AFRICAN UNION

الاتحاد الأفريقي

UMOJA WA AFRIKA

UNION AFRICAINE

UNIÃO AFRICANA

UNIÓN AFRICANA

Addis Ababa, ETHIOPIA P. O. Box 3243 Tel: +251-115517700 Fax: +251-115517844
Website: www.au.int

Ten-Year Review of the Addis Ababa Declaration on Population and Development in Africa beyond 2014

30 November 2023

Table of contents

List of tables

List of figures

Executive Summary

The AADPD +10 Review

In 2013, African Ministers adopted the Addis Ababa Declaration on Population and Development (AADPD) after assessing the progress made in implementing the International Conference on Population and Development (ICPD) Programme of Action, which had been adopted 20 years earlier. The AADPD serves as a comprehensive framework for addressing population and development issues on the African continent.

The Addis Ababa Declaration on Population and Development further serves as a crucial guidepost for understanding the intricate relationship between population dynamics, socioeconomic factors, and the prevailing megatrends. By addressing the interconnectedness of these aspects, the declaration highlights the need for comprehensive policies and strategies that promote sustainable development. It encompasses 88 priority commitments that are organized into six pillars: Dignity and Equality; Health; Place and Mobility; Governance; Data and Statistics; and Partnership and International Cooperation.

To ensure effective implementation, periodic reviews were established in accordance with the Declaration. The first review took place in 2018, marking five years since its adoption and coinciding with ICPDat25. In 2022, the Specialised Technical Committee for Health Population and Drug Control endorsed the concept note for the 10-year review of the Addis Ababa Declaration and its corresponding roadmap, which aligns with the 30-year review of the ICPD Programme of Action. To perform this review, secondary data on demographic and socioeconomic trends were collected and analysed at the national, regional and continental levels.

This summary provides an assessment of the progress made in implementing the AADPD commitments, identifies gaps, and highlights best practices in the face of multiple crises and emerging megatrends. Moreover, it presents evidence-based recommendations aimed at accelerating progress towards achieving the AADPD commitments and realizing the Demographic Dividend. These efforts are in line with Agenda 2063 and the 2030 Agenda for Sustainable Development within the framework of global megatrends.

Socio-economic and demographic context

Economic Context

Between 2000 and 2014, African nations experienced an annual growth of 5.1 percent in their gross domestic product (GDP). Unfortunately, African economies have been adversely affected by various factors such as the Coronavirus Disease 2019 (COVID-19) pandemic, the Russia-Ukraine conflict, political instability, and armed conflict. These challenges resulted in a contraction of the continent's GDP by 2.1 percentage points in 2020. Looking ahead, it is projected that Africa's economic growth will weaken further to approximately 3.8% by the year 2023.

Demographic context

The African continent is undergoing significant changes, shaping its population dynamics and societal landscape.

Life Expectancy and Declining Mortality

Life expectancy in Africa increased by 10.6 years, from 51.6 in 1990 to 62.2 in 2021. Infant and under-five mortality rates also declined significantly during this time. Infant mortality dropped from 57 per 1,000 live births in 1995-2020 to 45.4 in 2021, and under-five mortality decreased from 87 to 66 deaths per 1,000 live births. West Africa had the highest mortality rates from 1990 to 2021, while North and Southern Africa had rates below the continent's average. These improvements signal progress in the healthcare system.

Overall Population Growth

The African continent has experienced a rapid population growth rate in recent years despite declines since 2014. The average growth rate was 2.6% in 2015-2020, dropping to 2.3% in 2022, with projections for further decline to 2.0% by 2035. However, these figures mask regional disparities, with Northern Africa (1.7% in 2022) and Southern Africa (0.8% in 2022) consistently experiencing lower growth rates compared to Central Africa (3.0% in 2022) and Western Africa (2.5% in 2022).

This growth, driven by high fertility rates and declining mortality rates, has significant implications for social, economic, and environmental sectors. The increasing population brings both opportunities and challenges, requiring careful management and planning. Although the Total Fertility Rate (TFR) decreased from 4.7 children per woman in 1990-1995 to 3 children per woman in 2021, some countries like Chad, DRC, Central African Republic, Angola, and Niger, TFRs exceeded 5 children per woman. Southern and Northern Africa had lower rates than the continent's average, while Central and Western Africa had the highest.

Changing Age Structure

Africa has a comparatively young population, with a significant proportion being under the age of 25. This youthful demographic presents a substantial potential labour force. If effectively harnessed, it can drive economic growth through innovation, productivity, and entrepreneurship.

Moreover, certain African countries are witnessing an increasing proportion of individuals in their working-age population due to higher historical fertility rates in Northern, Southern, and Eastern Africa. Additionally, the continent is experiencing a growing aging population because of improved life expectancy and fertility transition in Small Island Developing States and select countries in North and Southern Africa.

The dependency ratio, which measures the working-age population in relation to the younger (<15 years) and older (65+ years) demographics, plays a crucial role in economic development. In 1990, Africa's dependency ratio stood at approximately 92 and is projected to gradually decline to around 68 by 2035. Among the subregions, Eastern, Western, and Central Africa exhibited the highest ratios in 2023, while Northern and Southern Africa had the lowest. Projections indicate that the dependency ratios for all five subregions will decrease by 2035.

