Policy Brief by the German Youth Delegate to the 79th World Health Assembly (WHA)

This policy brief was authored by Amélie Belosevic in her position as German youth delegate to the 79th World Health Assembly. It does not reflect the official position of the German Federal Ministry of Health or the Global Health Hub Germany.

About the author:
Amélie Belosevic is a final-year medical student at the University of Heidelberg. As the German Youth Delegate to the 79th World Health Assembly, she advocated for global health's role within an integrated approach to foreign policy and for closing the distance many young people feel from the political decisions that shape their lives. In doing so, she drew on her own experience in medical education as well as the concerns raised by youth groups and organizations during consultations for this brief.

Key messages

1. Involve young people more directly in communication and policy processes, through active outreach to youth organizations, youth-specific communication channels, and regular consultations, with a Youth Advisory Board within the Ministry of Health as a particularly promising option.

2. Treat political communication as a two-sided issue: meet young people through the communication formats they actually use, while pairing this with media literacy and platform accountability measures.

3. Build on global health's expanding role in security policy while ensuring equity and SRHR keep pace with it.

For the second year in a row, the German youth delegate held their statement at the World Health Assembly on the agenda point of Mental Health. [1] Its recurrence may be worth reading as a symptom of two deeper-seated problems:

young people's exclusion from political decisions that shape their futures, and a geopolitical landscape that is reshaping how health issues are prioritized.

Global Health's Growing Place in Security Policy

A fair question was raised in several youth consultations: in a political environment increasingly organized around security policy, where does global health find its place? This brief argues that global health belongs to security policy rather than competing with it for attention.

Framing global health this way can be strategically useful and also helps topics like pandemic preparedness and health system resiliency benefit from their position at the intersection of health and security policy. [2, 3]

As global health's standing within security policy grows, it is necessary to ensure that health policy for disadvantaged groups, a priority raised by several youth groups, grows alongside it rather than being left behind. [2] These issues can be easily overlooked in politics, simply because they lack the same built-in urgent narrative as pandemic preparedness or infrastructure of the healthcare system, not because they are any less important. Unaddressed equity and healthcare access gaps translate into worse health outcomes for populations already underrepresented in many political processes. [4] Ensuring these issues keep pace with global health's rising security profile is essential to making the political agenda complete.

Distance from political decision-making and its link to wellbeing

Youth are disproportionately affected by decisions with long-term effects - military service, pension reform and the consequences of demographic change for the tax and healthcare systems - yet are often consulted late in the respective decision-making processes. This goes beyond a question of fairness: there is a plausible and researchable link between perceived powerlessness over one's own future and psychological stress [5]. The feeling of not being heard by legislators and not being seen by political institutions are themselves contributors to the anxiety that young people report [6].

Two distinct failures deserve to be named separately since they call for different responses:

- **Timing**: youth are often brought into consultations after the substantive decisions are effectively made.
- **Format**: even where information is available it isn't always delivered through channels youth actually use.

Frustration, not apathy

Rather than framing this anxiety as declining political interest, a more accurate description from these consultations may be growing frustration with the political process itself. Young people are not tuning out [7]: many describe the feeling of not being heard by legislators, which shows up less as disengagement but instead as more polarized commitments to the parties they do choose to support.

Frustration with the process appears to be pushing youth toward firmer, more divided political camps rather than away from politics altogether [8, 9] - suggesting that the more useful policy goal may not be "spark the interest of young people", but "make the political process itself feel more responsive".

Youth consultations raised two sides of one issue: on one hand, political communication would benefit from adapting to the formats young people actually consume since official channels may miss much of this audience. On the other hand, many young people describe those same algorithm-based platforms as something that has cost them agency over their own attention. They are pointing to platform design itself as something that may contribute to the anxiety and loss of agency they report. [10]

These two observations do not have to be mutually exclusive. However, pursuing format-adaptation alone risks treating a mental health concern solely as a communications problem. A balanced policy response should involve:

- adapting public communication to short-form, platform-native formats where youth already are
- investing in media literacy efforts and, where appropriate, platform accountability measures, thereby addressing design features linked to compulsive use

Youth in healthcare systems: present, not future

A recurring theme in youth consultations was discomfort with youth as "the future" of healthcare systems - a framing that may unintentionally excuse inaction now by deferring the relevance of young people to a later point. Youth are, in fact, already students training within healthcare systems and young professionals working today.

Two consistent themes stood out:

- **Working conditions**: in youth consultations, young healthcare professionals frequently express dissatisfaction with their working conditions, even without being specifically asked. Workload, pay, and job security are recurring concerns, echoing broader reports of burnout and attrition risk among young healthcare professionals. [11, 12]
- **Education conditions and involvement in education policy**: young people in healthcare and medical education often report not being consulted on decisions about their own training and curricula and describe communication about these decisions as inconsistent and after-the-fact — the same timing and format challenges that were raised above. [13, 14]

Young people in healthcare systems often do not feel heard by the legislative and executive branches of government and do not feel meaningfully involved in decisions that directly affect them. Given that these are the people who currently work in healthcare systems and will lead them within a decade, addressing dissatisfaction with training and working conditions has direct consequences for the resilience of the healthcare system, not only workforce wellbeing.

Principal Recommendation: Involving Young People in Communication and Policy Processes

These political frustrations and workforce concerns share a common thread: Young people could and should be more involved in the processes that shape health policy and communication. A few complementary approaches could help:

- Actively reaching out to youth organizations as standing contacts for consultation, rather than waiting for them to approach official channels.
- Building youth-specific communication channels into existing ministry and legislative communication strategies.
- Commissioning regular youth consultations tied to specific legislative processes, with published findings, even without a permanent institutional structure.
- Establishing a Youth Advisory Board within the Ministry of Health, with an institutionalized role in policy development.

Among these, a Youth Advisory Board may be the most promising option. It should not be the only mechanism used, but it would give youth a lasting institutional footing rather than having them depend on any single administration's goodwill.

Conclusion

Mental health topping youth consultation concerns for a second consecutive year is not an isolated data point. It reflects, in part, political exclusion and digital disengagement and, in part, understandable anxiety about a rapidly changing world. Together, these point to a shared structural opportunity: building a more reliable dedicated channel for youth input. Active outreach to youth organizations and regular, topic-related consultations can help build that channel. A Youth Advisory Board within the Ministry of Health may be best placed to make that involvement durable and would send a meaningful signal to a part of our population that currently feels politics isn't working for them.

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About the German Youth Delegate Programme

The German Youth Delegate Programme was launched as part of the Federal Government's Strategy for Global Health and piloted in 2021. The programme for youths and young adults intends to provide insight into international organisations and processes, boost the interest in working in the public health or international field, promote networking with international parties and raise awareness among young people in Germany about global health issues.