National Academy for Social Prescribing

World Health Organization

Social Prescribing Around the World

A World Map of Global Developments in Social Prescribing Across Different Health System Contexts: 2024

This global report reflects the collective efforts of the International Social Prescribing Collaborative (ISPC). The ISPC is an international community of practice comprised of over 32 countries founded and supported by the National Academy for Social Prescribing (NASP).

As the secretariat, NASP works with partners around the world to raise awareness, spread and scale efforts in social prescribing, convening meetings for global knowledge-sharing. This report was written by NASP. We are grateful to colleagues at the ISPC for their work and commitment to championing social prescribing globally.

Errors and ommisions remain the responsibilty of the authors alone.

International Social Prescribing Collaborative

Khan & Giurca et al., 2024

Foreword

Comments and remarks from international partners across the globe

Charlotte Obsborn-Forde
CEO, National Academy for Social Prescribing, England

This report underscores social prescribing's remarkable global advancement over the past year. Across the diversity of political, social structures and health care systems, a consistent and unifying, approach emerges - recognising holistic, patient-centred care addressing individuals' health-related social needs and 'what matters' to them. The increasing acknowledgement of social connections, community support, and integrating these into health care is shifting the traditional medical model. As health systems experience challenges, social prescribing offers optimism - pioneering an alternative approach building on people's resilience, strengths, capitalising on and regenerating community resources. The vision, leadership and determination of the partners and leaders featured in this report should be commended for leading this necessary paradigm shift in medicine and health care.

Isabelle Wachsmuth
Project Manager, Arts Impact for Health & SDG, Universal Health Coverage and Life Course Division, World Health Organisation

Social prescribing is a way to foster meaning, purpose, and cohesion in our communities. It enables people to communicate their experience of and feelings about their wellbeing. It is a way to facilitate resilience of people and their self-awareness about the importance of their health. Actions on bettering the social determinants of health invites us to care for all beneficiaries, specifically the most vulnerable and marginalised, to inspire cohesion between different innovative or under-reached initiatives with strong and sustainable impacts at country level.

Dr Michael Dixon LVO, OBE, MA, FRCGP, FRCP
Co-Chair Social Prescribing Network, Head of The Royal Medical Household

Social prescribing is changing the landscape of health care, where our attention is moving beyond the brick and mortar of hospitals and into peoples' communities. We know our health and wellbeing is most affected not by the medicines we prescribe but the lifestyles, social connections and conditions people live in. The global interest in social prescribing represents a shift in culture and understanding that our health systems must go beyond the pills to create good health for all. This report galvanises the effort of 31 countries in implementing social prescribing and I hope it inspires many more to join this movement in providing holistic, patient-centred care through social prescribing.

Professor Sónia Dias
Dean at the National School of Public Health (ENSP), NOVA University, Lisbon, Portugal

Social prescribing represents a fundamental change in the way of providing care, towards a more integrated and person-centred care approach. It is a solution to meet people's practical, social and emotional needs that affects their health and wellbeing, by linking health care services to other sectors of society. Social prescribing connects people to activities, groups and services in their community, enhancing disease prevention and health promotion. It is not limited to individual intervention but seeks to strengthen support networks and integration of existing resources. The implementation is not simple, is complex, and requires changes in mentalities, organisational processes, resources, and intersectoral integration. Our growing global community, gathering health care and social professionals, academics and policy makers, reflects the growing social prescribing movement worldwide and is key to stimulate its conceptual and methodological development as to advance its practice, research, and policy.

Kunle Adewale
Founder & Executive Director, Global Arts in Medicine Fellowship, Curator & Global Development Lead, Global South Arts and Health Week, Nigeria

Social prescribing innovates health care by redesigning community wellbeing. It simplifies processes, localises solutions, and fosters cross-disciplinary, multi-sectoral collaboration between health institutions, government, cultural organisations, and community groups. An evidence-based approach centred on communities, it capitalises on existing wellbeing patterns, promoting overlooked social connections and wellness potentials. This method accelerates health care recovery by directing us all to rely on the 'community well' for our wellbeing, making health institutions, cultural organisations, and community groups major stakeholders in this transforming process. If people can find platforms and opportunities to do what they enjoy, their health can be restored. Social prescribing is the bridge between patient recovery and health care delivery in the twenty-first century.

Dr. Kheng Hock Lee
Deputy Chief Executive Officer, Education & Community Partnerships, SingHealth Community Hospitals, Singapore

Social prescribing in essence is a humanistic approach to help individuals achieve wellbeing by supporting their health and social care needs. From a systems perspective, it is a prescription that will potentially improve cost effectiveness and stretch the limited resources that we have to improve the health of our population. It is not surprising that health care systems around the world are coming to the same conclusion that social prescribing should be incorporated in care model and policy development.

Social prescribing is a new model of providing care. The evidence of effectiveness will need time to accumulate. International collaboration to share best practices is important as we continue to improve our respective programmes. Over time, I am confident our joint efforts will enable us to achieve evidence-based practice in social prescribing.

Professor Dr. Wolfram J. Herrmann
Professor for General Practice and Health Services Research Charité Universitätsmedizin Berlin, Institute of General Practice and Family Medicine, Germany

Social prescribing builds a bridge from primary care to the community. We do need such a bridge to close gaps in health care and avoid filling social needs with unnecessary medications. The organisation of primary care is different in each country; how communities are structured and how people engage in these communities differs between countries as well. However, any country needs a bridge between both to improve health and wellbeing of their citizens. Thus, it is of utmost importance to learn from each other, how we can build social prescribing bridges fitting to the setting in each country. This report helps to lay the foundations for building a good and sustainable social prescribing bridge by learning from each other.

Dr. Daniela Rojatz
Senior Health Expert, Austrian National Public Health Institute, Austria*

Social prescribing's appeal lies in its resource-oriented, collaborative approach – strengthening patient resources by addressing social determinants of health, networking health and social professions for coordinated workload reduction, and connecting care, social, and community services. Each sector contributes to bolstering health. Thus, social prescribing promotes primary care health by linking diverse areas and resources to enhance health equity and social participation.

Dr Bogdan Chiva Giurca
Clinical and Global Lead, National Academy for Social Prescribing, England

Social prescribing transforms the care that we can provide – it's a paradigm shift prioritising holistic wellbeing. By addressing the practical, social, and emotional requirements alongside medical treatment, we can empower individuals towards better health, enabling a comprehensive, coordinated biopsychosocial approach to wellbeing.

Professor Dr. Tan Maw Pin
Division of Geriatric Medicine Univeristy of Malay, Kuala Lumpur, Malaysia

Social prescribing is crucial to address illnesses stemming from social isolation and the social needs of older adults. However, our current health care system focuses on curative care with minimal preventive and restorative provisions. Learning from international partners at various social prescribing development stages will guide Malaysia's efforts to implement this affordable solution for meeting the population ageing challenge in our upper-middle-income nation.

* © Ettl photography, Daniela Rojatz

Summary

Background

Social prescribing continues to grow with policy and practice adopted around the world and across different health system contexts. Following the first edition of this report published last year, this second edition provides the latest developments, evidence, and insights from an international, multi-disciplinary perspective, including profiles of 7 new countries.

A global comprehensive overview of social prescribing developments is essential for understanding facilitators and barriers in implementation, supporting potential policy development, and vital learning for interested countries. Social prescribing involves referring individuals to non-clinical services and community activities to improve their health and wellbeing outcomes through evidence-based interventions beyond the clinical setting. While England was the first country to integrate social prescribing into national health policy through the 2019 NHS Long Term Plan[1], other nations are rapidly making strides in adopting and scaling social prescribing approaches across their health care systems.[2]

Recommendations for adopting social prescribing policies are informed by current global health trends. Health systems worldwide are locked in a polycrisis, facing intensifying pressures on both the demand and supply sides of health care. The growing profile of ill-health with an ageing population, and substandard patient care demonstrate that the unsustainable is not sustained. Visionary thinking and new models of service delivery are now necessary.

There is a global shift towards salutogenic models of health systems that prioritises health creation and disease prevention. The growing evidence-base of social prescribing as a health systems reliever and wellbeing promoter [3,4] has produced international interest. As other countries look to design and develop their health systems with a vision of health care that includes social prescribing, it is vital to collate global efforts and identify common best practices.

Aims

This report has a global focus, exploring social prescribing developments in 31 countries. There is no single best model or practice of social prescribing. Different health system contexts call for adaptability. The 31 case studies of social prescribing presented in this report show differences and commonalities in implementation and practice. The aim of this report is to provide an overview of how social prescribing is being practiced around the world.

Methods

Data from this report was informed by semi-structured online interviews with social prescribing practitioners, researchers and advocates from around the world. Interview questions were related to the health system context, aspects of social prescribing implementation and relevant examples of projects or initiatives. The resulting case studies present the country's health system context and social prescribing developments.

What is Social Prescribing?

Social prescribing describes evidence-based interventions, which are designed to improve health and wellbeing outcomes, by referring individuals to non-clinical services and activities typically offered by the local voluntary and community sectors.

Historically, the lack of a universal definition for social prescribing, coupled with its context-dependent nature, has led to diverse and varied implementation approaches across different settings.[5] However, a recent Delphi study involving an international, multidisciplinary panel of experts reached consensus on a global definition of social prescribing. The shortened conceptual definition describes social prescribing as:

"a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs, and to subsequently connect them to non-clinical support and services within the community by co-producing a social prescription: a non-medical prescription to improve health and wellbeing, and to strengthen community connections"[6]

It is important to note however that this definition is not prescriptive. The differences in countries' health systems, and wider design of sociopolitical infrastructure, can either facilitate or frustrate the practice and planning of social prescribing. Necessary adaptations to the link worker role, for example, include either upskilling the role of existing health care professionals – as seen in Portugal, Spain and Austria – or recruiting a new workforce that forms the essential link between medical clinics and community-based support — as seen in the UK, Canada, Australia, Japan and many others.

Amongst the global community of social prescribing, there is diversity in terminology but commonality in practice and principle. Reportedly, the UK itself describes link workers in 75 different terms.[7] This report also recognises the 'link worker' role through different terms, including: wellbeing coaches, social workers, community coordinators, seikatsu shien, behvarzes and more.

All case studies presented in this report carry underlying principles of social prescribing that are fundamental to effective implementation practice. This includes:

- **A holistic and personalised approach focussing on individual needs.**
- **Health and wellbeing promotion in community settings.**
- **Referrals to health-promoting community-based support and services.**
- **Empowering individual control over health.**

Health Inequality, Health Equity, Health Justice: Social Prescribing Across the Social Determinants

As social prescribing models, policies, and practices mature globally, greater emphasis focuses on tackling health inequalities, advancing health equity, and achieving health justice. Social prescribing typically works to address social risk factors that impact a person's health and wellbeing on an individual level. To support action at systems level, there must be alignment to improve the broader social determinants of health. Social determinants of health are defined as "the conditions in which people are born, grow, live, work and age, including the health system." [8]

While interventions in social prescribing that focus on socio-relational aspects—such as reducing loneliness, depression, over-medicalisation, and re-integrating into communities—are necessary, they alone are insufficient to address the health-harming material conditions shaping the lives of vulnerable patients.[9] To effectively reduce health inequalities and mobilise towards health equity and health justice, social prescribing must adopt a socio-structural response that tackles the social determinants and wider material deprivations impacting health.

Social prescribing link workers, through their frontline engagement with individuals and community groups, gain invaluable insights into the specific health care needs, barriers, and challenges faced within the communities they serve.[10]

In England, this positioning enables link workers to inform Integrated Care Systems on disease patterns across patient demographics, as well as inequalities in care access and health outcomes, enabling the use of social prescribing as a population health management tool to reduce regional health inequalities.[11]

Social prescribing also has the potential to contribute to health equity [12–14], defined as all people having a fair opportunity to reach their full potential for health and wellbeing.[15] This requires social prescribing to provide appropriate and accurate referrals to services that can sustainably address patients' unmet material needs too. There are examples of this integrated approach in practice.

In Sunderland, England, a 'Boilers on Prescription' initiative enabled GPs to prescribe new boilers and heating systems for patients who lived in cold homes with respiratory illnesses such as COPD. After the first year, the trial found a 60% reduction in GP visits among patients who received new boilers.[16] In Canada, the University Health Network, a major hospital network, partnered with government and non-profit organisations to build 51 modular housing units. This provides secure housing for patients experiencing homelessness, poverty, mental health issues, or addictions, aiming to improve their health outcomes. The goal is to enhance health outcomes by building on evidence that housing-first approaches improve health and reduce health care demand.[17]

Similarly, social prescribing can empower and enable health justice to improve health for all. Health Justice Partnerships (HJPs) are an example of a whole systems approach with cross-sector collaboration. HJPs are practitioner-led alliances between free social welfare legal services and health care services to better address the health-harming unmet legal needs of patients.[18]

This involves embedding welfare advisors in medical practices to assist patients with social welfare legal issues like benefits, debt, and housing, which can significantly impact health outcomes. Law is a powerful tool for protecting health and addressing health inequities. Resolving people's legal problems can alleviate unnecessary deprivation and tackle upstream causes of downstream health issues. The social prescribing workforce's vital role in connecting people to resources can be enhanced by systematically integrating legal support.

In practice, social prescribing can operate to improve the social determinants of health. A transformative opportunity lies in upscaling efforts to address the structural forces that disrupt, detract, and deprive populations of their wellbeing. By providing necessary solutions that holistically tackle systemic barriers at both the individual and community level, social prescribing can promote equity, resilience, and long-term wellbeing for all.

Social Prescribing in Low-Middle Income Countries: Conceptualisation and Context Considerations

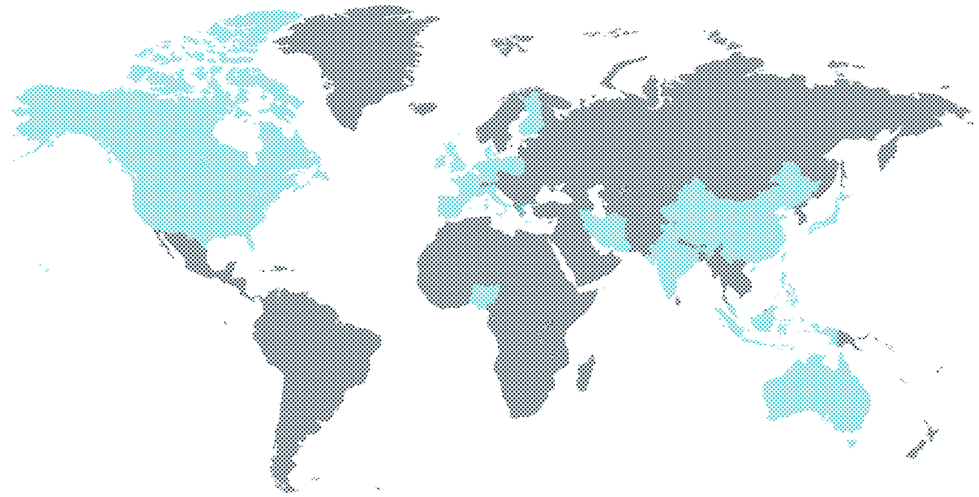
The implementation of social prescribing, though globally diverse across health system contexts, remains largely limited to Upper-Middle Income Countries (UMICs) in comparatively resource-rich settings. Considering rural communities without formal dependecy, contact, or relationship with any health care infrastructure challenges current conceptualisations of social prescribing unadapted for Lower-Middle Income Countries (LMICs). Further disparities in disease burdens, demographic changes, and limited health infrastructure across LMICs requires social prescribing implementation to be adapted in its framework, referral pathways, and workforce development.