Urbanisation

Urbanisation is a key trend across Africa, resulting in the rapid expansion of cities. While in the 1990s, only a third of Africa’s population was urban (31 percent), by 2035, about half of the continent’s population is projected to live in urban areas. The push factors driving rural-urban migration include the search for economic opportunities, access to better education and healthcare, and improved living standards. Africa’s rapid urban growth is both an opportunity

and a challenge. The continent's rapid urbanisation can lead to economic growth, transformation, and poverty reduction. However, unplanned urbanization poses challenges, including the strain on infrastructure, provision of services, and housing. Effective urban planning is essential for sustainable urban growth and the creation of liveable cities.

Migration

Social, economic, political, and technological changes, climate change, natural disasters, conflicts, and COVID-19, have influenced migration in Africa. COVID-19 severely disrupted mobility, but by 2022, most African countries had restored patterns in movement of persons.

Natural disasters, including prolonged droughts and severe storms, contribute to increased migration, with an average of 2.5 million Africans temporarily displaced annually over the past decade. In 2021, over 32 million Africans were internally displaced, refugees, or asylum seekers due to political instability, conflicts, and predatory governments. The DRC had the highest forced displacement, with 6 million people, followed by South Sudan (4 million), Nigeria, Sudan (2.5 million each), and Ethiopia (1.8 million).

African population and socioeconomic contexts suggest that governments, organisations, and individuals continue to engage with the AADPD's principles, fostering inclusive societies and striving for equitable and sustainable development for allying inclusive and equitable growth for all its people.

Progress and Challenges on AADPD's Commitments

Dignity and Equality

Poverty and Inequality

Overall, progress has been made toward reducing poverty across African subregions from 2014 to 2023. In almost all countries, the percentage of the population living on less than USD 1.90 a day has decreased. Over the same time, the three countries with the biggest falls were Senegal (-31%), Togo (-27%) and Côte d'Ivoire (-21%). In Côte d'Ivoire government initiatives like Productive Social Nets Project (FSP), the National Community Development Program (PNDC), the Government's Social Program (PSGouv), the introduction of the Single Social Register (RSU), and the Special Solidarity Fund (FSS) have been introduced.

Gender Inequality

*P*rogress has been made in countries in addressing gender parity in education, the proportion of women making household decisions, and women's representation in parliament. In 2014, only 8 countries out of 32 countries with comparable data had achieved gender parity and by 2020 most countries recorded improvements towards achieving gender parity. For example, Rwanda, Morocco, Côte d'Ivoire, Cameroon, and Sierra Leone, have passed constitutional laws to ensure that women are better represented in elected office. In the large majority of countries (Republic of Congo, Ghana, Burundi, Chad, and Burkina Faso, etc.) national gender policies were adopted, often with the creation of a dedicated Ministry. In some countries, such as Uganda, political changes have also been made by introducing quotas to ensure better representation of women, young people, and the elderly in decision-making bodies. In other countries (E.g. Togo, Sierra Leone, etc.) new policies have been put in place to ensure women enjoy equal land rights.

Child Nutrition and Mortality

African countries have made significant progress in improving child survival through developing and implementing strategic health plans to strengthen health systems and promote family planning and the implementation of maternal, child, infant and neonatal health services. All countries reported policy changes to improve child nutrition and mortality.

Women's Rights and Gender-Based Violence

Over the last decade, African countries have promoted policies fighting gender-based violence and harmful practices, particularly female genital mutilation and early, child or forced marriages. Overall, the proportion of women (15-49 years) who have undergone female genital mutilation decreased in most selected countries. The COVID-19 pandemic impacted on progress recorded in the fight against gender-based violence. The pandemic and its mitigation strategies including lockdown measures contributed to an increase in the scale of gender-based violence in Africa.

Universal Access to Quality Education for All

From 2014 to 2018, most African countries with comparable data had a primary school completion rate below 90%. However, progress made in the various countries has been impacted by the COVID-19 pandemic, during which partial or total closure of schools led to an increase in the number of children out of school and a drop in school performance and learning outcomes.

Several innovations (Free primary education, school, school canteen programme, Girls' Education Strategy, etc.) have been undertaken in Africa (Democratic Republic of Congo , Seychelles, Burkina Faso, Malawi, South Africa, etc.)

Welfare and Longevity, Healthy Ageing, and Lifelong Learning for Older People

Between 2014 and 2021, life expectancy rose from 60.7 to 61.7 years in Africa, a gain of one year. This progress is attributable to good health and nutritional practices and implementing different health policies and programs in different countries. Analysis by region reveals an increase in life expectancy in all regions of Africa, except Southern Africa, where it fell by 0.8 years. The health situation in Africa has been affected by the unanticipated impact of the COVID-19 pandemic, including on life expectancy.

Health

Sexual and Reproductive Health and Rights:

Sexual and reproductive health and rights (SRHR) refers to the individual's right to a safe and satisfying sex life and the right to decide if, when and how often to have children from 2014 to 2023, several countries experienced a decline in unmet needs, while most countries in the continent had some increase in the contraceptive prevalence rates. Several countries have adopted new policies or revised existing policies to improve SRHR indicators over the review period such as the adoption of National Reproductive Health strategies, Integrated Reproductive Health Strategies, Maternal, Neonatal, Infant and Adolescent Policy, Costed Implementation Plans and Financing strategies with Compact for family planning commodities. Integration of services across Sexual And reproductive Health (SRH), Gender

Base Violence (GBV)and HIV continues to record progress in Northern, Eastern and Southern Africa within strengthened health systems).

