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# Policy Brief by the German Youth Delegate to the 78th World Health Assembly (WHA)

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*This policy brief was authored by Ahmet Bekisoglu in his position as German youth delegate to the 78<sup>th</sup> 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:**

Ahmet Bekisoglu is a recently graduated medical doctor and MSc Global Health Policy student at the London School of Hygiene & Tropical Medicine (LSHTM). As the Youth Delegate to the 78<sup>th</sup> World Health Assembly (WHA) he advocated for stronger youth engagement and a health-centred policy approach. His work focuses particularly on mental health and the health impacts of conflict and displacement.

## **Key messages**

1. Young people and youth organisations are well-connected and politically engaged across a broad range of issues – this potential should be actively and strategically harnessed.
2. Health is not a marginal topic – it influences and is influenced by all areas of policy.
3. The integration of “Health in All Policies” must not remain a political buzzword but be consistently implemented to address global challenges such as the climate crisis, war, and social inequality.
4. Mental health must be treated as a political priority in its own right – not only as a consequence of crises, but as a cornerstone of resilience, equity, and long-term public well-being.
5. The Youth Delegate Programme is a first step in recognising youth perspectives on global health, but it must be further developed, institutionalised, and meaningfully integrated into policymaking.

## Background

The Youth Delegate Programme to the World Health Assembly (WHA) by the German Federal Ministry of Health (BMG) provides young people with a platform to contribute perspectives to global health policy discussions at national and international levels, including the WHA. In 2024–2025, I served as the German Youth Delegate to the 78<sup>th</sup> WHA, with the mandate to represent the views of youth in policy processes and to strengthen communication lines between different actors. During this mandate, I actively engaged in national and international fora. I delivered a speech in Geneva during the 78<sup>th</sup> WHA, participated in exchanges between Members of Parliaments (MdBs) as well as with youth organisations, and represented German youth perspectives in discussions with stakeholders from WHO, EU institutions, and other member states. In addition, I organised several seminars on health-related topics.

## Methods

To meaningfully integrate youth perspectives into my work, I employed several methods, including a targeted survey, youth consultations, and seminars. Throughout my mandate, I conducted approximately 18 in-depth consultations and discussions with youth organisations<sup>1</sup>. These conversations typically lasted between 30 to 60 minutes and focused on the organisations' priority areas as well as their perspectives on health-related topics. I documented these meetings through written summaries to ensure that key insights could inform subsequent policy-related activities such as this policy brief.

Maintaining close alignment with current research developments was also a core priority. To this end, I participated in several relevant events, including the **Poverty and Health Congress in Berlin**, the **WHO European Programme of Work 2 Hearings**, and the **4th Diversity in Health Congress (inno3)**, which I attended virtually. At the **International Urban Health Summit** hosted by the Volkswagen Foundation in Hannover, I presented a poster summarising key findings and reflections from my time as Youth Delegate.

Additionally, I organised a seminar series on the **dimensions of global health** together with the scholarship network of the Hanns Seidel Foundation. I also delivered talks on **social inequality in medicine** and on **psychiatric trauma and its somatic impacts**. Just prior to the 78<sup>th</sup> WHA, I hosted a concluding presentation on

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<sup>1</sup> The following youth organisations were consulted: Junge Physiotherapeuten, Bund der Alevitischen Studierenden AG Medizin, Netzwerk Öffentliche Gesundheit, Amnesty International Jugend Germany, Bundesvertretung der Medizinstudierenden, HealthForFuture, HealthForFuture Köln, Deutsche Allianz Klimawandel und Gesundheit e.V., SeaWatch, Deutscher Bundessjugendring, Globale Health Hub AG Urban Health, Junge Pflege, Feminist Law Clinic, Deutsche Gesellschaft für Digitale Medizin, Deutsche Gesellschaft für Public Health, Berufsverband deutscher Psychologinnen und Psychologen – Studierende, Global Shapers Frankfurt Hub / DACH Value-Based Healthcare Community, Generation Europa 2024 – AG One Health

the **social determinants of health**, inviting stakeholders and youth representatives to reflect on lessons learned and policy implications.

