9th Youth PreWHA and 74th WHA Report

Climate change
Global Health
Human Rights
Mental Health
SHRH
AMR

Advocacy
Universal Health Coverage
Meaningful Youth Engagement
Networks
Policy documents
Campaigning
Changemakers

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Medical Students Worldwide
The International Federation of Medical Students’ Associations (IFMSA) is a non-profit, non-governmental organization representing associations of medical students worldwide. IFMSA was founded in 1951 and currently maintains 141 National Member Organizations from 130 countries across six continents, representing a network of 1.3 million medical students.

IFMSA envisions a world in which medical students unite for global health and are equipped with the knowledge, skills, and values to take on health leadership roles locally and globally, so to shape a sustainable and healthy future.

IFMSA is recognized as a non-governmental organization within the United Nations’ system and the World Health Organization and works in collaboration with the World Medical Association.
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The World Health Organization

The WHO was created when its Constitution came into force on the 7th of April 1948, a date now celebrated every year as ‘World Health Day’. More than 7000 people from over 150 countries work for WHO across national and regional offices, as well as its headquarters in Geneva.

The WHO remains committed to the principles that are set out in the preamble of its Constitution:

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity;
- The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;
- The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest cooperation of individuals and States;
- The achievement of any State in the promotion and protection of health is of value to all;
- Unequal development in different countries in the promotion of health and control of diseases, especially communicable disease, is a common danger;
- Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development;
- The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health;
- Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people;
- Governments have a responsibility for the health of their people, which can be fulfilled only by the provision of adequate health and social measures;

The WHO is the directing and coordinating authority on international health within the United Nations’ system. WHO does this through:

- Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- Shaping the research agenda and stimulating the generation, translation, and dissemination of valuable knowledge;
- Setting norms and standards and promoting and monitoring their implementation;
- Articulating ethical and evidence-based policy options;
- Providing technical support, catalyzing change, and building sustainable institutional capacity;
- Monitoring the health situation and assessing health trends.
IFMSA and the World Health Organization

The International Federation of Medical Students’ Associations (IFMSA) is one of the largest international student organizations and aims to serve medical students all over the world. Currently, the IFMSA represents 1.3 million medical students through its 145 National Member Organizations. Its vision is a world in which all medical students unite for global health and are equipped with the knowledge, skills, and values to take on health leadership roles locally and globally.

The IFMSA is an independent, non-political organization, founded in 1951, and is officially recognized as a Non-Governmental Organization (NGO) within the United Nations’ and recognized as a non-state actor in Official Relations by the World Health Organization (WHO).

Official Relations with WHO started back in 1969, when the collaboration resulted in the organization of a symposium on ‘Programmed Learning in Medical Education’, as well as immunology and tropical medicine programs. In the following years, IFMSA and WHO collaborated in the organization of a number of workshops and training programs.

In the present day, IFMSA collaborates with the WHO through various departments, programs, and projects. The IFMSA has a Liaison Officer to the World Health Organization who is responsible for fostering the established partnership between IFMSA and WHO. This is done by bringing medical students to WHO (through internships, delegations to meetings, collaboration with WHO on different activities and events) and by bringing WHO to medical students (through general updates and communication, and inviting WHO staff to IFMSA events). The Liaison Officer to the World Health Organization is also involved in organizing the Youth Pre World Health Assembly (PreWHA), and seeks to establish internships at WHO’s regional offices, so to allow medical students to discover WHO in a more accessible and affordable way. The Liaison Officer to the World Health Organization can be contacted through lwho@ifmsa.org.

The World Health Assembly

The World Health Assembly (WHA) is the main decision-making body of the WHO. The WHA usually meets once a year in May, in Geneva (or, like this year, virtually). The WHA is attended by all WHO’s Member States, as well as non-state actors and other stakeholders in global health.

The main functions of the WHA are to determine the policies of the WHO, appoint the Director-General, supervise financial policies, and review and approve the proposed program budget.

The Youth Pre World Health Assembly

Every year, since 2013, IFMSA hosts the Youth Pre World Health Assembly (Youth PreWHA) in the days preceding the WHA. During this event, selected, highly motivated youth advocates are prepared for successful advocacy at the World Health Assembly.

Since its conception, the Youth PreWHA has become an important event for the IFMSA and the broader youth community engaged in health. The event aims to educate and empower future leaders in health while developing a collaborative approach to youth participation at the WHA. Please see the report below for all details of the IFMSA Youth Pre World Health Assembly as well as the delegation’s efforts at the World Health Assembly itself.
IFMSA at the 74th World Health Assembly

This was the 9th Youth Pre World Health Assembly, the second one to take place virtually and the first one to have been organized in the virtual setting from the beginning.

Introduction to the delegation

IFMSA was present at the WHA with a delegation of over 50 youth advocates from all over the world lead by the Liaison Officer to the WHO. The delegation was prepared during the Youth Pre World Health Assembly where we hosted a total of 32 sessions during 9 days with 35 high-level speakers including the WHO Director-General Dr Tedros. For the first time, these sessions included three workshops as part of the ‘Road to the Youth PreWHA’ and a reflection day at the end. IFMSA selected delegates from five countries that had never before been represented on the delegation (Thailand, Algeria, Jamaica, Malaysia, Pakistan).

The Ghanaian delegates on the IFMSA Delegation were invited to be present on the daily African Member States Preparatory Meeting.

Multiple IFMSA Delegates reached out successfully to their Member States to advocate for IFMSA’s stances including Meaningful Youth Engagement.

Statements, Side Events & Open Space Discussions

IFMSA submitted and delivered 8 statements during the WHA, on a variety of topics. They have been posted online and are publicly available. The topics included health innovation, antimicrobial resistance, immunization, non-communicable diseases, access to health, sexual and reproductive health and rights, the COVID-19 response, health emergencies, mental health, social determinants of health, climate change, and non-state actor involvement. Please find the statements [here](#).


IFMSA hosted WHA Side Event 'Ending the Pandemic for All: The Role of the COVAX Facility in the Distribution of COVID-19 Vaccines', moderated by two IFMSA Delegates with speakers from IFMSA, IPSF, WMA, IPPR, and WFPHE.