Adolescent Sexual and Reproductive Health (SRH)

Adolescent childbearing on the African continent is relatively high. Recent estimates of Africa's adolescent fertility rate in 2021 are double the global average. The Sub-Sahara Africa (SSA) region accounts for close to 50% of global adolescent births, with around 15% of the global population share. Close to 3.5 million, over half of all adolescent births in SSA, occur in the East and Southern Africa (ESA) region. Furthermore, in 2021, the adolescent fertility rates varied from 6.7 births per 1000 women ages 15 to 19 years in Tunisia to 170.5 births per 1000 women ages 15-19 in Niger. Some countries have recorded a decline in adolescent fertility with Sierra Leone recording the greatest decline in adolescent fertility during the last 7 years.

Analyses of comparable data has shown overall decrease in the prevalence of child marriage, except in few countries where the indicator has increased between 2014 and 2022. It is important to highlight that the review of the first five years of the Addis Ababa Declaration on Population and Development (AADPD) found that child marriage rate before 18 declined. However, the reasons of this reversal are still not fully understood; some studies suggest that conflict and economic hardship might have influenced families to marry their daughters off. All African countries have adopted policies promoting the rights of adolescents and youth to access adolescent responsive and youth-friendly services and implementation of comprehensive sexuality education (CSE) or equivalent curricula.

Maternal Mortality

Maternal deaths are generally high on the African continent. Most countries (45 out of 54) experienced declines in the MMRs between 2014 and 2020. Over the years, skilled personnel attending to deliveries has increased on the continent. Several countries have adopted new national guideline promoting maternal and new-born health. Examples of best practices are the Government of Ethiopia 2022 National Antenatal Guideline which include comprehensive, integrated, and effective ANC services.

HIV and AIDS, Sexual Transmitted Infections and Other Infectious Diseases

Findings showed that Southern, Eastern and Central Africa have the highest HIV prevalence rates (above 5%) on the continent. By contrast, HIV prevalence rates is low or negligible in most countries in West (<3%) and Northern Africa (<1%). HIV prevalence declined in 39 countries between 2014 and 2023. Lesotho experienced the most reduction. Most countries had developed policies on treating, managing and/or eradicating HIV/AIDS, malaria, tuberculosis, hepatitis, diarrhoeal disease, and other infectious diseases between 2014 and 2023. Some policies emphasize curbing stigma and discrimination toward people suffering from or living with a disease.

Non-communicable Diseases

Globally, there has been a rise in non-communicable diseases (NCD) and deaths due to NCDs in low- and middle-income country contexts. While deaths due to communicable, maternal, and nutritional causes have declined from 68% to 53% from 2010 to 2015, deaths attributable to noncommunicable diseases have steadily risen from 24% to 37%. Some countries (mentioned existing policies on Non-Communicable Diseases (NCDs). The Ghana National

Health Insurance has also included selected NCD conditions (E;g. childhood cancers) on the benefit package list.

Health Systems Strengthening

Various policies have been enacted to strengthen the performance and resilience of health systems in African countries. These encompass a range of approaches, from those focused on Universal Health Coverage, like in Kenya, to specific policies on National Health Insurance, as adopted in South Africa and Ghana. A large majority of countries have also implemented national Health Strategic Plans and have recognized the significance of providing free maternal and neonatal care (as stated in policy 023). This underscores the progress made and emphasizes the need for scaled actions across countries, including in Africa. However, it is important to note that the share of the health budget in the national budget falls below the Abuja target of 15%.

Place and Mobility

Migration

The AADPD reaffirms countries' commitments to facilitate free movement of people and goods within countries and ensure equity in access to services by making them sufficiently and geographically available in both urban and rural areas.

Africa accounts for only 14 percent of the global migrant population, compared to 41% from Asia and 24% from Europe. A large majority of African countries are net senders of migrants except for the Southern African region, which remains a region of immigration, with the other regions experiencing negative net immigration rates in 2020. South Africa, Botswana, Côte d'Ivoire, Nigeria, Ethiopia, Sudan, Uganda and Kenya are among the top destination countries on the continent.

Living Conditions of People in Urban and Peri-Urban Areas

A large proportion of the population in African urban areas resides in slums. The Maghreb is the only African region where the proportion of the population living in slums is low. For the rest of Africa, one in two of the urban population lives in a slum with impacts on living conditions, health and well-being.

Access to Basic Services

Despite progress in recent years, the target of universal access to electricity and piped water remains a challenge in Africa. Regional disparities persist, and sub-Saharan Africa has the main access challenges. The percentage of the population served by electricity rose from 38.8% to 50.6% during this period with North African countries reported as having the best access. In the other sub-regions, there are significant disparities on availability and access to electricity between countries.

Governance

Progress has been made in governance in parts of the continent with the institutionalisation of political parties and elections, more active participation by civil society actors in the political processes, the increased role of women in politics, and peaceful transfer of power in Ghana, DRC, Zambia, Tanzania, and Kenya. In most of the countries, (for example, Rwanda, Togo, and Seychelles), monitoring and evaluation mechanisms have been put in place to assess performance and ensure accountability.

However, over the past five years, one could observe the slow qualitative deterioration of democracy with a resurgence of military coups (such as in Sudan, Guinea, Mali, Burkina Faso, and Niger), as well as voting along ethnic lines and political violence.

