

CANADIAN YOUTH CONSULTATION SUMMARY IN ADVANCE OF THE 73RD WORLD HEALTH ASSEMBLY

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PREPARED ON: APRIL 29, 2020
REVISED ON: MAY 17, 2020

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Executive Summary

Youth Perspectives on COVID-19: Findings from Canada's WHA Youth Delegate Consultations

Prepared by: Office of International Affairs for the Health Portfolio, Public Health Agency of Canada for Minister of Health's Office

As part of his role as Canada's youth delegate to the 73rd WHA, Yipeng Ge undertook a series of youth consultations to discuss global public health issues in the context of the COVID-19 pandemic. He asked youth across the country their views on how the pandemic has affected individuals and communities, how it has impacted key health issues in Canada, and what is most important to youth during this crisis.

Overall, Canadian youth recognized that a multi-sectoral, evidence-based and equity-based approach is critical to an effective response to the current pandemic and future crises that may arise. Four key areas were identified as areas of priority among Canadian youth: 1) individual well-being; 2) prevention and preparedness; 3) sustainable development, and; 4) education and development.

- **Individual well-being:** From a youth perspective, there are many different challenges that individuals are experiencing in the face of a global pandemic, including dealing with loss, caring for others, and maintaining individual-wellbeing. Youth highlighted challenges with identity and difficulties in finding their sense of belonging during a time of physical isolation. Maintaining identities (e.g. champions of staying at home, caring for loved ones, working in health-care settings, volunteering, etc.), acknowledging stages of grief, social connection, and acceptance were highlighted as central to coping with the realities of a pandemic.
- **Prevention and preparedness:** Canadian youth emphasized that strong public health systems, focused on prevention and preparedness, are critical to responding to health emergencies. A health-in-all policies, evidence-based approach, backed by strong investments in public health and health systems, is necessary to effectively respond to outbreaks.
- **Sustainable development:** The impact of COVID-19 on the Sustainable Development Goals (SDGs) was a noted concern. An effective response needs to consider all areas of the SDGs, and in particular, climate change, planetary health, and equity. The emergence of a novel coronavirus of zoonotic origin is a reminder of the importance of taking a One Health approach. Further, the impacts of COVID-19 on vulnerable people and people in vulnerable situations was acknowledged, including Indigenous peoples, people experiencing homelessness, and older adults and seniors. An effective response to COVID-19 should "leave no one behind" and incorporate ethical frameworks for decision-making, recognizing the resilience and strength for self-determination for communities in vulnerable positions.
- **Education and development:** Disruptions to the education system was highlighted as a key challenge during COVID-19. Access to education and youth development opportunities need to be part of the response, especially in the era of digitalization. This includes leveraging the unique role that youth can play in supporting communities and providing counsel on decisions and policies that affect them.

BIOGRAPHY

YIPENG GE YOUTH DELEGATE



Yipeng Ge is a Chinese-Canadian, first-generation immigrant, and a humble and grateful guest of this land. He grew up in Waterloo, Ontario and completed his undergraduate studies at McMaster University in Health Sciences (Honours) with a specialization in Global Health. He received his M.D. from the University of Ottawa Faculty of Medicine. He is an incoming resident physician in Public Health and Preventive Medicine (including family medicine) in Ottawa.

Yipeng is passionate and interested in tackling health and social inequities through addressing the social and broader determinants of health. Much of his brief academic and medical career has been guided by these values.

Yipeng has worked for various global health organizations including the WHO and the Population Health Research Institute in Hamilton, Ontario. He has also been involved in many student-led initiatives, including the 2016 McMaster Indigenous Health Conference and the 2018 Canadian Global Health Students and Young Professionals Summit. In 2019 he was the first student/young professional co-chair for the Canadian Conference on Global Health. Previous positions include Director of Government Affairs for the Canadian Federation of Medical Students; board of the Canadian Coalition for Global Health Research; and student representative for the Medical Council of Canada. He currently serves on the board for the Canadian Society for International Health.

Yipeng has artwork featured in Murmurs: the Journal of Art and Healing, on the cover of Canadian Family Physician, a peer-reviewed medical journal, and Chrysalis: a collection of art by University of Ottawa medical students. He enjoys running and cycling along the Rideau canal, playing golf in Waterloo, and spending time with family and friends.

2020 Youth Consultation Process

It has been an absolute privilege and honour to engage with Canadian youth across the country on global public health issues related to various areas of topics/issues as previously indicated by 17 areas of possible discussion based on the provisional agenda for the 73rd WHA.

As the impacts of the global COVID-19 pandemic became more widespread and requiring significant public health and public service response and attention, the consultations were shifted to discuss global public health issues in the context of the global COVID-19 pandemic.

Some of the guiding questions and discussion points are as follows:

- *COVID-19 pandemic impacts locally, how has it impacted you?*
- *Difference in the global pandemic policy responses around the world?*
- *Opportunity for change from the global pandemic (i.e. basic income, climate change)?*
- *Climate change and global health impacts, how can we advocate for environmental action related to health, in the context of the global pandemic?*

Additional guiding questions and discussion points added at a later date:

- *What are critical pieces to include in an international "Covid-19 response" resolution at the 73rd World Health Assembly (WHA)?*
- *From a Canadian youth lens, what priorities/statements/commitments would you want to see reflected in a resolution document agreed upon at the WHA?*
- *Who should be included in 'vulnerable groups' and 'people in vulnerable situations' (including populations in conflict-affected areas and settings prone to natural disasters) in the context of the pandemic?*
- *Should climate change action or planetary health be mentioned?*
- *How are youth affected by the global pandemic? What role does youth play during a pandemic?*
- *What has changed due to the pandemic, that you don't want to see changed or return to its previous state post-pandemic?*