We held two open space discussions where young people could discuss two relevant topics of the WHA agenda: Mental Health & AMR. Both were attended by about 50 people.

Youth Constituency at the WHA

The IFMSA held daily Youth Constituency Reflection Meetings after each day of the WHA; inviting all youth present at the WHA to reflect on the happenings together. These events were attended by delegates from the International Pharmaceutical Students’ Federation and by multiple WHO Youth Delegates.
High-Level Contribution & Publication

The IFMSA Head of Delegation Iris Blom spoke at the strategic briefing on Thursday of the World Health Assembly, moderated by Maria Neira, on the importance of civil society voices in the creation of a safe community and world.

Moreover, the delegation has also gained a major milestone by publishing a commentary based on there reflections in The Lancet Global Health. The full text can be found here.

Evaluation Summary

Overall, the Youth PreWHA was given a rating of 4.74 out of 5 by the delegates. When measuring impact, in all identified areas of self-assessed skills, confidence, knowledge and understanding, delegates’ levels increased significantly for every single point after the event compared to before. Please see the details in the impact measurement chapter.
Dear Reader,

With immense excitement, I am very glad to share the report of the 9th Youth Pre World Health Assembly and IFMSA Delegation to the 74th World Health Assembly with you today!

This year’s Youth PreWHA already started out uniquely. For the first time ever, the Youth PreWHA also included preparatory sessions during the Road to the Youth PreWHA in March and April of this year. High-level speakers introduced us to basic concepts relevant to our work as delegates, including science and research, bioethics and innovation, and decolonizing global health. It is my hope that you bring what you learned there to the Youth PreWHA and beyond.

Now, as for the Youth PreWHA itself: this was the first year that the Youth PreWHA was organized in the virtual setting from the start. It opened up new opportunities, and I was truly amazed by the 35 high-level speakers that engaged with our delegation during a total of 32 sessions. The Youth PreWHA was an incredible opportunity for 54 selected youth advocates from across the world to learn, engage, connect, discuss and prepare. Excitingly, we had five countries represented in the delegation that had never been represented before. Finally, we concluded the Youth PreWHA with a final day of sessions in which we reflected on the WHA - something that had also never been done before. Our impact measurement shows the incredible efforts coming to life, as we have seen a significant increase in the level of knowledge in every single one of our measurement points.

During the 74th World Health Assembly, the IFMSA Delegation had an impressive presence - even though we faced the challenging virtual setting. We hosted two high-level side events, I was able to speak on a strategic briefing with none other than Dr. Maria Neira as the facilitator, we successfully prepared and delivered a total of 8 statements, hosted two open-space discussions, and published a commentary in The Lancet Global Health.

A great thank you already goes out to all our speakers for their incredible contributions, to our new sponsor, The Lancet & Financial Times Commission: Governing Health Futures 2030, the Organizing Committee who have worked tirelessly for months: Sahar, Elaine, Arwa, Nour, Hamaiyal, Juliette and Mohamed, and finally I would like to share my gratitude and pride of the whole IFMSA Delegation for their incredible engagement, efforts, and contributions!

With warm regards,

Iris Blom
Liaison Officer to the World Health Organization
Dear IFMSA Family,

Since 2013, IFMSA has held the Youth PreWHA as a preparatory program for delegates that would be taking part in the World Health Assembly. This year’s Youth PreWHA proved to be a true one of a kind event as it was organized to be a completely virtual program. The entire organizing committee dedicated months to prepare for the Youth PreWHA to ensure that it exceeded every expectation and upheld a high standard.

Our delegation this year comprised 54 participants representing 30 countries. For the first time in Youth PreWHA history members from Thailand, Algeria, Jamaica, Malaysia, and Pakistan were represented within the delegation. We were also fortunate enough to have delegates from different organizations representing a different array of specialties.

With the ongoing COVID-19 Pandemic, the importance of Global Health Education, Universal Health Coverage, and Meaningful Youth Engagement have proven to be key discussion points throughout the Youth PreWHA as well as the WHA. These three pillars were covered in depth by outstanding external speakers that came from different backgrounds to provide well rounded discussions. To prepare our delegates for these discussions we introduced the first ever Road to Youth PreWHA preparatory course. The Academic Coordinators along with the LOs and VPE worked nonstop to secure extraordinary speakers as well as a number of VIP speakers for this event. It’s safe to say that this year we were able to host the largest number of speakers since the installment of the Youth PreWHA. The amazing work carried out by the Academic Coordinators and the sessions conducted can be found within this report.

Being the first ever completely virtual Youth PreWHA, I’m pleased to say that we were able to overcome many obstacles to produce an event that was both educational and innovative for the delegates. Our Virtual Logistics Coordinator was able to deliver an array of engaging platforms that lifted this event to greater heights.

We were pleased to have been sponsored by The Lancet & Financial Times Commission: Governing Health Futures 2030. With this added support we were able to provide financial support for delegates to ensure better internet quality. This added boost helped to facilitate the program with ease and with limited interruptions so that the delegates could benefit completely.
All of the amazing work that was done in preparation for this event could not have been done without the dedication, motivation, and hard work put forth by the Organizing Committee. This group of individuals was able to work nonstop to ensure that we produced a program like no other. They were able to tackle every hurdle in the most graceful manner and I'm deeply grateful to have had the opportunity to work alongside such an incredible team.

It has been an honor leading this team and I can say that this has truly been the highlight of my IFMSA experience. Having had the opportunity to work alongside Iris Blom, our amazing LWHO and Youth PreWHA Program Coordinator, only further heightened this experience. I'm grateful to have had this opportunity and encourage all dedicated IFMSA members to consider joining the Youth PreWHA team in the future. Whether you join as a delegate or a member of the Organizing Committee, I can honestly say that it will be a life changing experience that you don’t want to miss. And as H Jackson Brown Jr. said “Nothing is more expensive than a missed opportunity”.

Thank you!