The Ibrahim Index of African Governance (IIAG) constitutes a comprehensive dataset measuring African governance, providing specific scores and trends on the entire spectrum of thematic governance dimensions at the continental, regional, and national levels. The IIAG overall governance index considers four main categories or pillars of governance: Security & Rule of Law, Participation, Rights & Inclusion, Foundations for Economic Opportunity and Human Development. The average score on the IIAG for the then 54 African countries was 47.8 in 2014 and 48.9 in 2021, although there were wide variations between countries. Mauritius scored the highest in 2014 and 2021, with 76.7 and 74.9 points respectively.

Data and Statistics

The assessment of data availability in the context of the SDGs shows that only 35% of indicators can be assessed with sufficient data. During the first period, 2010-2018, 60% of African countries carried out at least one census, compared to only 49% of countries for the second period 2019-2023. Likewise, 70% of African countries carried out at least one DHS or MICS during the period 2010-2018, compared to around 50% of countries for the period 2019-2023.

The penetration of internet, mobile phones and related Information and Communication Technologies (ICT) are having a transformative role in improving data and statistics on the continent. They offer opportunities to modernize census operations, regarding constructing digital maps, electronic data capture during the interview, real-time validation and dissemination of results (census and surveys).

The United Nations Population Fund (UNFPA) and the African Centre for Statistics (ACS) at the UN Economic Commission for Africa (UNECA) are working with the National Statistics Offices (NSO) to support digital transformation in African countries by replacing the recording of information on the census questionnaire from paper to an electronic device (such as tablets and phones).

Partnerships and International Cooperation

Between 2014 and 2023, most African countries have made efforts to recognise the role of civil society, and promote stronger partnerships with local civil society players, national partners, bilateral cooperation, and international organisations. Almost all the national reports mention introducing strategic plans that consider these aspects. Most countries are taking steps toward strengthening partnerships and international cooperation, though a few challenges continue to hinder their progress.

AADPD Achievements and the Demographic Dividend

Progress on the commitments of the AADPD in line with the key policies areas favourable to the demographic dividend (health, education, women empowerment, maternal and child health), shows that despite an overall improvement over the ten years implementation, there still are many limitations, constraints, and challenges in harnessing the demographic dividend on the continent. There are huge disparities between and within subregions of the continent, according to the stages of capturing the demographic dividend. In addition, the COVID-19 pandemic, and the growing insecurity in some subregions of the continent over ten years negatively affected the progress underway for several pillars.

For example, Cameroon, Côte d'Ivoire, and Senegal have adopted a roadmap and set up a national policy framework for capturing the demographic dividend. Some countries in West and Central Africa are part of the Women's Empowerment and Demographic Dividend in the Sahel (SWEDD) project. Senegal has conducted a number of activities including drafting and validation of national demographic dividend monitoring reports and capacity-building for national experts involved in the elaboration of the country's demographic dividend profile using a diverse range of methodologies (NTA, DemDiv, and decomposition methods). Zimbabwe has implemented measures to ensure that young people have opportunities for education and skills development, economic empowerment, representation and participation. In Seychelles because of fertility decline women's participation in the labour market has increased, enabling mothers to find and keep paid jobs in the public and private sectors, therefore improving their standard of living. Deepening of NTA methodology across East and Southern Africa is ongoing to inform relevant multi-sectoral policies.

Recommendations

Dignity and Equality

- Countries should continue efforts to reduce poverty and inequalities, not only at the national level, but also in rural areas and at the community level.
- Countries should continue efforts to promote gender equality in education, especially in rural areas, and actively encourage mass enrolment and retention of girls.
- Countries should promote women representation in decision-making spheres (government, parliament, etc.) through effective implementation of Gender Parity Laws.

Health

- Countries should engage adolescent and young people in decision-making positions at all levels, including in services delivery and program design to ensure integration of Adolescence Sexual and Reproductive Health (ASRH) initiatives.
- Countries should prioritize maternal health and family planning care services within their national health policies and programs.
- Countries should increase efforts to control HIV and malaria, and other infectious diseases.
- Countries should reinforce effort to implement the Abuja declaration: 15% of the budget allocated to health; and 5% of GDP.
- Countries should initiate or expand health insurance program to reduce financial hardship of those seeking health services.

Place and Mobility

- Countries should reinforce national coordination mechanisms to ensure a coherent approach to migration governance and reduce policy fragmentation.
- Countries should implement a national mechanism for consultation, coordination, monitoring, and evaluation of all migration-related activities (internal and international).

- Countries should set up mechanisms to preserve the environment in the context of climate changes.
- Countries should develop and/or implement urban policies to prevent informal urban settlements and slums.
- Countries should develop and implement national policies for the prevention and management of humanitarian crises and emergencies.

Governance

- Countries should integrate population dynamics into the development planning, monitoring and accountability processes at various levels.
- Countries should improve governance and the rule of law through the fight against corruption, promoting inclusive economic policies, as well as the values of fairness, integrity, and excellence in the management of public affairs.
- Countries should promote an inclusive and participatory development approach, taking into consideration the needs of the different segments of society, including women, people with disabilities, older persons and young people, through appropriate mechanisms.

