeconomic impacts, with a focus on older adults, it will also address the future relevance of its study in older adults considering the projected demographic prospects.

2.3. Impacts of social disconnection in older adults

Forms of social disconnection, such as loneliness, have previously been stigmatized and misunderstood as an inherent part of old age, thereby, assuming that older adults are lonely solely because of their age. However, this assumption is incorrect, in fact, as seen through the previously indicated data of the WHO (2025a), everyone experiences loneliness and higher prevalences rates of loneliness are found among adolescents nowadays. Nevertheless, the study of social disconnection, in older adults continues to be particularly relevant, on one hand, because they are can face situations that can lead to high risk of experiencing it due to various internal and external factors such as for instance “living alone, the loss of family or friends, chronic illness, or sensory impairments” (National Academies of Sciences, Engineering, and Medicine, 2020, p.2), and, on the other hand, the consequences of loneliness and other forms of social disconnection are particularly concerning with regard to health and quality of life in late life stages.

Firstly, there is important evidence of the link between social disconnection and mortality. In the case of loneliness, the estimate of deaths caused by it are of 871 000 each

year during the period between 2014-2019 (WHO, 2025a, p. 84). In the case of older adults, adding the information of various studies, the WHO has estimated that loneliness increases the risk of all-cause mortality by 9-14% and social isolation by 32-33% (p.87).

Moreover, health problems that can be influenced or aggravated by social disconnection have been found in the literature to account for both physical and mental health issues at all ages (Shankar, 2025, p.217). For instance, loneliness and social isolation have been proved to be associated with conditions of cardiovascular disease and type 2 diabetes (WHO, 2025a, p.87). A literature review analysis stated that poor social health can be considered a well-established risk factor of suffering cardiovascular disease (Teshale et al., 2023). A systematic review and meta-analysis study found that problems in social connections are also associated with an increased risk of 32% in suffering a stroke and by 29% in suffering a coronary heart disease (Valtorta et al., 2016). Even more, specific studies on older adults have found loneliness to be related to brain health issues, increasing the possibilities of suffering from cognitive decline and dementia, including Alzheimer (WHO, 2025a, pp. 91-92). Evidence also links loneliness and social isolation to negative effects on mental health, in this case, loneliness has primarily been associated with an increased prevalence of depression. Moreover, it has also been linked to an increased probability of experiencing anxiety, psychosis, suicidal ideation and self-harm attitudes (WHO, 2025a, p.91) Furthermore, a systematic review found out that poor perceived social support and loneliness were related to worse recovery outcomes for existing mental health issues, this relationship was primarily found in cases of depression, but also in individuals presenting anxiety and bipolar disorder (Wang et al., 2018).

Additionally, in some cases, the relationship between health and social disconnection can be reversed: a poor state of physical health or a previous disease can lead to a greater prevalence of loneliness (WHO, 2025a, p.89). For example, a systematic review found that older adults with HIV are highly vulnerable to loneliness and social isolation, with higher prevalence rates than the general older population (Pollak et al., 2025). Moreover, the relationship can even be bidirectional, for instance, as mentioned before, loneliness and social isolation are risk conditions for suffering cardiovascular disease, and it was found that other risk factors causing cardiovascular disease could also be related to a greater prevalence of loneliness (Teshale et al., 2023, p.3).

The aforementioned are some examples of the impact of social disconnection on health in the general population and for the group of older adults, however the previous list

of examples health impacts is not exhaustive[2]. Additionally, the WHO (2025a) report also drives attention to other impacts of social disconnection outside of the health sphere, impacts are found in the social and economic development sphere, this has been demonstrated in education with worse academic performances, in employment and the access to it, and in economic areas. It has been related that social disconnection plays an important role in understanding poverty, and even more loneliness and social isolation can represent a substantial cost (pp. 94-96). To give some examples, in Spain it was estimated that the cost of loneliness taking into consideration healthcare costs and productivity loses represented a total of 14 billion euros each year, representing 1.17% of the gross domestic product in 2021 (Casal Rodríguez et al., 2023). Other study, in the United Kingdom, estimated that the impacts in health, well-being and productivity in monetary terms, of a person with moderate to severe loneliness represents at least 9,976 pounds (or 11.630 euros) each year (Peytrignetarde et al., 2020).

Even more, the negative impacts of social disconnection can pose a significant challenge to an aging global population. Life expectancy has increased throughout the present century; even though, due to the Covid-19 pandemic, life expectancy rates decline given high mortality rates. Prior to the pandemic, life expectancy increased from 66.8 years in 2000 to 73.1 years in 2019, while healthy life expectancy (HALE) increased in the same period from 58.1 years to 63.5 years. Still, the HALE did not increase at the same pace as life expectancy. The most recent post-pandemic data shows a decline in both life expectancy and HALE; current data states life expectancy at birth of 71.4 years and HALE at 61.9 years (WHO, n.d.). Despite this backlash, life expectancy is projected to rise again, resulting in a demographic shift where every country will have a larger proportion of older people in their populations. According to WHO (2025b) predictions, by 2030, one out of six people will be aged 60 years or over. By 2050, this population group is expected to nearly double, growing from 1.4 billion people aged 60 years or older in 2020 to 2.4 billion in 2050. Additionally, the number of people aged 80 years or older are expected to triple within the same period. Considering these projections, to ensure the quality of aging improves as life expectancy increases, public policies are needed to prepare society and institutions of any kind, including healthcare, to prevent and mitigate the possible negative effects of an aging population. This must be done in several areas, including social aspects and social connection (Rondón García, 2022, p.68).

[2] Further relations between health and social disconnection are addressed under the report of the WHO (2025, pp. 84-92). Additionally, for a more in depth summary of evidence see the handbook chapter of Shankar (2025).

So far, this section has demonstrated that the negative impacts of social disconnection in health range from increased mortality risk to higher risk of suffering cardiovascular disease, dementia, and mental disorders, among others. Even more, the relationship between social disconnection and diseases can even be reversed or bidirectional. It has also been acknowledged that social disconnection can have also socioeconomic impacts in different areas including economic costs. Lastly, it has introduced another relevant dimension for this context, which is the demographic change and the aging population. The following sub-sections of this part about social disconnection will focus on the possible interventions to tackle social disconnection, assessing the current state of interventions at national level and focusing also on which type of policies under the ageing framework relate currently to this issue.

2.4. Interventions to combat social disconnection

Interventions aimed to combat social disconnection, such as loneliness and social isolation, they can generally be divided in for types: individual, group-based, community and structural or society-level (WHO, 2021, pp.7, 10; La Rue et al., 2025, pp. 513-514). Along this analysis, the focus will be made mainly on structural interventions, which deal with laws and institutional and are the type of policies usually delivered by national governments (Goldman et al., 2026, p.7). In relation to the effectiveness of each type of intervention delivered to the general population, it remains unclear; individual interventions are the most prevalent, but it has been found that group-based interventions tend to be the most successful. Regarding structural interventions or society-level ones, the evidence to indicate their grade of effectiveness is still limited (WHO, 2021, pp.7, 10; La Rue et al., 2025, pp. 513-514). The following section will be dedicated to assessing the current state of policies that deal with social disconnection under national frameworks, furthermore, some examples will be given on national initiatives that focus on aging policies towards older people including aspects of social connection.

2.4.1. National policies to combat social disconnection, loneliness and social isolation

The first global review on national policies dealing with loneliness, social isolation and social connection (Goldman et al., 2026)[3], revealed that, up to February of 2025, only eight

[3] The results of this investigation have also been reflected in the WHO (2025) report on social connection.

country members[4] out of 194 members of the WHO had some type of national document such as a policy, a strategy, an action plan, a legislation or an advisory that directly addressed the aforementioned issues. It is relevant to note that these policies are aimed at the general population, where the group of older persons would be included; however, in some cases the national strategies also pay attention to specific groups of people considered to be at risk (p.8). The member states that have developed such policies are, depending on the type of policy: Denmark, Finland, and England, which have developed both a strategy and a nation plan; Germany, Scotland, Sweden and Wales, which have developed a strategy; Netherlands, which has developed an action plan; United States of America, which has a national advisory and Japan, which is the only country that has a legislation in relation to loneliness and presents the most detailed priority plan. Furthermore, seven member states were found to have some type of policy where social connection was addressed as a secondary part to it, these states include: Albania (as a part of an aging policy), Czechia (as part of a broader social policy), Djibouti (as a part of a broader development policy), Ireland and Spain (as a part of a mental health policy) Malta (as a part of both a mental health and an ageing policy) and Norway (as part of a public health policy) (pp.3-4, 8-9). Yet, by doing the research of this thesis it was possible to update the aforementioned information and considered relevant to indicate that Spain developed a national strategic framework directly addressing unwanted loneliness released in March 2026 (Ministerio de Derechos Sociales, Consumo y Agenda 2030. Secretaría General Técnica, 2026).

2.4.2. National policies on aging with focus on social connection

Even more, as mentioned, the previous national documents address the whole population in relation to social connection. Nevertheless, other national initiatives in relation to aging which include aspects to combat social disconnection con also be found. Relevant examples will be following indicated. For instance, in France a campaign created as a part of a law focused on the adaptation of society to aging in 2015 was created the national network *Mobilisation Nationale contre L'Isolement des Agés* (National Campaign Against the Isolation of the Elderly) or Monalisa program which focuses specifically on loneliness and social isolation older persons (Rondón García, 2022, p.156). The Monalisa, is, however, not a government policy, but a work project composed by a network of organizations and citizen mobilization which cooperate among each other with support of the government

[4] The total count of eight states includes the United Kingdom as one state. However, when it comes to interventions, the regions of Scotland, Wales, and England are distinguished because they have present different strategies. As done under the original research paper of Goldman et al. (2026).

(Monalisa, 2026), Additionally the government of France created an institutional initiative a "Strategic Committee to fight against isolation of the elderly" in 2020 (UNECE, n.d.-d).