On behalf of the OC,

Sahar Dinar
Youth PreWHA Chairperson
The Youth PreWHA Organizing Committee

Iris Blom
LWHO

Sahar Dinar
Chairperson

Elaine Tan Su Yin
Secretary

Nour Assaf
PR and Social Media Coordinator

Arwa Hany Sharaby
Virtual Logistics Coordinator

Hamaiyal Sana
Global Health Education
Academic Coordinator

Mohamed Mamdouh Eissa
Universal Health Coverage
Academic Coordinator

Juliette Mattijsen
Meaningful Youth
Participation
Academic Coordinator

Youth PreWHA 2021 | IFMSA Report
Our High-Level Speakers

This event could not have been made possible without the incredible contribution of our 35 esteemed high-level speakers. Each speaker contributed different perspectives, knowledge, and insights to the Youth PreWHA to which we are very grateful. Your contributions allowed our delegates to be fully prepared for the WHA and beyond - as global health leaders of today and tomorrow. Our evaluation and impact measurement underscores the incredibly high quality of sessions we have enjoyed this year, for which we are very grateful.

The Lancet and Financial Times Commission Governing Health Futures 2030

We would like to take this opportunity to once again acknowledge our sponsor for making this event possible. Not only were they crucial in setting up the event, including a networking session where the delegates were able to interact with the team as well as discuss relevant issues to innovation and digital health - they also enabled further accessibility by providing support to better internet connections for delegates from different contexts. Finally, we are grateful for their contributions to our sessions and advocacy efforts, content-wise and through incredible speaker contributions.
Faced with an unprecedented challenge of the COVID-19 pandemic, the efforts of IFMSA in promoting global health agendas never ceased with the success of Youth PreWHA 2021 and its participation in the 74th WHO World Health Assembly. Being the first-ever completely virtual Youth PreWHA, the entire Youth PreWHA Organizing Committee has dedicated several months to prepare for this event tirelessly.

Starting with the application and selection of IFMSA delegates, the Youth PreWHA Organising Committee ingrained IFMSA’s culture of inclusion, equality, and diversity thoroughly throughout these processes, under the supervision of LWHO, Chairperson and Secretary. To note that our delegates were composed of diverse backgrounds and different levels of IFMSA experiences. In order to adequately prepare our representatives to attend the Youth PreWHA and World Health Assembly, we conducted the “Road to Youth PreWHA” series with three preparatory sessions, encompassing in-depth discussions on global health topics with our esteemed guest speakers and experts.

This year, our academic programs comprised three main pillars: Universal Health Coverage, Global Health Education, and Meaningful Youth Participation, explicitly emphasising Social Accountability. With the help of IFMSA VPE and LOs, we managed to host the most significant number of speakers ever since the instalment of the Youth PreWHA. Besides, our academic coordinators did their very best to conduct all the Youth PreWHA sessions flawlessly. Additionally, incorporating social media to maximise our advocacy efforts aligned to the main educational pillars is also one of the greatest highlights to this Virtual Youth PreWHA.
From revamping the Youth PreWHA logo to increasing Youth PreWHA’s visibility on various social media platforms like Facebook, Twitter, and Instagram, we aimed to create a long-lasting impact and engagement within and outside of IFMSA on global health agendas. Moreover, the delegates partook in different Advocacy Working Groups along with the AWG coordinators. These AWG members were required to brainstorm, discuss, and work collaboratively in addressing global health issues, such as Mental Health, UHC, SRHR, Health Workforce, Health Emergencies on various social media platforms. These delegated tasks were carried out wonderfully by respective AWGs with the assistance of our PR and Social Media Coordinator. Through implementing the concept of AWGs, we ensured our delegates were all well trained and capacitated with valuable soft skills like social media advocacy, analytical, teamwork, and critical thinking skills in promoting, advocating, and addressing significant global health threats.

Furthermore, the virtual modality also enabled us to explore numerous opportunities in the virtual world in terms of speakers’ interaction and participants’ engagement. We acknowledged that internet barriers and connectivity issues are the common factors that may eventually lead to unpleasant virtual meeting encounters. Hence, our Virtual Logistics Coordinator devised different educational platforms, engagement platforms and virtual social events in this Youth PreWHA, bringing the delegates an excellent virtual meeting experience!
This year for the 9th Youth PreWHA IFMSA came up with three preparatory sessions that led the delegates toward the official five days of the Youth PreWHA itself. The sessions were designed around three big themes of global health. With the first session about science and research where Dr. Osman Aldiridi from FORCE 11 was invited to share his experience about the topic. The second road to session was built around the theme of Innovation and Bioethics in which the guest speaker Dr. Russel D’ Souza was invited who shared his expertise in this field. The last road to session was dedicated to the theme of decolonizing global health, where Dr Renzo Guinto and Dr Mishal Khan were invited as speakers to share their thoughts and ideas on this complex topic which gave the delegates a lot of insight in the topic which lies at the core of global health arena.
Keynote Speakers

The Youth PreWHA was joined by three incredible, high-level keynote speakers. These speakers shared their perspective from the highest level of global (health) decision-making and experiences.

We were joined by Jayathma Wickramanayake, the United Nations Special Envoy on Youth. She spoke about youth engagement and the IFMSA. She was able to inspire the delegation, speaking from her direct high-level experience of ensuring the voice of youth to be heard at the highest decision making levels.

Furthermore, we were honored to welcome Helga Fogstad, the Executive Director of the Partnership for Maternal, Newborn and Child Health. Through a live presentation and direct interaction with the delegates, she was able to encourage us and empower us to let our voices be heard.

Last but not least, we were joined by a 'mystery guest' that had not be shared prior with the delegates. Unexpectedly, the delegates were joined by the inspiring words of the Director-General of the World Health Organization himself. It was an honor to have him join the 9th iteration of the biggest youth event leading up to the World Health Assembly.
Since Universal Health Coverage is a global goal, that many countries are focusing and directing their efforts towards achieving it, it has been crucial to include it as one of the pillars of our Youth PreWHA, especially that it is interlinked with many other global health issues and that achieving Universal Health Coverage can help us tackle many of the global health challenges and contribute to the achievement of the SDGs.

During the Youth PreWHA, the delegates were introduced to the meaning and building blocks of health systems according to the WHO framework. This was even progressed to a more advanced level, where delegates learned about other potential proposed frameworks for the building blocks and the reasons behind these proposals. We had the chance to learn more about the challenges linked to the different blocks on the global level and how we should think about addressing them, through an interesting discussion with Dr. Teri Reynolds from the WHO Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention and Dr. Ayat Abu-Agla from the Health workforce Department.
The delegates’ knowledge on health systems was further extended through a 6 amazing presentations by 6 of the delegates on the different types of health systems, in addition to a presentation and Q&A section with Dr. Rüdiger Krech, Director of the WHO Health Systems and Innovation.

