



BRIEFING REPORT

4th Connecting Civil Societies in Asia and Europe (CCS4) Conference

1-3 October 2010, Brussels, Belgium

An official side-event of the 8th Asia-Europe Meeting (ASEM) Summit

Workshop 4 | The Role of Youth in Public Health Promotion: New Ideas, Young Ideas

Background

Globally, there are more than 1.1 billion people between the ages of 10 and 24 today — the largest generation in human history. Yet the significance of drawing heightened attention to this group is determined not by its sheer size alone, but also its vulnerability. This vulnerability of young people continues to be omnipresent due to barriers such as lack of access to health promotion and services, the emergence of risk behaviour such as unsafe sex practices, unhealthy eating habits, poor hygiene and sanitation, and the continuing spread of HIV. Global and national interest in health aspects of adolescent or youthⁱ has manifested itself in the last two decennia through international commitments such as the United Nations International Conference on Population and Development (ICPD). Nonetheless, even with the best of intentions, health policy and decision makers and healthcare providers continue to make choices that do not maximise the health returns for the youth. A carefully calibrated and targeted approach must be adopted.

Civil societies in many countries have been playing an active role in supporting governments at national and local levels to ensure youth's access to health promotion and services. Recognising both the abovementioned significance *and* vulnerability of the youth in health, it is only imperative today that civil societies and state actors in Asia and Europe intensify their knowledge-sharing and collaboration among each other in identifying ways to further improve health services for the youth and thus remove barriers to access. As societies continue their search for the best possible means to avail of needed medical service and information provision, the cross-cultural sharing of lessons learned is likely to facilitate the debate over the promotion of youth's involvement in public health. To ensure sustainability, transparency and accountability of services and policies, it is pertinent that

ⁱ Around the world, the terms "youth", "adolescent", "teenager", and "young person" are interchanged, often meaning the same thing, occasionally differentiated. Youth generally refers to a time of life that is neither [childhood](#) nor [adulthood](#), but rather somewhere in-between. (http://en.wikipedia.org/wiki/Youth#cite_note-1)

youth is actively involved in the health policy making process and the above-mentioned knowledge sharing mechanisms.

Following on the 16th ASEF University (AU16) on “Public Health and Vulnerable Groups: Access to Quality Healthcare Services”ⁱⁱ, the 4th Connecting Civil Societies of Asia and Europe Conference (CCS4): Workshop on “**The Role of Youth in Public Health Promotion: New Ideas, Young Ideas**” formed the excellent forum to capitalise on the policy recommendations crafted by the participants of AU16 and push the boundaries further in exploring a more specialised set of recommendations to ASEM policymakers on health and the youth. More particularly, the objectives of CCS4 were to explore areas of knowledge-sharing and collaboration between and among government and non-governmental actors in Asia and Europe and identify what role both actors should play in this process. The expectation is that increased collaboration would support stakeholders’ ability to ensure: 1) increased access for the youth to youth-friendly public health services and information channels; and, 2) enhanced participation of the youth in the shaping, implementation and monitoring of youth-related health policies and programmes.

Sixteen youth participants from 15 countries representing both civil society and government were invited to share experiences, network, and identify concrete areas of future Asia-Europe public health-related cooperation aimed at the two above-mentioned areas.

Discussion

Through intensive group discussions and break-out sessions, the participants identified a range of public health challenges for the youth in Asia and Europe. The participants recognised that between and within Asia and Europe, there are different public health issues and the level and quality of information and services that the youth can access differ from country to country. Furthermore, it was noted that while in many countries young people are still most vulnerable to infectious diseases, the participants stressed the need for the youth to be fully equipped to undertake preventive measures to reduce the chances of contracting chronic diseases.

Access to information to help the youth in making well-informed decisions was also emphasised during the discussions. Reference was made to the ICPD which resulted in a commitment of governments to actively involve the youth in the planning, implementation and evaluation of information, education and communication (IEC) activities and services concerning reproductive and sexual health.ⁱⁱⁱ Such commitments and follow-up actions were recognised as the evidence of the important role that governments play in creating space not only for intervention but for a pro-active stakeholder role of the youth in policymaking.

However, one of the participants raised the notable fact that though governments today seem to be *open* for dialogue, too often they are still *close-minded* when it comes to “our” (youth’s) issue. This interestingly highlights the concern that the youth’s active involvement must be **meaningful** involvement and not just mere presence in meeting rooms where decisions are made by still an exclusive club of policymakers who may or may not be fully cognisant of the whole depth and expanse of youth considerations. It was stated by a participant that governments must cultivate trust in the youth’s capacity to engage meaningfully in the decision-making process and to prevent a patronising/matronising perspective on the capability of the youth to be an equal partner in such endeavor. It was pointed out during the discussion that whereas in the past, the youth sector was

ⁱⁱ The 16th ASEF University was held in Łódź, Poland, from 29 June to 9 July 2010 under the topic “Public Health and Vulnerable Groups: Access to Quality Healthcare Services”

ⁱⁱⁱ Paragraph 6.15, *The United Nations International Conference on Population and Development (ICPD), 1994*.

regarded as a problem or issue, the view has shifted to the youth being a resource, and now, as a crucial partner in a policy environment that focuses more on inclusion, participation and joint decision-making.