Under the European region level other strategies can also be found, for instance the Netherlands created in 2018 the "United Against Loneliness" initiative which targets older people and specifically those over the age of 75 (UNECE, n.d.-e), Slovakia created in 2021 the national program: "Promotion of Volunteering by Older Persons and Outreach to Older Persons Experiencing Loneliness" (UNECE, n.d.-b). which work on the creation of volunteering networks of older people and Lithuania introduced in 2024 the "Social prescription Project" which specially targets older people in risk of social exclusion or loneliness through community-based activities (UNECE, n.d.-c)[5]. This list is non-exhaustive, and it does not aim to represent the totality of policies nor make an analysis of them; they are used to give a sample of the types of policies that exist and the approach they take. Policies can be found also from other organizations rather than the state such as non-profit and other actors, and research could be done in focusing on other regions.

To summarize, the most relevant finding of this sub-section is the fact that up to date, only nine[6] states have some type of national strategy that clearly focus on social connection as an issue itself, which addresses the whole population and are not part of other policies. Even more, social connection in older adults has also been found as a relevant issue in policies related to aging. This could relate to the fact that social connection has been recently acknowledged as a relevant dimension of health and therefore it is linked to the quality of health in older adults. Considering this, the next part, will assess which type of approaches currently have policies towards aging and in which way these approaches include social connection.

2.5. Aging polices: active and healthy aging

Turning now to aging interventions, it has been argued that most institutional approaches until recently have associated old age with negative qualities such as "illness, dependency, and lack of productivity" rather than with positive ones (Rondón García, 2022, p.68). However, new public policies are being developed aiming to move away from the idea of aging as a negative experience. Instead, these policies seek to make aging a positive

[5] For further information on these initiatives, see in the bibliography: in the case of France, Monalisa (2026) and Ministère du Travail et des Solidarités (2018); in the case of the Netherlands, Ministerie van Volksgezondheid, Welzijn en Sport (2013); in the case of Slovakia, Platforma dobrovoľníckych centier a organizácií (n.d.), and in the case of Lithuania, *Socialinis Receptas [Social Prescription]*(n.d.).
[6] According to Goldman et al., (2026) study and including Spain as it was found out by the research of this thesis.

experience by increasing quality of life and life expectancy. The type of policies that apply this point of view can be broadly classified as active ageing policies, or the more recent term, healthy aging policies. These policies do not necessarily focus on social connection but rather on the quality of aging, which should encompass also the social dimension.

On one hand, *active aging* was defined at the begging of the 21st century by the WHO (2002) as "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age", framing this term under those three pillars (p.12). The health pillar requires health systems to adopt a life-cycle perspective, focusing on promoting health and preventing diseases while providing quality long-term care. The pillar of participation can be considered as a right to remain included in society, it encompasses the opportunity to contribute to society through paid and unpaid activities, according to one's capacities and preferences, participation is regarded as essential for social interaction and "psycho-emotional well-being". Lastly, the security pillar guarantees the "protection, dignity, and assistance" for those who cannot be protected or maintained, this pillar is both an individual and a collective responsibility. Moreover, active ageing policies should be based on intergenerational solidarity and reduction of inequalities. According to these premises, active ageing should not be wrongly understood as personal active actions, but rather they are "socially active ageing processes" where the community and the interaction with it is included in these policies (Rondón García, 2022, pp.76-77). Even though there is not a specific pillar on social connection, participation has been linked to the connection among people, and with the community. However, active aging policies have also been subject of criticism, as it has been argued that these types of policies can promote a narrative of older persons as "unproductive and dependent and hence unaffordable" unless they do not fit the "active" idea (Kesby, 2017, p.376). In this context, the critique that is done is not against fostering the participation of older persons, but on the issue that such participation can be framed by states from an economic point of view. In this view people must remain active, successful and productive so societies can "afford" them, (p.379). Lewis et al. (2020), on their analysis of human rights and older people, defend that participation in active aging can be narrowed down too easily to economic participation, and therefore the concept of participation is not anymore seen form a human rights-based approach. In in this case, they claim that the concept of healthy aging aligns better with human rights standards (p.91)

On the other hand, *healthy aging* is defined as "the process of developing and maintaining the functional ability that enables wellbeing in older age" (WHO, 2020, para.

3) and it is based on fostering the capacities of the people so they still can decide to engage in different activities according to their preferences (para. 4)[7]. In this context the focus on health is not done from a perspective of not having a disease or expecting perfect health conditions, but trying to have the best attainable health possible for the individual, by creating conditions for it, in order to avoid the limiting situations that poor health can pose into the individuals (Lewis et al., 2020, p. 44). Healthy ageing is currently the core of the *UN Decade of Healthy Ageing Plan of Action 2021-2030,* which will be further discussed under the section 4.3.4 of this thesis.

This part has deepened on the possible interventions framework in relation to the quality of life of older people, however both active aging and healthy aging frameworks of policies, do not include social connection as a main area to focus, but they advance into principles where the social aspects are included, this would be useful aspects to consider when analyzing the human rights instruments.

[7] A relation of healthy aging and the Capabilities Approach by Martha Nussbaum is done under the next section.

3. THE PROTECTION AGAINST SOCIAL DISCONNECTION AS A HUMAN RIGHT

The previous section has defined the key terms and has discussed the current prevalence of loneliness, the possible repercussions and current interventions, focusing on the group of people o folder persons and the relevance of focusing on social connection in a context of world population aging. By the end of the section, it was possible to identify few recent social connection policies at national levels, however still social connection can be argued to not be as relevant as its possible consequences require. This next part of the analysis, will move from data analysis and will focus on the interconnection between human rights and social connection mainly by comparing the ideas of human rights scholars on social rights but also on possible rights to protect that social connection. The analysis aims to explore how relevant social connection is under the current legal framework of human rights and whether it can be considered as needed to be protected, always paying attention to older people, when possible.

Human rights protect our most basic needs such as our right to access to water (United Nations. Committee on Economic, Social and Cultural Rights, 2003). Even more, humans are social, humans need connections, and as seen before the inexistence of those connections can have negative repercussions in health. However, nowadays it does not exist a right enacted in any legally binding human rights instrument that, for instance, protects the access to those social connections or, on the other side, that prevents individuals from being involuntarily lonely. Therefor is needed to explore whether human rights should be considered to have a role in this aspect or not.

In order to do this, the analysis will firstly apply a perspective of philosophy of human rights and bring, by first analyzing and comparing arguments from philosophers' and other scholars that have defended, such as Kimberley Brownlee or Henry Shue and that have criticized, such as Onora O'Neill or Rowan Cruft, among others, the existence and relevance of social human rights, understanding the possible limitations of these rights. On the second part of this section, it will be introduced the proposals of some scholars that have defended the existence of rights based on social connection or closely related, focusing on, a right against social depravation by Brownlee (2013; 2020), a possible right of older people to be loved by Liao (2022), and a possible umbrella right, the right to right to adequate social access by Nickel and Brownlee (2022), all of which will, even though Liao does it implicitly, will be analyzed from the perspective of its relation to older people.

3.1. Social human rights, neglected rights?

To begin with, as defined previously, loneliness stems from our sense of lack of meaningful social connections. Among human rights, the term *social rights* are used to categorize those rights that deal with the interconnections and social interests of the individuals (Brownlee et al., 2022, p.1). In the legal framework, social rights were separated from civil and political rights in the two legally binding international covenants of 1966: the *International Covenant on Civil and Political* Rights (ICCPR), and the *International Covenant on Economic, Social, and Cultural* Rights (ICESCR). Furthermore, in 1977, Karel Vasak, human rights expert, introduced a famous classification of human rights into three generations: the first generation comprised civil and political rights; the second generation comprised socio-economic rights; and the third generation comprised solidarity or group rights (p. 29). Scholars and defenders of social rights such as Brownlee et al. (2022) argue that this classification was unfortunate because it creates an illusion of lexical inferiority of socio-economic rights (p. 2). However, it is true that some scholars have conceived the second and third generations of rights to be newer and have subjected them to broader criticism than the first generation (Cruft et al., 2015, p. 23). The following part will outline some of these critiques.

One of the main critiques is that socio-economic rights are overly demanding or fraudulent, and it is unclear who the duty-bearer is in cases where institutions are weak or absent. This is because human rights imply everyone should enjoy them, yet some scholars argue that not every state has the means to enforce them for every individual. Consequently, these rights can appear meaningless (Cruft et al., 2015, p. 24; O'Neill, 2005, p. 435). Another critique is that socio-economic rights are too abstract (O'Neill, 2005, p.428), and there are no straightforward mechanisms to provide goods and services; only "second-order obligations" to ensure they are met (p. 433). Additionally, the concept of the *progressive realization* of rights, as stated in the ICESCR, is another issue criticized regarding socio-economic rights. Due to the idea of progressiveness and the use of the available resources, states could argue that they are not in violation of the Covenant if they do not provide the full enjoyment of those rights to their citizens, as long as they are taking steps toward it (Cruft et al., 2015, p. 27). Building on this idea, it could be claimed that the concept of progressive realization creates the false impression that these are merely goals rather than actual rights (Wellman 2010, p.71). In contrast to this hierarchy of rights, some scholars such as Brownlee, David Jenkins, and Adam Neal (2022), while asserting that due to resource allocation, some type of priorities should be set, they defend shifting from a "civil-political" lexical hierarchy to one centered on prioritizing "basic-rights" (p.6)

Moreover, rights have also been commonly divided into two categories: *negative rights*, which require the duty-bearer to refrain from interfering; and *positive rights*, which require the duty-bearer to take positive action (Nickel, 2007, p. 23). On the theory of the three generations of rights, Karel Vasak (1977) generally associated negative rights with civil and political rights and positive rights with social, economic, and cultural rights. Nevertheless, nowadays, most human rights scholars, including James Nickel (2007, p. 23) and Henry Shue (2020), argue that all rights entail both positive and negative obligations (Brownlee et al., 2022, p.2). For instance, Shue (2020) asserts that every human right carries three types of duties: (1) "duties to avoid depriving", (2) "duties to protect from deprivation", and (3) "duties to aid the deprived" (p.52). This means that all rights require the duty-bearer to take positive actions, such as establishing social institutions to secure them (pp. 53, 59), as well as the negative duty of refraining from depriving someone of enjoying that right (p. 55).