These sessions about health systems were a good start before proceeding with the main topic of our pillar, which is UHC itself. The first session about UHC focused on understanding the UHC situation before and during the pandemic, in addition to what should be done, in terms of UHC, in the post-pandemic period. The session included 2 presentations, panel discussion and Q&As from the delegates with Dr. Denis Porignon, Policy Advisor and member of the UHC working team at the WHO and Professor Robert Yates, Head of Centre on Global Health Security, Chatham House.

Other sessions on UHC focused on the link between UHC and other global health topics such as Primary Health Care, Health in all policies, Social Determinants of Health, which was delivered by the Youth PreWHA Academic Coordinators in the form of a living library, where participants had the opportunity to learn about the basics of each interlinkage in 20 mins. Another session on the link between UHC and IFMSA Standing Committees’ focus areas, where participants joined different breakout rooms, according to their areas of interest with the relevant IFMSA liaison officer and got to learn more about how UHC can be addressed in their interest areas in IFMSA.
Global Health Education is one of the principal parts of education of a young health advocate and to make the voice of IFMSA heard loud and clear at the World Health Assembly the programs team worked together to create a system of learning that met all the requirements.

There were a total of 8 sessions focusing on different aspects of GHE and some with the perspective of Meaningful Youth Participation that delivered a comprehensive and engaging education to our members on how to advocate for global health.

On day 1 a session was designed Dr. Fadi El-Jardali the Director of WHO Collaborating Center for Evidence-Informed Policy and Practice was invited as speaker to talk about Global Health Governance and teach young leaders on the basics of pillars of global health.

The same day a session on social media and Global Health was also arranged to initiate discussion with the delegation on the use of social media for gaining visibility and networking in the world of global health, the guest speakers included Nour Assaf the PR and social media coordinator of Youth PreWHA OC and Dr. Marco Bardus from the American University of Beirut.
Professor Agnes Binagwaho, Vice Chancellor for University of Global Health Equity and Former Health Minister of Rwanda and Chief advisor to Dr. Tedros and Dr. Emanuele Capobianco the Director Health and Care at IFRC were invited on day 2 to deliver a session on pandemic preparedness based on their inspirational and exemplary response to the pandemic in their counties and areas of work. There was also a session delivered by the Academic Coordinator for GHE Hamaiyal Sana on Global Health Securitization and how it is affecting global health systems over the years and what to expect from this aspect of global health in the post pandemic world.

Day 3 was a momentous session where Prof Dr Ilona Kickbush the adjunct professor at the Graduate Institute of International and Development Studies, Geneva was invited as guest speaker for the session titled as Global Health Heroes. The professor shared her inspiring journey with the participants and also gave some tips and tricks on how to navigate the landscape of the global health arena and come out as champions of the vulnerable communities.

Climate Crisis and Climate advocacy were the main focus of discussion on day 4 where participants were educated on this highly pertinent matter of global health and the planet as a whole and where to find a place for themselves by advocating for it at WHA to take action in their communities and as a whole.
On the last day the participants were given the opportunity to apply everything they had learned over the last few days and self-reflect and navigate what careers and opportunities await them in the world of global health. The session titled GH Professionals & Changemakers Youth Constituency saw 3 speakers from different walks of life that were doing exemplary things in the global health arena in their own right. Among the speakers was Dr. Caline Mattar from GHWN Youth Hub, Ali Theyab from IADS and Nabeelah Rajah from IVSA who shared their career paths and their journeys and future aspirations with the delegates.

Dr. Caline Mattar
Chair the Global Health Workforce Network Youth Hub at WHO

Dr. Ali Theyab
President of International Association of Dental Students

Nabeelah Rajah
Executive Committee Member of the International Veterinary Students’ Association (IVSA)

Pillar 3

Meaningful Youth Participation

(meaningful youth participation pillar)

Young people have the fundamental right to meaningfully participate in decision-making processes when it comes to programs or policies that affect their lives. The Meaningful Youth Participation pillar of the Youth PreWHA aimed to equip delegates with the relevant knowledge and skills to contribute to the current and future global health dialogue, as well as offer career perspectives and insights on how to foster meaningful youth participation at the WHA.

There were a total of 10 sessions within the meaningful youth participation pillar, 4 of them were intertwined with the pillar Global Health Education.

Day one started of with an introductory session with Jayathma, UN Youth Envoy, Helga PMNCH Executive Director and a welcome video message by Dr. Tedros. The session that followed covered the global context of health governance with Dr Fadi El-Jardali the Director of WHO Collaborating Center for Evidence-Informed Policy and Practice.

Prof. Fadi El-Jardali
Director of WHO Collaborating Center for Evidence-Informed Policy and Practice
Thus participants could discern the important topics and stakeholders in global health. In the second meaningful youth participation session participants could experience the decision making processes and practice their negotiation skills during the WHA 101 and WHA simulation workshop.

On day two, an interactive panel was organised to discuss future health challenges and the role of youth. Dr. Michael Knipper, Dr. Marie Hauerslav, Prof. Ran Balicer, and Dr. Kumana Rasanathan shared with the participants how their journey in Global health began and how they managed to engage for health as young professionals. They discussed key themes in Global health such as global solidarity, pandemic preparedness, the gain we can obtain by tackling non communicable diseases, the threat of climate change and the importance of an international community.

The third day start with with a capacity building session on Societal change by civil society, in which the following themes were reflected on: meaningful youth engagement, the role and relevance of civil society and how that relates to our responsibility as medication. This session was followed by an inspirational dialogue with Prof. Dr. Ilona Kickbush. She shared her journey in the world of Global Health, stressing the importance of taking care of the people you work with, daring to take chances from time to time. She share some of the difficulties one can encounter as women in leadership positions, and the importance of the field we work in. The day was close with three sessions on Stakeholder analysis, advocacy and campaigning, and networking and negotiation by IFMSA Liaison Officers Christos Papaioannou, Olayinka Fakorede, and Iris Blom.
Climate Crisis and Climate advocacy was the theme of day 4 where participants were educated on this highly pertinent matter of global health and the planet as a whole and where to find a place for themselves by advocating for it at WHA to take action in their communities and as a whole. Dr. Diarmid Campbell-Lendrum, Dr. Lujain Alqodmani, Melvine Otieno, Jeni Miller and Dr. Nicole de Paula shared their reflections on how climate change has led to health emergencies and affected health systems, the relation between climate change and social relations such as age, gender, access to food and water and how the health sector can and should contribute to the climate movement.