2020 Youth Consultation Process Highlights To-Date

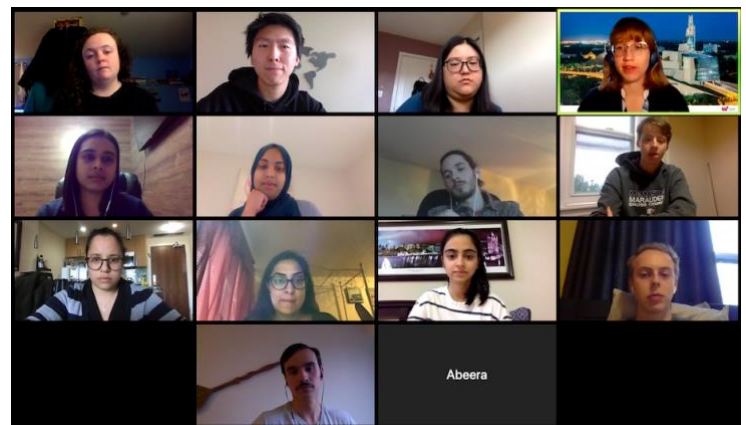
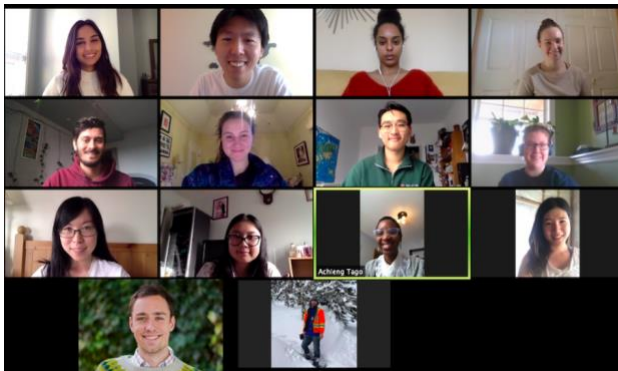
- Youth Consultation Electronic Survey Form
- Roundtable Discussion with Public Health Physicians of Canada Resident Committee
- Roundtable Discussion x 2 on general global public health issues/topics of interest
- Roundtable Discussion with Canadian Federation of Medical Students (CFMS) at their Spring General Meeting
- Roundtable Discussion x 1 on WHA resolution for international covid-19 response
- Roundtable Discussion with McMaster Global Health Symposium attendees
- Written feedback from McMaster Medical Student Global Health Committee
- Written feedback via email, Facebook, Instagram, Twitter
- One-on-one exchanges via phone call meetings and discussions
- Engagement and updates via [online journal](#)

Acknowledgements

Thank you sincerely to all those that have contributed to this process thus far - I am so very grateful for the time, energy, and guidance of so many Canadian youth to help shape these ideas and reflections.

- **Past Canadian Youth Delegates to the World Health Assembly:** Charles-Antoine Barbeau-Meunier, Ayah Nayfeh, Nicola Toffelmire, Ramya Kancherla
- **Canadian youth engaged in the consultations process (not an exhaustive list):** Abdul Al-Shawa, Abdullah Haroon, Abeera Shahid, Achieng Tago, Ahmed Faress, Alison Read, Angela Dong, Angela Silveira, Angie Woodbury, Anjum Sultana, Anna Socha, Ashley Karekaho, Bo Yang Tang, Cheryl Joseph, Cole Heasley, Conrad Tsang, Danica Dy, Elizabeth Kliska, Emily Kocsis, Erick Carreras, Erik Landriault, Evelyne Guay, Felipe Fajardo, Frida Blackwell, Gabrielle Wilson, George Kitching, Gurleen Kaur Saini, Helen Teklemariam, Hind Sadiqi, Humaira Nakhuda, Hunster Yang, Jacqueline Yao, Janice Mok, Japteg Singh, Jeanne Lavallée, Jeffrey McLean, Jessica Froehlich, Kathy Huang, Kelan Wu, Kelley Prendergast, Kirsten Bloomfield, Kristina Yau, Kruti Patel, Lerly Luo, Louise Kyle, Lucksini Raveendran, Matt Buccioni, Matthew McArthur, Matthew Yau, Melanie Zhang, Micah Hansen, Michelle Amri, Michelle Ma, Mike Mikhaeil, Mohit Verma, Monica Brundage, Monica Emode, Nadia Somani, Nguyet Dm Nguyen, Raluca Radu, Regina Yuen, Sabrina Yohannes, Samantha Cheuk, Samantha Lea Wilson, Samantha Pomroy, Samreet Atwal, Samuel Simonson, Sana Maqbool, Sasha Letourneau, Sarah Grace Bebenek, Sarah Silverberg, Sarah Walji, Sebastian Muermann, Sehjal Bhargava, Stacie Smith, Sureka Pavalagantharajah, Tommy Alareak Arloo, Valentina Cardozo, Vinussa Rameshshanker, Yseult Gibert
- **Other youth leaders and delegates from around the world:** Katja Čič (IFMSA Liaison Officer to the World Health Organization), Bea Albermann (73rd World Health Assembly Youth Delegate, Switzerland), Teodor Cristian Blidaru (United Nations Youth Delegate for Romania 2019-2020), Tarek Ezzine (IFMSA Vice-President for External Affairs)
- **Special thank you to:** Henry Annan, Eva Slawecki, Yassen Tcholakov, Donald Sutherland, Kimberly Williams, Jeff Blackmer, Minister Catherine McKenna, Minister Carolyn Bennett
- **Special thank you to the following organizations/groups:**
 - Aesculapian Society, medical student society of uOttawa
 - Association of Faculties of Medicine of Canada
 - Canadian Coalition for Global Health Research Students and Young Professionals Network
 - Canadian Federation of Medical Students
 - Canadian Federation of Medical Students HEART (Health and Environment Adaptive Response Task Force) Committee
 - Canadian Global Health Students & Young Professionals Summit
 - Canadian Medical Association
 - Canadian Partnership for Women and Children's Health
 - Canadian Public Health Association
 - Canadian Society for International Health
 - Fédération des médecins résidents du Québec
 - Global Health Office uOttawa
 - Global Health Programs, McGill University
 - IFMSA-Québec

- IFMSA (International Federation of Medical Students Associations)
- McMaster Global Health Symposium
- McMaster University Bachelor of Health Sciences (Honours) Program
- Public Health Physicians of Canada (PHPC) Residents' Council
- Resident Doctors of Canada
- ThriveHire
- UBC Faculty of Medicine Global Health Initiative
- Universities Allied for Essential Medicines
- University of Waterloo Student Chapter, Canadian Coalition for Global Health Research
- Young Diplomats of Canada



And a tremendous **thank you** to the Office of International Affairs for the Health Portfolio team (Public Health Agency of Canada) that have been updating and teaching me along the way!

- Chantele Sitaram, Elisabeth King, Francesca Verhoeve, Kate Trotter, Nicolas Palanque



Consultation Process

Multiple roundtable discussions and written feedback has led to the following findings shared by Canadian youth consulted in advance of the 73rd WHA. The discussions and consultations were grounded in the context of the history of the Canadian WHA youth delegate role, the [World Health Organization](#) and [World Health Assembly](#) purpose and function, and preparatory materials ([EB146 meeting notes](#), [provisional agenda for 73rd WHA](#)) for the 73rd WHA.

Canadian youth were also provided with these two documents ([Shared responsibility, global solidarity: Responding to the socio-economic impacts of COVID-19 \(March 2020\)](#), [WHO COVID-19 strategy update \(April 14 2020\)](#)) to help consider the scope of these discussions and recommendations.