Due to all the previous criticisms defenders of social rights such as Brownlee et al. (2022) argue that there has been a general theoretical neglect of social rights that has affected also human rights in practice as for example that the UN Sustainable Goals 2015 did not include a goal explicitly on the individuals' social interests (p.4).

So far, this part of the analysis has acknowledged the main debates on social rights, from scholars that have defended that they are hierarchically inferior to civil and political ones, to other scholars that have argued that there should be no differentiation and that those critiques and the progressiveness concept have made that social rights have not been taken as serious as they should actually be. Nevertheless, social connection has been acknowledged as a basic necessity of humans under a framework closely related to human rights such as the Central Capabilities as it will be following analyzed.

3.2. Social connection under the Central Capabilities Approach

Defenders of social rights rely on their relevance by indicating that social aspects can also be found advanced in other closely related frameworks, such as in the capabilities approach famously developed by Amartya Sen and Martha Nussbaum (Brownlee et al., 2022, p.4).

In the Central Capabilities Approach (Nussbaum, 2011), *capabilities* are defined as a set of opportunities, or as Sen defines them "substantial freedoms", that people can choose to pursue or not. The "effective realization" of our capabilities is coined by Nussbaum as *functioning.* Therefore, capabilities are opportunities that should be provided to individuals

so they can achieve different combinations of "functioning" according to their desires (pp. 23-28). Nussbaum (2011, pp.33-35) lists ten central capabilities of which most of them can be related to social connection; Brownlee et al. (2022, p.5) identify two of them, *affiliation* and *emotions,* as explicitly social. *Affiliation* relates to the possibility of living with others and towards them, as also being able to show concern for them, interact in different forms and even having the possibility of imagining situations with others (Nussbaum, 2011, pp. 33-35), this capability can be said to give opportunities for individuals to connect socially with each other. It could be defended then that a person that has no one to interact with will not be able to have a functioning if that is their desire in terms of social connections. Other capabilities include, the central capability of *Emotions* which develops further on this social connection, as *emotions* consist of: "being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence (…)" (pp. 33-35), this capability establishes a freedom to the individual to both care and love and be loved and cared for. Moreover, Browlee et al. (2022) also identify several other capabilities as implicitly social, such as: "*senses, imagination and thought, other species; play;* and *control over one's environment*" (p.5). Of these ones, according to their definition *other species* can relate to the social connection through animals, not necessarily a specific human connection and *play* if it's with others is another way of socializing. Furthermore, in this case, even if not mentioned as social on the analysis of Brownlee et al. it could be argued that the capability of *bodily health* is also closely related to social connection, because as seen previously the lack of it is a major health problematic and can also work on a bidirectional state, when not having bodily health can lead people to loneliness[8].

It is important to note that, as they indicate, contrary to the beliefs of other scholars, Sen and Nussbaum argue that governments should not try to ensure that everyone attains a specific functioning. For example, regarding health, they argue that governments should not pursue policies that promote a specific healthy lifestyle, as this would promote a specific functioning. Rather, their argument implies that capabilities should be promoted in a way that everyone can decide how to achieve good health, with all possibilities available. However, for them the only limitation should be that governments should not give the option to people to be treated with disrespect or humiliation (pp. 27-28).

The capabilities approach can be linked to the healthy aging concept that was discussed in under Section 2.5 of this thesis. As indicated, healthy aging aims to promote

[8] As seen in the previous section () that having an unhealthy state can also relate to higher prevalence of loneliness.

the capabilities of the persons to the best attainable health situation. Therefore, it could be said that taking the healthy aging policies from this perspective could be proposal to re-think the dimensions in which healthy ageing is based, including social connection under such dimensions. The central Capabilities Approach can, therefore, create a stronger link between social connection and human rights if seen from such perspective. However, social connection is not regarded as a right to be defended under the human rights framework, nevertheless in the next section it will be outlined some of the proposals that had been developed under the human rights scholarship in with they rely on similar bases as the capabilities approach.

3.3. Can social connection be a human right? Social rights' related proposals.

Some scholars have defended the need for diverse rights that are closely linked to the proposal of a right to social connection. The ones that will be following analyzed are the "right against social depravation" of Brownlee (2013; 2020), the "right of older people to be loved" by Liao (2022) and the "right to adequate social access" which can be said to cover different social rights together, proposed by also Nickel and Brownlee (2022).

3.3.1. The right against social depravation

To begin, Kimberley Brownlee (2013; 2020) defends the necessity of a human right against *social deprivation.* Based on this right, Brownlee (2013) argues that individuals should have a "human right to those conditions that are necessary for the realization of a minimally decent human life" (p. 200). This idea draws on Nickel's (2007) analysis of human rights, who maintains that human rights should be seen as minimal standards that protect our ability to live minimally decent lives.

However, Browlee (2020) criticizes some perspectives of the work of Nickel and other philosophers, such as Shue, arguing that they have neglected the importance of social needs in understanding them as a standard for a good life (p. 44). While Nickel (2005) asserts that socio-economic human rights should attempt to address the worst economic problems (p. 386), Brownlee (2020) dissents, arguing that this approach diminishes the importance of our interpersonal needs, and argues that even individuals in good economic conditions can be socially deprived (pp. 44-45). Brownlee claims that a right against social depravation would create a positive claim for every individual to a "minimally adequate access to decent social contact". However, this right will not guarantee that such contact will be the most loving one, but rather, ensure that each person has the "opportunity" of accessing such relationships (pp. 50-51).

Considering Brownlee arguments, social deprivation can appear in three different forms, which are: "(1) *coercive social isolation*; (2) *incidental social deprivation*; and (3) *persistently brutal or degrading social contact*" (p.40). All of them can be related to a possible situation of unwanted social disconnection in older people. For instance, "coercive social isolation" is generally related to situations where individuals are deprived of liberty, such in prison, however still coercive social isolation can happen in other cases, as for example, in caregiving centers for older people (p.40). In the case of incidental social depravation, this situation can appear in two ways, which are: on one side, a long-term situation that the person cannot escape or, on the other side, a fractured social contact, when, even if the contact is decent, is infrequent. Therefore, Brownlee reinforces the notion that social deprivation is not necessarily being in isolation, but it can happen even with social contact[9]. For instance, she indicates how incidental depravation can be seen in an "physically impaired, older widower whose spouse filled her social diary and who now lives alone and cannot get out of the house without help", furthermore, it could be imagined then than this person receives home care but with a different care giver each week, this involves a fractured contact because is always "starting over socially" (p.41) Finally, a situation of "persistently brutal or degrading social contact" can also relate to older people, as for example, on a situation of a victim of domestic abuse (pp. 42-43).

Furthermore, Brownlee argues that the right against social deprivation has both civil-political and socio-economic aspects to it. For instance, she claims that from the perspective of human rights law, a right against social deprivation would not be considered socio-economic because it does not give material or economic benefits, it would rather be considered a political right protecting "against cruel, inhuman, and degrading treatment". Even more, in the case of incidental social deprivation, when it comes from a deliberated negligence, it could be considered also inhumane and cruel treatment. Therefore, our right against inhumane treatment would be violated. Moreover, Brownlee also maintains that a right against social deprivation is a pre-condition to enjoy other rights such as the right to peaceful assembly or the right of freedom of expression, because they are interpersonal rights. Therefore, all the above, shows, according to Brownlee arguments, that the right against social depravation is interwoven with other civil and political rights and it represents an example of a right that dissolves the separation between civil and political rights and socio-economic (p.53). Establishing therefore no hierarchy or separation

[9] As discussed in section 2.1 above.

between socio-economic and civil and pollical rights, as already defended by her and analyzed on the previous sub-section[10].

Having outlined the main premises of a possible right against social deprivation, the next part will focus specifically on older people and their possible right to be loved.

3.3.2. The right of older people to be loved

While the claim of Browlee does not distinguish between ages, S. Matthew Liao has defended the right to be loved of specific groups, on one side he had defended the right of children to be loved[11] as a right that is already implicit in human rights instruments and has further develop this to defend that old people should also have a right to be loved (Liao, 2022). He argues that old people are in major risk of harm is they lack love and emotional support and bases his justification on scientific evidence reflecting of the possible health consequences that lack of emotional support can have for older persons (pp. 114-117), similarly to the interconnection that has been done in this thesis under section 2.1

Liao's theory is based on the idea that love is an essential condition to pursue a good life. He defends that human rights should protect the fundamental conditions for a good life, these conditions for him are the basic valuable activities that are important for human beings (*qua human beings)* due to the fact of being human beings, however a good life will not need all of this activities to be a good one but a good life cannot exist without them However, no condition can guarantee that an individual has a good life, but they should have the conditions to pursue it (pp. 110-112). It could be argued then, that Liao's reflects on the Central Capabilities Approach of Nussbaum (2011) that was analyzed before, nevertheless Liao defends that his approach is different because some rights such as status rights cannot be explained by having the opportunity or not as Nussbaum defends. Liao uses the example of the right to be recognized as a person; he defends that having the opportunity to be recognized everywhere as a person against the law is not something that an individual decides to have or not. In contrast, Liao defends his theory that is based on what we need as humans for the reason of being humans and that we should have due to this, not only an opportunity to reach it but the guarantee of having it (pp. 112-113).

On the question of who has the duty, for Liao everyone has the responsibility as duty-bearers of these rights, but there are some conditions, not everyone has the same responsibility as there are primary duty-bearers, as those directly responsible for the support

[10] See previous Section 3.1 on social rights.
[11] For a fuller analysis on the right of children to be loved as a human right, see Liao (2015).

of a specific individual (according to criteria such as proximity, ability, and motivation)[12], and second associated ones, that help the primary to discharge (p. 117). Furthermore, his argument against a critique on the scarcity of resources, he defends that the duty arises up to sacrificing the "*surplus conditions*" of the duty-bearer, he defines these surplus conditions as "goods, capacities, and resources that are not necessary for pursuing the basic activities". Liao argues that morally a person can sacrifice that surplus in other to give love, but it should not be asked to sacrifice their own fundamental conditions to pursue their good life (p.119-121). Even more, he indicates that not every older person would need this love; the right arises for those who are not being able to organize socially for themselves (p.117). The right to be loved has also critiques; Cowden (2012) argues that is not a right that could be claimed. She criticizes whether 'love' should be used as "object of a duty as loving is not an action but a reason for action" even though this critique was done focusing on the idea of love for children as a right, some of the critiques are focused also on the idea of the right to love as a general concept.