Consequently, during my mandate, I was able to gather a wide range of perspectives and opinions, which helped me to better understand stakeholder priorities and set the right emphasis in my work and final speech in Geneva.

## **My statement at the 78<sup>th</sup> WHA in Geneva**

Under the agenda item “Mental Health and Social Connection,” I had the opportunity to deliver my statement as the German Youth Delegate at the 78<sup>th</sup> WHA in Geneva. In my statement, I emphasised that a central concern voiced across all consulted youth organisations – despite working in diverse fields – was the growing mental health crisis among young people. Fear, anxiety, and a loss of security are exacerbated by climate change, geopolitical instability, and ongoing conflicts in regions such as Ukraine, Congo, and Rojava.

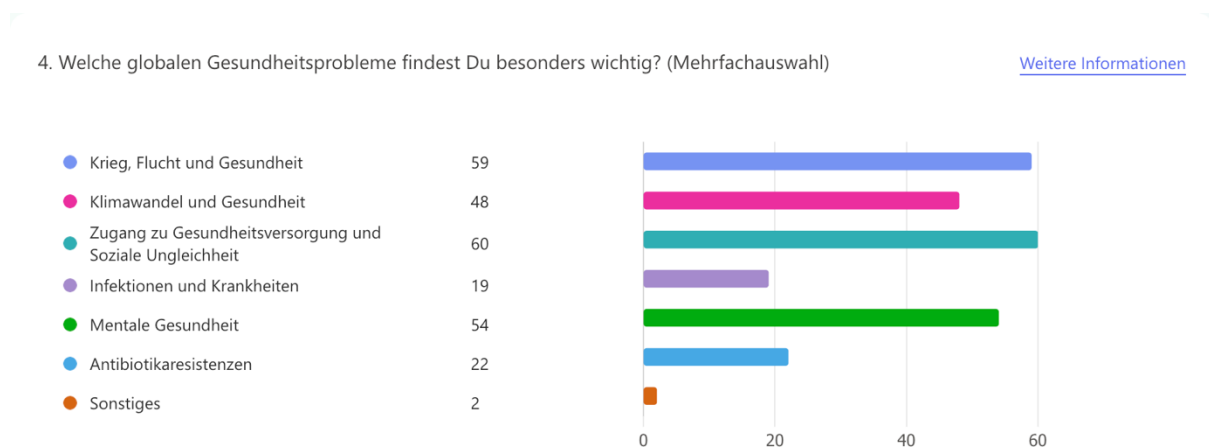
I underlined that no policy should be developed without considering its impact on both physical and mental health. Youth organisations demand that health becomes a cross-cutting priority in all areas of policy – health must not be treated as a privilege, but as a prerequisite for a sustainable future. This reflects the growing call for a “Health in All Policies” approach that places health, including mental well-being, at the centre of policymaking. (My statement can be watched [here](#): Committee A, 23.05.2025, 14.35 – 18.30, Time-Stamp: 2:08:26)

## **Social Determinants of Health**

Health is shaped far beyond the clinical setting. The WHO defines social determinants of health as the non-medical factors that influence health outcomes, including the conditions in which people are born, grow, live, work, and age [1]. These determinants – such as income, education, housing, and social protection – are especially relevant for youth. As evidenced in WHO’s Commission on Social Determinants of Health, “unequal distribution of health-damaging experiences is not in any sense a natural phenomenon but is the result of toxic combination of poor social policies and unfair economic arrangements” [2]. In the targeted survey I conducted during my mandate as youth delegate, the subtopic of access to healthcare and social inequality was most frequently cited as a relevant health issue (n = 79, with 60 choosing this option, Figure 1). At the same time, in my conversations, the issue of social justice came up frequently. Youth organisations in particular drew attention to inequalities in the healthcare system – for example, that migrants experience barriers due to language skills, or poorer individuals due to other obstacles.

The “Poverty and Health” Congress in Berlin provided clear evidence regarding the data and current state of research on this issue. Research shows that even individuals who are lifted just above the poverty line through social benefits still face a significantly higher risk of poor self-rated health – regardless of age. Factors such as

employment status, migration background, and caregiving responsibilities within the household play a particularly important role in this [3]. It should also be noted that the Leopoldina Academy specifically highlighted the impact of health-related factors on young people – for example, during the COVID-19 pandemic, where children's development was significantly influenced, by socio-economic disparities [4], [5].