This report cites new examples of LMIC case studies emerging from Nigeria, The Philippines, and Indonesia. Social prescribing may be practised more widely in its principles without due recognition. Future research must identify the constitutive elements, mechanisms, and opportunities of social prescribing in LMICs specifically. Research in lower economic contexts can provide vital insights for the benefit of global implementation of social prescribing, offering cross-cutting lessons and implementation strategies for any resource-scarce environment.

Current community participation, mobilisation and health promotion efforts align closely to social prescribing. Community participation works with a wider focus on removing health care barriers, improving health literacy, and removing disease stigmatisation and institutional distrust, whilst establishing health creation capacity and practices in communities.

Social prescribing policy and practice should be cultural and context sensitive, coordinating with existing community infrastructure. Strategies should be informed by local stakeholders' knowledge on implementation barriers and enablers, focusing on universal health care coverage, access to essential medicines, health and human resource, and availability and accessibility of community-based health interventions. Equitable, efficient and effective delivery of health care must be a foundational requirement for social prescribing implementation.

The application and adaptation of social prescribing across LMICs offers opportunities to work with deprived and disenfranchised communities, to act on the social determinants of health, and address health care inequalities and inequities to better health and wellbeing for all.



Case studies around the world

England

Health System Context

NHS England, England's publicly funded health system, delivers health care mainly through NHS trusts and foundation trusts. Services in England are centrally funded from Department of Health and Social Care based on a set tariff per patient and type of treatment. All primary care clinics are part of 'Integrated Care Systems' (ICSs). ICSs are partnerships of organisations collectively responsible for planning health care services and improving health across its local areas. There are 42 ICSs across England covering populations of around 500,000 to 3 million people.

Social Prescribing Developments

Social prescribing in England is predominantly based in primary-care, where GPs (primary-care doctors) make referrals to link workers after social risk factor screening. Link workers have up to an hour for motivational interviewing and identifying personal needs to make appropriate community service referrals.

The NHS has developed a competency framework for social prescribing link workers which lays out categories of competencies on:

- **Engaging and connecting with people,**
- **Enabling and supporting people,**
- **Enabling community development,**
- **Competencies for safe and effective practice.**

As of 2024, more than 3,500 social prescribing link workers are in place across England. This exceeds the initial NHS Long Term Plan target of facilitating 900,000 referrals to link workers by 2024, with over 2.5 million referrals already made to date. Looking ahead, the NHS Long Term Workforce Plan (2023) outlines a commitment to have 9,000 link workers in post by 2036 to further expand social prescribing capacity nationwide.[19]

The Social Prescribing Network, established in 2016, supports the development of social prescribing across all sectors. In October 2019, the National Academy for Social Prescribing (NASP) was launched as an organisation that champions advancement of social prescribing through promotion, collaboration, and innovation.[20] NASP's 2023–26 Strategy outlines goals to transform social prescribing's scale and impact nationwide. Key objectives include connecting the social prescribing system through training and consultancy, resources, and a Champions scheme for health workers; creating innovative partnerships, from local to international; boosting investment for frontline organisations delivering social prescribing; building the evidence base; and raising the profile of social prescribing through national campaigns.

In 2024, NASP reviewed its Social Prescribing Student Championship Scheme. Over the past 7 years, 782 student champions from 87 universities across the UK have delivered 1,500 peer-teaching sessions on social prescribing, reaching over 30,000 students. The programme has successfully embedded social prescribing teaching into the curricula of 50 universities across various health care disciplines.[21]

Figure 1: England's social prescribing link worker model includes workforce development, collaborative commissioning and creating personalised plans for patients. Taken from NHS England.

Scotland

In Scotland, over 300 Community Link Workers (CLWs) operate as social prescribers within primary care, connecting patients to community activities. Their employment models vary across local authorities, with some hired by Health and Social Care Partnerships through third-sector services, while others are directly employed by Health Boards.

Health System Context

Health care administration in Scotland is devolved and mainly provided by its public health service, NHS Scotland. It provides free health care to all permanent residents, free at the point of need, and is financed by general taxation.

Primary and secondary care are integrated, and health services are provided by 14 regional health boards. There are also 7 special NHS boards which work alongside the regional boards to provide a range of specialist and national services. 31 Health and Social Partnerships (HSCPs) are responsible for adult social care, adult primary health care and unscheduled adult hospital care. Some are also responsible for children's services, homelessness, and criminal justice social work.

Social Prescribing Developments

While social prescribing has been practiced in Scotland since the 1990s, it gained wider recognition after the 2016 launch of the GP-based Community Link Workers program. To support this initiative, the Scottish Government funded the Scottish Community Link Worker Network, hosted by Voluntary Health Scotland.[22] This network organised the first annual Scottish Community Link Worker conference in May 2023[23] and published the inaugural report on Community Link Working in Scotland in November 2023.[24]

In Scotland, over 300 Community Link Workers (CLWs) operate as social prescribers within primary care, connecting patients to community activities. Their employment models vary across local authorities, with some hired by Health and Social Care Partnerships through third-sector services, while others are directly employed by Health Boards. CLW program rollout and deployment to GP practices differ based on local needs and priorities. For instance, Edinburgh's network has 24 CLWs across 45 clinics, employed by 10 voluntary organisations for community embeddedness. Some CLWs specialise in specific referral areas, like homelessness in Edinburgh or asylum-seekers in Glasgow, providing tailored support for vulnerable populations. Initial mapping shows that most local authorities have access to a social prescribing programme.

The Scottish Social Prescribing Network (SSPN), established in 2020 amid COVID-19 and funded by the Scottish Government, spearheads social prescribing's strategic direction.[25] It collaborates with the government to influence strategies and policies, with responsibility residing in the Public Health Directorate. The 2023 Chief Medical Officer's report endorsed social prescribing as an eco-friendly prescribing tool and commended link workers for holistic patient support, aligning with the report's framework for prescribing decisions that minimise pharmaceutical pollution.[26]

Wales

The Welsh model decentralises social prescribing from primary care settings. It connects people to local resources: community groups, services, spaces, and individuals.

Health System Context

Health care in Wales is provided by the Welsh health service, NHS Wales – providing free health care to its population. It has had a statutory requirement since 2016 to work within Regional Partnership Boards to deliver integrated health and social care services. NHS Wales comprises of the full range of organisations in NHS Wales. **This includes:**

- 7 local health boards, integrated primary, community, secondary and tertiary care services,
- 3 NHS trusts, Welsh Ambulance Service (WAST), Public Health Wales, Velindre NHS (Cancer),
- Health Education & Improvement Wales,
- Digital Health and Care Wales.

Social Prescribing Developments

The Welsh model decentralises social prescribing from primary care settings. It connects people to local resources: community groups, services, spaces, and individuals. The approach is tailored and person-centred, addressing unique needs. Providers span third sector, housing, local authorities, and education – beyond health care settings.

Figure 2: Social prescribing referral pathway in Wales. Taken from Gov.wales[27]

In December 2023, the Deputy Minister for Mental Health and Wellbeing launched the National Framework for Social Prescribing (NFfSP)[27]. The NFfSP aligns a common vision for social prescribing across Wales, supporting its growth through high-level standards within an integrated system. It develops a shared understanding of terminology and delivery approach, upskills the workforce, ensures quality community provision, enables monitoring and evaluation, and improves outcomes for all stakeholders. The Framework aims to facilitate a unified, high-quality approach as social prescribing expands in Wales.

Figure 3: Core objectives of the NFfSP. Taken from Gov.wales.

The National Framework for Social Prescribing (NFfSP) has produced an explainer video[28], glossary[29], and case studies[30] for shared understanding. It includes a competence framework for practitioners and guidance on core data collection for performance monitoring. The NFfSP also outlines national standards for quality community assets and a specification detailing Wales' social prescribing model, outcomes framework, and commissioning principles.

Northern Ireland

Social prescribing in Northern Ireland is primarily delivered through SPRING, a network of 30 community organisations providing services across Northern Ireland and Scotland.

Health System Context

Northern Ireland has a publicly funded health system with an integrated health and social care service (HSC). The Northern Ireland Executive, the devolved government in Northern Ireland, is responsible for funding HSC through its Department of Health. The Health and Social Care board, along with its 5 health and social care Trusts, are responsible for delivering primary, secondary and community health care.

Social Prescribing Developments

Social prescribing in Northern Ireland is primarily delivered through SPRING, a network of 30 community organisations providing services across Northern Ireland and Scotland. After referrals from partnered primary care professionals, SPRING's link workers co-design personalised wellbeing plans connecting individuals to community activities using a digital platform.

Another notable initiative was mPower, a 5-year (2017-2022) cross-border pilot involving Northern Ireland, Republic of Ireland, and Scotland. Community Navigators (link workers) collaborated with those aged 65+ referred from health and care services. They developed wellbeing plans linking older adults to local community resources and support for improving overall health.

Republic of Ireland

In 2017, the All-Ireland Social Prescribing Network was established with the purpose of championing social prescribing "so that it is valued and understood across the island of Ireland".

Health System Context

Ireland's public health care system, Health Service Executive (HSE), offers free health and personal social services to its residents. HSE has four administrative areas––HSE Dublin Mid-Leinster, HSE Dublin North-East, HSE South and HSE West––which are in turn divided into 32 Local Health Offices.

The network of Local Health Offices provides community health care services, including primary care, community welfare and psychiatric services.

Social Prescribing Developments

Social prescribing in Ireland emerged as a grassroots partnership between the health service and community voluntary sector. Services are now available in over 30 locations, including acute hospitals. In 2020, Dublin's St James' Hospital appointed a link worker at The Mercer's Institute for Successful Ageing. Comprehensive geriatric assessments at St James' Hospital screen for psychosocial needs. To address these identified non-medical needs, a local asset mapping (LAMP) web tool was developed to link patients to relevant community services and assets benefiting their health and wellbeing through social prescribing.[31]

Social prescribing has significant policy backing in Ireland. The 2020 Programme for Government sought to expand social prescribing[32] and it has been cited as a key enabler in "Sharing the Vision 2020 – 2030" mental health policy, linking those with mental health difficulties to appropriate community support.[33] Other key policies committed to social prescribing include the Sláintecare Implementation Strategy and Action Plan (2021 – 2023)[34], and the Healthy Ireland Action Plan (2021 – 2025).[35] It is also being increasingly integrated into other national health programmes. The "Healthy Communities" project targets disadvantaged areas for health and wellbeing improvement with a suite of initiatives, including social prescribing.

In 2017, the All-Ireland Social Prescribing Network was established with the purpose of championing social prescribing "so that it is valued and understood across the island of Ireland".[36] The network includes representatives from the health service, academia and the community and voluntary sector North and South of the Island of Ireland.

Canada

The Canadian Institute for Social Prescribing (CISP), an intersectoral collaboration led by the Canadian Red Cross and funded by the Public Health Agency of Canada and private donors, serves as the national hub.

Health System Context

Delivery of health care in Canada is primarily the responsibility of the 13 provincial and territorial governments in the country, with financial support from the federal government through health transfers. Provinces face immense challenges necessitating reform: nearly 5 million lack a primary care provider, emergency room closures due to staffing shortages, surgical waiting lists growing, and burned-out health care workers forced into overtime hours.[37] Additional hurdles include fragmented systems[38], overwhelmed hospitals, and an aging population's unmet long-term care needs.[39] Reform efforts also aim to better address social determinants of health, like Nova Scotia's plan focusing on collaborative family practice teams better connected to communities as part of a health neighbourhoods' approach.[40]

Social Prescribing Developments

Social prescribing initiatives are growing rapidly in Canada, with diverse geographical scope, delivery mechanisms and public and private funding sources. Province-wide initiatives like the United Way British Columbia Healthy Ageing[41] and Alberta Healthy Aging's social prescribing for older adults[42] are partially supported by government investments and embedded across the community sector.

Others are rooted in comprehensive primary care teams with a strong focus on improving health equity, including Community Health Centres under the Alliance for Healthier Communities[43] and St. Michael's Academic Family Health Teams in Ontario.[44]

Health systems such as Nova Scotia Health in Atlantic Canada is also increasingly exploring how social prescribing can complement existing care and resources.[45] Additionally, local pilots with focus on children and youth, Black Health, arts and culture, official language minority communities, caregivers and other specific populations and prescriptions all contribute to a rich and expanding movement to connect health and social care in Canada.[46]

The Canadian Social Prescribing Student Collective also support student leaders in educating their peers in universities and colleges across the country, advocating for education and policy change and supporting local implementation.[47] There is an emergent focus from researchers and academics to explore the application and impact of social prescribing in the Canadian context.

The Canadian Institute for Social Prescribing (CISP), an intersectoral collaboration led by the Canadian Red Cross and funded by the Public Health Agency of Canada and private donors, serves as the national hub.[48] CISP advances social prescribing by raising awareness, sharing knowledge, fostering collaboration, gathering best practices and evidence, and advocating for societal change towards better connectivity and resilience.

USA

Health System Context

The US health system is a mix of public and private insurance, with for-profit and non-profit insurers and health care providers. The US does not have universal health coverage – approximately 7% of the population (25 million people) remain uninsured. However recent reforms, such as the Affordable Care Act (2010) have sought to increase health insurance coverage for people who are financially constrained.

The two predominant public insurance programs are Medicaid and Medicare. Medicare is a fee-for-service federal health insurance program for people aged 65 or over, young people with certain disabilities, and people with End-Stage Renal Disease. Medicaid is a state-administered, means-tested health insurance program that provides health and medical services to families with limited resources and low income, the blind, and individuals with disabilities.