Having outlined the main ideas of the right of older people to be loved, the last section will deal with the right to adequate social access.

3.3.3. A right to adequate social access

The previous mentioned rights such as a right of older people to be loved (Liao, 2022) and a right against social depravation (Brownlee, 2013; 2020) can be included with others into a collective claim of a *right to adequate social access*, as proposed by Nickel and Browlee (2022). They critique that this right has been morally and legally neglected even though our need for company and our duty to care for others, such as our family, have been historically acknowledged (p. 289). A right to adequate access can be divided in two parts, a part of not being excluded and a part of securing genuinely social access, as mentioned before, a non-fractured one (p. 288). Reflections of this right into instruments can be advanced by *social participation rights*, which include *interactional rights* and *contributory rights.* In a summarized way, interactional rights would require having adequate access to social relations, to be acknowledged by them in a way, if necessary to feel belonging and even require a diversity of relations (Brownlee, 2022, p.74; Nickel & Brownlee, 2022, p.298), in the case of contributory rights they are based on the interest of the individual to feel valuable to others (Nickel & Brownlee, 2022, p.298). Often, our capacity to contribute to others is neglected, Brownlee relates this contributory rights back

[12] For a fuller description of such criteria see Liao (2015).

to the right against social depravation (Elizabeth Barry, 2018, 11m 03s), defending that when people are socially deprived, incidentally or coercively, as can be in the case of older people, they do not receive social connection but neither they can socially contribute to others and therefore they can't feel valuable to others (14m 05s). Considering her argument, she defends that this can happen also with under the prejudices that are created towards certain groups of people, one of the examples are children who are though that due to their age they cannot give support or care in anyway (15m 49s), but this can also be related to older people and the prejudice that they do not have the abilities or capacities. Furthermore, research have found that the feeling of not mattering to others can be said to be widely linked to feeling loneliness and to self-report chronic loneliness, while on the other edge feeling valuable can be part of loneliness mitigation as it constitutes a way of social support (Flett, 2026, pp.148, 151).

To summarize, this part of the thesis has examined the concept of social rights, its critiques and its possible relevance under other frameworks such as the capabilities approach, furthermore it has demonstrated that even though social connection is not regarded as a right, some scholars have defended the existence of rights closely connected to social connection. Moving to the next part, this thesis will now move to the doctrinal and document content analysis relying on human rights instruments, in order to understand if social connection is a neglected aspect or not under the protection of older people in human rights.

4. SOCIAL CONNECTION UNDER THE OLDER PERSONS' HUMAN RIGHTS FRAMEWORK

As has been discussed in the previous chapter, there is no human right against loneliness or social deprivation, as Brownlee (2013; 2020) has defended, set out in any human rights law instrument. Based on the research done in the section 2.3 of this thesis regarding the current global state of social disconnection and its potential consequences, this thesis has demonstrated that social disconnection is a relevant issue that can affect anyone, which has proven negative consequences for health and that, up to date has not been addressed enough from governments and institutions. Even more, the research has also provided evidence of the future relevance of the study of social disconnection in relation to the expected aging demographic shift. Additionally, based on the research done in the section 3, this thesis has aimed to situate social connection as a topic under human rights, and it has been acknowledged that socio-economic rights have been more debated under the human rights scholarship than civil and political ones. However, this thesis has also demonstrated that social aspects can be considered a basic part for individual development and has presented several scholarly proposals which have advanced into social connection as a possible subject to be defended under a human right.

Taking all the previous analysis in consideration, this next section will aim to understand if social connection is currently present or not under the human rights framework, focusing on the rights of older people and in which ways can be said that this framework can guarantee social connection for such group. With the purpose of analyzing this interconnection, this study will previously examine the current state of older people' rights. Nevertheless, a broader analysis of older people's rights could be the subject of another study due to its relevance.

The following sections will first make an analysis of the main international and regional documents and developments relating to older people's human rights. Second, establish an analytical framework focusing on social connection and its different dimensions, that will be used as a guide. Third, such a framework will be utilized to analyze how social connection and the protection against loneliness and social isolation intersect with the rights of older people under the current established instruments. Lastly, this same framework will be used to analyze the state proposals for the UN draft on the convention on the rights of older people.

4.1. An outlook on the protection of older persons rights under the international human rights framework

The rights of older people have not been specifically addressed in the UN human rights law system, however, the human rights of other groups, considered vulnerable, have been protected by specific Conventions, such as the rights of children, women, and people with disabilities, among others (Huenchuan & Rodríguez-Piñero, 2011, p.25; Kohn, 2025, p.1324).

Older people are not mentioned directly in any of the documents that comprise the Bill of Rights. The only exception is Article 25 of the *Universal Declaration of Human Rights* (1948) (UDHR), which states the right to an adequate standard of living and security in the event of old age (Huenchuan & Rodríguez-Piñero, 2011, p.27). Despite, protection for older persons can be said to exist indirectly, as Article 2 of the UDHR recognizes all rights equally and without discrimination as follows: "Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status". In this case, it can be observed that even if age is not specified as a factor of discrimination, it can be said to be included in the parts of "without distinction of any kind" and, on the basis of "other status"; an observation that can be extended to the ICCPR and the ICESCR (Martínez Ques, 2015, p.1085). The prohibition of age-based discrimination was included for the first time in Article 11.1 (e) of the *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW) (1979), which stresses the access to social security subsidies for women without discrimination of any type, including old age[13] (Huenchuan & Rodríguez-Piñero, 2011, p.27).

The non-existence of an International Covenant regarding older persons rights does not necessarily entail that the protection of this group has not been relevant in human rights law, as several international and regional instruments apply implicitly for older persons (Huenchuan & Rodríguez-Piñero, 2011, p.25; Kohn, 2025, p.1324), these include rights such as "housing, health, mobility, social and cultural participation, financial independence and decision-making" (Lewis et al., 2020, p.39). Furthermore, the *Convention on the Rights of Persons with Disabilities* (CRPD) (2006) has been considered an important source of protection for older people, especially for those with impairments that could be considered

[13] Article 11.1 of the CEDAW stresses that "States Parties shall take appropriate measures to eliminate discrimination against women in the field of employment (…)" especially for several rights, including, as stated on its point (e): "The right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave".

a *disability* under Article 1 of the CRPD[14]. One of the major contributions of the CRPD, which has been also regarded as beneficial for older persons' protection, is its shift from a medical model to a social model approach towards people with disabilities. This shift focuses not only on the health-related issues of having a disability, but also the societal barriers that create discrimination towards this group of people, therefore, the social model also focuses on creating inclusion, an approach that can be appropriate in the case of older persons rights (Lewis et al., 2020, pp.53-54, 61). However, factors that can create vulnerabilities for older people do not necessarily imply having a disability. Taking into mind the main issue of this thesis, as previously analyzed in section 2, situations of loneliness or social isolation can also create vulnerabilities for older people. Furthermore, combating ageism is not the same as combating disablism, even if they can be connected, and the mere assumption of older people having an impairment can be considered an ageist attitude (Harpur, 2016, pp. 1152-1153). Therefore, the rights implicitly granted for older people under the UN treaty-body instruments, such as the CRPD, do not provide an adequate protection for them, as these documents do not address specific situations of older people, or how their rights are violated, such elder abuse or ageist attitudes (Lewis et al., 2020, pp. 39, 55).

Moving beyond the UN system, two specific binding documents for the protection of older rights can be found under the regional human rights law framework: the *Inter-American Convention on Protecting the Human Rights of Older Persons* (hereinafter "Inter-American Convention") (2015), currently ratified by twelve states of the Organization of American States, and the *Protocol to the African Charter on Human and People's Rights on the Rights of Older Persons in Africa* (hereinafter "Protocol to the African Charter") (2016) currently ratified by seventeen states of the African Union. These documents deal directly with older people rights and will be analyzed more in depth in the under the section 4.3.1 of this thesis.

Within the European regional framework, there is no specific document dealing with the rights of older people, despite this, specific mentions can be found in other instruments. Firstly, it is relevant to indicate that the European region presents an extended protection in relation to age (Lewis et al., 2020, p. 128), as age has been included as a basis for discrimination under Article 19 of the *Treaty on the Functioning of the European Union* (2007) and under Article 21 of the *Charter of Fundamental Rights of the European Union*

[14] Article 1 of the CPRD defines persons with disabilities as: "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

(2000). Even more, the Charter also includes a specific article on "the rights of the elderly", Article 25, calling for the protection of a dignified and independent life for older people. Additionally, within the Council of Europe framework, the *European Social Charter (revised)* (1996) includes on its Article 23 the right to social protection of elderly persons, an article expressed in very broad terms, (Pajuste, 2020, p.185) which, however, has been later clarified to also include under this social protection the protection against age discrimination (European Committee of Social Rights, 2021).

Having indicated the resources under legally binding instruments, it is relevant to note that special attention has been given to older persons through soft law instruments and mostly these rights have been framed as policies (Pajuste, 2020, p.185). For instance, general comments have clarified the enjoyment of rights stated in conventions, including those held by older persons. These include *General Comment No. 6: The Economic, Social and Cultural Rights of Older Persons* (1995), adopted by the Committee on Economic, Social and Cultural Rights, and *General Recommendation No. 27 on older women and protection of their human rights* (2010) (hereinafter General Recommendation No. 27), issued by the Committee on the Elimination of Discrimination Against Women. Other types of soft law instruments include the *United Nations Principles for Older Persons* (1991), which were adopted by the United Nations General Assembly (UNGA). However, due to their non-binding nature these principles have been argued to be rather aspirational (Lewis et al., 2020, p.57). These Principles stemmed from another soft law instrument: the *Vienna International Plan of Action on Ageing* (hereinafter "Vienna Plan") (UN, 1982) enacted after the First World Assembly on Aging in Vienna. Furthermore, the Second World Assembly on Aging, which took place in Madrid, was followed by the *Madrid International Plan of Action on Ageing* (MIIPA) (2002). This action plan is especially relevant as it contributed to follow-up with the development of older people rights under the regime of the UN, thereby the Open-Ended Working Group on Ageing (OEWGA), was created by the UNGA in 2010 (Lewis et al., 2020, p. 58). The Working Group was established to assess the effectiveness of the human rights framework and its possible gaps in relation to older people. The OEWGA concluded its mandate in 2024 after fourteen sessions, however, as it will be later indicated it paved the way for the creation of new instruments and fill the current gaps. Lastly, another relevant UN mandate in this context is the mandate of the Independent Expert on the enjoyment of all human rights by older persons, adopted by the UN Human Rights Council in 2013. The independent expert has made significant advancements in incorporating older persons' rights into the agenda, for example, under the mandate of Claudia Mahler (2021), the independent expert introduced the concept of

ageism as discrimination based on age, a concept that cannot be found in any international convention.