This session was followed by a capacity building session on climate negotiations: participants learned to deconstruct climate denying and climate delaying argumentation. The day was closed by a lively discussion with the inspiring journalist Nicoletta Dentico. She disclosed how health is so complex, that influencing decision making in health is difficult. As health is so intimate for all of us, she stressed that it is all the more important to contribute to the transparency of our health systems, so that people can take part in the health dialogue. Moreover she discussed the importance of ensuring meaningful youth engagement and refusing to participate in forms of tokenism.
During the fifth day, after the sessions mentioned above which included inspirational sessions with youth on their advocacy efforts, the last sessions before the WHA were about to take place. The first session was a discourse on the importance and implementation of Youth Delegate Programs, in a discussion with Teodor Blidaru, Nicola Toffelmire, Iris Blom, Diah Saminarsih. National WHO Youth Delegate programs are an essential way to increase meaningful youth engagement with the WHO and the discussion was incredibly fruitful. Find more resources here.

Finally, after the World Health Assembly, the Youth PreWHA had a sixth and final day of sessions to reflect on the happenings. The day started out with a reflection with the IFMSA LWHO Iris Blom, Onyema Ajuebor and Yassen Tcholakov. Through an interactive discussion, engaging the delegates and their perspectives, the WHA was discussed. Afterwards, Organizing Committee held breakouts discussing with the delegates what they will take home. The Yout PreWHA came to an end with an overview and closing ceremony presented by the OC Chairperson Sahar Dinar and IFMSA LWHO Iris Blom.
Virtual Logistics

Given the Virtual format of the event, our aim was to get the most out of the virtual world, encouraging members' participation & contribution to the event via multiple platforms utilized to maximize delegates' experience and increase their engagement while ensuring the presence of safe environments to express opinions & make connections.

In an effort to achieve our aim, three elements were centralized on which delegates engagement was built on;

1. Educational Platforms in order to deliver the Educational Content.
2. Engagement Platforms in order to provide different venues for delegates communication.
3. Activities in order to bring all our delegates together in a light atmosphere to create connections and allow for networking/Relationships building.

Educational Platforms

Two Main platforms were used to deliver the Youth PreWHA program & extended until the end of the 74th World health assembly:

- **Zoom** was the main video conferencing platform where all our sessions held during the Youth PreWHA & 74th WHA were held and accessed through one link. It has allowed us to enable the
  - Live transcription feature, aiding members in following up and staying alert during sessions.
  - Breakout Rooms which were vital in the moderation of small discussion, creation of SWGs & activities throughout the Session
  - Recordings of each individual session in the program, to be accessed later on and for the purpose of institutional memory.

- **Moodle** was a complimentary learning management system, intended to support the session given through ZOOM. That enabled us to manage our resources in a manner that was organized, easily accessible and user friendly, as well as conduct assessments, and collect feedback.
Two Methods were used to guide the communication between the delegates & the organizing committees:

Internal Mailing server served as a way to formally communicate important news & announcements, as opposed to Discord which served as an informal means of communication that allowed delegates to directly message each other & reach out to the OC & their own Advocacy working groups, gain knowledge and participate in to multiple events created there, and receive instant news or updates throughout the workshop and the 74th WHA.

Discord server was divided in to multiple categories:
- Work/Advocacy Category utilized heavily during the 74th WHA included channels like General discussion hall, Gender Watch, and Quotes Scavenging.
- Social Category utilized for networking, socializing and sharing Social events planned.

Additionally logical support was provided throughout the event, in form of attendance tracking, breakout rooms creation, Moodle Maintenance & uploading of recorded Materials, and Extra curricular resources.
Multiple activities were conducted to engage with the delegates, and offer opportunities that allow for connection (Friendships) to be built. These activities took place before & During Youth PreWHA & extending till the end of the 74th WHA.

**Before the Youth PreWHA:**

The 1st set of activities were created to allow the delegates to get to know each other better. We held multiple activities on discord,
- Introductory Game asking them to share information and pictures of themselves.
- Spin the Wheel & Spill 3 Things about yourself Game
- Global Health Movie Night where we streamed 93 Days.
- Pillow Talks, where participants had the chance to get to know each other better through playing special edition BINGO.
During the Youth PreWHA:

An extensive social program was created at the end of each day during the workshop.

1. On Day 1, we were accompanied by our sponsors, in Gather town, where we created a virtual version of the previous Youth PreWHA venue to hold multiple discussions around 4 tables each one discussing an element pertaining to digital health.

2. On Day 2 we held our Game night on Zoom, by breaking out the participants into different rooms, each room designated for a specific game. Games included were Charade, Murder Mystery, Pictionary & Scavenger hunt.
3. On Day 3, a short virtual cafe was held, opening the floor for the delegates to reflect so far on their experience in the workshop.

4. On Day 4 we held our jeopardy competition, where delegates were grouped into multiple teams, searching for answers in order to gain points. The game was specifically tailored to cover topics pertaining to the workshops program, like climate change, NCDs, SRHR, Human rights & Peach and General knowledge on WHO and United nations.

5. On Day 5 Open talent show & karaoke night, was an open event that welcomed other youth delegates to attend. It was a night filled with singing and amazing talents shared by our delegates.

6. On day 6, the closing ceremony was held, opening the floor for some closing remarks by the chairperson and LWHO, and giving the delegates on last chance to express themselves.
Additionally, between the social program, two initiatives were created in an effort to contribute to our advocacy work, and get the delegate to work together.

1. **Virtual walkathon for health**, where all delegates collectively walked 143,185 steps calling for health, the equivalent of 109 KM.