In asking Canadian youth to share with me their written insights on what global public health issues matter most to them, I also asked why Canadian youth are passionate about global public health and what sparked their interest in this area to begin with. Here are a few select quotes for why Canadian youth are passionate about global public health from consultation attendees/participants:

- **"I have learned how important preventive measures are in health.** "Upstream" initiatives such as longer gym classes for youth or educating on youth on the dangers of smoking can lead to better health outcomes, rather than treating health issues such as lung cancer and diabetes."
- "As an Indigenous person, I have witnessed the **serious health disparities** that affect us as peoples. It is important for Indigenous peoples to work together internationally to find solutions to some of these problems."
- "The climate crisis and treatment of Indigenous peoples across the world cannot be separated into different issues. **Our capitalist exploitative societies are destroying our Earth, our health, our communities, and our human and non-human relatives.** My understanding/knowledge/values have been directed by my upbringing on a farm closely linked to the land, ceremony with First Nations people, and challenging the structure of the religious sect I was raised in."
- "Dr Martin Luther King Jr in the 1960s said that to attain a just society we would have to change our values in order to defeat the triple evils of racism, militarism, and materialism. All work hand in hand to destroy and damage our relations with each other and with our environment. Their threat is even more pressing today than it was back then: **we face existential threats from climate change, from potentially devastating global conflicts and constant wars for resources and hegemonic control, and from increasing wealth inequality and disparity within and across societies.**"

- “The personal burden of disease for affected patients is massive and sometimes life-limiting. It is devastating to know that in my country, there is relatively ready access to antiretroviral therapies, for example, while people in other societies do not have this chance. My background as a trainee in family medicine and therefore as a graduated MD has taught me to **look at the whole patient and to look at the whole healthcare system - how can we make just use of all of our resources to make life for our individual patients better?** I feel like eradicating these illnesses, which will take time, research, and money, is a start to that globally.”
- “I've learned that our governments and healthcare system plays a fundamental role in keeping our societies healthy. To combat our healthcare issues, **I believe we need to invest in the building blocks of our system (service delivery, health workforce, leadership/governance) at an institutional level.**”
- “By having awareness of the detrimental impacts of climate change on the livelihood of individuals we have the power to enact systemic change. Bringing this issue forth at the WHA is critical in how we move forward to ensure the next generations have a planet that is guarded and where their health as a social justice issue is ensured for years to come. **Planetary health is not only a social justice issue, it is a human right that needs to be guaranteed and protected.**”
- “As someone born into an immigrant family, my upbringing was socioeconomically humble. When my mother had to leave her reception job to tend to her mother's health following a stroke and hip replacement back in Mexico, it left her without an income. This was despite never having a break and always being on call to care for my grandmother. **This got me to question the monetary value of work provided by caregivers. Then I questioned all of the work each and every one of us does that is classified as "non-monetary" by current market and policy standards.**”

I think this is absolutely critical - to understand the context in which Canadian youth bring their ideas, passions, and interests in the global public health space. The globalization of our world and public health systems has brought opportunities and challenges, but it is clear more than ever, the responsibility and stewardship that comes with being a global citizen. We are interconnected and mutually dependent on one another - our connections within our communities and to the environment and land around us.

Summary findings

Here are some of my reflections and findings based on many of the discussions, written submissions, and reading I have done in the past weeks and months. I feel as though I can have full discussions and write quite a bit for each area of thought – but I've hopefully been successful in keeping things concise for your review and interest.

- **Identity:** Our intersectional identity that we take to experience life and the discussions we take part in, also inform and affect how we deal with loss and how we're impacted by the global pandemic. Some of the Canadian youth I spoke to were champions of staying at home and practicing good physical distancing, taking care of themselves or taking care of others in their family and communities. Others were organizing initiatives and projects to ensure certain unmet needs in their community were being addressed (e.g. public health contact tracing work, fundraising and collecting PPE for healthcare workers, doing errands for those that couldn't, and the list goes on). Others were working in healthcare or non-healthcare settings, ensuring essential work continued and that patients continued to receive healthcare services. So many people are affected, in different and in perhaps complex invisible ways that you might not expect. With some people being disproportionately affected. It's a lesson in being kind. In being compassionate towards others.
- **Equity:** COVID-19 doesn't discriminate, but society does. COVID-19 is not an equalizer, when society was not equitable, to begin with. For what we understood to be normal, let us work to change those things, so that we are able to build a new and renewed normal that truly reflects a world and planet that we are proud of. Let's change the normal. We need to do better collectively as a society and in partnership with and the leadership of communities for advancing the health and wellbeing of [Indigenous peoples in Canada](#), [people who are homeless](#), [migrant workers](#), and our [older adults and seniors](#). With an equity lens, we are also better able to approach global health discussions in the context of a pandemic with disparate local issues by thinking globally and acting locally – the WHO and United Nations advocate to "leave no one behind". It can be particularly difficult to separate away from what an equity-framed COVID-19 response ought to look in comparison to what ought to have been done to protect people in vulnerable situations outside of a pandemic (e.g., housing, clean water, food security). The support from governments to various different groups ought to be need-based and informed by communities. The approach must also incorporate [ethical frameworks](#) for just decision-making, and recognize the resilience and strength for self-determination for communities in vulnerable positions.
- **Grief:** People are at different places in their [stages of grief](#) for life as we know it. At its worst, it manifested as a sense of panic. The many reports of those going out to purchase, buy, and hoard food and supplies earlier on, I could appreciate a sense of familiarity as I too attempted to regain a sense of control – I found myself doing a lot of cleaning and organizing/re-organizing of my belongings. We have collectively, for the

most part, jumped off the neverending hamster wheel of routine work/study/play and there is a sense of stillness – an opportunity to breathe and reflect on our lives and society that has taken a pause offering a chance to think about what building better looks like. An important and critical reminder is that the sense of urgency and emergency during this pandemic – it may be comparable to a sense of urgency that more vulnerable peoples feel on a regular basis. Practicing gratitude is an ongoing lesson in humility and acknowledging privilege.

- **Connection:** I think we've also learned that our human systems are connected and mutually dependent. Globalization has come with an appreciation and absolute recognition that we are stronger together, but that inequities and vulnerabilities including faults in the systems ultimately affect us all.
- **Language:** Our language and how we choose to intentionally or unintentionally talk about a crisis affects our perceptions and what is acceptable. Narratives to compare the COVID-19 [pandemic to war](#) could be disrespectful for those experienced or experiencing conflict, and [harmful](#) if we equate our health and wellbeing to success and disease and illness to defeat. Language used around children should be tailored appropriately and sensitively. Racism and microaggressions through language may be exacerbated or normalized in the context of COVID19, having a further negative impact on everyone's wellbeing.
- **Prevention:** The exacerbation of a global pandemic has put into question our pre-existing systems for prevention and preparedness. I had an opportunity to engage in a fruitful and thoughtful discussion on how to strengthen and invest in our public health and [prevention systems between crises](#), in order to prevent crises from happening. [The paradox of prevention](#) and [negative deliverable in public health](#) comes easily to mind when it is the exact absence of a crisis that demonstrates investments realized – a difficult sell in our current political system perhaps. A [health in all policies approach](#), an understanding of ensuring various sectors consider the health implications to policy-making, is maybe one of the ways forward. This is about how not only do we build resilient healthcare systems and universal health coverage for disease and illness prevention and treatment, but also resilient health systems for a whole-of-society approach. Cross-sectoral and interprofessional collaboration with prioritizing health, wellbeing, prevention is critical for intentional investment in what matters most (e.g., connected, healthy, thriving communities).
- **Evidence:** We are experiencing evidence-based medicine unfold in real-time, with new clinical management pathways and treatment methods being explored and investigated prior to the timely (hopefully) creation of a vaccine for COVID-19. Many sectors including public health and healthcare are operating in mostly unknown territories with constantly evolving evidence and knowledge to help best inform decisions and actions. As others have said, we are flying the plane while building it, and with no tried and true air traffic