Lastly, with the purpose of addressing the gaps in the protection of older persons' rights, the above-mentioned OEWGA considered the creation of an international treaty as one of the recommendations to fulfill those gaps. At the time of writing this analysis the UN has already moved forward on the drafting of this document, on April 4, 2025, the United Nations Human Rights Council (UNHRC) adopted resolution A/HRC/RES/58/13, establishing the IGWG on older persons to prepare a draft UN convention on the human rights of older persons. In this resolution, the UNHRC emphasized the growing importance of the rights of older people and the need to address an aging population. Due to its relevance in other to extend the human rights protection for the group of older people, this analysis will also assess social connection in the context of the drafting of such declaration under section 5.

The previous analysis has grasped into the current state of older people rights; however these examples are non-exhaustive, it is important to note that several other documents, generally non-binding ones, can be found in relation to these rights, including, but not only: Declarations, Draft Conventions, Reports and Policy Papers, from the UN, regional institutions and NGOs, among others[15]. Moving now to consider social connection and the analysis done under the sections 2 and 3 of this thesis, the next parts will be assessing the relation of social connection and the human rights instruments for older people, including the new proposals for the possible UN Convention on those rights.

4.2. Framework of analysis

Before proceeding with the main analysis, on this section it will be discussed the framework that will be used when analyzing, in the later sections, the previous mentioned human rights instruments in relation to older people rights and the state inputs for the future convention. In order to establish this framework, the previous analysis done, in relation to social connection and social disconnection and its interventions, in Part 1, and the social human rights, in Part 2, will be critically applied.

[15] A compilation of documents relating to Older Persons human rights is available in a word document of The Global Alliance for the Rights of Older People (2025), furthermore a not updated but broad and comprehensive compilation can be found in Doron & Mewhinney (2007).

1. The first issue of content analysis will focus on whether it can be found under the texts, specific rights (or proposals of those in the case of the inputs), on social connection, that can relate in some way to the ones that have been proposed by scholars, as the ones that have been previously analyzed, such as a right against social depravation, a right to be loved or a right to adequate social access. However, the previous research done on social connection as part of human rights gives hints of the possible outcomes, that such rights might not be found under the existing documents. Nevertheless, it is relevant to know if this aspect is being included as new proposals in the case of the inputs for the Convention. If explicit rights are not found, as it is the possibility, the analysis will focus on direct mentions of the terms: social connection, social disconnection, loneliness and social isolation, or closely related ones. In this case it will be assed what is the purpose of the text when including those terms and their relevance.

Next, the analysis will move to other factors that can indirectly contribute to foster social connections. These factors will be now explained, and its selections rely on the analysis done in the previous sections. The main factors will be:

2. Participation. Under human rights law, participation has been mainly framed in two ways. On one side, as a "right to social and cultural participation" (Lewis et al., 2020, p.52), as stated in Article 15 of the ICESCR (1966), which establishes the duty of states to protect and promote the right to take part in cultural life. On the other side, the right to participation has also been recognized as a civil and political right in relation to political participation (Brownlee, 2022, p.79), such as the right to vote and participate in public affairs as recognized under Article 25 of the ICCPR (1966).

   However, participation in the context of social connection needs to be thought of furthermore than political participation or participation in cultural life. As defined in Section 1 of this thesis, social connections are about interactions with each other. Under the proposal of a right to adequate social access, Nickel and Brownlee (2022) have also defended social participatory rights as part of such rights. Relying on their work, social participation includes two dimensions: contributory rights and interactional rights. Taking this point of view, social participation should be then expressed as an exchange, both contributions from the individual and furthermore, the possibility to interact with others. Moreover,

participation is related as one of the pillars of active aging, nevertheless, taking in to account the critiques to this type of policies, participation should not use a reductionist approach of older people as "needed" to be active for society but rather as an opportunity to do so. Based on these premises, participation will be analyzed from a perspective of social participatory rights.

3. Social health. Another aspect to consider is social health, in this regard, the right to the highest attainable standard of health is protected under article 12 of the ICESCR. Additionally, the concept of healthy ageing is also based on the idea of achieving the best possible health conditions so that opportunities are not limited by health. However, to add social connection into social health, a right to health need to be thought beyond the physical dimension and include also the social dimension to health. As it has been recently elaborated, and previously mentioned, the WHA (2025), through resolution WHA78.9 has recognized social well-being as a dimension of health that has been historically overlooked. In this respect, under the content analysis attention will be focus on to whether health is considered to include such social dimension or not.

4. Care. The last dimension where the analysis will focus on social connection is care (including long-term care). Care in this case moves from the idea of solely healthcare; care in this perspective is seen as acknowledging the other, is closer to the perspective of a right to be loved as proposed by Liao. Even more, is also related to the capabilities approach of Nussbaum (2011), under which the capability of Emotions also considers that individuals should be "able to have attachments to things and people" and "to love those who love and care for us" (pp. 33-35). Even more, in the case of long-term care, it has been acknowledged that access to it care is considered an essential part of aging policies, as seen through the active and healthy aging policies concepts. However, older people living in institutional settings have been found to present a higher risk of suffering from loneliness (Susanty et al., 2025, pp. 6-7). Even home-based long-term care can also be related to loneliness feelings, for instance, a study conducted in Lithuania among older adults that were receiving long-term home care services (Česonienė et al., 2026), reported that 43.2% felt lonely even having home care services. Even though this study is not a sample that can be translated to the whole population, there is an important conclusion that can be retained: that long-term care and home-care services should focus also on the

psychosocial aspects of the individuals. Therefore, this type of services should be also based on socially caring and framed from a social connection perspective. Under this dimension focus will be made into approaches to care and inclusion of social perspective into long-term care.

Additionally, to these factors is important to take into consideration that other rights should also exist in order to protect rights such as social participation, as Brownlee (2022) indicates, social participation cannot be reached if for example the right against discrimination or rights that protect us from situation of poverty and homeliness are not protected. Even more in the case of older people, protection against age discrimination has not been fully acknowledged under the current international human rights framework, and its recognition is imperative for the enjoyment of other rights. Moreover, other principles, such as dignity and inclusion should also guide these rights. Another important factor is the inclusion of intergenerational solidarity within those rights. However, this analysis will not be focusing on these aspects specifically, just in cases when it is regarded as specifically relevant to social connection under the instrument or input analyzed. Future research could be done in respect of these other principles.

By applying this framework of analysis, the next sections will do an assessment of the protection of social connection under the current older persons' human rights instruments and the proposed inputs for the draft on a international covenant on the rights of older people.

4.3. Is social connection protected under the older people's human rights framework?

Previously, the current state of older people's rights was analyzed outlining some of the most relevant instruments under human rights law. The next part will reexamine these instruments and analyze them using the aforementioned framework to understand their approach to social connection. Firstly, the two regional binding documents, the Inter-American Convention and the African Protocol, will be reviewed. Then, the analysis will address soft law instruments related to older people's rights, followed by other relevant legal instruments and policy-oriented frameworks on aging and social connection.

4.3.1. The Inter-American Convention and the African Protocol

The Inter-American Convention (2015) firstly recognizes few social aspects as guiding principles on Article 3, the contributory role of older persons in society (para. b), participation and full inclusion in society (para. e) and well-being and care (para. f).

The inter-American Convention includes several articles related to combating isolation, such as Article 4, which states the general duties for states and includes the obligation to "adopt measures to prevent, punish, and eradicate practices that contravene this Convention, such as isolation, abandonment (…), or that constitute mistreatment or cruel, inhuman, or degrading treatment or punishment that jeopardizes the safety and integrity of older persons"[16]. This obligation is also reflected in Article 6, "Right to life and dignity in old age", which emphasizes that states must take steps to ensure the dignity of older people and avoid their isolation from private and public institutions. Furthermore, Article 7, "Right to independence and autonomy", paragraph (c), also includes the prevention of isolation from the community. Hence, the term isolation in these cases is not directly expressed as social isolation. Even more, in relation to the objective state of being alone Article 24 stresses out that policies should address the specific needs of older people, especially those living alone, to support them in relation to the housing system.

In relation to participation, the Inter-American Convention recognizes it not only as a guiding principle, but also as a specific right under Article 8, "Right to participation and community integration", which states: "older persons have the right to active, productive, full, and effective participation in the family, community and society with a view to their integration". Even more, paragraph (a) expressly addresses social inclusion, and paragraph (b) aims to promote intergenerational solidarity. Lewis et al. (2020) have stressed the relevance of this right, as the only right under a multilateral human rights treaty that in some way covers social inclusion (p.100) Even more, they have pointed out that comparing it to the ICESCR, Article 8 of the Inter-American Convention arguably provides broader protection in terms of social inclusion and participation. While the ICESCR recognizes the right to participate in cultural life under Article 15, it lacks a detailed participatory right as Article 8 (p.84). Both Articles 7 and 8 are relevant to social connection because they focus on older people's access to community services and their capacity to participate in the community without discrimination, being possible measures to prevent social isolation and increase social connection. Other articles that could be regarded as social participation could dull under Article 21 "right to culture" and Article 22 "right to recreation, leisure, and sports", impulse those activities that could be said to impulse inclusion into the community and social connection and interaction, even more Article 22 indicates that the

[16] Under the analysis of Brownlee (2022) social depravation can be considered as inhumane and ill treatment, however this is not framed exactly in this perspective under Article 4.

development of these leisure activities should focus also on those people receiving long-term care[17], therefor including a social aspect this type of care even if it its indirectly.