**Figure 1:** Which global health issues do you find the most urgent? (multiple answers possible, 79 participants); Possible answers in chronological order: War, Displacement, and Health (59); Climate Change and Health (48); Access to Healthcare and Social Inequality (60); Infections and Diseases (19); Mental Health (54); Antibiotic Resistance (22); Other (2)

Solutions to these challenges are diverse and can be implemented at multiple levels. For the youth organizations involved, awareness campaigns, reducing language barriers, and expanding low-threshold, free advisory and support services were among the most central demands. They also emphasised that policymakers must adopt structural measures to tackle poverty and strengthen social protection in order to achieve lasting improvements in health equity. This includes investments in education, affordable housing, fair working conditions, and targeted support programs for disadvantaged groups. At the European level, stronger cooperation in social policy and better exchange of best practices can help reduce existing inequalities and ensure equal health opportunities for all young people.

## Health in Conflict Settings and Mental Health

Besides access to healthcare and social inequality, other frequently mentioned social determinants of health were war and conflict (n=59) as well as mental health (n=54) (Figure 1). Several youth participants emphasized that global political instability, particularly ongoing wars and violent conflicts, shape both the physical and psychological conditions of young people today. Wars and conflicts have become more present in Europe – both on the continent as well as in media coverage. The war in Ukraine has been raging for years and conflicts in the Middle East, such as in Rojava, show little sign of easing. These conflicts and wars do not only put a strain

on the economic conditions for young people in Europe and around the world.

Some youth described how continuous exposure to human rights violations and humanitarian tragedies affects their psychological well-being. Images and videos in the media, unbearable suffering, and brutal war crimes are deeply imprinted in the minds of young people and can have significant adverse impact on their mental health [6], [7], [8]. Many young activists, for example, report feeling overwhelmed and emotionally exhausted when engaging with distressing news or supporting human rights causes. This so-called “*human rights burnout*” [9] is exacerbated by constant availability, high workloads, and limited resources for mental health support within youth organisations.

The situation for young people forced to flee conflict and war zones is even more severe. Testimonies from several youth organisations highlight how unsafe escape routes, pushbacks, and the externalization of border controls sustain cycles of violence and trauma. In addition, discrimination in various countries – including in Germany – continues to pose significant barriers in the healthcare system among others, where prejudice and structural bias were repeatedly mentioned as further sources of stress and exclusion.

Together, these realities underline the urgent need to strengthen mental health services, ensure adequate psychosocial support for youth affected by crises, and integrate well-being measures into humanitarian, migration, and health policies. Promoting mental health must not be an afterthought but a core pillar of any response to current and future conflicts.

## Health in All Policies

Discussions with relevant stakeholders highlighted, above all, the need for an interdisciplinary perspective on health. Many participants criticised what they perceived as a narrow or siloed approach in current legislative frameworks, especially regarding the broader social determinants of health. They emphasised that health must not be treated as an isolated policy area but should be systematically considered across social, economic, and environmental dimensions [10].

In the German context, several youth organisations pointed out that while the concept of Health in All Policies has been acknowledged in principle, its implementation often remains fragmented and inconsistent. For example, legislation in areas such as housing, education, employment, or migration policy frequently neglects its direct and indirect effects on health equity. This gap was seen as particularly striking when discussing asylum policies: humanitarian considerations, including the right to health, are often overshadowed by security concerns or political debates on migration control.