Social Prescribing Developments

Though there is no national policy or framework yet developed on social prescribing in the US, interest in social determinants of health has long been growing among both the federal government and state insurance providers.

In 2016, the Centre for Medicare and Medicaid Services (CMS) created the Accountable Health Communities model to better support local communities to address the health-related social needs of Medicare and Medicaid beneficiaries.[49] Addressing social determinants of health (SDOH) has become an increasing priority in health care. With both the Joint Commission (JC) and CMS emphasizing their importance, health care organisations must implement comprehensive frameworks for collecting SDOH data and developing intervention plans. By doing so, hospitals can better serve their patients holistically, leading to improved overall health outcomes and a reduction in health disparities. While some plans are still voluntary, other aspects have become required, such as CMS now requiring reporting for the screening of five specific SDOH domains for admitted patients: food insecurity, interpersonal safety, housing insecurity, transportation insecurity, and utilities.[50] There are creative solutions being explored and implemented for Medicaid to cover specific SDOH as well.

In 2019, the National Academies for Sciences, Engineering and Medicine published the consensus study report, *Integrating Social Care into the Delivery of Health care*.[51] Among its conclusions on how best to integrate social care in health systems and facilitate activities that address social risk factors of poor health, it recognised the need to understand existing social care assets within the community, and partner with social care organisations to advocate for further investment and creation of social assets that address social and health needs.

Community resource directories such as 'Unite US' and 'WellSky' exist as referral platforms designed "to bridge gaps in community care" and state-wide community exchanges are being explored. In the for-profit health insurer sector, Kaiser Permanente offers a 'Community Health' program – screening members for social needs and connecting them to community-based resources suited to their personal circumstances.[52]

More recently in the US, health sciences students have begun driving momentum toward social prescribing practice and policy. In 2021, students from the Harvard Global Health Institute collaborated with other social prescribing student movements to create a student framework, detailing necessary steps to mobilise student engagement with social prescribing, and to establish peer-to-peer teaching.[53] In 2022, Students established the Harvard undergraduate initiative, Students for Social Prescribing. In 2023, in coordination with Social Prescribing USA and the Global Health Institute, they launched the U.S. Social Prescribing Student Movement and have supported development in at least four other universities.[54]

In 2023, UF's Centre for Arts in Medicine released the "Arts on Prescription" guide with partners. Their EpiArts Lab conducts U.S. cohort studies on arts engagement's health impacts, explores social prescribing implementation, and develops core outcome sets for issues like racism, trauma, isolation, mental health, chronic diseases, and key common outcomes for social prescribing research.[55] The U.S. Surgeon General also issued an advisory highlighting loneliness and isolation's devastating impact[56], while co-chairing a new WHO Commission on Social Connection to address loneliness as a health threat and scale solutions globally.[57]

Portugal

Health System Context

Portugal's health care system comprises three overlapping components: the National Health Service (NHS) providing universal coverage for comprehensive services through primary and hospital care, supplemented by private entities; health subsystems offering special insurance for public service occupations; and voluntary private health insurance. The NHS is restructuring into Local Health Units (ULS) with integrated primary and secondary care under centralised management, reinforcing health promotion, disease prevention, and seamless care navigation. Changes also include expanding Integrated Responsibility Centres (CRI) for reorganising NHS professionals' work in hospitals.

Social Prescribing Developments

Portugal's social prescribing movement emerged in 2018 with a pilot project at USF Baixa primary care unit in Lisbon. The National School of Public Health – NOVA University assisted in planning, implementation, monitoring, evaluation, and continuous improvement of the social prescribing initiative.

Since the pilot, there have been signs of political commitment for social prescribing in Portugal. In 2020, Lisbon City Council funded ENSP NOVA to monitor and evaluate the USF Baixa pilot.[58] In 2021, the Health Parliament's Mental Health Commission recommended national investment and upscaling[59], while the Parliament highlighted recruiting more social workers for primary care implementation.[60] The 2023 National Health Plan 2030 aligns with social prescribing's objectives, like optimising cross-sector partnerships, promoting health environments, active ageing, sustainable health care, and person-centred care integration.[61] However, no national social prescribing programme is yet implemented or government supported.

The primary care-based model of social prescribing is most commonly implemented in Portugal, involving health professionals referring patients to link workers (social workers) in Health Units. Link workers co-produce personalised social prescribing plans, connecting patients to over 40 third-sector partners in Lisbon providing community services like migration support, employment training, food banks, local authorities, NGOs, community associations, and cultural institutions for holistic health promotion.

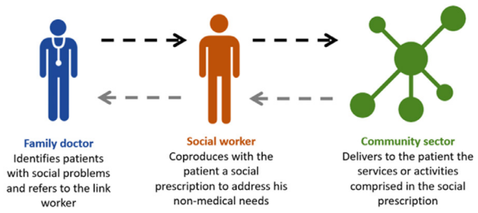


Figure 4: Portugal's model of social prescribing. The social worker (link worker) refers patients to community services or activities partnered with the social prescribing programme in Lisbon.

Social prescribing is implemented in 5 Lisbon family health units and various regions' health units, councils, and community organisations. New initiatives develop social prescribing for specific populations like cultural prescription, elderly mental health, and youth social inclusion. ENSP NOVA participates in international consortiums for developing social prescribing research, implementation, and evaluation concepts and methodologies, including COPE – a European Commission funded project using social prescribing and relational proximity to support young people not in employment, education or training.

The Social Prescribing Portugal network launched 9th April 2024 with institutional support from the NHS Executive Board, Portugal Social Innovation, Social Security Institute, Directorate-General for Health, Lisbon and Tagus Valley Regional Coordination and Development Commission, and Platform Health in Dialogue, aims to increase understanding of social prescribing nationwide. To aid dissemination, ENSP NOVA is developing a social prescribing training course for health professionals, link workers, and community leaders, while also producing a Portuguese guide to assist in implementing social prescribing initiatives.

Spain

Health System Context

Spain has a decentralised health system that offers universal and public health coverage consisting of three organisational levels:

1. **Central (Organizacion de le Administración Central)**
   Consists of the Ministry of Health which is responsible for ensuring full health coverage across all autonomous regions. They are also charged with issuing health proposals, and creating and implementing health guidelines
2. **Autonomous Regions (Organizacion Autonomica)**
   There17 autonomous communities which are responsible for offering integrated health services to their regional populations
3. **Local Health Areas (Areas de Salud)**
   Responsible for managing and delivering health services locally at every community level. Primary care centres facilitate these health services with multidisciplinary health professionals at the local level.

Social Prescribing Developments

Spain's regional autonomous communities creates diversity in the delivery and implementation of social prescribing. Social prescribing in Catalonia is integrated within patients' electronic medical records, where a directory of community activities is listed and can be filtered by themes. This allows primary care physicians, nurses or in-clinic social workers to make immediate referrals, and conduct follow-ups and evaluations after the referral and social prescription.

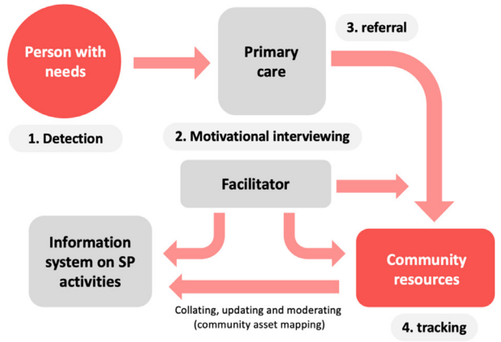


Figure 5: Spanish model of social prescribing. The patient referral pathway includes (1) detection, (2) motivational interviewing and (3) referral. "Tracking" of community resources involves mapping appropriate and available services for referrals.

Figure 6: social prescribing workshop for the elderly in Spain focussing on physical activity and outdoor exposure with group exercises.

The General sub-Directorate of Drug Addiction offers an accredited 8-hour training programme that enables physicians to make accurate and appropriate referrals. A further 3-hour course is also available to enable referrers to become "agents" within their health centres, disseminating information on social prescribing back to their team, explaining the model of social prescribing and encouraging uptake of social prescriptions within the clinic.

Netherlands

Social prescribing was formalised in the Netherlands with the establishment of

“Welzijn op Recept”

(Wellbeing on Prescription) in 2011, and a national knowledge network of primary care providers, welfare workers, and policy officials in 2018.

Health System Context

The Netherlands has a universal social health insurance system with a mix of public and private insurance. All residents are required to purchase statutory health insurance from private insurers based on individual needs – there is no family coverage. Children under 18 years of age are automatically covered according to their guardian’s chosen health insurance. Insurers are required to accept all applicants and people have the right to change their insurer each year.

The national government sets out health care priorities and legislative changes. Most medical care is the responsibility of insurance companies. The Netherlands has 342 municipalities and 3 ‘special overseas municipalities’. These municipalities are responsible for overseeing social health care services, preventative screenings, public health and outpatient services across the region.

Social Prescribing Developments

Social prescribing was formalised in the Netherlands with the establishment of “Welzijn op Recept” (Wellbeing on Prescription) in 2011 and a national knowledge network of primary care providers, welfare workers and policy officials in 2018[62]. The aim of the Wellbeing on Prescription network is to advocate for municipalities to implement and practice social prescribing. In 2022, a new national health policy agreement for 2022–2026 was developed and published in the Netherlands. One of the five mandatory regional programs under this policy is “Welzijn op Recept” (Wellbeing on Prescription).

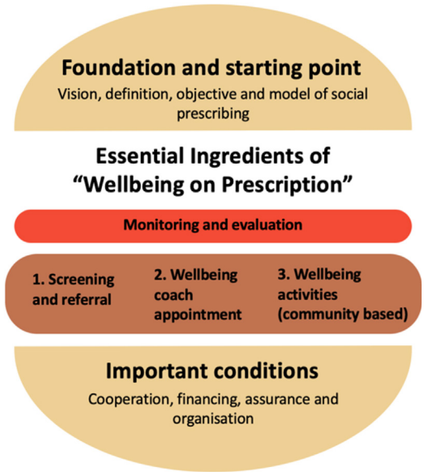


Figure 7: Social prescribing model in the Netherlands represented as a burger. The “meat” of the model describes the referral pathway, including an appointment with the “wellbeing coach”. Adapted from Welzijn op Recept website [62]

The Dutch model is based on “positive health”, “positive psychology” and “social identity theory” – focusing on wellbeing rather than addressing deficits with medical treatments. Within two weeks of a primary care referral, a “wellbeing coach” (link worker) conducts an intake interview to customise a wellbeing plan matching the patient’s needs. The coach is well-integrated into the local community and is able to refer people to suitable activities within the municipality. The wellbeing coach also examines for problems with finance, safety or housing, and helps accordingly.

Dutch wellbeing coaches are social workers trained in Wellbeing on Prescription by the social workers union and the National Welzijn op Recept network.

Finland

Lapland is the first region in Finland to incorporate social prescribing link workers into their model. Lapland uses a 'rural model' for social prescribing.

Health System Context

Finland has a publicly funded, decentralised health system providing universal care, social welfare, and rescue services. The national Ministry of Social Affairs and Health sets strategies and priorities, while 293 municipalities implement and promote health and wellbeing locally.

The recent health and social services reform established 21 new regional "wellbeing service counties" responsible for delivering health services within their borders. These counties must promote residents' health and wellbeing related to their statutory tasks.

The counties offer social and health care services through centres and hospitals. Access to specialised secondary and tertiary hospital care requires a general practitioner's referral. The city of Helsinki retains responsibility for organising its health, social, and rescue services independently.

Social Prescribing Developments

Lapland is the first region in Finland to incorporate social prescribing link workers into their model.

Following a government-funded pilot project, Lapland uses a "rural model" for social prescribing, which comprises of three elements:

1. Identifying needs and referrals: health and social care professionals, alongside employment services, can refer people to social prescribing
2. Link worker: the link worker consults with the person, co-designing a social intervention suited to individual needs. Municipalities are responsible for coordinating link workers within the region. Several link workers work part-time and are employed by either the municipality, NGOs, or private services.
3. Community based support and development: there is a network of community activities at the municipality level including services from NGOs, parishes, authorities and the voluntary third sector. These services are incorporated into the municipalities statutory account and plan on wellbeing.

The Ministry of Social Affairs and Health is investing €25 million in "low threshold wellbeing services" and social prescribing is included in the certain wellbeing services counties. There is further scope and opportunities for future development and upscaling of social prescribing. This will predominantly focus on testing different social prescribing models in other cities and developing the link worker model for workforce.

Italy

In Italy, social prescribing has not been formalised in structure, however there are certain initiatives that carry its underlying principles in practice – connecting patients to community services according to their psychosocial needs and desires.

Health System Context

Italy's national health service, Servizio Sanitario Nazionale (SSN), is decentralised and regionally-based across 19 regions and 2 autonomous provinces. These regions independently and autonomously provide health care services through 100 local health units which offer primary, secondary and tertiary health and social care services to the local population. Italy has achieved universal health coverage for all legal residents. The main source of financing the health system is national and regional taxes supplemented by co-payments for pharmaceuticals and outpatient care.

Social Prescribing Developments

In Italy, social prescribing has not been formalised in structure, however there are certain initiatives that carry its underlying principles in practice – connecting patients to community services according to their psychosocial needs and desires. One example is "Social Circles" which takes place across local community centres and involves elderly members in organised socialising activities, including walking tours and going to the theatre. This initiative is not spread nationally, and is distributed across typical urban-rural divides, and North-South disparities found across Italy. Though such initiatives deliver some therapeutic benefit, there is a need to develop long-term sustainable plans with monitored evaluations to build up the evidence base and upscale the social prescribing movement nationally and equally across Italy.

Recently, the EU-funded COPE project implemented and evaluated an integrated social prescribing intervention across 4 countries including Italy. It targeted socially excluded youth (NEETs – Not in Education, Employment or Training)[63]. Social prescribing is increasing in popularity and formalisation of approaches in Italy, though a comprehensive national strategy is still lacking.

Germany

In Germany, the main barrier to nationally upscaling and implementing social prescribing, and similar holistic interventions, is the fragmentation of financing health and social care across different sectors.

Health System Context

Germany has a universal, multi-payer health care system predominantly financed by a mandatory statutory health insurance. This offers inpatient, outpatient, mental health, and prescription drug coverage. Administration is handled by non-governmental insurers known as "sickness funds" (Krankenkassen). Sickness funds are predominantly financed by general income contributions taxed at around 15%.

Social Prescribing Developments

Social prescribing is not yet a formalised practice in Germany, however the need for holistic, patient-centred care addressing patients' health-related social needs is recognised and practiced. In 2017, a community health advice and navigation service was set-up in a northern district[64]. Nurses and social workers offer health advice and refer patients to local community services based on personal needs.