Paying attention to social health and care, Article 12 deals with the "rights of older persons receiving long-term care". While Article 12 is not a right to long-term care per se, it entails the right to access to "comprehensive care" and the adoption of "mechanisms to ensure that the initiation and conclusion of long-term care services" "subject to an indication by the older person of their free and express will". This right promotes social interaction as it indicates that the framework of long-term care should consider "promote older persons' interaction with their family and society" (Art 12. c. iii.). Moreover, in term of health Article 19 "Right to health", indicates that states shall implement health policies which promote enjoyment of "highest level of physical, mental and social well-being", thereby including social health, even more, paragraph (b) of such article also includes fostering healthy ageing policies.

Having analyzed the text, even though the Inter-American Convention does not include a specific right on social connection or against social deprivation per se, Article 8 is quite relevant for participation and social inclusion, even more, social health is considered as a dimension of health and is reinforced under the right to long-term care.

Moving now to the other binding instrument, the Protocol to the African Charter (2016), offers a more limited protection on these aspects. No mentions of social health or social connection can be found in the text. Older care is present in Article 10 and Article 11 where the Protocol to the African Charter encourages states to take policies to support families and communities to care for the older people and for home-care and residential care, a right to long-term care is not present under this convention. Furthermore, the Protocol to the African Charter, in terms of participation includes on Article 5 "right to make decisions" the protection to express their opinions and "participate in social and political life" (art 5.3) and active participation in Article 17 the right to "participation in programmes and recreational activities"[18]. However, there is not a right solely on participation as it can be found in the Inter-American Convention. Furthermore, the Protocol to the African Charter includes "Duties of older persons" (art 20) which can be

[17] Article 22 of the Inter-American Convention states as follows: "States Parties shall promote the development of recreational services and programs, including tourism, as well as leisure and sports activities, taking into account the interests and needs of older persons, particularly those receiving long-term care, in order to improve their health and quality of life in all respects and to promote their self-fulfillment, independence, autonomy, and inclusion in the community".

[18] Article 17 of the African Protocol can be read as follows: "Parties shall develop policies that ensure the rights of Older Persons to enjoy all aspects of life, including active participation in socio - economic development, cultural programmes, leisure and sports."

said to be of contributory rights, as it establishes that the older persons have duties of knowledge sharing and "inter-generational dialogue and solidarity" (art. 20. 1) towards the family and communities, therefore they are contributors to the society, however it could be argued that this contribution should be two-sided, while this article poses attention on the role of older people it does not establish the duties of the rest of the society towards this dialogue and interaction. These duties, however, can be said to be stated indirectly through the instrument, but expressed as duties of support or care.

4.3.2. International soft law instruments.

In the following paragraphs, the analysis will focus on the UN soft law instruments, as, already mentioned, no binding document can be found under the UN in respect to older people. In the case of General Comments, the General Recommendation No. 27 (2010) of CEDAW, identifies loneliness and social isolation as possible socio-economic problems that can lead to discrimination against older women (para. 12).

Moving to other UN soft law documents, the UN Principles for Older Persons (1991) state independence, participation, care, self-fulfillment and dignity as principles that older persons should enjoy. Under the principle of participation, it includes that older people should remain integrated in society and participate in policy framing and knowledge sharing (para. 7) as well as being able to have opportunities as part of the community or volunteering (para. 8). It could be argued that this principle, though, represents a narrow understanding of the concept of participation (Lewis et al. p.87). Additionally, under the principle of care, it states that older people should be able to have family and community care (para. 10) including the protection of their "mental and emotional well-being" (para. 11), however it is not expressly addressed as social care.

Focusing on the two main policy-oriented documents enacted after the two World Ageing Summits. Firstly, the Vienna Plan contained in the *Report of the World Assembly on Aging* (UN, 1982), firstly it does not present a general issue of concern in relation to social connection. The Vienna Plan however stresses the relevance of the population aging.

Under the Vienna Plan, participation is conceived under the general recommendations as necessary for self-fulfillment and for contribution into the society, which is regarded as community participation, volunteer, religious activities, recreation among others, and political participation (para. 31. (j)). However, Lewis et at. (2022) defend their analysis that this perspective can be somewhat stereotypical, kind of implying that the life of older persons should "focus on leisure activities and family and community

service" (p.86). Additionally, it includes under the areas of concern "Health and nutrition", where it is acknowledged that the care of older people should move beyond the thought of only diseases considering other factors and its interdependence such as "the physical, mental, social, spiritual and environmental factors" (recommendation 2). Attention is drown then in using healthcare also as support and prevention of social isolation, furthermore it also indicated the need to care by health and social services of those vulnerable people such as the very old with less mobility (recommendation 4), Even more, the Vienna Plan considers the necessity of balancing between the duties of family and community, and the institutions when providing health care (recommendation 5) (pp. 61-62).

In the case of the *Madrid International Action Plan on Aging* (MIIPA), under the objectives stated by the MIIPA, a specific objective dealing solely with social connection or disconnection could not be found. Indirectly some objectives contain certain protections towards it, for instance it stresses technology and the access to education to bring people together and as way to reduce loneliness (para. 38). In relation to older migrants, one of the proposals is to encourage their social networks (para. 34 - a). Additionally, in other cases, it establishes that it is relevant to note that there are older people, such as in rural areas that might live in isolation (para. 96).

The MIIPA includes active participation as an issue, acknowledging that older people are contributors to the society in different aspects in which are also included non-economic ones and caring for others (para. 19)[19]. One of the objectives in this regard is the "recognition of the social, cultural, economic and political contribution of older persons" (para. 21) in which point (j) includes combating social isolation through civil and cultural participation. Intergenerational solidarity is also stated as an issue and is seen as necessary for social cohesion (para. 42), even more, the MIIPA establishes under the objectives a "mutual, productive exchange between the generations" (para. 44 point (c)). This can be seen as an exchange in which both parts interact and contribute to each other's socially.

In relation to health and care, the MIIPA emphasizes paying attention to the possible dangers of social isolation and mental health issues and recommends the necessity of

[19] Paragraph 19 under the Issue 1: *Active participation in society and development* indicates that "They often play crucial roles in families and in the community. They make many valuable contributions that are not measured in economic terms: care for family members, productive subsistence work, household maintenance and voluntary activities in the community."

supporting groups and programs to promote active participation (para 67, e). Even more, it mentions social isolation can be combated through civil and cultural participation (f).

Lastly, it is important to note that the MIIPA gets reviewed every five years and had four follow-ups reviews which could be an open policy window in order to acknowledge and update it according to current aging necessities, however those reviews are not being assed under this analysis.

4.3.3. Other human rights instruments

Other earlier documents, that were not indicated before but that also relate to older persons rights and that will be included in this part mainly due to its provisions or mentions relating to social are for instance: The Kuwait Declaration on the Rights of Elderly - An Islamic Perspective (1999) which, on its point seven, stresses the duty of relatives, neighbors and companions to visit elders, when sick and even if not sick with the purpose of relieving their loneliness. And another document is the Recommendation No. R (94) 9 of the Council of Europe Committee of Ministers Concerning Elderly People (1994) which established participation as a principle that also contributes to fighting against loneliness, furthermore, also establishes as a guiding principle combating social exclusion**.**

Furthermore, the research identified other documents that, although they do not directly address the rights of older people, were considered highly relevant to the field of study of social connection, and will be now indicated

On one side, in the region of America, it has been analyzed before the Inter-American Convention, other policies towards loneliness were not found, however, an important Advisory Opinion links can be linked to social connection through the dimension of care of older people. In his aspect, the Inter-American Court of Human Rights (hereinafter Inter-American Court) recognized the existence of the *right to care* as an autonomous right within the American Human Rights Convention, in its Advisory Opinion AO-31/25 on June 12, 2025 (para. 112). The Inter-American Court recognizes that care constitutes a “basic, inevitable and universal need on which both human existence and the functioning of society depend” (para. 48). Additionally, the Inter-American Court indicated that the right to care encompasses “the right to be cared for” (para. 116), “the right to care for others” (para. 117), and “the right to self-care” (para. 118). This right is based on the principle of co-responsibility (para. 119), as well as on the principle of solidarity (para. 120) which establishes that the duty of caregiving and to support those are caregivers is a

shared responsibility between the individuals, their families and the rest of society including the state, businesses, civil society and communities (para. 119-120).

On the other side, under the European Union framework, the research done could not find a specific legislation against loneliness in general or specifically aimed towards older people. Nevertheless, a recent opinion from the European Economic and Social Committee (2025) brought up loneliness with the aim of promoting public policies at the EU level to combat it (para. 1.1). On this opinion, while stressing that loneliness can affect everyone, it indicates that is a collective problem and stresses vulnerable groups including older people (para. 2.4). The Committee opinion therefore links intrinsically loneliness with the demographic aging challenge and stresses that loneliness should be included as part of a European strategy for older persons.

4.3.4. UN Decade of Healthy Ageing

In this last sub-section, some current relevant policy documents will be highlighted that can be helpful for the study of social connection in older people. The recent years have had an uprising into policy windows of social policies about older persons, as it has been already indicated before, the UNGA on its Resolution 75/131 adopted the *United Nations Decade of Healthy Ageing 2021-2030* lead by WHO. The UNGA recalls on the MIIPA 2002 Declaration (para. 1) and the 2030 agenda of Sustainable Development (para. 2) when establishing the Decade, therefore recognizing the work that has been done previously in relation to aging policies and its relevance. This initiative, could be said to be one of the first where social connection appears as an area of action itself, even though is regarded as a secondary part to it. The main four areas of action of the Decade are: changing the stereotypes towards age and combating ageism, fostering the abilities of older people through the communities, establish a person-centered and integrated healthcare and secure access to long-term care (WHO, 2020) Nevertheless, the areas of action of the Decade expand to other areas, as established by the UNGA (2020) under its Article 4:

"(…) Calls upon all States to promote and ensure the full realization of all human rights and fundamental freedoms for older persons, including by progressively taking measures to combat age discrimination, neglect, abuse and violence, as well as social isolation and loneliness, to provide social protection, access to food and housing, health-care services, employment, legal capacity and access to justice and to address issues related to social integration and gender inequality (…)"

Combating social isolation and loneliness it is established then as a necessary part for ensuring the fully-realization of rights by older persons. Even more this UN Decade has been linked together with the WHA (2025) decision on the necessity of fostering social connection as a health dimension and therefore, the Decade has been included under the areas of relevance of the WHO Commission on Social Connection. An example of this interconnection is the development of an Advocacy brief (WHO, n.d.) which focuses on social isolation and loneliness among older people, which has also been a useful tool used for the research of this thesis.