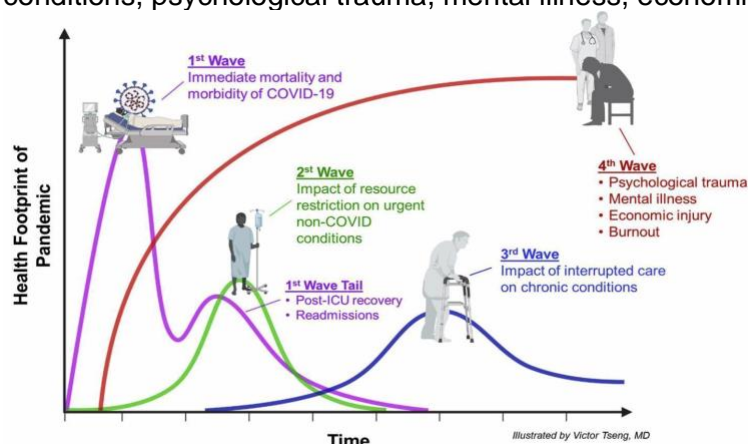
controller direction and instructions. There also exists a need to tackle misinformation directed at the public, and ensuring that critical thinking and analysis is encouraged.

- **Planetary health:** The emergence of a novel coronavirus of zoonotic origin is an acute reminder of our human interconnectedness with the environment and nature. It is the consequence of an interaction between humans and stressed and threatened wildlife systems. We must recognize the [importance of planetary health](#) and [the One Health approach](#), an understanding that we are all connected – humans, plants, animals, our earth. We have seen an acute decrease in pollution levels due to public health interventions for COVID19.
- **Climate change:** We have seen tremendous responses, in concert with public health, epidemiology, and infectious disease experts, from public institutions to protect people from a health, social, and economic lens during the pandemic – much can be learned from such an imperative for responding to [the greatest threat to global health in the 21st century – climate change](#).
- **Sustainable development:** The COVID pandemic is impacting all of the Sustainable Development Goals. The response needs to take this into account. COVID-19 not only impacts all SDGs, but points out precisely how important they are. Investment in the future isn't just some vague notion; the more we work on SDGs, the better prepared we are to deal with future challenges.
- **Support for youth education and development:** In an era of digitalization and significant disruptions to education systems globally due to the pandemic, appropriate access to quality education and youth development opportunities need to be part of the response – including leveraging the unique and important role that youth have in supporting communities and providing counsel to decisions and policies that affect them.
- **Your wellbeing:** Above all else, in medical school, we are taught that in order to take care of others, you have to take care of yourself. This is a time that many different people have taken approaches to use their time in a way that makes sense for them. In a socially connected community that has largely gone virtual – the negative effects of social media haven't been emphasized as much these days, likely because the alternatives are limited due to physical distancing measures currently in place. Don't feel like you [need to be productive](#) or follow what you see others are doing – [take care of yourself](#), then can you only begin to take care of others, like your friends, loved ones, and community members. You do you.

Appendix:

Critical pieces to include in an international “Covid-19 response” resolution at the 73rd World Health Assembly (WHA) are:

- Collaboration & coordination:
 - Global commitment to share resources/knowledge/funding/vaccine development to support pandemic response in developing countries and in particular for refugees/displaced peoples
 - Call for global pressure on countries in conflict to have a period of peace to flatten the curve
 - Coordination of the nations of a plan for containing COVID-19 and sharing of testing ideas that showed positive results. The international response to be an opportunity for great collaboration among countries both for immediate relief and sharing of resources such as PPE but also when looking to develop a sustainable plan for the coming year(s), including developing a vaccine and antibody identifiers, reaffirming global commitment to supporting the WHO
 - A united response to reducing global poverty and inequity in line with the 17 United Nations Sustainable Development Goals, the importance of participatory mechanisms embedded in the response, sorely missing transparent communications
 - Ethical vaccine development so that developing countries are not taken advantage of or denied vaccines
 - Provide financial, healthcare personnel, equipment support to low- and middle-income countries
 - Involve nurses at all levels of decision-making, as they make up the largest number of healthcare providers
 - Share best practices in various pandemic response responses/policies across member states
- Prevention:
 - Prevention of the ‘second wave’ of the pandemic, related to issues due to non-COVID19 related health impacts (e.g., due to resource restriction, chronic conditions, psychological trauma, mental illness, economic impacts, burnout)



- Continue vaccination programs and other continue work on other global health priorities
- Encourage disaster preparedness for the future (e.g., PPE storage, disaster preparedness teams)

- Continue investment in existing global health policies such as vaccination against and treatment for other disease epidemics still existing in the world (e.g., polio, measles, tuberculosis)
- Invest in preparedness through shifting our thinking from funding simply the acute healthcare systems without committing to similar investments in our primary care systems
- Health promotion and prevention are critical lenses to adapt at all levels moving forward
- Invest in basic income, universal health coverage, and affordable housing
- Transparency:
 - Nations should be transparent when a health concern arises in their population and hold emergency meetings
- Gender:
 - Include gender dimensions (e.g., inclusion of women in decision making, child care support)
- Socio-economic issues:
 - Invest in universal basic income
 - Support those who have lost jobs (income as a determinant of health)
 - Emphasize the importance of considering broader determinants of health, particularly socioeconomic status
 - Improve health equity through focusing on the determinants of the social determinants (truly addressing root causes)
- Health literacy:
 - Promote health literacy globally and in areas where there are outbreaks secondary to people individually and purposefully defying containment measures
- Healthcare investment:
 - Emphasize the role of nurses, nursing assistants, personal support workers, and community health workers
 - The working conditions and benefits of nurses, nursing assistants, personal support workers, and community health workers need to be improved, recognized, and acknowledged
 - The pandemic underlines the need for universal health care and health systems strengthening
- Innovation in public health:
 - Invest in telework for public health functions and services (e.g., electronic ways to manage outbreaks in workplaces, vulnerable places where social distancing is not easy (homeless shelters, prisons) or simply do contact tracing)
 - Improve data/innovation sharing between nations and states at all levels for public health services and functions
- Environmental health:
 - Protect natural environments to prevent novel zoonotic pathogens from transitioning to humans
 - Environmental health directly affects crowding, population density, population movement, and climate refugees - all of which are core factors in controlling outbreaks and successfully implementing public health interventions
 - Create policies that aim at developing better public transit and smart urban design that encourage travel with lower carbon footprint within cities where people live
 - Make environmental impact a metric in measurement of success for businesses with matching incentives
 - Investments need not to be in fossil fuel and other pollutant industries. Making

the choice to invest in pro-climate technologies and industries could be a turning point in the fight against climate change and support planetary health