Primary health centres can be community-orientated too, aiming to improve patients' social determinants. 'Poliklinic Veddel' is a community health centre that routinely screens for social determinants with the aim to "create a wide range of health services that address the complex situations in life that make people sick"[65]. GeKo Health Centre opened in 2022 and offers health care services to encourage disease prevention and health promotion[66, 67].

The association for statutory health insurances at the federal level has also produced guidelines in offering disease prevention services. The framework includes courses to motivate insured people in a health-promoting manner with guidance on exercise, nutrition, and stress management.[68]

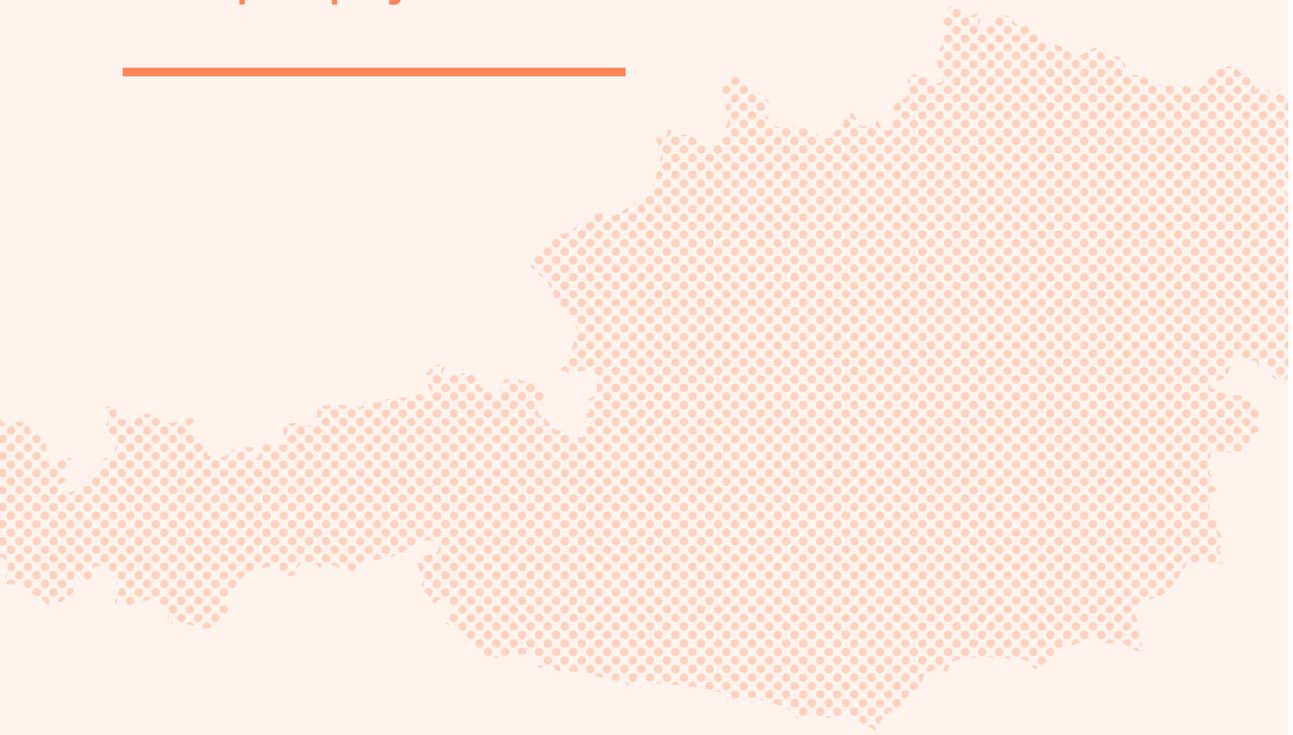
In Germany, the main barrier to nationally upscaling and implementing social prescribing, and similar holistic interventions, is the fragmentation of financing health and social care across different sectors. While health insurances, nursing care insurance and other health-related insurances are responsible for health care, social care is paid for by other stakeholders on different levels. An integrative financial model for health and social care could better facilitate a national model and practice of social prescribing.

Following the first German Social Prescribing Conference in April 2023, the Social Prescribing Competence Network (Kompetenznetzwerk Social Prescribing) was formed. This network brings together over 150 members from Germany and Austria interested in social prescribing. Its key goal for 2024 is establishing standardized German translations for core social prescribing terminology.

Austria

98%

of patients recommended social prescribing to others in the pilot project.



Health System Context

The Austrian health system is financed by a mixture of income-related social security contributions, tax-financed public funds and private co-payments in the form of direct and indirect cost sharing. A key feature of the Austrian health care system is equal and easy access to all health care services for all. 99% of the population is covered by social insurance. Responsibilities for the organisation of the health system are essentially divided between the federal government, the Länder (the federal state), the municipalities and the social insurance system as a self-governing body.

Social Prescribing Developments

Social prescribing has been gaining attention since 2019. As part of the Health Promotion 21+ program of the Austrian federal Ministry of Social Affairs, Health, Care and Consumer protection, the first Social Prescribing in Primary Care funding call was launched in 2021. It enabled nine facilities to set up social prescribing.

The social prescribing model piloted was based in primary care settings, where referrals were made through health care professionals who were initially trained to become familiar with the concept of social prescribing and the link working method. The link workers were health professionals including nurses and social workers in the primary care facility who worked with patients to identify resources and needs and referred patients to appropriate community services. Almost all patients from the first social prescribing call (98%) recommended social prescribing to others[69].

A policy brief highlighted 7 key recommendations to upscale social prescribing in Austria.[70] This included:

- Develop an ideal model of social prescribing in Austrian primary care, to clarify what social prescribing is and isn't.
- Fund more social prescribing projects within primary care, to understand how to effectively implement social prescribing.
- Learn and exchange with other countries on best practices for implementing social prescribing.
- Establish a national centre for social prescribing.
- Provide competency training for health care professionals on what social prescribing is and how to effectively carry out the link worker role.

Following these recommendations, an ideal model for social prescribing in Austria was published in late 2023.[71] To increase awareness about social prescribing, early childhood intervention, community nursing, and their synergy potential, a factsheet was developed. An online self-paced awareness training was launched to familiarise health care professionals with social prescribing. To support practitioners that already implemented social prescribing in identifying and addressing the need for social prescribing, a conversation guide was developed.[72]

A call for further funding for social prescribing in primary and paediatric care was recently launched. It enables 15 additional institutions to set up and expand social prescribing services. The funding call is supported by the Austrian National Public Health Institute.

Poland

Health System Context

Poland offers free public health care through a social health insurance system delivered by its national health service, Norodowy Fundusz Zdrowia (NFZ). The NFZ is financed by insurance fees taxed at 9% of personal income – this makes up the National Health Fund (NHF), which is responsible for the organisation and access to health care services in Poland. Municipalities manage primary care, counties are often responsible for smaller county hospitals, and voivodships (regions) are responsible for larger district hospitals. Access to specialist and acute health care services are mostly dependent on primary care referrals.

Social Prescribing Developments

Poland has yet to formally implement social prescribing in policy and practice. However there have been advancements towards proactive personalised care and disease prevention programmes suggesting wider future support for social prescribing implementation. In 2019, the NHF financed "Primary Health care PLUS", a 3-year pilot project that introduced a primary-care model based on coordinated, proactive and preventative methods.[73] Similarly, the "40 Plus Prevention Programme" implemented in 2021[74] aims to diagnose common diseases at an earlier stage. The wider focus to move Polish health care from reactionary 'sick-care'––that only seeks to mitigate disease symptoms––to disease prevention and health creation, creates a window of opportunity for national adoption of social prescribing.

There have been advancements towards proactive personalised care and disease prevention programmes suggesting wider future support for social prescribing implementation.

India

ASHA workers share similar roles to social prescribing link workers. They are described as:

"health activists in the community who will create awareness on health and its social determinants and mobilise the community towards local health planning and increased utilisation and accountability of the existing health services."[75]

Health System Context

India has a multi-payer health care model. It is reaching universal health coverage following the launch of the Ayushman-Bharat (AB) programme in 2018, a national, publicly-funded health insurance programme providing hospital care coverage for 40% of India's population classed as poor or low-income.

States within India are independently responsible for providing health care, creating a variation in service delivery, availability and access.

Social Prescribing Developments

India is yet to formally implement social prescribing. However, the focus on community health, improving social determinants of health, and removing inequities in health care access are widely practiced. Most importantly, these programmes feature a link between medical clinics and community-based support.

The Accredited Social Health Activist (ASHA) Programme was launched in 2006 and now has around 1 million ASHA workers. 'Asha' is Hindi for 'hope'. The programme's stated mission is to work with the rural and urban poor to create long-term, sustainable transformation to their quality of life. To achieve this, ASHA has a three-tiered model for delivering health care services. The first level has local women trained to be ASHA workers (community health volunteers). Responsibilities of ASHA workers are similar to social prescribing link workers in the UK.

Figure 8: ASHA worker raising health awareness in local village. Taken from asha-inda.org[76].

Iran

The link working role was given to Behvarzes (rural health care staff) due to their knowledge of the local village context and the organisations they could make appropriate referrals to. Behvarz combines the Persian words “Beh” (wellbeing) and “Varz” (skill).

Health System Context

Health care in Iran is based upon the public-government system, the private sector and non-governmental organisations (NGOs). The Ministry of Health and Medical Education is responsible for the administration and delivery of health services in Iran overall.

As part of its expanding Primary Health Care programme, access to health services have improved in rural areas through ‘health houses’. Health houses are small medical facilities that provide basic medical services to rural communities. There are currently over 17,000 health houses in Iran.

Health care and medical education are integrated in the country. This allows easier placement of medical students to health houses, improving the understanding of the importance of community health amongst the future health workforce.

Social Prescribing Developments

Social prescribing developments in Iran are taking shape. In 2019, social prescribing was proposed as a cost reduction polic to the Ministry of Health though health leadership remains.

All medical schools in Iran now teach social prescribing to some level, yet it remains to be formally introduced into medical school curricula. From 2018 – 2020, a social prescribing programme for medical school interns was piloted by Dezful University of Medical Sciences.[77] Students attended rural health service centres and implemented social prescribing principles into their learning and clinical practice. The link working role was given to Behvarzes (rural health care staff) due to their knowledge of the local village context and the organisations they could make appropriate referrals to. Behvarz combines the Persian words “Beh” (wellbeing) and “Varz” (skill). The future possibility to upskill Behvarzes to incorporate the link worker role has been considered, but recent data points to occupational burnout in their role due to ever-expanding responsibilities.[78]

In 2019, a workshop on social prescribing was held with health-related NGOs in Tabriz city with the aim to raise awareness and uptake of social prescribing in voluntary organisations. A training programme for primary care physicians on social prescribing is currently being designed and in development.

Japan

In 2021, the Ministry of Health, Labour and Welfare (MHLW) appointed its first Minister for Loneliness to address a social isolation crisis and rising suicide rates.

Health System Context

Japan has a statutory health insurance system which covers 98.3% of its population. The remaining citizens are covered by the Public Social Assistance Program made for poorer citizens unable to pay for health insurance. The statutory health insurance system contains two types of mandatory insurances:

- Employment-based plans
- Resident-based insurance plans

Each of Japan's 47 regions has its own resident-based health insurance plan. There are also over 1,700 municipalities responsible for organising health promotion activities for their residents.

Social Prescribing Developments

Since 2018, several organisations have been established to address loneliness and isolation through social prescribing. These initiatives include clinical activities like palliative care, creating opportunities for social interaction in local communities, and promoting research on social prescribing.

In hospital settings, the Saitama Medical Co-op Hospital, classified as a 'health promoting hospital', addresses patients' social determinants of health and other social issues such as poverty and isolation. Health professionals can refer patients to medical social workers, who introduce them to community volunteer groups. Medical social workers also provide consultations on financial assistance and help with applying for public aid.

The Ishizaka Neurosurgery Hospital in Nagasaki implements social prescribing as well. Link workers connect patients in the hospital and nursing home to community-based activities, particularly those involving children. These activities create spaces for older people and children to socialize, preventing loneliness and isolation. The link workers are financed by the hospital. A team from Kyoto university has developed a social issue screening questionnaire for patients, which has been implemented in multiple hospitals nationwide and cohort study using the data is developing.[79]

There are also plans for the Ministry of Health to establish "Community-based Integrated Care Systems" that ensures the provision of health care, nursing, disease prevention, housing and livelihood support through Seikatsu Shien workers (life support workers). In 2021, the Ministry of Health, Labour and Welfare (MHLW) appointed its first Minister for Loneliness to address a social isolation crisis and rising suicide rates. It also launched a model project for social prescribing.[80] MHLW is currently compiling the model project, now in its third year, and is considering future policy recommendations. In 2024, the Law on the Promotion of Measures to Prevent Loneliness and Isolation endorses social prescribing as one of its specific activities.

Figure 9: Social prescribing workshop in Ishizaka Neurosurgery Hospital in Nagasaki. Patients receiving post-operative care can go to workshops with local children, encouraging intergenerational socialisation.

Singapore

Health System Context

Singapore's health system provides universal health coverage through a mixture of direct government subsidies, compulsory comprehensive savings, a national health care insurance, and cost sharing. Direct government subsidy is complemented by an insurance system popularly referred to as the "3M":

- **MediLife:** a low-cost universal basic health care insurance for all citizens and permanent residents. Premiums can be paid out of MediSave accounts.
- **MediSave:** a mandatory health savings account that is used for payment of future medical expenses as well as premiums of medical insurance policies. Workers below the age of 55 are required to deposit a percentage of their earnings. Contributions can be proportionately matched by employers. Funds can be pooled within and across an entire extended family. It covers most out-of-pocket payments.
- **MediFund:** a government endowment fund for those who are unable to meet their contribution to health care. The amount of funding and coverage is dependent on the individuals' income, health condition, and socioeconomic status.

Singapore's public health system — including public hospitals, polyclinics and speciality centres — is divided into three integrated clusters:

1. Central region
2. Eastern region
3. Western region

Each of these clusters offer health services from primary care to tertiary care and collaborate with community and long-term care providers.

Healthier SG, Singapore's public health initiative launched in July 2023, prioritises preventive health care through a multi-pronged approach. Recognising health is determined by home and community environments, it significantly features social prescribing to address social determinants influencing health outcomes. The initiative emphasises collaborative efforts between health care professionals, social service agencies and patients, with primary care integrating health and social interventions through personalised care plans[81].