4.4. Summary of findings

Among the existing instruments on the human rights of older people, only two instruments, both of which are regional, provide legally binding protection for these rights. Of these, the Inter-American Convention offers the strongest protection regarding social connection, as it includes Article 8, "Right to participation and community integration" in which the social dimension is acknowledged. Furthermore, within the Inter-American Convention, social health is considered a dimension of health, and long-term care is approached from a social perspective in which participation must be ensured for older adults receiving long-term care. On the other hand, the African Protocol does not offer such comprehensive protection nevertheless, it does acknowledge older adults as individuals who contribute to society. Even so, this contribution is not viewed from an interactional perspective. In the case of other soft-law documents, while they also do not address social connections as a specific area of protection, they advance social protection in other areas; for example, the MIIPA establishes the need to recognize the contributions of older adults and furthermore, recalls on intergenerational solidarity as part of social cohesion.

Lastly, a relevant finding of this analysis has been the Advisory Opinion of the Inter-American Court of Human Rights on the right to care as an autonomous right. This is the first time this right has been recognized in a legal human rights instrument, and can be considered relevant for social connection. Finally, although it is not a binding document, the United Nations Decade of Healthy Aging, together with the WHO Commission on Social Connection under their joint initiatives, highlight and emphasize the interconnection of social connection and healthy aging, which can be utilized in the development of public policies.

5. ANALYSIS OF THE STATE INPUTS IN RELATION TO THE DRAFT OF A LEGALLY BINDING INSTRUMENT ON THE HUMAN RIGHTS OF OLDER PERSONS

Having discussed the relevance of social connection under the current human rights instruments on older people, the final section of this thesis addresses the proposals for a future international covenant on the rights of older people.

5.1. Analysis of state inputs

At the request of the call for inputs of the United Nations Human Rights Office of the High Commissioner (OHCHR) and the IGWG on older persons in relation to the draft of a legally binding instrument on the human rights of older persons and in preparation for the first session of the IGWG, a total of 202 inputs were received of which 30 were state submissions and are the ones that were analyzed. All the submissions in form of written contributions were requested under the umbrella of three questions, in relation to the general framework (Question 1), the guiding principles (Question 2) and the structure and architecture including the proposal of specific rights for the drafting of the legal instrument (Question 3). The complete wording of these questions is provided in Appendix 1. A full list of state submissions that were analyzed can be found in Appendix 2.

By analyzing the 30 state submissions and the unofficial summary of inputs by the OHCHR (2026), the same analysis framework that was indicated in section 4.2, which has been also applied in the section before. In this case however, the results will be dived according to such different factors stated and not by state input, as each input has different length and approach it was decided to rather make a summary and highlight those inputs that can be regarded as more relevant.

5.1.1. Social connection, disconnection, loneliness and social isolation

By analyzing the state's submissions, direct acknowledgment and relevance on the prevention of social disconnection, loneliness and social isolation in old age was not found to be a recurring theme in the submissions.

Firstly, in any of the inputs presented a proposal of a specific right in relation to social connection. Nevertheless, the relevance of social connection was acknowledged in some inputs, as for example in the input of Brazil (n.d.) which recognizes the necessity of creating a comprehensive framework of protection “recognizing the centrality of dimensions such as care, health, social protection, social connectedness and participation” (para. 4) and further indicates that rights related to those areas, including social

connectedness, should be considered interdependent and indivisible (para. 44) Even more, the submission of Ireland (n.d.) mentions that "the legally binding instrument should enshrine older persons' right to social inclusion". However, when analyzing concrete mentions of the terms related to social connection and disconnection, only a few submissions addressed them in some way.

Beginning with loneliness, the few mentions that can be found, generally approach it from the perspective of an objective situation rather than from the subjective experience of the individual, approaching it as a situation of being lonely rather than as a condition of suffering from loneliness.

The most relevant state's proposals that covers lonely and lonely living older people can be found in the input by the Government of the Republic of Uzbekistan (2026) (hereinafter Uzbekistan), which directly suggests a course of action and provides an example of policies and laws applied under their national legislation. Uzbekistan proposes that the instrument should include the creation of a register of "lonely and lonely-living elderly persons" which are considered as persons in need, as recalling on the principle of non-discrimination special attention is to be given to those vulnerable older people, including lonely elderly. The submission also recalls on the necessity of defining these lonely older people and therefore, they suggest the division them into four groups according to its national legislation: "lonely persons with disabilities; lonely-living persons with disabilities; lonely older persons and lonely-living older persons" and indicates the need to establish some criteria for the level of "neediness" of these people (para. 42.II). Even more, based on the principle of accessibility and inclusiveness establishes some specific measures to vulnerable people include those lonely ones, by providing them and the accompanying person, for example, with free transport tickets (para. 30).

Apart for this submission, loneliness is also mentioned in the input by Argentina (n.d.) which recognizes on its Core principles (point 2) the importance of understanding humans as interdependent, rather than using individualistic approaches, which can lead to loneliness and even de-responsabilization of the state, society and families. The submission of Viet Nam (n.d.) (point 2. (iii)) stresses paying attention to those "living alone or without family support" and the submission of Ecuador (n.d.) acknowledges that social protection systems are insufficient due the longer longevity and different crisis, as it could been seen under the Covid-19 pandemic where many older people died in situations of loneliness and indignity (point 1, para. 3)

Secondly, social isolation was neither widely addressed under the submissions. The most relevant contribution in this regard is Brazil's (n.d.) submission which emphasizes the importance of preventing social isolation under the three aspects requested: as a core principle, as a normative gap, and as part of a proposed right under the future Convention. To begging, as part of the core principles, Brazil's input indicates the need to explicitly recognize older people in vulnerable situations, including those experiencing social isolation (para. 8). Even more, it also stresses the importance of preventing social isolation by recognizing community, family life, social belonging, and participation in support networks as fundamental elements of dignity and social inclusion, therefore, interlocking effective participation with the prevention of social isolation; even more, all these elements should be considered central themes of public policies (para. 12). Following, Brazil's contribution also identifies older people in social isolation as a normative gap, considering that they are not currently protected (para. 24). According to this submission, such gap must be addressed under the future Convention by encouraging "social connectedness, belonging and participation" which "should be understood as central protective dimensions of dignity in old age" (para 32). Lastly, Brazil's submission proposes to include social isolation as a vulnerable situation, indicated as part of the preamble of the Convention (para. 38) and even more, stresses that its prevention should be considered under a specific right which would be a "right to social, political and community participation" (para. 76). In this case, participation is presented as a way of tackling social isolation.

Social isolation is not mentioned in any other submission, except for Malta's (2026) contribution, which proposes a "right to age-friendly communities" as a way of preventing social isolation (para. 33). Additionally, the submission of Argentina (n.d.) does not mention social isolation but presents social exclusion and "social death" as a normative gap that should be addressed by the Convention.

To sum up, it can be identified that under the total of the state submissions, the majority of them do not cover social disconnection as a main normative gap or as a possible source of rights against this social disconnection, with the main exceptions of the inputs of Uzbekistan (2026) which rises relevance for those older persons in situations of loneliness or living alone, and the input of Brazil (n.d.) which stresses the prevention and consideration of social isolation as a transversal issue that should be focused through the whole Convention. However, any of the submissions proposed a right directly related to social connection.

In the following sub-sections, the relevance under these inputs will be analyzed in respect to the other factors: participation, social health, and social care, including long term care.

5.1.2. Participation

The concept of *participation* was found in most of the submissions; however, it was addressed in different ways. In most of the submissions, participation was considered one of the core principles that the Convention should include. Participation was not mentioned in only two inputs, which were the submissions of Japan, which however, it did not include any core principles, and the submission of Mexico (Estados Unidos Mexicanos. Secretaría de Relaciones Exteriores, n.d.) which, even if it did not mention it explicitly, the input referred to other human rights documents, where this principle can be found (p.1), such as the Inter-American Convention (2015) where, as analyzed before, participation is recognized as a right on its Article 8.

Several contributions also stressed participation as a normative gap in need to fill within the Convention, the most relevant contribution in relation to participation was found under the input of Brazil (n.d.) which specifically addresses "social participation" and "community participation" as a guiding principle and, as a normative gap and proposes a "right to social, political and community participation" (paras. 72-77), as it has been also stated in the previous section. The proposal of such a right is highly relevant as it encompasses different dimensions under it, including "social, political, cultural, community and institutional dimensions" (para. 72), recognizes the importance of social connectedness with family and community (para. 73), the intergenerational interaction (para. 74), recognizing social belonging (para. 75), protecting against social isolation (para. 76) and ensuring participation in the decision-making processes (para. 77). This participation right therefor clearly links the relevance of participation with ensuring social connection and includes both contributory and interactional rights.

Additionally, in several inputs' participation was also stated from the point of view of political participation through the involvement of the older people and their organizations into the legal and consultation processes.

From other stakeholders' participation was also widely acknowledged as a necessary requirement under the convention (OHCHR, 2026, para. 37), it was also widely indicated as a needed core principle together with inclusion (para. 71). Furthermore, participation was also stated as the ability to and the recognition of older people as

contributors to society in both paid and unpaid activities, caregiving and knowledge sharing among others (para.32),

5.1.3. Social health

Most of the inputs did not address the relevance of the social dimension into health, however some of them did. Some examples can be found, for instance under the proposed right to comprehensive health the input of Brazil (n.d.) emphasizes that health care should encompass other areas including mental and psychological health, including therefore the physical, mental and social dimension into health (para. 99) and calls on the need to recognize social determinants of life into health including social ties (para. 103). The input by the Republic of Kenya (n.d.), drawing on its national proposed legislation "The Older Persons Bill", includes the provisions of enhancing the **"**social, physical, mental and emotional well-being of older persons" (para. 17) . Another example is the input of Uzbekistan (2026) which proposes the adequation of the rights to the situation of aging, including under the right to health the "right to a specialized system of medical, social, and psychological support" (para. 33).