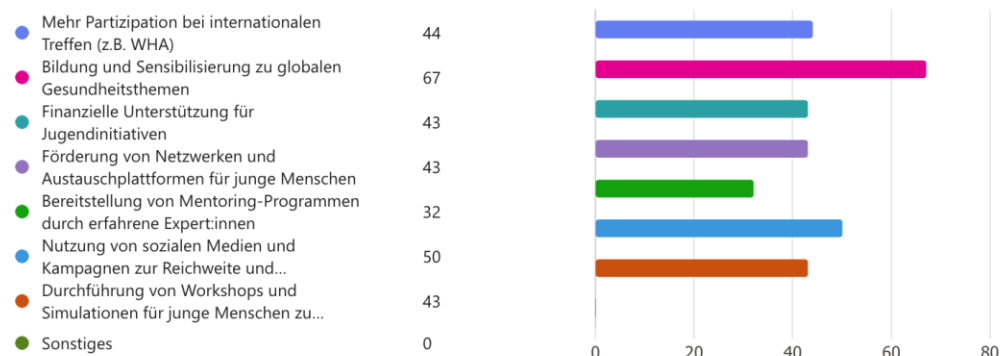
Stakeholders stressed that to live up to national and international commitments such as the Sustainable Development Goals or WHO’s recommendations - Germany must strengthen cross-sectoral cooperation at all political levels. This includes

making health impact assessments a standard part of policy development, allocating sufficient funding to address social and structural barriers to good health, and ensuring that marginalised groups, including refugees and migrants, have equitable access to health services. Moreover, many young people called for clearer accountability mechanisms to track how policies in sectors like climate action, transportation, digitalisation, or urban planning impact public health. This includes involving civil society and youth representatives in decision-making processes, so that health concerns are not only recognised but actively prioritised.

Finally, Health in All Policies must be understood not just as an administrative tool but as a guiding principle for a fairer, more resilient society. As the impacts of global crises – from armed conflicts to climate change – become increasingly intertwined, health policy can no longer be addressed in isolation. Instead, it must be integrated into every level of governance to protect current and future generations [11], [12].

8. Wie kann deiner Meinung nach die Jugend in die globale Gesundheitspolitik stärker eingebunden werden?

[Weitere Informationen](#)



**Figure 2:** In your opinion, how can youth be better involved into global health policy? (multiple answers possible); Possible answers in chronological order: More participation in international meetings such as the WHA (44); Education and awareness on global health issues (67); Financial support for youth initiatives (43); Promotion of networks and exchange platforms for young people (43); Provision of mentoring programmes by experienced professionals (32); Usage of social media and campaigns (50); Facilitation of workshops and simulations for young people (43); Other (0)

## Youth Engagement

Consultations and discussions as part of my mandate as youth delegate included youth organisations from diverse fields: professional associations, human rights organisations as well as medical and political associations. Some had a clear focus on health policy, others covered this sector thematically, and yet others had a different thematic focus. What is certain, however, is that all actors I engaged with shared a common commitment to addressing societal challenges and amplifying youth perspectives. The survey showed that young people primarily see educational opportunities and awareness-raising about health topics as a way to more youth involvement into global health policy – in other words, low-threshold access to

information. Furthermore, social media is also seen as a promising channel for disseminating health policy issues.

Survey responses I received indicate that young people expect the German government to take greater responsibility for global health by investing in research on neglected diseases, supporting equitable access to medicines, and strengthening health systems in low-income and crisis-affected regions (LMICs, FCVs). They call for mental health services for refugees, more inclusive health policies for marginalised groups, and better public health education to promote healthy lifestyles and nutrition. Respondents emphasise the need to challenge profit-driven pharmaceutical practices, to secure supply chains, to train healthcare professionals globally, and to integrate social justice, migration, and climate action into health policy. Overall, they stress that health should be treated as a universal right rather than a commodity.

## **Summary**

As Youth Delegate to the 78. World Health Assembly for 2024–2025, I was tasked with ensuring that youth voices are reflected in national and international health policy discussions, including at the World Health Assembly. Through targeted surveys, in-depth consultations with youth organisations, and participation in high-level events, I gathered critical insights into young people's priorities for global health. The findings highlight an urgent need to address the growing mental health crisis, the impact of social inequalities, and the far-reaching health consequences of conflicts and forced migration. Stakeholders repeatedly called for a stronger Health in All Policies approach in Germany to ensure that health equity is systematically considered across sectors such as housing, education, climate, and asylum policy. Young people demand fair access to healthcare, better mental health services, and meaningful involvement in shaping solutions. To secure a healthy and just future for the next generation, health must be recognised and protected as a universal right, not a privilege.



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## Suggested literature for further reading:

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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 and promote networking with international parties.