

Youth Statement towards the World Health Summit 2011

Introduction

Dear WHS organizers, respected professionals, speakers and other World Health Summit attendees.

Thank you for welcoming youth participation in the 2011 World Health Summit (WHS). As a follow-up, we, the youth representatives of leading student organizations, would like to share our experience of the summit and offer suggestions we feel will be useful for summit organizers and future participants.

Active participation in this year's WHS offered a unique opportunity for students to connect with global health leaders and civil society on the most critical issues of our time. We believe that youth, together with professions and organizations outside of the health care sector, could be more involved in the development of the WHS and given a stronger voice to reflect a variety of perspectives on the current global health agenda.

As young people in attendance at the World Health Summit, we are part of a wider group of representatives of civil society who wish to encourage policy-makers to consider innovative global health policies. The World Health Summit—described as a gathering of leaders “to develop joint strategies and take action to address key challenges in medical research, global health and health care delivery”—holds the promise for such innovation. However, we feel the summit's ability to meet the aim of “shaping the political, academic, and social agendas” of world health is limited by its inaccessibility to key stakeholders and lack of clear outcomes. Therefore, we would like to offer the following feedback for the next summit's organizing team.

Content

The Summit was created with “the aim of shaping the political, academic and social agendas” of world health. However the agenda of the Summit is set by a small group of individuals not representative of the entire global health community. For example, it was surprising to see **The Social Determinants of Health** entirely neglected within both the agenda and discussion, especially considering the high-profile Rio Political Declaration this month.

Recognizing the industries, practices and policies responsible for inequities in health

worldwide is not convenient, but change is necessary. We believe including a greater cross-section of global health stakeholders in the organisation process would more effectively ensure that most important issues are addressed.

Accessibility, Transparency and Inclusiveness

The **high cost** of attendance at the Summit precludes full social representation, in particular from low-income countries and civil society. Many governments of low-income countries cannot afford to spend 1000€ to send a delegate. Meanwhile, The World Health Summit cannot hope to foster an inclusive environment to formulate policy without essential contribution from these stakeholders. We acknowledge that the Summit requires funding to operate, however the organisers could consider a more tiered price system to allow participants from low-income countries and civil society to attend.

Although we understand that inviting pharmaceutical company representatives is necessary for multi-sectored participation, discussions may be limited by pharmaceutical company funding. Sponsorships may limit discussion of international efforts to improve access to essential medicines, including **the reform of intellectual property treaties**. We welcomed active criticism of these industries by members of civil society and representatives of NGOs.

Understanding itself as “one of the foremost international gatherings of its kind in healthcare” the World Health Summit is obligated to publish its outcomes to the broad public and as many cross-sectored stakeholders as possible. Yet one week after the event only four press releases and some live stream recordings are available at the WHS homepage. [A search on Google News](#) reveals only 22 hits about the event, most of them related to the visit of the Bangladeshi prime minister. In our globalized and digitalized world, **comprehensive information is both possible and crucial to make oneself heard.**

The organisers could easily utilise innovative communication methods to release information and allow **virtual participation through social media**. In the future important stakeholders, unable to attend due to financial or time restraints, could participate online utilising the available webcasts and even contributing to panel discussion through micro-blogging. In addition, we encourage broader media coverage on not only health care related channels to make the civil and other professional societies aware about the WHS and its concerns.

Outcomes

Surprisingly, many interesting topics entailed vague discussions rather than constructive analyses of current events. There was **no adherence to different formats of the sessions** (panel discussion, working session, key lectures). The panel discussion and working sessions were largely similar and there was a lack of distinction between information, discussion, and outcome-based seminars. We would welcome a strengthened role of the audience in the distinct sessions in order to support the interaction of all summit participants.

Within sessions, even when clear consensus formed between panellists and participants, there was no established channel to develop any form of outcome. We consider the sessions as opportunities to stimulate real action and change that are not being optimally used.

We call for:

- 1) Improved participation of representatives from civil society and low-income countries.
- 2) A clear distinction of different formats of the sessions that is adhered to and stronger audience inclusion in all sessions
- 3) An established channel to produce outcomes or call to actions from sessions
- 4) Development of an improved social media strategy that allows accessibility of the event via online participation
- 5) An evaluation method at the end of the summit carried for all participants could reveal new ideas to improve the WHS
- 6) Strengthen of ties to youth organisation and facilitation of stronger youth participation

Youth Participation

This year the youth has been very present in the WHS. Before the summit, youth worked with summit organisers to acquire student discounts and organize a preparatory workshop. We were very happy about this possibility and would like to encourage a permanent feature of accessible pricing for youth representatives. Furthermore we would like to see a stronger cooperation between youth and the organisers by having access to a room for student briefings, which were held every day for around 1.5 hours.

Another point we would like to suggest is one or two sessions run by students as key stakeholders. We would like to show our interest in global health as future health care professionals and are able to bring new energy and refreshing ideas into this important topic.

Furthermore it helps to bring a broader representation of civil society into the summit and could help to improve a variety of the audience.

Furthermore, we as youth representatives could employ our skills in social media in order to promote the WHS and make discussion topics more accessible to a more global audience.

Already this year, the youth was active by using twitter throughout the WHS, engaging in conversations with speakers, other WHS participants, and students who were unable to attend.

Conclusion

The World Health Summit represents an opportunity for strong collaboration and action between diverse global stakeholders. Despite improvement from previous years, potential is still largely untapped due to the exclusivity of the summit, the absence of clear outcomes and limited discussion of politically difficult issues.

For further questions or comments, feel free to contact us: prewhs@bvmd.de