The existing gap between policymakers and actual health practitioners with respect to how they view and deal with the youth on public health issues was also raised by the participants. While it is the politicians who make the decisions that produce ramifications on the youth sector, it was deemed as crucial that the technical expertise and field knowledge of the health practitioners be heard and incorporated in the policy-making process to make it truly apt and responsive to the peculiar needs and concerns of the vulnerable sector of the youth.

Aside from the need for greater cooperation and coordination between policymakers and health practitioners, the networking must also encompass the government and civil society in general in both Asia and Europe. For this to truly work, there must be constant exchanges of best practices, challenges and innovative approaches between the two regions and the networks found therein.

The participants also saw the powerful role of new media in not only disseminating information but also in acting as an interactive communication channel for the youth, on the one hand, and policy-makers and health care providers, on the other. This realisation was in recognition of the pervasiveness of new media, such as social networking platforms and other internet gateways, in the lifestyles of the youth today. Examples of the Philippines and Sweden were mentioned on how the internet has helped young people obtain public health information and has facilitated the diminishing of barriers in accessing not only information but also actual health services for the youth.

Throughout the discussions, the subject of healthy lifestyles was recurring. The youth's vulnerability to unhealthy behaviour such as smoking, excessive drinking, unsafe sex and limited physical activities is worrisome. Young people's health, it was also agreed upon by the participants, is not merely the absence of disease or infirmity but the state of complete physical, mental and social well-being. The mental and social-well being of young people is often taken for granted and was identified as an area where governments and civil societies should focus on when developing youth-oriented programmes.

Proceeding from this subject of totality of one's well-being, the participants probed deeper into the issue of lifestyle patterns and choices of the youth today and the need for them to be equipped with the information and skills to make decisions that would support them in living a meaningful and healthy style. The discussion on this necessarily focused on the concern that the youth in Asia and Europe continue to be vulnerable to early and unwanted pregnancies and sexually-transmitted diseases. The participants however saw that in most countries, governments and the civil society are working closer together to equip the youth with the proper knowledge and life skills to make well-informed life decisions.

Finally, the concept of meaningful existence and totality of well-being also meant adopting a lifestyle that contributes to environment sustainability. The members of the group, noting the considerable niche market that the youth occupy, underscored the necessity to educate the youth to not only be informed health service consumers but also as active and vocal citizens.

In relation to this, the concept of social entrepreneurship, which was contained in the AU16 policy recommendations, was discussed and forwarded for serious consideration by the participants. The idea was that, to support the initiative to enhance participation of the youth in health care issues, policies must be adopted by governments to encourage a kind of participation by the youth that

looks into and responds to social needs and issues, or what may be termed “social entrepreneurship.”

Key Recommendations

The participants recognised that the government has a comparative advantage in addressing youth-related public health issues. For example, informing young people about the dangers of smoking and unsafe sex and promoting a healthy lifestyle can be effectively undertaken by governmental institutions due to its existing mechanism and resources. This can then be further complemented by civil society, with its expertise and immersion in the field.

The group’s focus was on coming up with recommendations that could result in real tangible actions. Though aware that the following recommendations might still be broad, the hope is that these recommendations will to be translated into real actions not by governments or civil societies by themselves but through close collaboration between and amongst them that ensures the active involvement of the youth.

1. Youth/adolescent reproductive health education knowledge exchange mechanism

Both governments and civil society are called upon to: a) develop and address greater interregional knowledge-sharing mechanisms through the development and delivery of school curricula on sexual and reproductive health and rights (SRHR) and on healthy lifestyles, including nutrition, sports and drugs; b) provide financial and policy support to interregional civil societies including youth organisations to develop and deliver non-formal education in the fields of SRHR and healthy lifestyles; and, c) provide financial and policy support for strengthening of the web-based access to youth-friendly health information and services.

2. Enabling the youth to actively and meaningfully contribute to policy making, implementation and monitoring of health issues of young people

Considering that the current level of engagement of both governments and NGO actors in the promotion of public health for the youth is still insufficient, governments must give priority to accord equal weight to the youth as a valued partner in all relevant health policy and promotion developments. In relation to this, governments must encourage social entrepreneurship among the youth by training young people in social entrepreneurial skills, then providing benefits and recognition to young entrepreneurs active in health promotion.

3. Governments to encourage of closer collaboration between Asian and European youth health networks and societies

ASEM governments are called upon to emphasise on mobilisation and empowerment of young people in the efforts of health promotion through: strengthening Asian regional youth structures as a partner to existing European regional youth structures and recognise these as equal and valued partners in policy making, implementation, monitoring and evaluation of programmes regarding public health of young people in both the regions. Governments in cooperation with civil societies are called upon to provide adequate political, financial, and technical support for genuine and meaningful youth participation in health promotion through capacity development interventions such as interregional youth camps and leadership trainings.

The workshop *The Role of Youth in Public Health Promotion: New Ideas, Young Ideas* was co-organised by the Asia-Europe Foundation (ASEF), the ASEF University Alumni Network (ASEFUAN) and Prospex, within the framework of the *4th Connecting Civil Societies Conference: Changing Challenges, New Ideas* which took place on 1-3 October 2010 in Brussels, Belgium.

Full details and all conference reports are available on the conference webpage: <http://www.asef.org/>
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