Social Prescribing Developments

Singapore initiated social prescribing pilots in 2019 across community hospitals, starting with SingHealth Community Hospitals in the Eastern region. These hospitals provide rehabilitative and convalescent care after acute hospital discharge, focusing on optimising patients' reintegration into the community for independent living.

At SingHealth Community Hospitals, wellbeing coordinators screen patients with socially determined health issues, inviting them to participate in social prescribing. They recommend suitable inpatient engagement activities based on individual interests, collaborating with various institutions and community partners to provide a wide range of options like karaoke, gardening, art, pet therapy, craft sessions and hairdressing. Most patients are aged 60+ with complex health and social care needs, requiring a 28-day average stay before returning to community living. This duration allows coordinators to build therapeutic relationships, co-develop social prescribing plans and encourage wellbeing-supporting activities post-discharge.

The Singapore Community of Practice in Social Prescribing (SCOMP) facilitates shared commitment across sectors like health care, social care, arts, heritage, city planning, academics and policymakers. With the SingHealth Office of Learning as secretariat, it has garnered nearly 500 members. Additionally, the NHG Cares Alliance for Social Prescribing (NCASP) comprises organisations spanning primary care, community care and tertiary care. It aims to develop models, establish health-social integration strategies, and build capabilities with stakeholders.

Following the introduction of social prescribing in Duke-NUS' medical school curriculum, Yong Loo Lin School of Medicine at the National University of Singapore has also incorporated social prescribing into its Family Medicine curriculum.

Malaysia

Health System Context

Malaysia has a tax-funded, government-run health system. The Ministry of Health is the main provider of health care services to the public; it is decentralised and organised across federal, state and local levels. In addition, 43% of Malaysian have health insurance and are able to access well-equipped private hospitals staffed by well-trained specialists.[82] However, community-based primary health care remains fragmented is accessed out of pocket by private general practitioners or taxation-funded health clinics.[83]

Social Prescribing Developments

Social prescribing is not a formalised practice in Malaysia, however there are initiatives that address patients' isolation from communities due to ill-health, like "social participation". Researchers and academics in Malaysia have published widely on social participation and its positive effects on older adults' wellbeing.[84–87] Social participation is often described as "a person's involvement in activities providing interactions with each other in society or communities". It is considered a protective mechanism against age-related diseases but not yet realised for its potential to relieve health system burdens through health promotion and disease prevention across all demographics.

There are goals to expand social participation by establishing a Senior Citizen's Activity Centre in every parliamentary constituency, and further commitments are expressed as policy focus in the Twelfth Malaysia Plan – an annual governmental policy document outlining guidelines for national development.[88] A complete list of Senior Citizen's Activity Centres are listed within the Department of Welfare of Malaysia's website.[89] State governments have also taken on active roles in enhancing active living among older adults.[90]

There are some concerns on the use of digital directories for social prescribing activities. Public directories of otherwise covert marginalised community groups, fearful of political and government authority interference, risk their safety.[91] Caution with ethical data regulation and handling must be practised to not betray trust of community stakeholders or imperil their place, presence or purpose which reciprocally affects the capacity and delivery of the social prescribing service. Further, the highly heterogenous population faces issues with religious, political, and cultural sensitivities makes the establishment of support workers for social prescribing within health care organisations challenging. Health care practitioners, however, often establish relationships with local non-governmental organisations, and social and religious groups and selectively offer information based on their patients' characteristics. Realising the potential of social prescribing requires unique and culturally appropriate solutions.

China

Health System Context

China's health care is provided by a publicly funded, basic medical insurance programme. Local governments representing provinces, cities and towns, are responsible for providing health care services to their population.

Social Prescribing Developments

Social prescribing has been implemented as a grassroots level initiative in China with 40 community partners. The focus has predominantly been on older adults' mental health and psychosocial provision through community services. A pilot project was integrated into the wider health system infrastructure by using primary care community health centres to screen for health-related social needs for older adults during their annual health check-up. Community health workers, social workers and the wider mental health support team assumed the role of a link worker by devising plans according to each person's needs with appropriate community services. This team was referred to as the "comprehensive evaluation team" instead of "link workers" to recognise the multidisciplinary nature of health professionals bridging the gap between medical and social care – it was not one single person or profession. A recent qualitative evaluation of this project highlighted implementation gaps like lack of standardised assessment tools, insufficient community resources, and limited integration between medical and social services.[92]

Plans to scale up this initiative has drawn support from the Chinese Society of Geriatric Psychiatry, and guidelines for further social prescribing implementation have been published.[93] They have also collaboratively produced a training curriculum for the comprehensive evaluation team to ensure effective psychosocial screening and appropriate community referrals.

National policy is also now shifting towards health promotion and disease prevention through the Healthy China 2030 Action Plan[94], though social prescribing requires explicit advocating beyond the elderly demographic, recognising its associated society-wide and health system benefits. To facilitate this progression, more research and evidence evaluation is required.

Taiwan

Health System Context

Taiwan has a single-payer compulsory social health insurance plan. Subsidies of up to 100% are available to low-income households. This national health insurance programme has achieved universal coverage within the country. The National Health Insurance Administration, under the Ministry of Health and Welfare, is responsible for health care delivery. 40% of Taiwanese doctors practice in private clinics, 80 to 90% of which are solo practices. However, all private practices and hospitals are non-profit.

Figure 10: Social prescribing workshop in Museum of the Institute of History and Philology with dementia patients.

Social Prescribing Developments

Taipei City Hospital has been implementing social prescribing for dementia patients since 2018, liaising with various agencies to create dementia-friendly communities. Allied organisations include the National Taiwan Museum, Palace Museum, and the National Theatre and Concert Hall. In 2021, Academia Sinica and Taipei City Hospital signed a MOU for organising dementia-friendly social prescription across museum venues. A four-hour training programme was developed for museum workers and frontline workers to learn about dementia and creating dementia-friendly spaces. This was used by 131 people. Other museum-facilitated social prescribing activities occur beyond the capital city, including the National Museum of Taiwan History, Tainan Art Musuem, National Cheng Keng University Museum, Chimei Museum and the National Museum of Taiwan Literature.

Figure 11: Drama exercise in social prescribing workshop for patients with dementia. Over the course of the programme, participants construct a play on their life stories. Friends and family are invited to watch performances at the end of the programme.

Indonesia

Health System Context

Indonesia's health system underwent decentralisation in 1999, devolving health services to provincial and district governments. Challenges include inadequate facilities, workforce shortages, persistent maternal/child health issues, high communicable disease rates like tuberculosis, and rising non-communicable diseases. Overall health indicators like life expectancy and mortality rates have improved, but regional disparities persist in health status, service quality, and accessibility.

A national health insurance scheme (JKN) aimed for universal coverage by 2019. Managing its expansion while containing costs, minimising fraud, engaging the private sector, and maintaining health promotion efforts remains challenging. Health expenditure has steadily increased but remained low at 3.1% of GDP, with a high 60% out-of-pocket burden on households. The Ministry of Health has implemented six pillars of transformation: primary care, referral care, system resilience, financing, workforce, and technology transformation. This aligns with the Indonesia Emas 2045 vision, focusing on improving quality of life and strengthening health care system capacity to face future challenges.

Social Prescribing Developments

In the Indonesian context, the term 'social prescribing' has not been formally defined, conceptualised, or regulated. However, various grassroots initiatives have shared values aligned with the concept. Foundations, such as Yayasan Dokter Peduli, Yayasan Peduli Kesejahteraan Bersama (YPKB), Yayasan Inisiatif Perubahan Akses menuju Sehat (IPAS), and Yayasan Jantung Indonesia, align principles of community empowerment through education, training, and assistance. Other local initiatives like Ling Tien Kung and Wai Tan Kung incorporate community-based exercise for people with diverse health conditions. These activities have gained popularity across several regions due to their positive social impact, demonstrating improvements in physical and mental health, and self-reported wellbeing.

On a national scale, various governed programmes have been implemented, such as the Posyandu (Integrated Service Posts) and Puskesmas (Community Health Centres). Posyandu provides promotive and preventive health services across the life course, primarily running vaccinations, health check-ups for pregnant women and the elderly, under-five children growth monitoring, and health education. Regarding social prescribing, Posyandu involves local female health volunteer (cadres), enabling communities to manage their health, raise public health awareness, and contribute to community empowerment. As for Puskesmas, each centre offers primary and specialised health services, commonly considered the starting point of the health care referral system. Overall, both government and community initiatives aim to improve health care information, access, and enhance the quality of life.

South Korea

South Korea implemented its first social prescribing project pilot in 2019 in collaboration with Yonsei Global Health Centre and the Korean National Research Fund.

Health System Context

South Korea has a universal public health care system, the National Health Insurance Service (NHIS). Health care is provided to all citizens and funded by a public health insurance programme from the Ministry of Health and Welfare. South Koreans are required to contribute to the NHIS through payroll taxes to insure themselves and their dependants. An average of 5% of payroll is deducted out of employees' monthly incomes, divided between the employee and the employer. Low-income households unable to pay National Health Insurance contributions receive health insurance through the Medical Aid Programme, facilitated by central and local governments.

Despite social health insurance, approximately 77% of South Koreans pay for private health insurance. This is predominantly due to the national health plan only covering a maximum of 60% on medical bills.

Social Prescribing Developments

South Korea implemented its first social prescribing project pilot in 2019 in collaboration with Yonsei Global Health Centre and the Korean National Research Fund. Partnerships with third sector stakeholders allowed for the use of accessible venues within the local community and a range of social prescribing activities. The project was targeted to seniors from the local welfare centre aged 65 years old or over and diagnosed with mild depression.

Over the course of 10 weeks, intervention programs included music therapy, physical activities (stretching, practicing deep breathing, and joining an indoor walking program), handcraft classes and a community farm project, where volunteers were responsible for planting and taking care of vegetable patches. Findings and reports from this project were presented in various academic publications.[95,96] An evaluation of the pilot project found statistically significant reduction in loneliness and increase in self-esteem scores.[97] Considering the COVID-19 public health countermeasures of social distancing and lockdowns, digital 'non-contact' social prescribing is now under development.

Further plans to implement social prescribing within a new integrated community care model are being considered. Following the pilot project, Yonsei Global Health Centre has partnered with Korea International Cooperation Agency (KOICA) to support social prescribing implementation in Paraguay and Ethiopia.

Australia

Health System Context

Australia has a universal public health insurance programme called Medicare, funded by the Commonwealth Government, covering primary care, pharmaceuticals, and other medical services. Incentives encourage enrolment in supplementary private health insurance to alleviate pressure on the public system, with rebates offered for lower-income households and additional taxes imposed on high-income households without private cover[98,99]. Nearly half of Australians purchase private insurance to cover services like private hospitals, dental care, and physiotherapy not included in Medicare. State governments manage hospital services, community health, public housing, social services, and local initiatives, ensuring a comprehensive system addressing national strategies and local needs.

Social Prescribing Developments

Social prescribing implementation in Australia is widespread and evolving but remains to be scaled nationally. Approaches to social prescribing are largely guided by policies overseen by the Commonwealth Department of Health and Aged Care, including the 'National Preventive Health Strategy 2021–2030'[100] and the '10 Year Primary Health Care Plan (2022–2032)'.[101] The Primary Health Care Plan also directs regional Primary Health Networks to trial local social prescribing approaches. While these Commonwealth-funded trials are conducted nationally, their scale remains limited.

Concurrently, the Department of Health and Aged Care has commissioned the Mitchell Institute to explore integrating social prescribing models into primary care through the 'Social Prescribing in the Australian Context: A National Feasibility Study'. The Health Minister has expressed commitment to addressing social determinants of health, identifying social prescribing as a key innovative approach.[102] Social prescribing was also highlighted in the Commonwealth Royal Commissions for Aged Care. In December 2023, as part of the NDIS review, a link-worker type model was proposed, suggesting 'navigators' assist people in accessing mainstream and NDIS-funded services using local knowledge.

Across Australian states and territories, interest in social prescribing has grown considerably. State-level reviews, such as Victoria's Royal Commission for Mental Health and Queensland's Parliamentary Inquiry into Social Isolation and Loneliness, have led to new funding for trialling community-based wellbeing models, including social prescribing.

In Queensland, a Communities Innovation Fund tackles social isolation and loneliness. A feasibility study into social prescribing is planned for 2024, alongside an 18-month evaluation launched in November 2023. Victoria's Department of Health trials place-based 'Local Connections' social prescribing initiatives across six areas. These support individuals' engagement in non-clinical community activities like art, creative pursuits, and nature groups to reduce loneliness and isolation. A Victorian Social Prescribing Survey forms part of this initiative.

The Australian Social Prescribing Institute of Research and Education (ASPIRE) supports research and policy, organising national conferences and expert panels to integrate evidence-based approaches into health care. The Australian Disease Management Association (ADMA) fosters a community of practice of over 1,400 members, sharing initiatives and learnings nationwide.

Additionally, the Social Prescribing Student Collective under the Australian Medical Students Association advocates for social prescribing teaching in medical curricula. The Royal Australian College of General Practitioners contributes through its Specific Interest Group[103], focusing on integration into general practice. The Australian Association of Social Workers actively promotes social prescribing, offering multiple trainings and seminars alongside wider advocacy.

France

Health System Context

France has a statutory universal health insurance system funded primarily through payroll taxes and income tax. Enrolment is mandatory, covering most costs for hospital care, physician services, long-term care, and prescription drugs, with patients responsible for co-insurance and co-payments. In 2017, total health expenditure was 11.5% of GDP, with 77% publicly financed. Recent reforms have focused on improving financial and physical access to care, ensuring health care workforce sustainability, broadening revenue sources for financial sustainability, and promoting care coordination and integration. Current challenges include addressing workforce shortages, enhancing data availability for quality monitoring, and continuing reforms in primary care and provider payment models.

Social Prescribing Developments

Social prescribing in France is still emerging with some notable developments. GPs are increasingly adapting their practices to better support patients facing social difficulties, implementing social risk alert systems, prioritising preventive care, assisting with administrative tasks, and advocating for patients' social rights and entitlements.[104] Some GPs are also partnering with community associations and public health sectors to address social determinants of health.

While there is no national social prescribing policy or programme in France yet, some local initiatives and pilot programmes are evaluating its implementation and impact in French primary care. The Connected Communities initiative is a 4-year cross-border project involving 9 partners from Britain and France collaborating to share knowledge and support for socially isolated, rural older people.[105] With a total €5.09 million budget, Connected Communities utilises a 'Social Prescribing Plus' model. It aims to enhance wellbeing and independence, while potentially reducing or delaying the need for formal care, by improving access to health and wellbeing services for isolated or at-risk groups.