Data and Statistics

- Countries should strengthen respective national statistical systems: improving data collection (Censuses, Surveys, CVRS), storage and analysis
- Countries should develop integrated multisectoral data systems which will provide information to guide evidence-based policies and programs
- Countries should deepen foresight-related strategies that will better prepare Africa to engage and perform in a rapidly evolving world
- Countries should promote collaboration in implementing regional statistical strategies and capacity building in big data management and analysis especially in the emergence of big data and artificial intelligence.

Partnerships and International Cooperation

- Countries should pursue technical capacity building for civil society organizations, youth organizations and the private sector in the design, monitoring and evaluation of population and development programs and policies.
- Countries should intensify regional dialogue, peer learning and collaboration to explore regional solutions on transboundary challenges, including forced displacement, climate change, water and electricity scarcity, and food insecurity.
- Countries should accelerate the full implantation of the landmark African Continental Free Trade Area (AfCFTA).
- Countries should promote south-south partnership, not only between academic institutions, but also between regional organizations and academic institutions, both within the continent and with other developing regions.

Cross-cutting recommendations

- Countries should ensure systematic integration of demographic variables into all sectoral and national development policies.
- Countries should increase the budget allocated to the population and development programs by mobilizing domestic resources.
- Countries should set up budget tracking mechanisms to ensure effective implementation and accountability of population and development initiatives.

Ensuring the achievement of the Demographic Dividend

Countries should continue to promote good governance, establish strong economic institutions, and strengthen women and young people's empowerment, through integrated policies in health, education, and access to employment.

To conclude, The Addis Ababa Declaration on Population and Development (AADPD) is a critical international agreement aimed at addressing the challenges and opportunities associated with population growth and development. The AADPD must navigate the impact of various megatrends to remain relevant. Demographic shifts, technological advancements, climate change, and globalization present both challenges and opportunities for achieving the declaration's objectives. Adapting strategic priorities, embracing technology, and fostering international cooperation will be essential in ensuring the AADPD's effectiveness in addressing the complex issues of population and development in the twenty-first century. By actively responding to these megatrends, the declaration can lead the way in addressing the African pressing and dynamic concerns.

Chapter 1: The Addis Ababa Declaration on Population and Development: Overview and Methodological Approach of the Review

In 2013, African ministers adopted the Addis Ababa Declaration on Population and Development (AADPD), a key framework for addressing African population and development issues. The Declaration comprises a total of 88 priority measures (commitments) grouped under six pillars: Dignity and Equality; Health; Place and Mobility; Governance; Data and Statistics; and Partnership and International Cooperation (United Nations Economic Commission for Africa, African Union Commission & United Nations Population Fund, 2013).

A comprehensive review of progress toward implementing the AADPD has shown mixed findings five years after its adoption in Addis Ababa. Significant progress has been made on certain pillars. There are also inequalities between regions, and within regions, as well as differences between countries. Significant progress was observed in reducing mortality and increasing life expectancy. Progress was more significant in Northern Africa, whereas low progress was observed in Western and Central Africa. However, less progress was observed in decreasing fertility. The Total Fertility Rate (TFR) fell from 5.7 children per woman (compared to 3 children per woman worldwide) to 4.7 (compared to 2.5 worldwide).

Low fertility decline, improved child survival and life expectancy have an impact on Africa's five megatrends: demographic, climate change, urbanisation, technological innovation, and inequalities trends (Vastapuu, Mattlin, Hakala, & Pellikka, 2019; United Nations, 2020). Indeed, Africa has the highest population growth worldwide (more than 2.3% per year). The continent is a youthful region experiencing an increased number of older people (65 years and older). The number of people aged less than 15 years old was estimated at 484 million in 2014 and 530 million in 2018, representing 40% of the African population. The number of adolescents and young people aged 10 to 24 years was estimated at 364 million in 2014 and 401 million in 2018, representing 31% of the African population. These proportions remain stable until 2030, according to the medium variant of the World Population Prospects 2017 revision (African Union, 2018). By 2050, about 60% of Africa's population will be young (under 25). The huge working-age population can on one hand, be a disruptive force, leading to unrest, and leading to many young people to seek employment opportunities abroad if there are insufficient jobs, but on the other hand, it can help catalyse sustainable development, if harnessed well. Though the proportion of older people remains relatively low in Western,

Eastern, and Central Africa (between 3.0% and 3.5%), in the Northern and Southern subregions, there will be almost a doubling of the proportion of older people (from 3.9% and 3.4% in 1990, respectively, to 7.5% and 6.4% in 2030, respectively). The total number of older adults will increase from 38 million in 2014 to 67 million in 2030.

Africa is undergoing rapid and unplanned urbanisation due to natural growth, high rural-urban migration, and reclassification of rural to urban areas. Most African urban dwellers (more than 50%) live in informal settlements with limited access to socioeconomic infrastructures and services (Vastapuu, Mattlin, Hakala, & Pellikka, 2019).

In 2017 an Operational Guide was adopted to inform the methodology of subsequent assessment of progress of the AADPD (African Union, Economic Commission for Africa, UNFPA, 2018). According to the five-year review report based on the Operational guide (African Union, 2018), several countries made progress in AADPD indicators (poverty reduction, fighting inequality, access to education, improving health, strengthening partnerships and international cooperation, and so on). However, the continent continues to face data constraints that make it difficult to inform many development indicators outlined in the Operational Guide.

The AADPD's five-year review made 18 recommendations, including the continued generation of timely, high-quality knowledge (African Union, 2018).

