Youth Advisory Board Framework

Document Purpose: This framework provides a roadmap for establishing Youth Advisory Boards within Regional Health Hubs and the Global Health Equity Council under the *Planetary Health Accord Implementation Framework*. These boards ensure youth voices (ages 15-30) shape health equity policies, crisis responses, and resource allocation, fostering intergenerational justice. It is designed for regional coordinators, youth advocates, community leaders, and health policymakers to create inclusive, empowering platforms for young people.

Estimated Reading Time: 15 minutes

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Board Structure and Roles

Each Youth Advisory Board is a dynamic, youth-led body with clear roles to maximize impact.

Structure

- Board Size: 8-12 members per Regional Health Hub, ages 15-30.
- Composition:
 - Youth Advocates (6-8): Represent diverse communities (e.g., rural, urban, LMIC, marginalized groups).

- Indigenous Youth (1-2): Nominated by regional indigenous councils, with cultural advisory roles.
- **Frontline Youth Workers (1-2)**: Young Community Health Legion members or health volunteers.
- Technical Youth Advisors (0-1): Youth with expertise in health tech or policy (non-voting, optional).
- **Global Representation**: 2-3 board members per region serve on the Global Health Equity Council's youth delegation.
- **Term Limits**: 2-year terms, maximum two consecutive terms, with staggered rotation for continuity.
- **Support Staff**: 1-2 hub staff as facilitators, providing logistical and mentorship support.

Roles

Policy Advocacy:

- Advise on regional health policies (e.g., universal health coverage, climate health).
- Propose youth-led initiatives to hubs and the Council.

• Crisis Response Input:

- Contribute to regional emergency protocols within 48 hours of activation.
- Ensure youth-specific needs (e.g., mental health, education) are addressed.

Community Engagement:

- Lead youth-focused health forums and campaigns.
- Amplify marginalized youth voices through digital platforms.

Monitoring and Reporting:

- Track health equity metrics relevant to youth (e.g., adolescent health access).
- Report findings to hubs and the Council quarterly.

• Global Health Equity Council Liaison:

Assign hub staff as facilitators.

- Regional representatives vote on Council decisions (15% voting weight).
- Advocate for intergenerational justice in global standards.

Checklist for Board Structure:

•	Recruit 8-12 diverse youth members.
•	Ensure indigenous and frontline youth representation

•	Confirm	2-3	members	for	Council	delegation.
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Selection Process

The selection process ensures diverse, equitable representation through the Youth Leadership Pipeline.

Eligibility

- Age: 15-30 years at time of nomination.
- **Experience**: Demonstrated commitment to health equity, community service, or advocacy (formal or informal).
- **Diversity**: Preference for LMIC youth, marginalized groups (e.g., disability, refugee, LGBTQ+), and gender balance.

Process

1. Nomination (30 Days):

- Sources: Youth health networks, schools, Community Health Legions, NGOs, or selfnomination.
- Requirements: Submit a nomination form with candidate's experience, equity commitment, and community endorsement.
- Outreach: Use digital platforms, community radio, and schools to reach diverse youth.

2. Screening (14 Days):

- Review Panel: Hub coordinators, indigenous advisors, and existing youth board members (if applicable).
- **Criteria**: Equity commitment, diversity, and regional representation.
- Safeguards: Independent review by Global Healthcare Corruption Watchdog to prevent bias.

3. Selection (14 Days):

- **Method**: Peer voting via secure digital platforms, with community input sessions.
- Validation: Ensure gender balance (at least 50% women or non-binary) and LMIC representation.

• Notification: Inform candidates and publish selections transparently.

4. Onboarding (30 Days):

- **Training**: Cultural competency, health equity, and leadership workshops.
- Mentorship: Pair with senior hub or Council members.
- **Orientation**: Introduce board roles, hub operations, and Accord framework.

Template: Nomination Form

```
**Candidate Name**: [Full Name]

**Age**: [15-30]

**Region**: [WHO Region]

**Community**: [Urban/Rural/Specific Group]

**Experience**: [Health advocacy, community service]

**Equity Commitment**: [Why they prioritize health equity]

**Endorser**: [Name, Role, Contact]

**Accessibility Needs**: [Language, disability accommodations]
```

Checklist for Selection:

- Launch nomination campaign in local languages.
- Form diverse review panel.
- Achieve gender and LMIC representation.
- Provide onboarding training and mentorship.

Engagement and Decision-Making

Youth Advisory Boards are empowered through structured engagement and decision-making roles.

Engagement Strategies

- Regular Meetings:
 - Monthly board meetings (virtual or hybrid), with quarterly in-person sessions.
 - Public comment periods to incorporate broader youth input.

Youth Health Forums:

- Host biannual regional forums to gather youth priorities.
- Use participatory methods (e.g., workshops, art-based advocacy).

