Changing the narrative: responsibility for youth engagement is a two-way street

Lancet Child Adolesc Health 2019
Published Online
August 9, 2019
http://dx.doi.org/10.1016/S2352-4642(19)30247-0

Young people are often touted as the future—future policy makers, future practitioners, and future leaders. But this narrative fails to acknowledge that young people are also the present. Today, one in two people globally are younger than 30 years.[1] However, is achieving a shared and sustainable future even possible when young people are pervasively excluded from the decision making and development of better health?

It is no surprise that true, tangible improvements in health systems for and by young people have lagged woefully even for issues that most affect them, such as mental health and violence.[2,3] This lack of progress on key health challenges has occurred not because of an absence of passionate young leaders on the front lines of health, but despite their efforts, because of insufficient avenues for meaningful youth participation. This reality has fuelled inaccurate perceptions that "emerging youth movements have yet to turn their attention to health."[4] On the contrary, from climate change to mental health to nutrition, young people have brought neglected topics to the top of the global health agenda. In a Comment in *The Lancet Global Health*,[5] we emphasised the importance of actively investing in youth engagement and reforming organisational ethos as fundamental to achieving health for all.

However, meaningful engagement requires reciprocal responsibility. To expect the delivery of youth-led interventions is unrealistic until world leaders in health acknowledge their own role in reversing the status quo: they need to invest in participatory youth leadership. The solution lies in collaboration of both sides, calling for empowered young people to work together with those who hold substantial influence.

The ability of young people to organically collaborate can ensure more equitable policies that reflect diverse lived experiences. This should not be eroded by competition and politics. However, the narrow window for youth engagement due to inadequate financial and technical resources inevitably weakens policy positions and fuels competition between young people willing to engage in health system transformation. Young people should acknowledge these pitfalls without falling into the same siloed thinking that is prevalent in governmental and political bodies.

Young people share with political leaders and other policy makers the responsibility to build diverse and participatory communities by opening up debate, particularly to under-represented and marginalised constituencies. Thus, where are the digital technology entrepreneurs or the climate change activists in the dialogue spaces for health that young people create? Their absence suggests that young people frequently perpetuate the failures of existing systems to integrate diverse voices into the health policy discourse.

Models created in the past few years, such as the World Health Students' Alliance, which formally links international health student organisations across interdisciplinary fields, and the Partnership for Maternal, Newborn, and Child Health's (PMNCH) Adolescent and Youth Constituency, which unites over 90 youth-led networks, are a good start for fostering cohesive, collective youth voices nationally and internationally.

In the meantime, low-cost interventions that empower fellow advocates need to be prioritised by young leaders. The Psychological Society of South Africa's Student Division[6] supports free peer-to-peer mentorship for mental health in adolescents through skills-sharing; Reach-a-Hand Uganda's youth

For the **World Health Students' Alliance** see https://ifmsa.org/world-health-students-alliance/

For the **Partnership for Maternal, Newborn, and Child Health's Adolescent and Youth Constituency** see https://www.who.int/pmnch/about/members/constituencies/details/en/index1.html

For **Reach-a-Hand Uganda** see http://reachahand.org/

Fondation Botnar

Youth workshop on digital technology for universal health care at the Women Deliver 2019 Conference

advocates successfully debunked misconceptions about comprehensive sex education and homosexuality through peer learning, and UNICEF's U-Report influenced policy by crowdsourcing information from young people from over 60 countries, showing that youth engagement can efficiently improve health.

For the **U-Report** see https://ureport.in/

Characteristics that make health institutions powerful—technical expertise, political and economic clout, robust governance—are often the very same that preserve the status quo. The ability of young people to speak out against the "ethical cowardice that afflicts global health",[7] which even many experts bemoan, catalyses progress at the highest levels.

For **Fondation Botnar** see https://www.fondationbotnar.org/

For **Co-Create** see https://www.fhi.no/en/studies/co-create/

Young people cannot be expected to conform to a homogenous perspective, yet this happens regularly. Only two youth organisations—International Federation of Medical Students' Associations (IFMSA) and International Pharmaceutical Students Federation—are recognised by having official WHO relations, reflecting prohibitively high barriers for youth representation in policy-making arenas. These few voices shouldn't be seen as the definitive youth perspective at the exclusion of others; instead, a rich diversity of opinions and expertise should be the norm.

For the **International Federation of Medical Students' Associations** see https://ifmsa.org/

For the **International Pharmaceutical Students Federation** see https://www.ipsf.org/

Textbook tokenisation (doing mostly symbolic efforts to give the appearance of inclusiveness)—whether shoehorning a young leader into the final minutes of an expert panel or soliciting consultations without financial support—further exploits young people. Additionally, campaigns calling for the world's youth to step up with endless fresh ideas for improving health but devoid of any tangible investment or without providing authority to young leaders are disingenuous. Health professionals who are guilty of this behaviour undermine long-term progress by rendering youth participation unproductive and should be challenged by those who consider themselves allies of youth activism.

Women Deliver's 2019 report[8] on youth engagement noted that those with influence need to be willing to disrupt and dismantle power structures that systematically exclude young people while also serving as proactive allies and powerbrokers. Women in Global Health, NursingNow, and NCD Child have nominated young leaders to serve on their governing boards, while several established organisations have provided financial support to the IFMSA's Youth Pre-World Health Assembly. These emerging examples of intergenerational powerbrokers—IFMSA, UNAIDS, and PMNCH—should inspire other organisations to follow suit.

For **Women in Global Health** see https://www.womeningh.org/

For **NursingNow** see https://www.nursingnow.org/

For **NCD Child** see http://www.ncdchild.org/

Examples of participatory youth engagement, reflecting goals espoused in the WHO-commissioned youth report, have been emerging in the past few years.[9] The new coalition between Fondation Botnar and other organisations to achieve universal health coverage through digital innovation will include young people from the start. Co-Create features civil society such as the World Obesity Federation in equal partnership with youth organisations to curb childhood obesity, and Benin's UN Population Fund's Adolescent & Youth Panel[10] prepares youth networks to actively codraft government commitments on family planning services.

In the spirit of reciprocal responsibility, sharing decision-making power at the highest levels across all stakeholders in health care is paramount. Indeed, it's the only way forward and settling for anything less is ultimately futile.

Young people have an obligation to awaken responsibility in their peers and, ultimately, the health sector as a whole by challenging hypocrisy, highlighting social and political inequities, and seizing opportunities to influence health programming. Meanwhile, established leaders have a reciprocal obligation to commit to the engagement and participatory leadership of young people in the design and implementation of health systems. Direct investments must be targeted towards co-developing movements with young people at the helm of social change.

It is time to reframe the narrative: only a two-way relationship between young people and established leaders can achieve health for all. Without young people and the necessary investment to engage them, sufficient progress will simply fail to happen.

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All authors contributed equally. We declare no competing interests. We thank Lewis Parker for his contribution to this manuscript.

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