This chapter provides an overview of the AADPD and describes the methodology used to assess implementation progress ten years after the declaration's adoption. The chapter is divided into four sections: Overview of the AADPD, the Review Framework, data and methods, and limitations of the methodological approach.

1.1 Overview of the AADPD

1.1.1 Content of the Declaration

The AADPD reaffirmed the African region's commitment to the ICPD Programme of Action beyond 2014 as the framework for addressing population and development issues.

Pillar 1: Dignity and Equality: The Universal Declaration of Human Rights, as well as international, regional, and national agreements have all affirmed human dignity and rights (United Nations, 2017). The guarantee of dignity and human rights is fundamental to any

development agenda aimed at improving people's well-being. Recognising the significance of human dignity, AADPD includes 29 commitments to promote human rights, dignity, and equality, eradicate extreme poverty, address gender inequality, and promote women's empowerment (United Nations Economic Commission for Africa, African Union Commission & United Nations Population Fund, 2013). Africa's youth population, and fast and unplanned urbanisation could lead to extreme poverty, particularly among informal settlement dwellers, as well as high migration if there are insufficient jobs in the context of economic hardship.

This pillar corresponds to some indicators of the democratic development megatrends, namely gender equality and human rights-related indicators.

Pillar 2: Health: Health is a precondition for economic and social development, and one of the key indicators of population wellbeing. Many African countries are still experiencing high levels of child and maternal mortality and high prevalence of malnutrition. Most health systems cannot effectively manage epidemics and the growing burden of chronic diseases, such as diabetes. In 2019, an estimated 28 million people died in Africa. Neonatal conditions, followed by lower respiratory infections and diarrhoeal diseases (11.3%, 9.9% and 6.4% of all deaths, respectively) were the leading causes of death (Integrated African Health Observatory, 2023). Against this backdrop, African countries renewed in 2019[1] commitments to accelerate progress toward Universal Health Coverage (UHC), the principle that everyone receives needed health services without financial hardship to ensure that no one faces death, disability, ill health, or impoverishment for reasons that could be addressed at limited cost.

To move the health agenda forward, African Ministers made 17 commitments to strengthen healthcare systems to address issues of universal and equitable access and the shortage of resources, using a holistic approach toward strengthening health systems (United Nations, 2017). The AADPD emphasizes the need to achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality in order to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development, to improve the lives of women, adolescents and youth. The AADPD is enabled by population dynamics, human rights and gender equality as well as the three transformative and people-centered results in the period leading up to 2030:

[1] https://www.uhc2030.org/what-we-do/voices/state-of-uhc-commitment/

(a) an end to preventable maternal deaths; (b) an end to unmet need for family planning; and (c) an end to gender-based violence and all harmful practices; and their related national 2019 ICPD Summit Commitments which are mainstreamed in the above mentioned national and UN planning frameworks' results areas. Likewise, prevention of malnutrition and ill health is likely to have enormous benefits in terms of longer and more productive lives, higher earnings, and averted care costs. Furthermore, strong health and disease surveillance systems halt epidemics that take lives and disrupt economies.

However, a comprehensive evaluation of the ICPD programme of action and the Sustainable Development Goals (SDGs) as well as the five-year review of the AADPD reported poor sexual and reproductive health indicators (low prevalence of modern contraception methods, high fertility, high maternal mortality, etc.) in most African countries, particularly in the Central and Western subregions.

This pillar includes 17 commitments aiming to address the above challenges: strengthen health systems, down to the primary health care level, towards the provision of equitable and universal access to a comprehensive range of health care services by ensuring, sustainable health financing and addressing the critical shortage of resources including human resources for health, and infrastructure; create a supportive environment to eliminate preventable, communicable and non-communicable diseases, including HIV and AIDS, sexually transmitted infections, Tuberculosis, Malaria, heart-related diseases and cancers; achieve universal access to sexual and reproductive health services, free from all forms of discrimination by providing an essential package of comprehensive sexual and reproductive health services including through the primary health care system for women and men, with particular attention to the needs of adolescents, youth, older persons, persons with disabilities and indigenous people, especially in the most remote areas; enact and enforce laws and policies within the national political and legal framework to respect and protect sexual and reproductive health and rights of all individuals; universal access to sexual and reproductive health services, including maternal health, health during pregnancy, childbirth and the postnatal period, skilled attendance at childbirth, family planning and unmet need, prevalence of HIV/AIDS and sexually transmitted infections, comprehensive sexuality education and equitable and universal access to health care and health systems strengthening.

Pillar 3: Place and Mobility: Africa has the highest urbanisation growth rate and urban poverty. Urbanisation and migration are part of the African megatrends. Against this backdrop, this pillar (Place and mobility) brings together social and spatial contexts. It includes 19 commitments linking population dynamics to human dignity and sustainable development (United Nations, 2017). The AADPD committed to facilitate the free movement of people within and across geographies, in accordance with the adoption of selective migration policies that protect vulnerable groups, especially women and youth, while protecting the rights of migrants and citizens alike (United Nations Economic Commission for Africa, African Union Commission & United Nations Population Fund, 2013). It also aims to encourage trade between rural and urban areas and regional integration. By 2050, the African population living in urban areas is estimated at 1.34 billion, representing more than 50% of the continent's population. The number of "megacities" (densely settled areas with 10 million or more residents) will increase from three (currently Cairo, Kinshasa, and Lagos) to 14. However, urbanisation in Africa has not been closely associated with structural transformation, economic growth, a strong shift towards the manufacturing sector and better living conditions for urban populations, as was the case in other world regions. Furthermore, urban poverty in Africa remains higher than elsewhere in the world due to insufficient infrastructure and low access to basic socioeconomic services among people living in slums and urban informal settlements.