• Digital Platforms:

- Create youth-led social media and app-based feedback channels.
- Ensure accessibility (e.g., multilingual, low-bandwidth options).

• Mentorship and Training:

- o Offer ongoing leadership and health policy training.
- Facilitate peer-to-peer learning with other regions.

• Community Outreach:

- Partner with schools, youth organizations, and Community Health Legions.
- Use traditional media (e.g., radio, storytelling) for non-digital communities.

Decision-Making Roles

Advisory Input:

- Provide recommendations on hub policies and resource allocation.
- Review health equity dashboards for youth-specific metrics.

Voting Power:

- o Board representatives on Regional Health Hubs have full voting rights.
- Council youth delegates hold 15% voting weight, per Global Health Equity Council Setup Guide.

Conflict Resolution:

- Participate in mediation and arbitration panels, per *Conflict Resolution Protocols*.
- Advocate for youth perspectives in disputes.

Accountability:

- Submit quarterly reports to hubs and the Council.
- Engage in annual community satisfaction surveys.

Template: Youth Forum Agenda

```
**Date**: [DD-MM-YYYY]

**Region**: [WHO Region]

**Opening**: [Youth-led welcome or cultural ceremony]

**Agenda Items**:
```

- 1. [Health Equity Priorities]
- 2. [Crisis Response Needs]
- 3. [Youth-Led Campaign Proposals]

```
**Public Comment**: [Time Allocated]
```

Closing: [Action Items]

Cultural Competency and Equity Considerations

The framework prioritizes cultural safety, indigenous sovereignty, and equity to ensure inclusivity.

• Indigenous Sovereignty:

- Include indigenous youth in all boards, with cultural advisory roles.
- Respect traditional protocols (e.g., elder consultations, ceremonies).
- Protect indigenous knowledge through confidentiality agreements.

• Language Justice:

- Provide materials and meetings in regional and local languages.
- Offer sign language and audio formats for accessibility.
- Train facilitators in multilingual engagement.

Gender and Disability Inclusion:

- Achieve gender balance in board composition.
- Ensure accessible platforms (e.g., screen readers, braille).

Marginalized Youth:

- Prioritize representation from LMIC, refugee, and marginalized communities.
- Address barriers (e.g., travel costs, internet access) through stipends and offline options.

• Youth-Centered Design:

- Use age-appropriate communication (e.g., social media, gamified apps).
- Incorporate creative advocacy (e.g., art, storytelling).

Checklist for Equity:

- Include indigenous youth with cultural roles.
- Translate materials into 3+ languages.

- Verify accessibility for disabilities.
- Provide stipends for marginalized youth.

Templates and Checklists

Template: Board Charter

```
**Region**: [WHO Region]

**Purpose**: [Empower youth in health equity]

**Members**:
- Advocates: [Names]
- Indigenous Youth: [Names]
- Frontline Workers: [Names]

**Roles**: [Policy advocacy, crisis input]

**Decision-Making**: [Voting rights, advisory input]

**Cultural Protocols**: [Indigenous practices]

**Support Staff**: [Facilitator Names]
```

Template: Quarterly Report

```
**Region**: [WHO Region]

**Period**: [Q1/Q2/Q3/Q4 YYYY]

**Key Activities**:
- [Policy recommendations]
- [Forum outcomes]
- [Community engagement]

**Youth Metrics**: [Health access, campaign reach]

**Challenges**: [Barriers faced]

**Recommendations**: [Next steps]
```

Checklist: Board Setup

• Establish board with 8-12 members.	
• Launch Youth Leadership Pipeline nominations.	
Host first youth health forum.	
Provide cultural competency training.	
Set up digital engagement platforms.	
Submit first quarterly report.	

Resources and Support

• Framework Documents:

- Governance Structure
- Global Health Equity Council Setup Guide
- Regional Health Hub Implementation Guide
- Conflict Resolution Protocols

Tools:

- Community Engagement Toolkit
- Health Equity Dashboard Template

• Support Channels:

- Email: [globalgovernanceframework@gmail.com]
- Community Portal: [globalgovernanceframework.org/contact]
- Quarterly Youth Engagement Review Cycles for feedback.

• Training Resources:

- Cultural Competency Training Module (Tools Library).
- Youth Leadership Workshop (online, multilingual).

Call to Action: Begin by launching a nomination campaign through the Youth Leadership Pipeline. Use the Community Engagement Toolkit to plan your first youth health forum. Contact [globalgovernanceframework@gmail.com] for training resources or to connect with regional youth networks.

Cross-Reference Note: This framework integrates with the *Planetary Health Accord Implementation Framework*'s Governance Structure for youth roles, Global Health Equity

Council Setup Guide for Council integration, Regional Health Hub Implementation Guide for hub coordination, and Conflict Resolution Protocols for dispute management.

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