Health United also coordinates integrative health programmes, care pathways and regional networks, with established practices in social, artistic, and cultural prescribing. In 2023, it launched a National University Diploma training Integrative Health Care Coordinators in social prescribing.

Denmark

Health System Context

Denmark has a universal, decentralised health system funded through taxation. All residents are entitled to largely free primary, specialist, hospital, mental health, preventive, and long-term care services. The national government provides block grants to five regions delivering health services, and municipalities providing services like home nursing and rehabilitation.

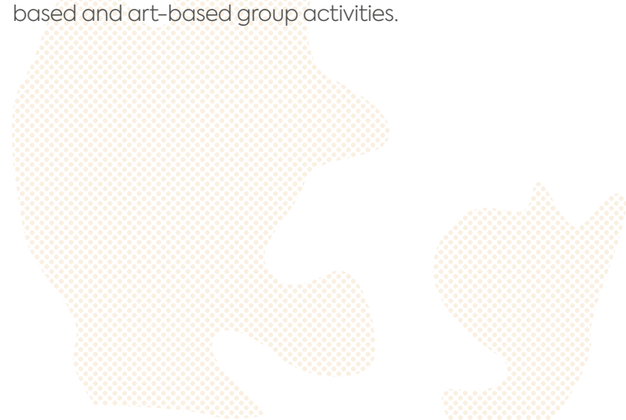
Social Prescribing Developments

While Denmark lacks a formalised national social prescribing scheme, many municipalities offer group-based activities targeting vulnerable populations in collaboration with non-profit organisations. The emphasis is on community health and fostering social bonds. Two of Denmark's five regions actively fund social prescribing programmes, including arts-based initiatives like "Melody for Mums" for pre- and postnatal wellbeing and guided reading sessions for mentally vulnerable groups.

From 2016 to 2019, four municipalities piloted the "Arts on Prescription" scheme, funded by The Danish Health Authority. The primary referral channels involved job agencies, aiming to improve mental wellbeing for the unemployed and support their re-entry into the job market.[106,107] The pilot's results, published in 2020, revealed that 97% of participants were satisfied, and 3 out of 4 reported greatly or somewhat increased mental wellbeing. In 2023, a new National Arts on Prescription Network for coordinators (link workers) was established to share best practices and raise awareness of these programmes' value in improving mental wellbeing and reducing health care system burdens.

Other initiatives like "Nature on Prescription" and "Exercise on Prescription" schemes are also gaining popularity, targeting individuals returning to everyday life after long-term sick leave due to conditions like stress, anxiety, depression, or chronic diseases. The 'Move More' study aims to develop and assess the feasibility of a social prescribing intervention to increase physical activity among physically inactive Danes. It involves co-creation with stakeholders through scoping reviews, consultations, and workshops to design a prototype intervention manual tailored to the Danish context. Its goal is to provide recommendations for implementing an adapted social prescribing model targeting physical inactivity in Denmark.[108]

The Danish Healthy Cities Network, comprising 52 municipalities, has also initiated cross-municipal programmes to test and develop best practices for engaging citizens in nature-based and art-based group activities.



Greece

Health System Context

Greece has a universal health care system funded through taxes, social insurance, and out-of-pocket payments, with households bearing a significant cost burden (35%). Historically centred on hospitals, reforms since 2017 aim to establish an integrated primary care system. Private providers complement public services and are widely utilised. Key challenges include staff shortages, lack of integration and networking capacities, regional disparities, inefficiencies, and barriers to access due to informal payments. Efforts focus on digitalisation, workforce strengthening, and infrastructure investments to address these issues.

Social Prescribing Developments

Social prescribing is an emerging practice in Greece, with recent efforts to pilot and implement programmes aimed at addressing the complex social and health challenges. The University of West Attica, in collaboration with local authorities, is designing and implementing the country's first social and cultural prescribing pilot project. The pilot project is being rolled out in the municipalities of Fyli and Nea Smyrni, with a focus on co-design, co-creation of non-stigmatising services, and relaxed enrolment criteria to ensure accessibility and inclusivity.

Key components of the implementation methodology include identifying and engaging community stakeholders, mapping local assets and resources, and developing referral pathways and infrastructure to support the programme.[109]

Another example is the "Music and Motherhood" project, a multi-country implementation study led by the WHO to explore group singing sessions as interventional support for mothers experiencing postpartum depression.[110,111] In Greece, the project was implemented by El Sistema Greece, a musical social integration program that offers free music education to children and young people. El Sistema Greece organised group singing sessions specifically designed for mothers suffering from

postpartum depression.[112] The study found that mothers with moderate to severe symptoms of postpartum depression who participated in 10-week singing classes with their babies showed significantly faster improvement in their symptoms compared to mothers receiving usual care.

Nigeria

Health System Context

Nigeria has a decentralised health system with the federal, state, and local governments sharing responsibilities. The federal government oversees tertiary care through teaching hospitals, federal medical centres, and specialist hospitals. State governments manage secondary care via general hospitals, while local governments handle primary health care through community-based centres staffed by community health workers, nurses, and sometimes doctors. Private clinics and hospitals operate across all levels. Total health expenditure is only 4.6% of GDP with the government contributing only 1.5%. Out-of-pocket expenditure remains high at around 77%. Current challenges include infrastructure deficits, shortage of skilled personnel, poor governance, and fragmentation between public and private sectors. Despite improvements, health indicators remain poor, with high maternal and child mortality rates. Recent efforts are looking to improve the system through public-private partnerships and diaspora investments.

Social Prescribing Developments

Formal social prescribing initiatives are emerging in Nigeria and is embedded within a larger focus on community-based health services, outreach and engagement. Some programmes have utilised folk songs as a non-medical intervention to promote positive health behaviours and well-being. A school outreach program at Makogi Primary School employed folk songs with lyrics encouraging abandoning unhygienic practices, substance abuse, alcohol consumption, and promoting hand washing, clean water intake, and fruit consumption. The outreach extended to local motorcycle taxi riders, using music like saxophone performances with song lyrics against alcohol, substance abuse, and promoting cleanliness. Folk songs were recognised as an effective medium for conveying health education messages entertainingly and memorably. The initiatives leveraged Nigeria's cultural heritage to address health challenges through non-medical interventions, aligning with social prescribing principles.

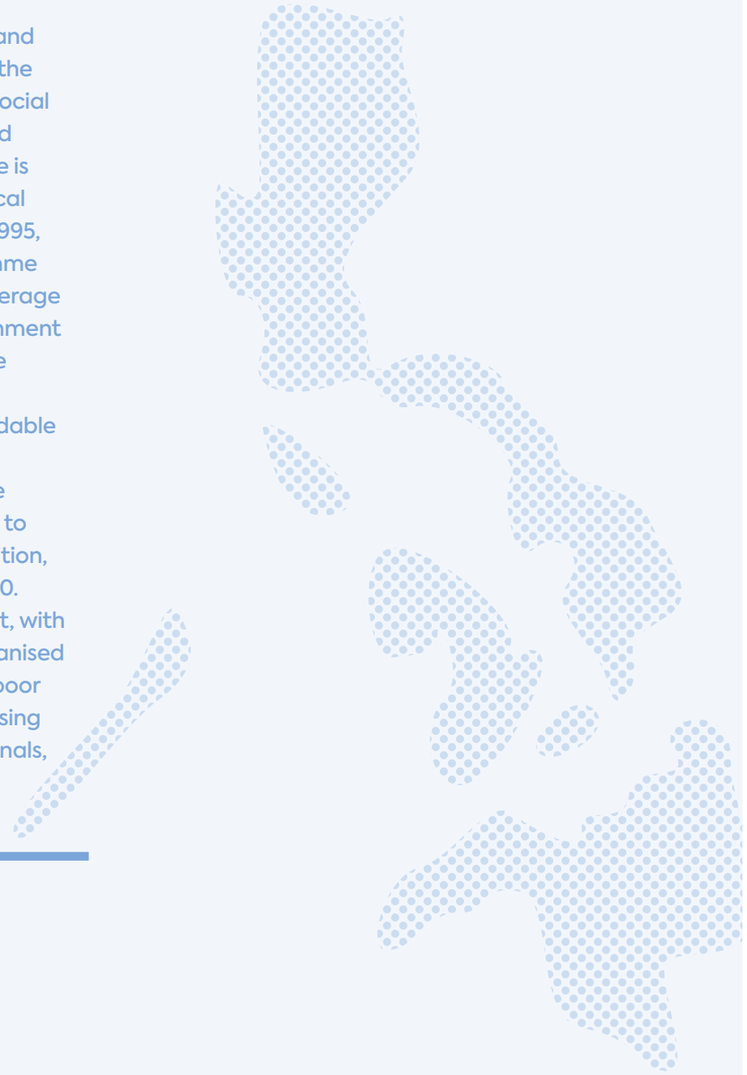
Brookfield's Clinics Centre for Lifestyle Medicine in Abuja runs its 'Health & Wellbeing in Schools Initiative' to promote physical, mental, and social wellbeing among school children. 'Dance with Doc' and 'Chill And Paint Adventure' introduced school-based social prescribing. 'GoGreenGrowYourGarden' (GGGYG) offers hands-on gardening activities to children, aiming to instil environmental stewardship and responsibility to nature. In 2023, the Brookfield Happiness Festival engaged with 200 local school children, introducing various arts in medicine wellbeing activities.

The clinic has also focused on the inclusion of social prescribing for children with Special Education Needs and Disability, collaborating with specialist health centres. One scheme with NOMA Nigeria aims to improve psychosocial support and self-esteem in children with facial deformities during their time in hospitals. Grassroots social prescribing may be widespread, especially in community-focused health and wellbeing programmes, but formal policy and adapted frameworks must be established for maturing models and practice of social prescribing in Nigeria.

The Philippines

Health System Context

The Philippines has a developing multistakeholder, cross-sectoral health and social care system. It is spearheaded by the Department of Health, Department of Social Welfare and Development, and attached agencies. Regional and local governance is through health development centres, local health offices, and rural health units. In 1995, the government-run PhilHealth programme was established to provide universal coverage at an affordable price, funded by government subsidies and member contributions. The 2019 Universal Health Care Act aimed to strengthen access to high-quality, affordable universal health care. Additionally, the Pantawid Pamilyang Pilipino Programme (4Ps) provides conditional cash transfers to poor households to improve health, nutrition, and education through Republic Act 11310. However, geographical disparities persist, with quality and expensive health care in urbanised areas but inadequate services in urban poor and rural areas. Barriers remain in accessing affordable medicines, medical professionals, and allied health specialists.



Social Prescribing Developments

While social prescribing is conceptually new in the Philippines, its core implementation elements have been supporting the local and national health and social care systems for decades. Community health and social care navigators were part of the health human resource as early as 1978 when village nutrition scholars were embedded in local communities through the Presidential Decree 1569, or the Barangay Nutrition Scholars Programme. Consequently in 1995, the Philippine government also enacted the Barangay Health Workers Act to strengthen the provision of community health services through village health workers. These village health workers and nutrition scholars serve as health, nutrition, and social care frontliners in grassroot communities to promote primary health care. They are trained in growth monitoring of children, provision of basic health and nutrition services, and referrals to integrated health, social, and nutrition care.

Interventions that target the social determinants of health are also provided in every local authority, funded by government and non-government organisations. For example, destitute households are enrolled in the 4Ps for better health, education, and social services. The social service department also offer Cash-for-Work Programme providing financial assistance to eligible beneficiaries in exchange for labour and involvement in community projects. The government also invested to the “Green Green Green” programme that aimed to make 145 cities more liveable and sustainable through the development of more accessible green and open spaces. The education and agriculture department also continue to spearhead its school-and community-based vegetable gardening programmes that aim to help households more food secure. During the COVID-19 pandemic, community pantries were also established in many cities and municipalities providing food source for people experiencing socioeconomic deprivation. Other social services include legal service, financial assistance for medical and burial services, and food relief during emergencies and disasters.

While these core implementation elements of social prescribing exist in the Philippine context, there is a need to mainstream community-based interventions in health and social care delivery. The development of an integrated referral system under Universal Health Care Act provides a unique opportunity to realise this integration.

Hong Kong

Health System Context

Hong Kong has a dual health care system with public and private sectors operating in parallel. The public sector, overseen by the Hospital Authority, provides most inpatient services (around 88%) through public hospitals and clinics. It offers heavily subsidised care but faces challenges of overcrowding, long waiting times, and staff shortages due to the ageing population. The private sector provides around 70% of outpatient services through private hospitals and clinics. It offers faster access but at higher out-of-pocket costs for patients. To ease the burden on public hospitals, the government has implemented policies like the Voluntary Health Insurance Scheme to incentivise use of private services through tax deductions on premiums.

In 2022, Hong Kong unveiled its Primary Health care Blueprint. This plan outlines the establishment of District Health Centres across 18 districts to bolster community-based health care. Its goal: reduce over-reliance on specialised hospital care by managing and enhancing public health locally.

Social Prescribing Developments

Social prescribing remains an emerging practice in Hong Kong. The Hong Kong Federation of Youth Groups is establishing a youth-led healthy community through social prescribing. In 2023, the Wellness PLUS Complex was launched as a service to empower young people. It offers personalised care to young people with health concerns, prescribing sports, nutrition, and mental health programmes.[113] The complex aims to benefit 15,000 young people and others annually by promoting holistic wellbeing through community-based interventions.

The "JC InnoPower: Nature4Mind" initiative aims to address anxiety among primary school children by connecting underprivileged children with mild to moderate anxiety to community-based, non-clinical resources and services. The project focuses on children aged 10-12 and their families. Primary care doctors at the Kei Yau Integrated Medical Centre refer eligible children to social prescribing link workers at the Integrated Children and Youth Services Centre. These trained link workers co-create personalised care plans and connect the children to suitable community activities and support.

A key aspect of the project is the "Green Social Prescribing" approach, which incorporates nature-based experiences like natural art, water sports, camping, and forest bathing. Delivered in collaboration with recreation officers and social workers, these activities aim to promote mental wellbeing through positive psychology and family-based interventions. The project's evaluation indicates significant improvements in anxiety severity, wellbeing, emotional regulation, social connectedness, and nature connectedness among the 22 participating children. 81% showed reduced anxiety, 81% increased wellbeing scores, and 71% improved nature connectedness.

There is also the Jockey Club Health Scheme, a nutrition-focused social prescribing programme for residents in Kowloon City, Tsuen Wan, and Kwai Chung. Led by the Chinese University's School of Public Health, it provides a 6–9-month personalised plan based on needs, using the social prescribing model. The scheme trains health workers as link workers to manage individual cases and provide public education. Its key aims are to share health knowledge with the community and effectively use community resources for health management.