The landmark African Continental Free Trade Area (AfCFTA) agreement, which aims to create a continental free-trade zone with a combined Gross Domestic Product (GDP) of US$3.4 trillion, according to the African Union (AU), is not yet fully implemented. According to the UN Economic Commission for Africa, this single market trade agreement will enable the African economy to reach the US$29 trillion mark by 2050 (Ngom, 2023). In January 2022, 41 African countries ratified the AfCFTA agreement. However, Africa has been facing multiple humanitarian crises, and experiencing the impact of climate change, food insecurity, disease outbreaks, poverty, inflation, conflict, and worsening health inequity, challenging the operationalisation and effectiveness of the AfCFTA. In 2021, 32 million Africans were forcibly displaced by conflict and repression (OCHA services, 2021). The same year, 2.6 million people were displaced in sub-Saharan Africa due to climate-related disasters (Simpson, 2022).

The greatest challenge for continent-wide legal and other arrangements on matters of migration is the sheer diversity of Africa. Socio-political differences, resource allocation and national capacities vary significantly between countries and regions (Vastapuu, Mattlin, Hakala, & Pellikka, 2019).

Pillar 4: Governance: Accountable global leadership is critical to ensuring the implementation and attainment of sustainable development goals (United Nations, 2017). African Ministers recognize the role of governance to improve health, education, youth development and employment which would translate into a demographic dividend of economic growth and development for Africa, enabling the continent to take advantage of the demographic window of opportunity beyond 2014. Furthermore, they recognize that accountable governance should be participatory, transparent, and based on the rule of law. As a result, the African Ministers made five commitments to address population and development issues holistically, including effectively integrating population dynamics into development planning, ensuring effective coordination of all efforts across sectors, and establishing appropriate monitoring and evaluation mechanisms (United Nations Economic Commission for Africa, African Union Commission & United Nations Population Fund, 2013). Most African countries lack freedom of information acts and are experiencing endemic corruption, which creates inequalities.

Pillar 5: Data and Statistics: The Ministers acknowledged the existence of gaps in policy-relevant data in several African countries and the lack of complete civil registration systems in these specific contexts. In light of this, a set of seven commitments were developed to improve the national ability to conduct population-based research and analysis that would yield actionable insights; establish civil registration systems ranging from local communities to the national levels; conduct research to inform policy decisions; and conduct regular national censuses in accordance with internationally recognized standards (United Nations Economic Commission for Africa, African Union Commission & United Nations Population Fund, 2013).

This pillar is cross-cutting. Overall, several African countries recognized the importance of data to improve governance and achieve the goals of Agenda 2063 and the Sustainable Development Goals, and have made commitments to support data-collection processes. Regional and international institutions encourage countries to produce and use timely,

accurate disaggregated data for evidence-based policymaking to address multi-dimensional inequalities and reach the furthest behind in development and humanitarian settings.

The Data and Statistics pillar can leverage Africa's progress regarding the digital technology sector, including software, cloud, and internet services. Across the continent, there are more than 600 active digital and technological hubs, all making notable advances in fostering innovation and with both home-grown and global companies participating (Dupoux, Dhanani, Rafiq, Oyekan, & Hassoun, 2022).

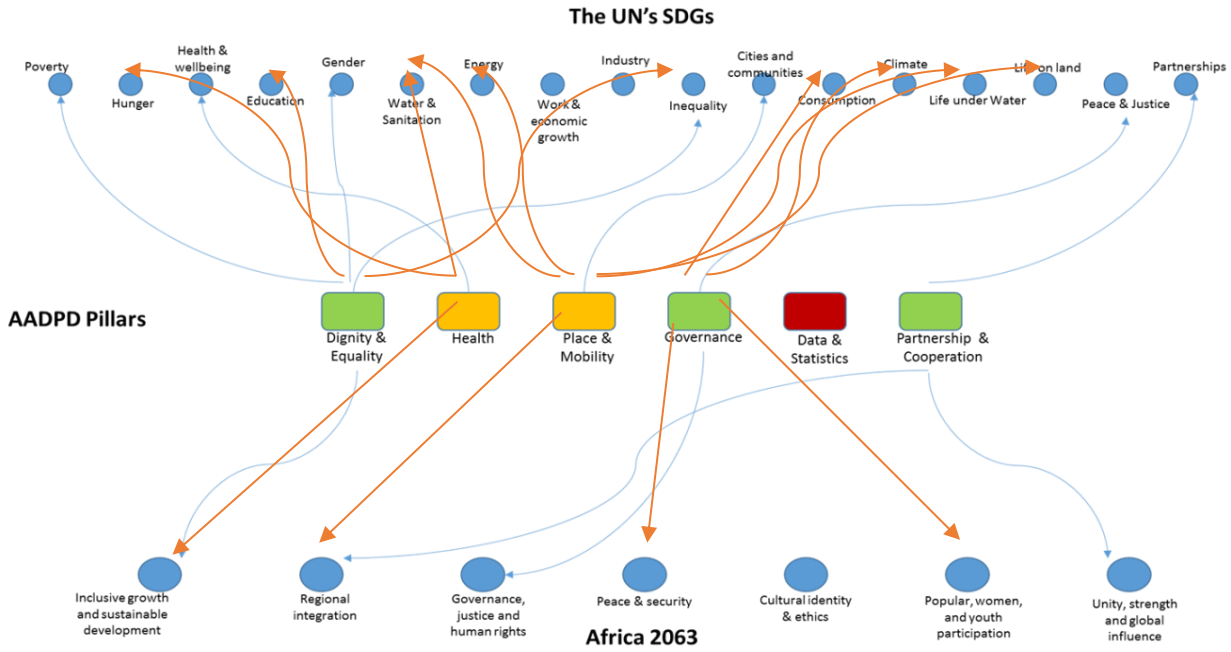
Pillar 6: International Cooperation and Partnership: Recognizing the importance of collaboration with stakeholders and bringing the international community together, the Ministers made 11 commitments to strengthen partnerships in all aspects of population and development programs. Collaborations would include working with civil society, nongovernmental organisations, and youth and strengthening partnerships with the private sector (United Nations Economic Commission for Africa, African Union Commission & United Nations Population Fund, 2013).