2. **TIKTOK/Instagram Reels Competition on Healthy lifestyles**, delegates asked to create creative videos on those platforms, advocating for healthy lifestyle.

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**During the 74th WHA**

Lunch breaks during lunch hours and Virtual Cafes after the closing of the day were held to allow delegates to reflect on the discussion happening in the meeting with each other. The virtual cafes also included delegates from outside IFMSA.

As a way to commemorate this experience, each delegate received at the end of the event their own personalized scrapbook containing messages from the friends they made along this journey.
Visibility & Social Media

The virtual version of the Youth PreWHA has given the opportunity to delegates from all around the world to be involved in the WHA general assembly despite the pandemic. Although the online setting has saved this year’s version of the event, it has not been an easy ride for many reasons, the biggest challenge being to achieve a worldwide and lasting impact from behind the screen.

By creating a new brand, we were able to build an identity for the event and increase its visibility. We were also able to secure continuous exposure on all official IFMSA social media platforms including Twitter, Instagram and Facebook, throughout the workshop. And for the first time ever, we involved the delegates in campaigning by sharing what they have been working on with their advocacy working groups.

In the following document you will find an analysis of the Youth PreWHA impact achieved on the different IFMSA social media platforms used as well as a comparison with statistics from previous years.

New brand, new identity

Being one of the biggest events organized by IFMSA, the Youth Pre World Health Assembly deserves to be differentiated from other opportunities within the federation. For this reason, a new brand was created for the event, giving it a sense of personality and individuality.

In light of the technological shifts and digital advancements, rebranding offers a great opportunity to strengthen the workshop’s presence and visibility. A new branding strategy was implemented to reflect these important changes and make the workshop look more contemporary and professional. To avoid destabilizing the audience, we adopted a proactive rebranding method in which the brand was updated while keeping some elements used in the old brand.

In creating a unique and consistent identity for the event, we ensure that the Youth PreWHA will be instantly recognized and always remembered amongst its target audience. Clear regulations were drafted in the first ever Youth PreWHA brand manual to protect the new brand and make sure it is correctly used during years to come.
Name of the workshop:

Based on a survey done last year, the word Youth was added to the name of the event to show that the general objective of the workshop is to empower youth and encourage their participation in all areas of action discussed. And this is how the full name of the event became as of this year:

**Youth Pre World Health Assembly**

The correct abbreviation became: **Youth PreWHA** with no interruptions between the 2 words to avoid confusions.

Youth PreWHA logo:

The official Youth PreWHA logo is inspired by the IFMSA and the WHO logos. It is shown here in its two versions:

![Youth PreWHA Logo](image)

Youth PreWHA Brand Manual:

The first Youth PreWHA brand manual was drafted to protect the new brand and make sure it is correctly used in future years. You can check it here to know more about the guidelines concerning the logo versions, exclusion zones, dimensions, colors and fonts.

![Youth PreWHA Brand Manual](image)
Publications

Survival Kit
The Organizing Committee worked incredibly hard for many months to put the program together, thinking of all different types of aspects including virtual logistics, the PR, the academic program, the learning objectives, the speakers, etc. A Survival Kit covering all aspects of the Youth PreWHA, including the names of the speakers, was prepared and distributed to the delegates early in May for them to know what to expect during the workshop.

Communication Toolkit
The Virtual logistics as well as the PR and Social Media coordinators both worked very hard on creating a communication toolkit for delegates to help them be fully in communication within the delegation and externally, for example through social media, for the duration of our event!
Social media, and online campaigning

For the first time ever, we were able to promote the Youth PreWHA on all social media channels used by IFMSA, from the moment the registration was open until the end of the WHA.

Registration promotion

The call for participants was shared on the IFMSA email server on December 16, 2020 in the form of an E-newsletter. It was then promoted on ifmsa.org where the Youth PreWHA page was updated. The call was later promoted on Instagram and Facebook on December 24, 2020, encouraging IFMSA members to apply.

Instagram post insights:
- 457 likes,
- 18 shares,
- 48 saves,
- 169 profile visits,
- 73 website clicks,
- 7993 accounts reached,
- 10022 impressions achieved.

1 Facebook post

6 Instagram stories:
- total 78 link clicks,
- 17 profile visits,
- 1801 accounts reached,
- 1977 impressions.
The organizing committee behind the Youth PreWHA was introduced to the delegates on social media via the following:

Organizing committee promotion

The organizing committee arranged 3 preparatory sessions to introduce the delegates to the main topics that were going to be discussed during the Youth PreWHA and WHA. These were promoted on social media via Facebook, Twitter and Instagram stories:

Road to the Youth PreWHA sessions promotion
In the virtual setting, our aim was to create a long-lasting impact and engagement within and outside of IFMSA on global health agendas. As previously mentioned, the delegates were previously trained and capacitated with valuable soft skills like social media advocacy, analytical, teamwork, and critical thinking skills in promoting, advocating, and addressing significant global health threats.

Moreover, different Advocacy Working Groups brainstormed and worked collaboratively in addressing global health issues on various social media platforms. The delegates were supervised by the Academic coordinators, and were assisted by our PR and Social Media Coordinator for their online campaigns.

Delegates were encouraged to directly contribute to the online coverage by sharing their experience on their personal social media channels while tagging IFMSA platforms. This being said, they were given a session about Social Media advocacy during the 1st day of the workshop to make sure they know how to use digital marketing in favor of the event and their campaigns.

The workshop and the participation of the IFMSA delegation was showcased on all IFMSA’s official social media channels. Tweets were tweeted during the sessions on @IFMSA, and daily stories were posted on IG @youifmsa as well as posts on FB @IFMSA

Delegates were encouraged to directly contribute to the online coverage by sharing their experience on their personal social media channels while tagging IFMSA platforms. This being said, they were given a session about Social Media advocacy during the 1st day of the workshop to make sure they know how to use digital marketing in favor of the event and their campaigns.

**Campaigning and advocacy work**

In the virtual setting, or aim was to create a long-lasting impact and engagement within and outside of IFMSA on global health agendas. As previously mentioned, the delegates were previously trained and capacitated with valuable soft skills like social media advocacy, analytical, teamwork, and critical thinking skills in promoting, advocating, and addressing significant global health threats.