- Food security:
 - Ensure appropriate and equitable access to healthy and culturally acceptable foods as a major factor for nutritional and mental health, especially for those with dietary considerations or cardio-metabolic disorders)
 - Preparedness to provide emergency food access within communities quickly is important and how it affects people with different socioeconomic backgrounds
- Equity:
 - Data collection on how COVID-19 disproportionately affects vulnerable communities, to better understand disease surveillance and impacts from an equity lens
 - Ensure equitable access worldwide for a future developed vaccine for COVID19
 - Support universal basic income - the World Bank Organization published a report earlier this year (2020), that outlines a framework and considerations for countries with varying gross domestic incomes to look into how best to begin some form of unconditional cash transfer system in their respective states

From a Canadian youth lens, what priorities/statements/commitments would you want to see reflected in a resolution document agreed upon at the WHA?

- Climate action:
 - Prioritize a just transition in the context of transitioning out of lockdown from COVID19 as well as for climate action
 - Recommitting to climate change as the number one health threat of the century and committing to an urgent timeline for fossil fuel divestment and shift towards renewable energy sources
 - Apply pressure to member states to reaffirm commitment to the Paris Agreement and execute the strategies laid out to meet these targets
- Collaboration and coordination:
 - Commit to addressing future pandemics with a similarly cohesive global approach
 - Examine the response and use it as a jumping off point for future goals - perhaps published in a report
 - Share the lessons learned from COVID19 to guide member state work (e.g. improving telemedicine given its use during COVID19, considering implementation of universal basic income)
- Clean and drinkable water:
 - Access to clean water is not only an issue in low- and middle-income countries (e.g., public incident where a heavy metal was flowing through a city's water infrastructure), but also exists in Indigenous communities in Canada, which exacerbates the challenges of COVID19
- Healthcare services and essential medications access:
 - Birth control, contraception, and family planning should be made universally available (especially in rural and remote communities)
 - Ensure provision of necessary training for those who are providing healthcare services (e.g., nurses, midwives, physicians)
 - Commit to sustainably priced vaccines, diagnostics, and treatments developed with public funding that are available to all and free at the point of delivery (this could be achieved through alternative licensing mechanisms such as those outlined here)

- Support equitable pharmacare (public pharmaceutical insurance) programs and the need for affordability of medications
- Ensure access to healthcare services locally for those in rural and remote settings (e.g., telemedicine services), with an example being able to give birth close to home
- Review universal pharmaceutical industry regulations and emphasize the issue of medication access, addressing the issue of pharmaceutical industry lobbying (especially in high-income countries like the United States)
- Ensure government regulation of personal care workers in long term care homes, to hire full time workers with benefits to decrease the amount of people coming into and leaving facilities, decreasing vulnerability of residents
- Education and health literacy:
 - Ensure education on women's reproductive rights and health, including birth control, contraception and family planning
 - Invest and improve infrastructure (e.g., internet access which has implications for telehealth and online education)
 - Ensure services and responses are made available and in consultation with 2SLGBTQIIA communities, with a gender equity lens
- Protecting children and youth:
 - Prioritize and protect the health, mental health, and education of children and adolescents during COVID19
 - Support daycares, childcare, and schools at all levels
 - Acknowledge that young people have great capacity to support frontline efforts and within medical student communities, and there is a huge desire to contribute meaningfully
 - Acknowledge that many young people may also be unable to contribute for various reasons (e.g., immunocompromised, living with immunocompromised individuals, mental health)
 - Emphasize that taking care of our own well-being first is a very important priority for youth

What should be included in 'vulnerable groups' and 'people in vulnerable situations' (including populations in conflict-affected areas and settings prone to natural disasters) in the context of the pandemic?

- Indigenous, homeless, seniors, long term care home residents, people who use intravenous drugs, those with medical comorbidities/pre-existing complex health conditions, those without health insurance (irregular/undocumented immigrants) - people who are lacking or struggling with access to care to begin with and having healthcare facilities over-run by the pandemic will delay seeking care further
- New Canadians with proper documentation (don't underestimate the barriers of not knowing the language or understanding a foreign healthcare system as a major barrier to care)
- Those cared for by healthcare providers who are not able to go to work due to sickness (e.g., long term care homes that are publicly funded losing workers)
- Any group that is disproportionately affected by social determinants of health
- Anyone who traditionally have decreased access to healthcare (rural/remote populations, people of colour, marginalized populations including homeless people and people with various addictions, people whose first language is not the language primarily used in their healthcare system)
- People who are elderly and people with medical comorbidities including respiratory conditions, cardiac conditions, and mental illnesses

- People in conflict zones/refugee camps,
- People who are suffering domestic abuse, as well as people who are the sole provider for their families and are unemployed or are forced to work through the pandemic
- Those suffering homelessness (unable to "stay home") or those with precarious/overcrowded living situations
- People experiencing intimate partner violence
- Indigenous communities living on reserve that have limited access to supplies, healthcare providers, food, resources
- People that are homeless and/or transitionally housed
- Front line providers, especially those hospital staff who have been working around the clock to ensure the safety of our public and putting themselves and their families at risk
- People with a pre-existing condition (children and adults), those aged over 60, anyone living in poverty without access to needed food, water and proper medical care, and anyone with COPD, asthma or other respiratory challenges
- People in conflict affected areas, in refugee settings, in remote and isolated communities including remote work camps, in semi-permanent slum populations susceptible to overcrowding, in congregate settings (correctional facilities, shelter, long term care, residential facility)
- People with no fixed address (overcrowding in shelters, lack of access to soap and water for handwashing, high chronic disease rate)
- People with mental health disorders (difficult histories, potential poor compliance, limited insight)
- People with insecure income and/or access to food
- People with disabilities (consider limited mobility, vision, comprehension)
- People that are socially marginalized and racially marginalized, gender diverse individuals, those a part of the 2SLGBTQIIA community
- Youth, who are at greater risk of precarious employment, less time to have built up economic and social resiliency when compared to adult counterparts, student debt and unemployment, etc.
- Specifying poverty: monetary poverty (little money/cash), social poverty (isolated individuals), energy poverty (no/limited access to electricity to power all the technology we need to function in our current economy and meet distance ed requirements), technology and internet poverty (the counterpart to the previous - particularly during COVID)

Should climate change action or planetary health be mentioned?