Even though social health was not widely acknowledged, international organizations supported the concept of "healthy ageing" in relation to health and care, where it can be that social health is included indirectly (OHCHR, 2026, para. 24)

5.1.4. Care and long-term care

Dealing with the last dimension of the framework of analysis, care was emphasized by several submissions as needed to be part of the guiding principles. And care, mainly long-term care and other types such as geriatric care and palliative care, was also widely addressed as a normative gap (OHCHR, 2026, paras. 50-51). Relevant submissions in this regard are, for example, the input of Brazil (n.d.) which embraces the request of a "right to comprehensive care, including long-term care", which includes the recognition of the right to care as an autonomous right, which is possible to steam from the previously indicated Inter-American Court of Human Rights Advisory on the right to care. According to the submission of Brazil, this right to care should be treated in a transversal manner together with the guiding principles, in which participation is also included (para. 51), also recognizing the necessity of long-term care (para. 52) and stressing that care should be thought in different dimensions of the person taking in consideration all "the physical, emotional, social and cultural dimensions of the lives of older persons" (para. 53). The implementation of a right to care was not proposed by many others, however it could be

found under the state submissions for instance, Spain stated as a right to care and support, Kenya which described as part of its constitution under the right "to receive reasonable care and assistance from the family and the State" (para. 7), the input from Malta as "the right to care and support", in the case of Romania is approached together with health as he "right to health, care, and social protection" (p. 2), however neither or thus submissions indicate if this right would be considered as an autonomous right. Other examples include the input of Uzbekistan (2026), which specifies rights regarding to care are defined on point 42. (III) such as: "the right to social and domestic assistance at home; the right to home care; the right to medical and social rehabilitation; the right to daytime attendance at specialized institutions; the right to a personal assistant" among others.

Even more, paying attention to the input from the Permanent Mission of the Kingdom of Saudi Arabia (2026), the submission draws onto its national legislation under the "Law on the Rights and Care of older persons" which states the right of older people to live with their families and relies on the responsibilities of such families the care of the older people, stressing the importance of the families into the emotional and social support and into providing care. Such law also draws onto the responsibility of the state in the circumstances where care from the family is unavailable, even more the state has also responsibility into providing some essential services such as "organizing programs to support social inclusion" (pp. 2-3). Based on such law the input from Saudi Arabia defends that a "family-centered care" as caregiving and support should be regarded as a guiding principle (p.4) even more, such family support, intergenerational solidarity and the shared responsibility among different actors is regarded as fundamental principles for the instrument (p.5). Most relevance was found in relation to long-term care which was widely assured as a normative gap and proposed by most submissions as the need for a "right to long-term care", however it was not stressed such long-term care as social care. However, this family centered perspective is not widely repeated under other submissions.

Additionally, submissions of other stakeholders while supporting long-term care, also support that care should be, when possible non-institutionalized, person-centered and with a view of community inclusion (OHCHR, 2026, para. 79).

Lastly, other factor that has been assed as relevant, is that several inputs also included the principles of intergenerational solidarity and shared responsibility, even more solidarity was seen as a way of reducing social exclusion and recognize older people as contributors to the society (OHCHR, 2026, para. 48). For instance, under the submission

of Saudi Arabia, but also under the inputs of Argentina, Ireland, Romania and Serbia among others.

5.2. Summary of findings

After analyzing the call for inputs for the draft of a convention on older persons' rights different findings can be highlighted. First, none of the submissions presented a specific right related to social connection. The most relevant submission regarding loneliness is the one of Uzbekistan, which outlines a course of action under which older adults who are lonely are protected by specific laws. Furthermore, regarding social isolation, although it was not widely addressed, Brazil's submission, for example, identified it as a very important concern that must be addressed from various perspectives, including participation. In this regard, one of the most significant proposals in relation to participation was put forward by such input of Brazil, as it proposed a right to social political and community participation which recognizes such participation both as a way for older people to contribute to society and as a means of interaction between society and them, thereby incorporating a social dimension. As for other factors, the analysis did not find that the social dimension within health was given sufficient importance in the submissions. Finally, regarding care, another relevant perspective is that offered by Brazil, as it proposes the inclusion in the convention of a right to care, similar to that advocated by the advisory opinion of the Inter-American Court of Human Rights. Even so, this right is not proposed by any other state.

Lastly, it should be noted the first session of the IGWG on older persons was held between the days 13 to 17 of July 2026, however as it was just the preliminary session it cannot be assessed yet how these proposals will frame the final Convention. The second session of the of the IGWG on older will be held 26 to 30 October 2026.

6. CONCLUSIONS AND RECOMMENDATIONS

Overall, this thesis has demonstrated that social disconnection is a relevant current issue globally. However, the analysis has shown that different factors can affect such social connection. Mainly the social disconnection, framed most commonly as loneliness or social isolation, has been framed under its possible negative health implications and other socio-economic implications. In relation to the relevance of the study of social disconnection among older people, while the direct conclusion could be to say that they present lower prevalences of loneliness, this study has demonstrated that the relevance for its study should not focus only on a comparison, but rather on the negative consequences such as mortality, worse mental health outcomes but also link with poverty, for instance. Even more, it has been found that the older population is increasing and that healthy and active aging policies aim to make those longer lives more valuable. In this respect the research has also found out that according to existent studies there is still a great lack of states that are addressing social disconnection under their national legislation, even though specific laws or policies on aging do cover some of the social connection dimension.

The human rights scholarship studied leads to the conclusion that social rights have possibly been more neglected compared to civil and political rights; this is also related to the feasibility of such rights. An important finding is that from a philosophical perspective on human rights, social connection is regarded as something basic that individuals should have to develop their capabilities. Under this premise of basic necessities, a central finding is that some scholars have defended rights such as a right against social depravation or a right to adequate social access and the proposals of such rights could be said to give social connection a broader relevance under human rights scholarship. This thesis has approached then social connection to human rights using a framework based on social connection, focused on applying such dimension into participation, health and care as possible areas where human rights instruments could include social connection.

By analyzing the current human rights instruments in relation to older people a important finding is that older people's rights are unequally protected without the existence of an international legally binding document, furthermore after applying the framework of analysis it was found out social connection is not adequately protected.

Lastly, it was found that the proposals for the Convention on the Rights of Older Persons do not include social connection as a specific dimension to be protected, although some proposals are relevant to the possible inclusion of a right to social participation or a right to care. Furthermore, even though social connection is mentioned only indirectly in these

proposals, it is still considered that, since the draft is in a preliminary phase, social connection could be expanded upon. For such, the following recommendations are stated.

Recommendation 1: Inclusion of a social participatory right.

Building on the proposal of other scholars, such as Lewis et al. (2020, p.84). This thesis supports that an older persons' rights future convention should fill the gap of the non-existence under the international human rights framework of a detailed participatory right. This thesis supports such recommendation as under the instruments analyzed only the Inter-American Convention can be considered relevant in term of social participation for older people under its Article 8, whereas the ICESCR cannot be considered to offer such wide protection. A right to participation would be likely be a social participatory right as defended by Nickel and Brownlee (2022), not only centered into the community contributions or not only centered into the electoral participation, but including contributory and interactional rights. Through the state inputs, participation was proposed as main guiding principle and acknowledged as relevant, however it was not widely addressed as a "social participatory" right. In such case, attention could be paid to the input of the state of Brazil (n.d.) which proposes a "right to social, political and community participation", in which special attention is posed into social connection and combating social isolation, and which can be framed as a social participatory right.

Recommendation 2: Inclusion of a right to care as an autonomous right.

Recalling on the Advisory Opinion, the Inter-American Court already recognized the existence of a right to care and its relevance. This thesis has demonstrated that a right to care is also supported in a similar terms by for instance the right to love, and the capabilities approach of Nussbaum stated care and love as fundamental capability, furthermore the Inter-American Court has stressed that society relies on such care, even more including a right to care would include further protection for caregivers. This right to care as an autonomous right is not protected under any other human rights document. In the case of the submission, it was only advanced by the input of Brazil, but many other submissions included care as a guiding principle. Considering their non-existence of a right protecting social connection, a right to care would be an advancement in this regard.

Recommendation 3: Inclusion of the social aspect to health.

A right to the best attainable health, should detail all the dimensions of health, including the social aspect. It has been demonstrated that the WHO have acknowledged that social health has been historically neglected and that it constitutes a dimension of health that should be protected as any other. The analysis has found that such social aspect is widely not acknowledged in most of the state submissions, therefore recommends considering including such aspect when specifying such right under the Convention

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APPENDIX 1

Questions in relation to the call for inputs by the IGWG on older persons for the draft of a legally binding instrument on the human rights of older persons.

1. What overarching framework should guide the international legally binding instrument on the human rights of older persons? Additionally, how can it best reflect and reinforce the recognition that older persons are rights-holders entitled to the full and equal enjoyment of all human rights and fundamental freedoms?

2. What core principles should underpin the legally binding instrument, to ensure it effectively protects the rights of older persons? In addition, how can the legally binding instrument both reaffirm existing human rights for older persons and clearly identify and address gaps where further normative development is required?

3. What overall structure or architecture should the legally binding instrument adopt to ensure clarity and effectiveness? For example, should it include a preamble, definitions, general principles, general obligations, specific rights, and implementation provisions?

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APPENDIX 2

List of state inputs received by the IGWG on older persons for the draft of a legally binding instrument on the human rights of older persons.

States inputs firstly retrieved on June 14, 2026, (last revision done on August 7, 2026) from: *Call for inputs: General framework, architecture, and guiding principles of a legally binding instrument on the human rights of older persons*. (2026, May 1). Office of the High Commissioner for Human Rights. https://www.ohchr.org/en/calls-for-input/2026/call-inputs-general-framework-architecture-and-guiding-principles-legally

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