Moreover, different Advocacy Working Groups brainstormed and worked collaboratively in addressing global health issues on various social media platforms. The delegates were supervised by the Academic coordinators, and were assisted by our PR and Social Media Coordinator for their online campaigns.
All participants filled out a pre-evaluation and post-evaluation which included subjective and objective measurements on certain topics. Overall, participants rated the Youth PreWHA with a 4.74 out of 5. Using SPSS, paired-sample t-tests were conducted to quantify the impact of the Youth PreWHA. The following results were found:

Self-assessed knowledge

Participants were asked to assess their knowledge on different topics ranging from the lowest score of 0 to the highest score of 5. Their self-assessed knowledge increased significantly in all areas (p<0.000). These areas include:

1. World Health Organization (WHO) (M1=4.21, SD1=0.687, M2=4.79, SD2=0.410, t(33)=-4.380, p=0.000)
2. World Health Assembly (WHA) (M1=3.68, SD1=0.806, M2=4.94, SD2=0.239, t(33)=-9.330, p=0.000)
3. Advocacy (M1=4.38, SD1=0.652, M2=4.85, SD2=0.359, t(33)=-4.144, p=0.000)
4. Universal Health Coverage (UHC) (M1=4.24, SD1=0.741, M2=4.85, SD2=0.436, t(33)=-5.524, p=0.000)
5. Meaningful Youth Engagement (MYE) (M1=4.12, SD1=0.844, M2=4.88, SD2=0.327, t(33)=-5.012, p=0.000)
6. Global Health (M1=4.09, SD1=0.712, M2=4.82, SD2=0.387, t(33)=-5.424, p=0.000)
7. Social Accountability (M1=3.59, SD1=0.957, M2=4.47, SD2=0.563, t(33)=-5.264, p=0.000)
8. Global Health Priorities (GH Priorities) (M1=3.85, SD1=0.821, M2=4.74, SD2=0.448, t(33)=-6.370, p=0.000)

Please see figure 1 for a visual representation of this impact.
Confidence to discuss with peers

To further gain insights into the understanding of different topics, participants were asked whether they feel confident discussing several topics with peers. The scoring ranged from 1 (disagree with feeling confident) to 5 (agree with feeling confident). Their self-assessed comfort to discuss these topics with peers significantly increased in all topics (p<0.005). The topics and their results are:

1. Universal Health Coverage (UHC) (M1=4.21, SD1=0.914, M2=4.82, SD2=0.387, t(33)=-4.055, p=0.000)
2. Meaningful Youth Engagement (MYE) (M1=4.24, SD1=0.890, M2=4.88, SD2=0.327, t(33)=-4.270, p=0.000)
3. Global Health (M1=4.09, SD1=0.933, M2=4.97, SD2=0.171, t(33)=-5.439, p=0.000)
4. Social Accountability (M1=3.62, SD1=1.155, M2=4.41, SD2=0.609, t(33)=-3.857, p=0.001)
5. Global Health Priorities (GH Priorities) (M1=3.82, SD1=1.114, M2=4.76, SD2=0.431, t(33)=-4.464, p=0.000)

Please see figure 2 for a visual representation of this impact.

Figure 1: The average score of participants’ self-assessed knowledge on different topics
Participants were also asked how confident they feel to discuss different topics with key stakeholders, which gives important insights into advocacy capabilities as well. The scoring ranged from 1 (disagree with feeling confident) to 5 (agree with feeling confident). Their self-assessed comfort to discuss these topics with key stakeholders significantly increased in all topics (p<0.000). The topics and their results are:

1. Universal Health Coverage (UHC) (M1=3.82, SD1=0.999, M2=4.74, SD2=0.567, t(33)=-6.141, p=0.000)
2. Meaningful Youth Engagement (MYE) (M1=3.85, SD1=1.209, M2=4.91, SD2=0.049, t(33)=-5.480, p=0.000)
3. Global Health (M1=3.74, SD1=1.163, M2=4.74, SD2=0.511, t(33)=-5.296, p=0.000)
4. Social Accountability (M1=3.32, SD1=0.604, M2=4.38, SD2=0.604, t(33)=-5.022, p=0.001)
5. Global Health Priorities (GH Priorities) (M1=3.41, SD1=1.104, M2=4.65, SD2=0.544, t(33)=-6.376, p=0.000)
Roles and interests of key stakeholders

Participants were also asked how much they understand about the roles and interests of different key stakeholders. The scoring ranged from 1 (disagree with understanding) to 5 (agree with understanding). Their self-assessed understanding of the roles and interests of different key stakeholders significantly increased in all topics (p<0.000). The topics and their results are:

1. WHO Staff and Officials (M1=3.74, SD1=0.931, M2=4.56, SD2=0.705, t(33)=-6.141, p=0.000)
2. Non-State Actors (NSA) (M1=3.79, SD1=1.095, M2=4.88, SD2=0.327, t(33)=-6.141, p=0.000)
3. Civil Society (M1=3.85, SD1=0.892, M2=4.79, SD2=0.410, t(33)=-6.141, p=0.000)
4. Private Sector (M1=3.50, SD1=1.022, M2=4.53, SD2=0.706, t(33)=-6.141, p=0.000)
5. Member States (M1=3.94, SD1=1.013, M2=4.82, SD2=0.066, t(33)=-6.141, p=0.000)
6. Regions (M1=3.76, SD1=0.955, M2=4.47, SD2=0.662, t(33)=-6.141, p=0.000)
Figure 4: The average score of participants’ understanding of the roles and interests of key stakeholders

Skills and Confidence

Participants were asked how much they agree with different statements related to their confidence, competence, and knowledge in different, relevant areas. The scoring ranged from 1 (disagree) to 5 (agree). Their self-assessed skills and confidence levels significantly increased in all topics (p<0.010). The topics and their results are:

1. I feel confident speaking in public (M1=4.50, SD1=0.707, M2=4.79, SD2=0.410, t(33)=-2.963, p=0.006)
2. I am experienced with advocacy (M1=4.29, SD1=0.676, M2=4.65, SD2=0.597, t(33)=-2.978, p=0.005)
3. I am competent to work with advocacy in my context (e.g. health issues relevant to my home country or local community) (M1=4.38, SD1=0.817, M2=4.76, SD2=0.496, t(33)=-2.862, p=0.007)
4. I find myself knowledgeable enough in the research field and its contribution to the global health arena (M1=3.65, SD1=0.774, M2=4.35, SD2=0.597, t(33)=-4.924, p=0.000)
5. My knowledge on decolonisation in global health is sufficient (Decolonizing GH) (M1=2.50, SD1=0.788, M2=4.21, SD2=0.687, t(33)=-9.386, p=0.000)
Global Health Education

Participants were asked how much they agree with different statements related to their understanding of the Youth PreWHA Pillar of Global Health Education. The scoring ranged from 1 (disagree) to 5 (agree). Their self-assessed skills and confidence levels significantly increased in all topics (p<0.005). The topics and their results are:

1. I have knowledge about the concept of securitisation in Global Health (M1=2.68, SD1=0.707, M2=4.26, SD2=0.410, t(33)=-7.999, p=0.000)
2. I have knowledge about the extent of the role of securitisation in global health in effective disease control and Global health systems strengthening (M1=2.50, SD1=0.676, M2=4.24, SD2=0.597, t(33)=-11.266, p=0.000)
3. I understand the role of health systems leadership and planning in Pandemic Preparedness (e.g. health issues relevant to my home country or local community) (M1=3.85, SD1=0.817, M2=4.74, SD2=0.496, t(33)=-6.370, p=0.000)
4. I have sufficient knowledge on the concept of Global Health Equity (M1=3.68, SD1=0.774, M2=4.76, SD2=0.597, t(33)=-8.005, p=0.000)
5. I have sufficient knowledge of the effect of climate change on global health (M1=3.79, SD1=0.788, M2=4.53, SD2=0.687, t(33)=-5.179, p=0.000)
6. I possess a good number of ideas regarding the career path I want to choose in Global Health (M1=3.59, SD1=0.788, M2=4.41, SD2=0.687, t(33)=-3.791, p=0.001)

Please see figure 6 for a visual representation of this impact.

Figure 6: The average score of participants’ understanding of Global Health Education.

Meaningful Youth Participation

Participants were asked how much they agree with different statements related to their knowledge and understanding of topics related to the Youth PreWHA Pillar of Meaningful Youth Participation. The scoring ranged from 1 (disagree) to 5 (agree). Their self-assessed skills and confidence levels significantly increased in all topics (p<0.001). The topics and their results are:
1. I have knowledge about meaningful youth participation (M1=4.35, SD1=0.707, M2=4.94, SD2=0.410, t(33)=-4.890, p=0.000)
2. I have knowledge about the conditions needed for youth to meaningfully engage (M1=4.00, SD1=0.676, M2=4.85, SD2=0.597, t(33)=-5.374, p=0.000)
3. I have knowledge about the barriers that youth face in their engagement (M1=4.35, SD1=0.817, M2=4.94, SD2=0.496, t(33)=-4.890, p=0.000)
4. I have knowledge about how to advocate for youth’s issues in a time of pandemics (M1=3.82, SD1=0.774, M2=4.82, SD2=0.597, t(33)=-7.141, p=0.000)
5. I know how to meaningfully advocate for the issues I find important in the Global health arena (M1=3.88, SD1=0.788, M2=4.91, SD2=0.687, t(33)=-7.917, p=0.000)
6. I possess knowledge about Youth Delegate Programmes and the possibilities they pose for youth in my country (M1=3.38, SD1=0.788, M2=4.76, SD2=0.687, t(33)=-6.186, p=0.000)

Please see figure 7 for a visual representation of this impact.

**Figure 7: The average score of participants’ understanding of Meaningful Youth Participation.**
Participants were asked how much they agree with different statements related to their knowledge and understanding of topics related to the two Youth PreWHA Pillars of Universal Health Coverage and Social Accountability. The scoring ranged from 1 (disagree) to 5 (agree). Their self-assessed skills and confidence levels significantly increased in all topics ($p<0.001$). The topics and their results are:

1. I have sufficient knowledge of the building blocks of health systems ($M_1=3.82$, $SD_1=0.707$, $M_2=4.74$, $SD_2=0.410$, $t(33)=-6.186$, $p=0.000$)
2. I have sufficient knowledge of the different types of health systems ($M_1=3.68$, $SD_1=0.676$, $M_2=4.76$, $SD_2=0.597$, $t(33)=-4.672$, $p=0.000$)
3. I have sufficient knowledge on the UHC situation before the COVID-19 pandemic ($M_1=3.94$, $SD_1=0.817$, $M_2=4.62$, $SD_2=0.496$, $t(33)=-6.185$, $p=0.000$)
4. I have sufficient knowledge on the impact of the COVID-19 pandemic on the UHC situation ($M_1=3.88$, $SD_1=0.774$, $M_2=4.74$, $SD_2=0.597$, $t(33)=-5.426$, $p=0.000$)
5. I have sufficient knowledge on the link between UHC and Primary Health Care ($M_1=4.12$, $SD_1=0.788$, $M_2=4.82$, $SD_2=0.687$, $t(33)=-6.685$, $p=0.000$)
6. I have sufficient knowledge on the link between UHC and Social Determinants of Health ($M_1=4.15$, $SD_1=0.788$, $M_2=4.79$, $SD_2=0.687$, $t(33)=-4.386$, $p=0.000$)
7. I have sufficient knowledge on the link between UHC and Health in all policies ($M_1=3.74$, $SD_1=0.788$, $M_2=4.71$, $SD_2=0.687$, $t(33)=-6.040$, $p=0.000$)
8. I have sufficient knowledge on the link between UHC and Social Accountability ($M_1=3.50$, $SD_1=0.788$, $M_2=4.56$, $SD_2=0.687$, $t(33)=-6.093$, $p=0.000$)
9. I have sufficient knowledge on the link between UHC and my focus areas in IFMSA/Global Health work ($M_1=3.97$, $SD_1=0.788$, $M_2=4.82$, $SD_2=0.687$, $t(33)=-5.800$, $p=0.000$)

Please see figure 8 for a visual representation of this impact.
Figure 8: The average score of participants’ understanding of Universal Health Coverage and Social Accountability related topics.