Conclusion

Social prescribing is being adopted in policy and practice across the world and in different health system contexts.

This report developed a series of case studies from 31 countries with varying maturity in social prescribing implementation. It is vital to keep track of global developments to foster international collaboration, knowledge sharing and effective implementation. Social prescribing is principally about improving people's health and wellbeing, and has demonstrated further benefits on health service use reduction. The implementation of social prescribing, and its integration into health systems, is part of wider necessary reforms to modernise models of health and care to better adapt to 21st century health problems.

As new demands are placed on our health services globally — changing disease patterns, multiple morbidities, and demography — countries around the world need to focus on designing their health systems developed with a vision of disease prevention and health promotion. By addressing underlying social determinants, and improving people's psychosocial environment, social prescribing seeks a longer-term recovery that revitalises people's health and wellbeing independent of institutional health care. The breadth of countries represented in this report evidences the adaptability of social prescribing policy and practice across various health system contexts, and builds up the knowledge-base for future policy and practice diffusion.

Get in touch

We welcome feedback and support for reviews in developing future editions of this report, including the addition of new countries involved in social prescribing.

Please write to us directly at:
international@nasp.info

Find out more about global social prescribing

If you would like to:

- Find out more about England's Social Prescribing link worker model.
- Learn about social prescribing models across the world.
- Start your own social prescribing programme.
- Discuss membership to the International Social Prescribing Collaborative.

We'd love to hear from you. Our team will connect you with a member from the Collaborative who can support you accordingly.

Acknowledgements

The National Academy for Social Prescribing is grateful to the following partners for their input and contribution to the report.

Hamaad Khan – Global Development Officer, National Academy for Social Prescribing*
Dr. Bogdan Chiva Giurca – Global and Clinical Lead, National Academy for Social Prescribing†
Dr. Rochelle A. Burgess, PhD – Associate Professor in Global Health, University College London
Professor Dame Hazel Genn – Academic Adviser. Centre for Access to Justice, Faculty of Laws, University College London
Dr. Michael Dixon – Co-chair Social Prescribing Network, Head of The Royal Medical Household
Alison Leitch – Edinburgh Community Link Worker Assistant Manager and co-chair of SSPN
Nicola Evans – Head of Health Inequalities & Healthy Communities, Welsh Government
Professor Carolyn Wallace – Associate Director PRIME Centre Wales and Director Wales School for Social Prescribing Research
Professor David Robinson – Consultant physician in geriatric medicine, St James's Hospital, and Clinical Associate Professor in Medical Gerontology, Trinity College Dublin
Dr. Kate Mulligan – Assistant Professor Dalla Lana School of Public Health, University of Toronto
Sonia Hsiung – Director of the Canadian Institute for Social Prescribing (CISP)
Dr. Alan Siegel – MD, Contra Costa Health Services, Co-Founder of Social Prescribing USA
Daniel F Morse – Social Prescribing USA, Austin, Texas, USA
Dr. Cristiano Figueiredo – MD PhDc. USF da Baixa, Central Lisbon Health Centre Cluster. School of Public Health, NOVA University
Professor Sónia Dias – PhD, Dean of the National School of Public Health at NOVA University, Lisbon
Dr. Juan Mendive – MD, PhD. Family Physician. La Mina Primary Health Care Academic Centre, University of Barcelona. Spanish Research Network on Chronicity, Primary Care and Health Promotion
Jan Joost – Chairman of the National Social Prescribing/Welzijn op Recept network in the Netherlands, Senior lecturer at the GP training institute in Leiden.
Isabelle Wachsmuth – World Health Organisation, Art Impact For Health Initiative, Universal Health Coverage and Life Course Division
Miia Palo – Director of Health Services, Lapland, Finland
Dr. Ferdinando Petrazzuoli – MD, PhD, Social Prescribing and Community Orientation Wonca Europe Special Interest Group, Centre for Primary Health Care Research, Department of Clinical Sciences, Lund University, Malmö, Sweden
Wolfram Herrmann – Universitätsmedizin Berlin, Institute of General Practice and Family Medicine
Daniela Rojatz – Senior Health Expert at the Austrian National Public Health Institute
Professor Donata Kurpas – Professor at Wrocław Medical University, Poland
Dr. Anita Rego – MSW, M.Phil. (PSW), Ph.D., PGCBM, Founder Director, PEARLS 4 Development Pvt. Ltd and AMITA Care. Hyderabad, India
Dr. Mohammad Zakaria Pezeshki – MD, MPH. Associate Professor, Department of Community and Family Medicine, Tabriz Medical School
Dr. Kakeru Iwase – General Practitioner for Tama Metropolitan Medical Centre
Professor Daisuke Watanabe – PhD, Professor of Seikei University, visiting researcher of International Longevity Centre Japan
Professor Naoki Kondo – MD, PhD, Associate Professor at The University of Tokyo School of Public Health
Dr. Kheng Hock Lee – MBBS, MCGP, FCFP, FAMS, FRCP, Deputy Chief Executive Officer, Education & Community Partnerships, SingHealth Community Hospitals
Adeline Kwang – BBM, ACLP, Senior Manager, Office of Community Engagement & Partnerships, SingHealth Community Hospitals
Professor Tan Maw Pin – Professor in Geriatric Medicine (University of Malaya)
Professor Huali Wang – Professor of Geriatric Psychiatry at Peking University Institute of Mental Health (Sixth Hospital) and the National Clinical Research Centre for Mental Disorders (Peking University).
Joy Chiang – PhD Candidate at University College London
Eun Woo Nam – MPH, PhD, Head of Yonsei Global Health Centre, Dean of Graduate School of Health Sciences, Yonsei University
Siân Slade – PhD Candidate, Nossal Institute for Global Health, Melbourne School of Population and Global Health, University of Melbourne
Dr J.R. Baker – CEO, Primary & Community Care Services, Associate Professor, Southern Cross University
Julius Cesar Alejandre – Research Fellow in Public Engagement, University of Edinburgh, Visiting Research Fellow in Social Prescribing, Royal College of Surgeons in Ireland
Jean-Christophe Celestin – Integrative Health and Social Prescribing consultant for Health United Association, General Manager Complementary & Alternative Medicine Keys (CAMKEYS)
Kunle Adewale – Founder and Executive Director for Global Arts in Medicine Fellowship, Curator and Global Development Lead for Global South Arts and Health Week
Stine Eskesen Keiding – Project Manager, Arts on Prescription in the Baltic Sea Region, Project Manager at Kulturregion Fyn, the Cultural Region of Funen (Denmark)
Dr. Kostas N. Fountoulakis – MD, Ph.D, Professor of Psychiatry at Aristotle University of Thessaloniki, Greece, Director of WHO Collaboration Centre on Quality in Mental Health
Muhammad Nur Hasan Syah – Assistant Professor at Universitas Pembangunan Nasional Veteran Jakarta, Nutrition Consultant for the Nutrition Council of Indonesia
Chan Ying Kit Andy – Registered Social Worker, Supervisor (Counselling and Public Health), The Hong Kong Federation of Youth Groups
Anthony C.M. CHEUK – Principal Programme Secretary, Chinese YMCA of Hong Kong

* **Lead author: hamaad.khan@nasp.info**
† **Supervisor: bogdan.giurca@nasp.info**

References

1. NHS Long Term Plan » Personalised care. Available from: https://www.longtermplan.nhs.uk/areas-of-work/personalised-care/
2. Morse DF, Sandhu S, Mulligan K, Tierney S, Polley M, Giurca BC, et al. Global developments in social prescribing. BMJ Glob Health . 2022 May 1;7(5):e008524. Available from: https://gh.bmj.com/content/7/5/e008524
3. Polley M, Seers H, Fixsen A. Evaluation Report of the Social Prescribing Demonstrator Site in Shropshire -Final Report. 2019 Jul 20;
4. Kimberlee R. Developing a social prescribing approach for Bristol. Bristol CCG . 2013 Oct 1; Available from: https://uwe-repository.worktribe.com/output/927254
5. Husk K, Elston J, Gradinger F, Callaghan L, Asthana S. Social prescribing: where is the evidence? Br J Gen Pract . 2019 Jan;69(678):6–7. Available from: https://bjgp.org/lookup/doi/10.3399/bjgp19X700325
6. Muhl C, Mulligan K, Bayoumi I, Ashcroft R, Godfrey C. Establishing internationally accepted conceptual and operational definitions of social prescribing through expert consensus: a Delphi study. BMJ Open . 2023 Jul;13(7):e070184. Available from: https://bmjopen.bmj.com/lookup/doi/10.1136/bmjopen-2022-070184
7. Tierney S, Wong G, Mahtani KR. Current understanding and implementation of 'care navigation' across England: a cross-sectional study of NHS clinical commissioning groups. Br J Gen Pract . 2019 Oct;69(687):e675–81. Available from: https://bjgp.org/lookup/doi/10.3399/bjgp19X705569
8. WHO. Social determinants of health. Available from: https://www.who.int/health-topics/social-determinants-of-health
9. Burgess RA, Jain S, Petersen I, Lund C. Social interventions: a new era for global mental health? Lancet Psychiatry. 2020 Feb;7(2):118–9.
10. Gitsham N. Harnessing social prescribing to support integrated care | NHS Confederation. Available from: https://www.nhsconfed.org/articles/harnessing-social-prescribing-support-integrated-care
11. NASP. How to use social prescribing to support Population Health Management - a guide for Integrated Care Systems. NASP. Available from: https://socialprescribingacademy.org.uk/resources/ics-guide-how-to-use-social-prescribing-to-support-population-health-management/
12. Sonke J, Manhas N, Belden C, Morgan-Daniel J, Akram S, Marjani S, et al. Social prescribing outcomes: a mapping review of the evidence from 13 countries to identify key common outcomes. Front Med. 2023 Nov 7;10:1266429. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10660286/
13. Gibson K, Pollard TM, Moffatt S. Social prescribing and classed inequality: A journey of upward health mobility? Soc Sci Med. 2021 Jul 1;280:114037. Available from: https://www.sciencedirect.com/science/article/pii/S0277953621003695
14. Understanding social prescribing in socially and economically disadvantaged settings: Emerging findings and future research priorities — Oxford Social Prescribing Research Network. Available from: https://socialprescribing.phc.ox.ac.uk/news-views/views/understanding-social-prescribing-in-disadvantaged-settings-emerging-findings-and-future-research-priorities
15. WHO. Health equity. Available from: https://www.who.int/health-topics/health-equity#tab=tab_1
16. Boilers on prescription reduces GP appointments by 60% - Pavilion Health Today. Available from: https://pavilionhealthtoday.com/fm/boilers-on-prescription-reduces-gp-appointments-by-60/
17. Latimer EA, Rabouin D, Cao Z, Ly A, Powell G, Adair CE, et al. Cost-effectiveness of Housing First Intervention With Intensive Case Management Compared With Treatment as Usual for Homeless Adults With Mental Illness: Secondary Analysis of a Randomized Clinical Trial. JAMA Netw Open. 2019 Aug 21;2(8):e199782. Available from: https://doi.org/10.1001/jamanetworkopen.2019.9782
18. Genn H, Beardon S. Health Justice Partnerships: Integrating welfare rights advice with patient care. 2021 Jul;
19. NHS England. NHS Long Term Workforce Plan. 2023 Jun;98.
20. National Academy for Social Prescribing. National Academy for Social Prescribing. Available from: https://socialprescribingacademy.org.uk/about-us/
21. NASP. Celebrating the remarkable journey of the Social Prescribing Student Champions. NASP 2024. Available from: https://socialprescribingacademy.org.uk/resources/celebrating-the-remarkable-journey-of-the-social-prescribing-student-champions-scheme/
22. Voluntary Health Scotland — The national intermediary and network for voluntary health organisations in Scotland. Available from: https://vhscotland.org.uk/
23. Scottish Community Link Worker Network Annual Conference. Available from: https://vhscotland.org.uk/event/scottish-community-link-worker-network-annual-conference/
24. Smith F. Exploring the range and scope of community link worker programmes across Scotland.
25. SSPN – Scottish Social Prescribing Network. Available from: https://www.scottishspn.org.uk/
26. Chief Medical Officer. Realistic Medicine - Doing the right thing: Chief Medical Officer annual report 2022 to 2023. Available from: http://www.gov.scot/publications/realistic-medicine-doing-right-thing-cmo-annual-report-2022-2023/
27. Developing a national framework for social prescribing. GOV.WALES. Available from: https://gov.wales/developing-national-framework-social-prescribing
28. NFSP Wales Model Explainer. 2023. Available from: https://vimeo.com/817593649
29. Wallace C, Newstead S, Wallace S, Lynch M, Elliott M, Llewellyn M, et al. Social Prescribing in Wales. In: Bertotti M, editor. Social Prescribing Policy, Research and Practice. Cham: Springer International Publishing; 2024. p. 65–84. Available from: https://link.springer.com/10.1007/978-3-031-52106-5_5
30. Lavans A, Jenkins B, Jesurasa A. Social Prescribing Case Studies: Full report.
31. Research & Development . St James's Hospital. Available from: https://www.stjames.ie/misa/researchdevelopment/
32. Programme for Government: Our Shared Future. Available from: https://www.gov.ie/en/publication/7e05d-programme-for-government-our-shared-future/
33. Sharing the Vision: A Mental Health Policy for Everyone. Available from: https://www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-health-policy-for-everyone/
34. Sláintecare Implementation Strategy and Action Plan 2021-2023. Available from: https://www.gov.ie/en/publication/6996b-slaintecare-implementation-strategy-and-action-plan-2021-2023/
35. Healthy Ireland Strategic Action Plan 2021-2025 launched - Offaly County Council. Available from: https://www.offaly.ie/eng/Services/Community-Culture/Healthy-Offaly/News/Healthy-Ireland-Strategic-Action-Plan-2021-2025-launched.html
36. About Us - allirelandsocialprescribing.ie. 2021. Available from: https://allirelandsocialprescribing.ie/about-us/
37. Canadian Medical Association urges health system reform in 2023. Canadian Medical Association. Available from: https://www.cma.ca/about-us/what-we-do/press-room/canadian-medical-association-urges-health-system-reform-2023
38. Canada: health system review 2020. Available from: https://eurohealthobservatory.who.int/publications/i/canada-health-system-review-2020
39. Canada's elder care crisis: addressing the double demand. Available from: https://digitallibrary.cma.ca/link/digitallibrary53
40. Strengthening the Primary Health Care System in Nova Scotia | Nova

