The future of global health: restructuring governance through inclusive youth leadership

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INTRODUCTION
Hindered by unequal power dynamics between the Global North and South, insufficient funding, and fumbled responses to climate-related and disease-related emergencies, the field of global health is struggling. Growing calls have emerged to reform existing global health governance (GHG) structures in response.1-2 Young people are ready to take action to ensure an equitable, inclusive and efficient future—because we are the future.3-4 Young people make up the world’s largest age demographic, with over 33% of the current population under the age of 20, and over 63% under the age of 40.5 Although there have been recent investments in youth leadership within GHG structures, the mainstreaming and institutionalisation of meaningful adolescent and youth engagement (MAYE) must be accelerated to unlock the youth potential needed to address pressing global health challenges.6 Coauthored by a team of seven young global health professionals from across the globe, this commentary maps current youth engagement structures within GHG, identifies gaps in existing practices and proposes mechanisms to strengthen existing structures.

WHAT IS GHG?
GHG refers to the institutions, rules and decision-making processes that shape collective, international action within global health.7 GHG involves arrangements between state and non-state actors, such as multilateral institutions, non-governmental organisations (NGOs) and the private sector. Past failures have ignited calls to reform existing GHG structures by strengthening regional representation and ending dominance by higher-income countries.2 Youth have largely been absent from these discussions. However, in recent years, there has been a paradigm shift towards heeding the calls for MAYE through inclusion in key policy discussions and newly established youth structures.8

SUMMARY BOX
⇒ Making up the world’s largest age demographic, young people are ready to take on leadership roles within global health governance (GHG) structures.
⇒ While existing youth engagement structures in GHG offer a promising starting point for meaningful adolescent and youth engagement, diverse youth voices remain largely excluded from the global stage.
⇒ In order to overcome global health inequities and systemic failures, investments must be made in meaningful youth inclusion, training, and leadership across all dimensions of GHG.

THE CURRENT STATE OF YOUTH ENGAGEMENT IN GHG
Following calls to increase youth representation within GHG in recent years,9-10 various international actors have taken steps to engage youth. Several examples include:
1. In the multilateral space, WHO launched its inaugural Youth Council in 2022, providing 22 international youth representatives an opportunity to engage with WHO leadership on global health issues. Other multilateral institutions, such as the United Nations Population Fund (UNFPA), have invested in youth-led networks such as AfriYAN and established national UNFPA Youth Advisory Councils around the world.
2. Among NGOs, the Partnership for Maternal, Newborn and Child Health (PMNCH) engages a network of 100 adolescent and youth constituencies on sexual and reproductive health and rights globally. As part of its 2023 Global Forum on Adolescents, PMNCH launched its 1.8 Billion Young People for Change Campaign, which aimed to reach most of the world’s youth.
3. Within the research realm, the second Lancet Commission on Adolescent Health and Wellbeing brings a renewed commitment to establishing long-term, meaningful and equal youth partnerships. There are eight young Commissioners to shape the process. Moreover, The Lancet & Financial Times Commission on Governing Health Futures 2030: Growing up in a digital world (now the Digital Transformations in Health Lab) had a dedicated youth team and regional youth champions. 11 12

GAPS AND OPPORTUNITIES FOR MAYE

While these initiatives represent progress towards more MAYE in GHG, these are only the initial steps in restructuring the conduct of global health policy, practice and governance. Youth voices still largely remain excluded on the global stage and in GHG decision-making processes. Moreover, many youth in low- and middle-income countries face intersectional barriers to engagement, including displacement, poverty and lack of connectivity. 13

Despite most of the world’s youth residing in the Global South, those who are included in global health discourse are consistently from countries in the Global North. For example, the International Federation of Medical Student Associations’ Youth Delegate Toolkit shows rising interest in multilateral youth engagement. Among 194 WHO member states, the number of youth delegates attending the World Health Assembly rose from 9 (4.6%) in 2022 to 13 (6.7%) in 2023. However, of the 13 member states with youth delegates, 11 are considered high-income countries by the World Bank Group. To enable MAYE, international institutions must ensure diverse inclusion in all initiatives; these must be complemented by capacity building efforts, such as Model WHO simulations and other experiential learning models, 14 that actively engage youth in developing the requisite skills and networks to meaningfully contribute to GHG.

CONCLUSIONS

As the field of global health grapples with challenges and systemic failures, the need for inclusive youth leadership has become undeniable. Current progress in youth engagement within GHG processes is promising, but it is just the beginning. To create sustainable change, we must break down barriers, prioritise youth inclusion and redistribute power. It is time for stakeholders at all levels to invest, collaborate and empower young leaders to shape an equitable, healthy and sustainable future for all. The future of global health depends on the active participation of youth, and we must seize this opportunity to reshape the world.

REFERENCES

8 Wong BLH, Siepmann I, Chen TT, et al. Rebuilding to shape a better future: the role of young professionals in the public health workforce. *Human Resources for Health* 2021;19:.82.