- Acknowledging the impacts of climate change on the Arctic, and seeing how it affects the extreme margins of climate the strongest, this is an important consideration from an environmental perspective, but also for traditional Inuit way of life, which is being heavily affected
- We still need oil & gas to make a lot of the technology we'll be using to build up our renewable power sources as a part of the transition, that can easily last a decade or two, even with everyone invested in the transition. There is benefit to having Canada capture the benefits of continued oil & gas use while we transition, and make sure it meets Canada's high environmental standards, as opposed to have it fall in the hands of less environmentally stringent and opportunistic countries still trying to build up their economies despite issues related to climate change. Additionally, our oil shipping to China, to my understanding, is part of the plan to help them continue shutting down coal power plants, furthering a lower carbon emission transition. If we have to pick among evils of a future with more oil & gas than we would like, then a pipeline in Canada is worth considering from this perspective.

- It is as important to find a sustainable alternative/ clean energy source at the same time and prioritize investments accordingly. Granted, there are changes that the public can make in the way we go about living our day to day, however, such a large-scale change to our collective problem requires a critical look into the environmental impact of large multinational companies. In a way, this pandemic shows us the minimal that we can get by, and while it is not ideal in many ways in the long run, it shows us a lot of things that we probably do not need.
- It should be mentioned as the foundation that we must move forwards within, and as a problem the needs collective action and collaboration from all countries.
- There is public pressure now for governments to take advantage of in pushing forwards a pro-climate agenda, focused on providing jobs in face of a crashing oil and gas industry, in the areas of the development of renewables, environmental rehabilitation from fossil fuel projects (e.g., abandoned orphan wells)
- The need for fossil fuel divestment - by investing in pipelines and oil infrastructure we are locking ourselves into a greater increase in global temperatures and the health effects of continuing to burn these harmful materials (e.g., phasing out coal will prevent 1 million air pollution related deaths per year)
- Yes, this is the most crucial, pressing issue we are experiencing
- We are at a critical point where our actions against both these crises (COVID19 and climate change) can reshape the fundamental way we operate in all industries on this planet
- Climate change actually takes part in the broader, umbrella term “planetary health” that encompasses issues related to not only the health of our planet, biodiversity, food systems, water, but also how the environment is impacted by the human footprint. Reference the Planetary Health Alliance for a more concrete understanding and differentiation between the two. Ultimately, all decisions should be made while adopting a planetary health lens.
- There are international and local examples, such as Greta Thunberg’s activism and the Canadian Youth Climate Coalition, exhibiting that youth are globally empowered to stand up to reverse climate change
- The impact of climate change on health is being recognized by Health Canada and internationally by the WHO and the Global Burden of Disease study and is being included as a key priority in organizational strategic planning
- The Lancet has also recently reported that “global warming is already harming public health around the world” especially impacting the health of youth
- Now more than ever it is crucial to engage Canadian youth in international policy discussion and decisions so their voice and perspective on emerging issues that they are impacted by is heard, which can ultimately impact populations around the world. This is highlighted by COVID as there are many examples around the world of how the decreased day-to-day human presence has had a positive impact on climate change. I believe the climate impacts of COVID, and the connection between climate change and pandemic spread will be a popular research topic in the near and more distant future.
- After or as a result of COVID, our awareness of our footprint from a climate change perspective, and in turn the impact on our health is something that I would like to see to be continually highlighted and explored
- Climate change will continue to affect natural disasters on earth, and it is crucial for disaster preparedness prevention.
- I think when the world is metaphorically on fire from COVID, it's hard to bring this up in a way that fuels immediate action. Maybe an inspiring note on how quickly we can make collective progress, write legislation, and invent solutions to an issue of international concern when our focus is aligned. I think when we're on the recovering side of COVID -

when parties are reflecting on what we've learned, what we could have done better, and how we can change/better prepare moving forward - that is the ideal time.

- On power, technology, and internet poverty, also fundamental to improving opportunities to everyone as we try to recreate a new normal. It can further more help create less density (slow spread), spread energy demands (everyone isn't running on the exact same schedule, including commute time), decrease the need for downtown cores instead of distributed city centres, by facilitating a transition to e-commerce and telecommuting on a more permanent basis, etc.

How are youth affected? What role does youth play during a pandemic?

- Climate change:
 - Youth will be the ones most affected by the climate crisis, the role we play during a pandemic is not necessarily different than other age categories - we all have equal responsibilities - however, we will be more affected in the future by decisions that are long-lasting
 - I think on top of how climate change and human degradation of the environment will likely exacerbate the frequency of zoonotic pandemics like these, they will also affect our resiliency to them, through holistic effects seen through the food supply chain, access to clean drinking and washing water, and displacement of people
- Abuse:
 - Increasing rates of child abuse and domestic violence and increased use of services like crisis hotlines
- Education and development:
 - Youth are primarily impacted by disruption of education, more so than health effects felt by others in the pandemic
 - I think the role of youth in this pandemic is to learn from what is going on, the mistakes made, and the successes had, moving forwards as future leaders, workers, policy makers
 - Jobs this summer, future career prospects, classes being cancelled or changed
 - Students or new graduates who can't find a job during this time - financial support/more investment in youth job opportunities, mental health supports, educational supports/ ensure everyone has access to digital tech to access education
 - The potential to include youth in the work being done during a pandemic is underestimated. Given that we need to preserve this beautiful planet for the youth of tomorrow also means a commitment to having youth involved in decision-making, be it at the local, national, and international level.
 - Youth may be disproportionately affected when their voice is silenced. More so, finding the means to invest in the personal & professional development of youth especially in those living in low- and middle-income countries helps strengthen the outcomes of those economies as we are creating tomorrow's leaders. Close considerations must be given to how youth can be supported to have access to education and safe housing regardless of where they are geographically located.
 - I think children and youth are very sensitive to social (physical) distancing. Consider personality changes parents have noticed in their toddlers from months of not being able to see their friends at daycare. Consider the impact on the learning and development of an 8-year-old during isolation and school closures.
 - Children are also among the age group least likely to understand and comply with hand-washing and protective hygiene. Youth may also serve as vectors,

particularly in lower socio-economic schools with more crowding, to bring COVID19 back to lower-income households with existing barriers to care.