Scotia Health . Available from: https://www.nshealth.ca/documents-and-reports/strengthening-primary-health-care-system-nova-scotia
41. Healthy Aging Programs for Seniors | United Way BC. Available from: https://uwbc.ca/program/healthy-aging/
42. Social Prescribing in Alberta – Healthy Aging CORE Alberta. Available from: https://corealberta.ca/resources/what-is-social-prescribing-in-alberta
43. Social Prescribing | Alliance for Healthier Communities. Available from: https://www.allianceon.org/Social-Prescribing
44. Social Prescribing. Dialogue. 2023. Available from: https://dialogue.cpso.on.ca/2023/12/social-prescribing/
45. Social Prescribing | Information and Wellness Portal. Available from: https://physicians.nshealth.ca/topics/primary-health-care/supporting-patients-live-well-and-manage-risk-factors/social-prescribing
46. Social Prescribing Day 2023. Available from: https://www.socialprescribing.ca/social-prescribing-day-2023
47. Student Collective | Canadian Institute for Social Prescribing. Available from: https://www.socialprescribing.ca/student-collective
48. Canadian Institute for Social Prescribing. Available from: https://www.socialprescribing.ca/
49. Accountable Health Communities Model | CMS Innovation Center. Available from: https://innovation.cms.gov/innovation-models/ahcm
50. Schoenbaum AE, DNP, MS, RN-BC, FHIMSS, Stephenson L, et al. Addressing Social Determinants of Health (SDOH) in Health care Part 2 | HIMSS. 2023. Available from: https://www.himss.org/resources/addressing-social-determinants-health-sdoh-health care-part-2
51. Integrating Social Needs Care into the Delivery of Health Care to Improve the Nations Health | National Academies. Available from: https://www.nationalacademies.org/our-work/integrating-social-needs-care-into-the-delivery-of-health-care-to-improve-the-nations-health
52. Social Health and Community Health | Kaiser Permanente. Available from: https://healthy.kaiserpermanente.org/health-wellness/social-health
53. Social Prescribing Student Movement Framework by WHIS Inspire - Issuu. Available from: https://issuu.com/whisinspire/docs/social_prescribing_student_movement_framework_-_v1
54. Harvard College Social Prescribing Group Launches National Campaign | News | The Harvard Crimson 2023. Available from: https://www.thecrimson.com/article/2023/3/29/social-prescribing-group-launch/
55. A National Endowment for the Arts Research Lab | EpiArts Lab | Research | Center for Arts in Medicine | College of the Arts | University of Florida. Available from: https://arts.ufl.edu/academics/center-for-arts-in-medicine/researchandpublications/epiarts-lab/overview/
56. Health (OASH) O of the AS for. New Surgeon General Advisory Raises Alarm about the Devastating Impact of the Epidemic of Loneliness and Isolation in the United States, 2023. Available from: https://www.hhs.gov/about/news/2023/05/03/new-surgeon-general-advisory-raises-alarm-about-devastating-impact-epidemic-loneliness-isolation-united-states.html
57. WHO launches commission to foster social connection. Available from: https://www.who.int/news/item/15-11-2023-who-launches-commission-to-foster-social-connection
58. Hoffmeister LV, Nunes MF, Figueiredo CEM, Coelho A, Oliveira MFF, Massano P, et al. Evaluation of the Impact and Implementation of Social Prescribing in Primary Health care Units in Lisbon: A Mixed-Methods Study Protocol. Int J Integr Care. 2021 Jun 21;21(2):26.
59. Health Parliament Portugal lança livro com 52 medidas para o futuro da saúde – Ordem dos Médicos. Available from: https://ordemdosmedicos.pt/evento/health-parliament-portugal-lanca-livro-com-52-medidas-para-o-futuro-da-saude/
60. Resolução da Assembleia da República n.o 158/2021 | DRE. Available from: https://dre.pt/dre/detalhe/resolucao-assembleia-republica/158-2021-164590040?_ts=1654214400034
61. Plano Nacional de Saúde 2030: Documento Síntese. Available from: https://pns.dgs.pt/files/2023/09/PNS-2030-Versao-Resumo-Set-2023.pdf
62. Landelijke kennisnetwerk Welzijn op recept | welzijnoprecept.nl. Available from: https://welzijnoprecept.nl/
63. COPE: Capabilities, Opportunities, Places, Engagement. COPE. Available from: https://copeproject.eu/
64. Golubinski V, Wild EM, Winter V, Schreyögg J. Once is rarely enough: can social prescribing facilitate adherence to non-clinical community and voluntary sector health services? Empirical evidence from Germany. BMC Public Health. 2020 Nov 30;20(1):1827.
65. Welcome | Polyclinic Veddel. Available from: https://poliklinik1.org/
66. GeKo Berlin eV. Available from: https://geko-berlin.de/
67. District practice in the Geko district health center in Neukölln. Available from: https://stadtteilpraxis.de/
68. GKV-Spitzenverband. Prevention guidelines - National Association of Statutory Health Insurance Funds. GKV-Spitzenverband. Available from: https://www.gkv-spitzenverband.de/krankenversicherung/praevention_selbsthilfe_beratung/praevention_und_bgf/leitfaden_praevention/leitfaden_praevention.jsp
69. Vorbereitung und Umsetzung Modellregionen Social Prescribing | Gesundheit Österreich GmbH. Available from: https://goeg.at/socialprescribing
70. Rojatz D, Antosik J, Weitzer J, Ecker S, Haas S. Social Prescribing in Österreich. Empfehlungen für nächste Schritte zur nachhaltigen Implementierung. Wien: Gesundheit Österreich; 2021. Available from: https://jasmin.goeg.at/id/eprint/2217/
71. Rojatz D, Antosik J, Ecker S, Fenz L, Haas S. Social Prescribing Entwurf eines Idealmodells für Österreich, 2023.
72. Informationen und Unterstützungstools zu Social Prescribing | Gesundheit Österreich GmbH. Available from: https://goeg.at/SocialPrescribing_Dokumente
73. The status of the Primary Health Care Plus pilot… — Library of Science. Available from: https://bibliotekanauki.pl/articles/2088358
74. MoH: 40 Plus Prevention Programme since 2021. Available from: https://healthcaremarketexperts.com/en/news/moh-40-plus-prevention-programme-since-2021/
75. About Accredited Social Health Activist (ASHA) :: National Health Mission. Available from: https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=150&lid=226
76. Asha's Health care Programme • Asha India. Available from: https://asha-india.org/how-we-help/health care/
77. Mazaheri M, Khorramizadeh M, Rezai-Rad M, Mard-Soltani M. Using social prescribing by Iranian medical students: a step towards community-orientation and social determinants of health by revising the health internship curriculum. BMC Med Educ. 2022 Sep 5;22(1):661. Available from: https://doi.org/10.1186/s12909-022-03718-8
78. Experience of Behvarzes (Iranian primary health care providers) from giving primary health services in health houses - PMC. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4959263/
79. 医療機関で用いる患者の生活困窮評価尺度の開発. Available from: https://www.jstage.jst.go.jp/article/jph/67/7/67_20-003/_article/-char/ja/
80. 令和３年度高齢者医療制度円滑運営事業（保険者とかかりつけ医等の協働による加入者の予防健康づくり事業分）の公募について. Available from: https://www.mhlw.go.jp/stf/newpage_16654.html
81. Commentary: 3 big shifts to watch out for in Singapore's health care system in 2024 as it prepares for challenges ahead. TODAY. Available from: https://www.todayonline.com/commentary/commentary-3-big-shifts-watch-out-singapores-health care-system-2024-it-prepares-challenges-ahead-2337916
82. Balqis-Ali NZ, Anis-Syakira J, Fun WH, Sararaks S. Private Health Insurance in Malaysia: Who Is Left Behind? Asia Pac J Public Health. 2021 Nov;33(8):861–9. Available from: http://journals.sagepub.com/doi/10.1177/10105395211000913
83. Ramli AS, Taher SW, Zakaria ZF, Ali N, Shamsuddin NH, Wong PF, et al. The Primary Health Care Performance Initiative (PHCPI): Issues and Challenges for Malaysia as a Trailblazer Country. J Clin Health Sci. 2019 Jun 30;4(1):4–21. Available from: https://myjms.mohe.gov.my/index.php/JCHS/article/view/7278
84. Ibrahim AF, Tan MP, Teoh GK, Muda SM, Chong MC. Health Benefits of Social Participation Interventions among Community-Dwelling Older Persons: A Review Article. Exp Aging Res. 2022 May 27;48(3):234–60. Available from: https://doi.org/10.1080/0361073X.2021.1939563

85. Risbridger S, Walker R, Gray WK, Kamaruzzaman SB, Ai-Vyrn C, Hairi NN, et al. Social Participation's Association with Falls and Frailty in Malaysia: A Cross-Sectional Study. J Frailty Aging. 2021 Aug 7;1–7. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8384092/
86. Chong Mei Chan Teoh Gaik Kin TMP. A Practical Guide to Promoting Social Participation in Seniors. 1st edition. Cambridge Scholars Publishing; 2019. 140 p.
87. Teoh GK, Tan MP, Tan JS, Chong MC. Conducting community-based participatory research in an urban Malaysian community: Lessons learned and challenges in establishing partnerships. J Community Appl Soc Psychol. 2018;28(3):156–68. Available from: https://onlinelibrary.wiley.com/doi/abs/10.1002/casp.2348
88. Twelfth Malaysia Plan, 2021-2025. Available from: https://rmke12.epu.gov.my/en/information/about-twelfth-plan
89. Jabatan Kebajikan Masyarakat. Available from: https://www.jkm.gov.my/jkm/index.php?r=portal/index
90. A Sustainable Active Ageing Policy for Penang – Penang Institute, 2022. Available from: https://penanginstitute.org/publications/issues/a-sustainable-active-ageing-policy-for-penang/
91. Balancing Freedom of Speech and National Security in Malaysia - Mohd Sani - 2013 - Asian Politics & Policy - Wiley Online Library. Available from: https://onlinelibrary.wiley.com/doi/10.1111/aspp.12065
92. Wang H, Yu X. Strengthening implementation research on social prescribing in mental health care for older adults in Western Pacific Region. Lancet Reg Health West Pac. 2023 Mar 9;35:100721. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10326710/
93. 中国老年医学学会关于发布 《老年视功能衰退评估规范》和《老年精神心理健康服务规范》团体标准的公告. Available from: http://www.ttbz.org.cn/Home/Show/46727
94. Chen P, Li F, Harmer P. Healthy China 2030: moving from blueprint to action with a new focus on public health. Lancet Public Health. 2019 Sep 1;4(9):e447. Available from: https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30160-4/fulltext
95. 남은우. COVID-19와 관련된 사회적 고립과 외로움 극복을 위한 사회적 처방 제도.. 보건교육건강증진학회지 . 2020 Mar;37(1):113–6. Available from: https://www.dbpia.co.kr/Journal/articleDetail?nodeId=NODE09324594
96. Chung MA, Yoon H, Shin DE, Kim J, Kim H, Nam EW. A study on community gardening as a social prescribing program. Korean J Health Educ Promot. 2021 Sep 30;38:39–51.
97. Kim JE, Lee YL, Chung MA, Yoon HJ, Shin DE, Choi JH, et al. Effects of social prescribing pilot project for the elderly in rural area of South Korea during COVID-19 pandemic. Health Sci Rep. 2021 Sep;4(3):e320.
98. Health at a Glance. Available from: https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance_19991312
99. Australia, 2020. Available from: https://www.commonwealthfund.org/international-health-policy-center/countries/australia
100. Care AGD of H and A. National Preventive Health Strategy 2021–2030. Australian Government Department of Health and Aged Care. Australian Government Department of Health and Aged Care; 2021. Available from: https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030?language=en
101. Australia's Primary Health Care 10 Year Plan 2022–2032. Australian Government Department of Health and Aged Care. Australian Government Department of Health and Aged Care; 2022. Available from: https://www.health.gov.au/resources/publications/australias-primary-health-care-10-year-plan-2022-2032
102. Minister for Health and Aged Care - speech - 21 November 2023 | Health Portfolio Ministers | Australian Government Department of Health and Aged Care. Available from: https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/minister-for-health-and-aged-care-speech-21-november-2023
103. RACGP - Specific Interests groups. Available from: https://www.racgp.org.au/the-racgp/faculties/specific-interests/interest-groups
104. Oliveira AD, Chavannes B, Steinecker M, Denantes M, Chastang J, Ibanez G. How French general practitioners adapt their care to patients with social difficulties? Fam Med Community Health. 2019 Nov 1;7(4):e000044. Available from: https://fmch.bmj.com/content/7/4/e000044
105. Willis A. Social prescribing EU funders. Medway Council; Available from: https://www.medway.gov.uk/info/200221/a_better_medway/1068/social_prescribing_eu_funders
106. Arts on Prescription in the Baltic Sea Region. sif. Available from: https://www.sdu.dk/en/sif/forskning/projekter/kultur_paa_recept
107. Arts on Prescription. Interreg Baltic Sea Region. Available from: https://interreg-baltic.eu/project/arts-on-prescription/
108. Rasmussen LG, Nielsen RO, Kallestrup P, Hawkins J, Ryom K. Study design of 'Move More': Development and feasibility of a social-prescribing intervention to increase physical activity among inactive Danes. Scand J Public Health. 2023 Dec;51(8):1258–65.
109. Strengthening communities through the power of solidarity and the richness of culture: Social and cultural prescribing in Greece. Available from: https://socialprescribing.phc.ox.ac.uk/news-views/views/strengthening-communities-through-the-power-of-solidarity-and-the-richness-of-culture-social-and-cultural-prescribing-in-greece
110. WHO meeting on music and motherhood: health-care innovation through the arts. Available from: https://www.who.int/europe/news-room/events/item/2023/10/06/default-calendar/who-meeting-on-music-and-motherhood--health-care-innovation-through-the-arts
111. Warran K, Smith C, Ugron H, Carstens LF, Zbranca R, Ottow M, et al. Scalability of a singing-based intervention for postpartum depression in Denmark and Romania: protocol for a single-arm feasibility study. BMJ Open. 2022 Dec 1;12(12):e063420. Available from: https://bmjopen.bmj.com/content/12/12/e063420
112. Wedia. The Lullaby Project: The musical celebration of the greatest love of all. Available from: https://www.snfcc.org/en/en/TheLullabyProject2021
113. Wellness PLUS 全健空間. Wellness PLUS 全健空間. Available from: https://wp.hkfyg.org.hk/

Get in touch

We welcome feedback and support for reviews in developing future editions of this report, including the addition of new countries involved in social prescribing.

Please write to us directly at:
international@nasp.info