- Mental health:
 - I also think this pandemic catalyzed an exacerbation of the already high and growing rate of mental illness like anxiety, and depression in youth
 - At the same time, an interesting opportunity to have the conversation (age-appropriate) about individual freedom vs collective solidarity and our responsibility to the society at large
 - While the rates of COVID19 in youth may not have been high, COVID19 has been affecting youth through their family or through quarantining
 - Youth may be negatively impacted through their mental health with a lack of coping mechanisms during this unprecedented time
 - I don't think we have fully seen and appreciated the far-reaching effect of COVID19 on mental health in youth. Increased screen-time and social media exposure may play a role in negatively impacting youth mental health.
- Support:
 - Supporting those who are on the frontlines to enable them to do their work (e.g., personal protective equipment drives, supporting health care workers with day to day chores, assisting in non-patient centered work such as public health phone lines)
 - Donating time and resources and energy to those that are the most affected and community-based organizations through volunteering
 - There have been many reports of youth taking the initiative to deliver food or print PPE for healthcare workers through 3D printers
 - Many youth may work jobs that are considered, in normal times, a stepping stone or just a way to get some money saved up, but are now considered essential (e.g. grocery stores, fast food) and are therefore unable to stay home throughout this pandemic and are at increased risk to contract the virus
 - Youth as a source of positive energy and hope. Despite everything going on, many youth organizations are carrying on with initiatives, conferences and campaigns.
 - During the pandemic there is the potential for youth to feel that they cannot make an impact on such a widespread and frightening occasion but there have actually been many examples of youth coming together to provide creative solutions to problems such as using 3D printers to make face protection, creating masks, running food banks
 - Youth are a wonderful example of change agents during such a surreal and turbulent time and it is actions like this that demonstrate the power of youth action.
 - Potential roles of youth: advocacy and leadership, support for each other and the community such as neighbourhood pods and food programs, fostering creative ways to learn and stay connected, sharing reputable information, initiatives
 - Youth can play huge role in various ways:
 - a) Directly supporting frontline staff (offering childcare services, running errands)
 - b) Supporting vulnerable communities (volunteering in shelters where there is need, calling/writing to seniors in isolated communities)
 - c) Supporting PPE donation drives
 - d) Amplifying accurate messages from public health officials
 - e) Research in understanding COVID-19 disease
 - f) Support advocacy efforts to prevent future pandemics

- Public health and ministries of health can leverage huge capacity for youth to support in
 - a) Contact tracing; follow up
 - b) Spreading messages to respective networks

What has changed due to the pandemic, that you don't want to see changed or return to its previous state post-pandemic?

- Pollution reduction:
 - The improvements we have seen globally re: pollution is very exciting to see. I would like to see this be maintained but I recognize that's unlikely to happen entirely.
 - The lesser number of vehicles on the road which has led to better air quality, less noise pollution, and safer streets.
 - The positive, reversing effects of decreased emissions due to decreased travel and oil use (greenhouse gas emissions are expected to fall by 5% in 2020, the greatest drop since WWII)
 - The ability of the government to bail a country out of an emergency with high visibility. Let's do the same for climate change to ensure that we have a planet and economy to move forwards on.
- Domestic investments:
 - I also appreciate that there are more grassroots projects in Canada working to supply our country with PPE instead of simply outsourcing all of this to other countries - becoming more self-sufficient is important to reduce pollution secondary to shipping as well as to bolster our economy
 - There is money somewhere - this goes back to being proactive vs reactive. With the same amount of money invested into attaining a level of equity that will protect the population, perhaps we would not have to panic and react to a crash in the future
- Prevention and health promotion:
 - I think there is still a lack of emphasis on health promotion and prevention, we need to have more of a focus on how to strengthen health as opposed to fighting disease
 - Preparedness planning from the healthcare sector to the individual municipality.
 - As we slowly get back to our "normal" lives, it will also be critical to ensure that across Canada we have the infrastructure in place to support all those that were impacted during the pandemic, especially as it relates to mental health. This applies across the spectrum to those families and friends impacted by it, individuals who have recovered from the illness, and all frontline workers (especially healthcare workers)
- Collaboration and connection:
 - The way that Canadian medical professionals and students in healthcare have collaborated across the country in the past few months. Rather than having a very competitive or individualized decision-making process, we are seeing medical schools across the country really listen to each other.
 - I do find that people are using social media to connect more and bring people together in great ways.
 - Telecommuting (offers numerous benefits to working more flexible hours and being able to spend time with loved ones).
 - A willingness to implement rapid changes and adopt innovation at the government level over universal threats (let's channel that energy and momentum toward climate change, access to healthcare, universal pharmacare)

- Virtual care:
 - A number of disparities, such as income and vulnerable populations that are more impacted. I hope to see COVID has also advanced a number of services to go digital. These services may be more widely accepted for distant communication (e.g. doctor appointments for isolated communities).
 - A willingness to make virtual healthcare more accessible (limitations noted, at least keep it as an option on the table)
- Equity response:
 - The increased attention to those who fell through the gaps in the COVID response are similar to those who are falling through the cracks in our broken system
 - Some of the collaborations I've seen in my community between community partners, health care centres, and academic institutions has been great, and would be great to see continue
 - The very much visible need for a strong social support system
 - A willingness for some countries to consider Universal Basic Income
- Technology and essential medicines:
 - *Some countries have introduced new legislation during the pandemic to introduce compulsory licensing provisions for covid-19 related health technologies. We would like to see this continue after the pandemic as well as an increased focus on open access licensing provisions for lifesaving and essential medicines*

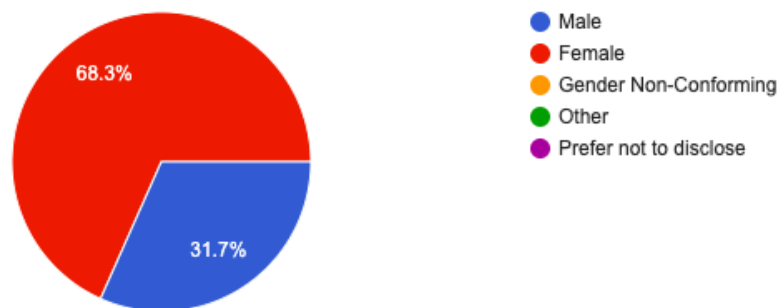
The following graphs and identified global public health priorities are retrieved from the consultation survey completed by a total of 60 respondents, prior to the shift in discussion in the consultations process towards the COVID-19 pandemic response.

Demographics of Electronic Survey Form Consultation Participants

- A 73rd World Health Assembly 2020: Canadian Youth Consultation [electronic survey form](#) was developed for input, and shared with various global health organizations, youth organizations, and partners
- Total respondents: 60

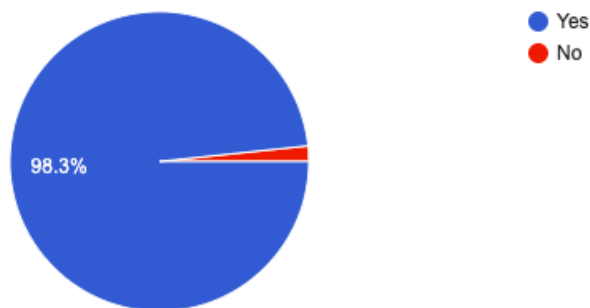
Gender:

60 responses



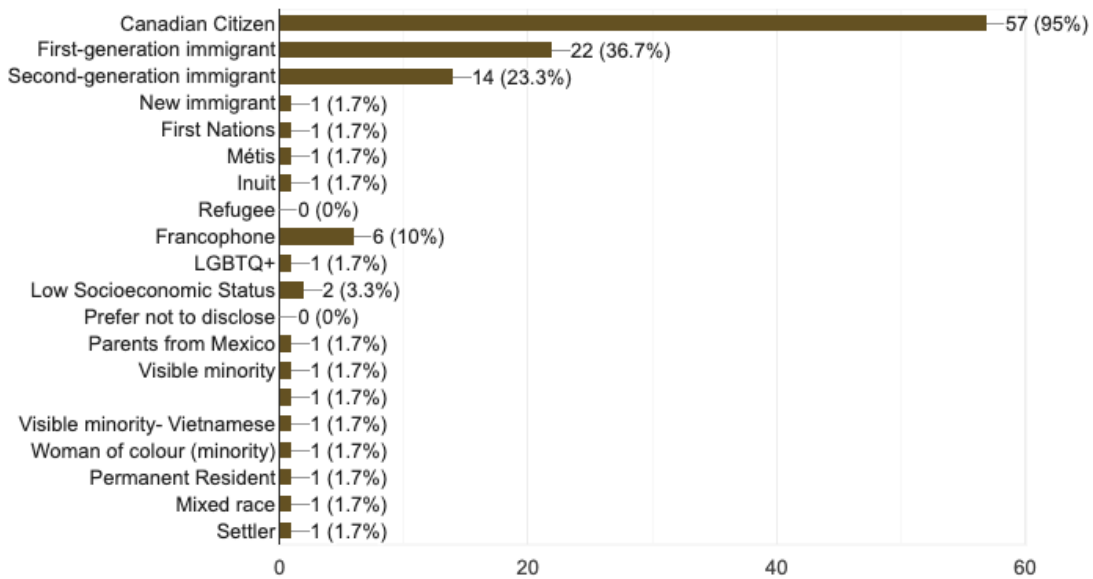
Are you between the ages of 18-30 years old? (as of May 17th, 2020)?

60 responses



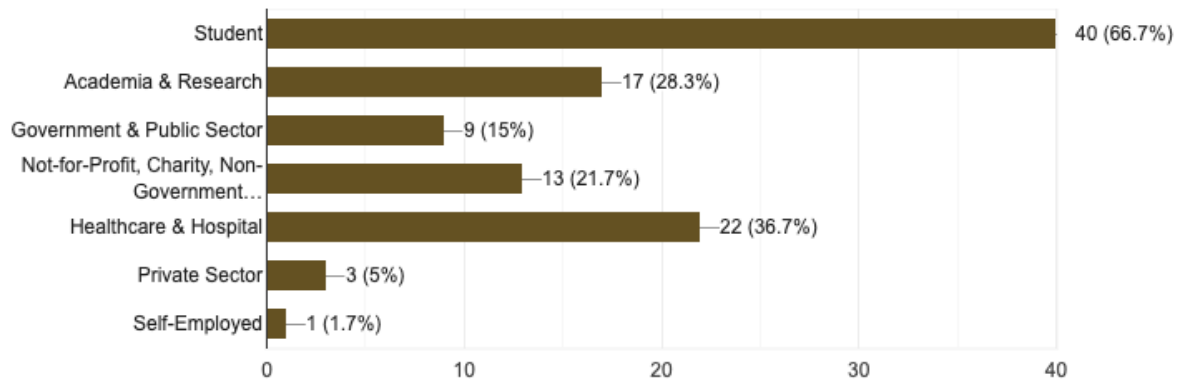
Please indicate the status(es) that you identify with:

60 responses

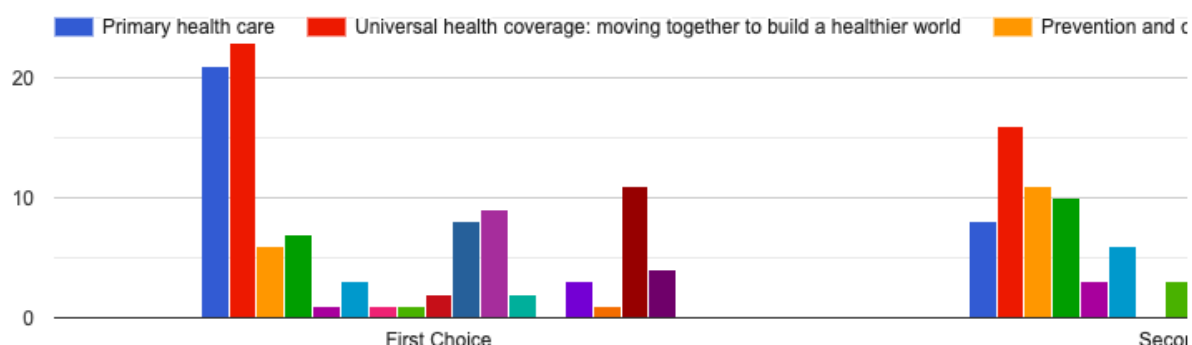


Please indicate your primary sector:

60 responses



Please rank the following topic/issue areas in order of priority for Canadian youth perspectives



Identified priorities (above):

Participants of the form were asked to rank 17 topic/issue areas in order of priority. These 17 areas were drawn from the 73rd WHA provisional agenda document. They are as follows:

1. Primary health care
2. Universal health coverage: moving together to build a healthier world
3. Prevention and control of non-communicable diseases
4. Global vaccine action plan
5. Accelerating the elimination of cervical cancer as a global public health problem
6. Ending tuberculosis
7. Epilepsy
8. Integrated, people-centred eye care, including preventable blindness and impaired vision
9. Neglected tropical diseases
10. Global strategy and plan of action on public health, innovation and intellectual property
11. WHO Health Emergencies Programme / WHO's work in health emergencies
12. Influenza preparedness
13. Cholera prevention and control
14. Poliomyelitis, Polio eradication, Polio transition planning and polio post-certification
15. Decade of Healthy Ageing
16. Maternal, infant and young child nutrition
17. Accelerating efforts on food safety

The highest priorities selected by the 60 respondents of the form are as follows:

1. **Universal health coverage: moving together to build a healthier world (23 individuals ranked as highest priority)**
2. **Primary healthcare (21 individuals ranked as highest priority)**
3. **Maternal, infant, and young child nutrition (11 individuals ranked as highest priority)**
4. **WHO Health Emergencies Programme (9 individuals ranked as highest priority)**

- 5. Global strategy and action plan on public health, innovation, and intellectual property (8 individuals ranked as highest priority)**
6. Global vaccine action plan (7 individuals ranked as highest priority)
7. Prevention and control of non-communicable diseases (6 individuals ranked as highest priority)
8. Accelerating efforts on food safety (4 individuals ranked as highest priority)
9. Ending tuberculosis (3 individuals ranked as highest priority)
10. Poliomyelitis, Polio eradication, Polio transition planning and polio post-certification (3 individuals ranked as highest priority)
11. Neglected tropical diseases (2 individuals ranked as highest priority)
12. Influenza preparedness (2 individuals ranked as highest priority)
13. Cervical cancer (1 individual ranked as highest priority)
14. Epilepsy (1 individual ranked as highest priority)
15. Integrated, people-centred eye care, including preventable blindness and impaired vision (1 individual ranked as highest priority)
16. Decade of Healthy Ageing (1 individual ranked as highest priority)