The African Continental Free Trade Area Agreement (AfCFTA) initiative offers an opportunity to strengthen intracontinental cooperation in addition to sub-regional organizations such as The East African Community (EAC), the Economic Community of West African States (ECOWAS), The Southern African Development Community (SADC) and Economic Community of Central African States (ECCAS). Another indicator of support for intracontinental cooperation is the adoption of the Agenda 2063, a blueprint for future projects such as high-speed rail systems.

1.1.2 AADPD and the Sustainable Development Goals (SDGs)

The content of the AADPD is consistent with the UN's agenda for Sustainable Development Goals adopted in 2015 (United Nations, 2015; United Nations Economic Commission for Africa; African Union Commission; United Nations Population Fund, 2013). Figure 1.1 depicts relationships between the AADPD and the sustainable development goals and the African Union 2063 Agenda.

Figure 1.1: AADPD, the Sustainable Development Goals and Agenda 2063



Source: AU, UNECA & UNFPA (2018, p.19). Reviewed (Arrows in red colour).

All AADPD commitments are connected to SDGs (Figure 1.1). Though, apparently, the data and statistics pillar seems to be connected directly with only the SDG targets 17.18 and 17.19 which advocates for the need to strengthen capacities for generating good quality disaggregated data, reliable data and new analytical approaches, to provide evidence based policies for supporting the achievement of inclusive Sustainable Development Goals (SDGs).

1.1.3 AADPD and the AU Agenda 2063

Figure 1.1 also shows the relationships between the seven aspirations in the "Africa We Want" (Agenda 2063) and the AADPD's six pillars. The two agendas are linked to sustainable development goals through integration, good governance, respect for human rights, equity, equality, and strong international partnerships and collaboration. The 50-year Agenda 2063 has goals influenced by four factors: 1) 12 flagship projects; 2) Near-term National and Regional Economic Communities' (RECs) development priorities; 3) Continental frameworks; and 4) Agenda 2063 results framework, containing seven aspirations, 20 goals, and 39 priority areas. These priority areas, goals and aspirations will make it possible to reach the African Union's vision of "an integrated, prosperous and peaceful Africa, driven by its own citizens, representing a dynamic force in the international arena".

1.1.4 AADPD and the Demographic Dividend

As highlighted by the AADPD Operational Guide and Monitoring and Evaluation Framework (AU/UNECA/UNFPA, 2018), the "micro-evaluation" of the AADPD consists of tracking the implementation of each commitment while the "macro-evaluation" focuses on the complete set of 88 commitments contained in the AADPD declaration. An entry point to this macro-evaluation is the demographic dividend[2]. The demographic transition, which is a prerequisite for the demographic dividend, requires not only specific upstream policies to achieve change in the age structure, but also adequate policies to enable the youth bulge to be economically productive, thus, contribute to the development of the country. To harness the demographic dividend, strong policies are needed in some specific areas of development. Using a systematic literature review, Cardona et al. (2020), developed a conceptual framework for "generating and capitalizing on the demographic dividend potential in sub-Saharan Africa". Regardless of the country's stage in the dividend process, one of the critical areas, is governance and economic institutions (pillar 4), considered as a precondition to harnessing the demographic dividend. Family planning (pillar 2), maternal and child health (pillars 1 & 2), education (pillar 1), and women's empowerment (pillar 1), are other areas to be considered independently of the stage in the dividend process (pre-dividend or early-dividend countries)[3]. In a recent paper, Woldegiorgis (2023, p. 410) shows that "in the presence of inclusive institutions, circulation surplus labour from the region of abundance to the region of shortage has statistically significant positive effects on demographic dividend", thus highlighting the importance of pillar 3 (place and mobility).

The health pillar facilitates the fertility transition, while the dignity and equality pillar is a condition to promote education, women's empowerment and increased productivity. Good governance is one of the pillars of the demographic dividend. Therefore, the AADPD could influence the most vulnerable populations' economic, service, and reproductive needs of the most vulnerable populations. Efforts by governments to fulfil the AADPD commitments could

[2] Defined as an acceleration of economic growth resulting from a change in a country's population age structure, a change in age structure consecutive to the demographic transition (decline in mortality and fertility rates).

[3] The World Bank identifies four typologies of countries in the dividend process: Low and lower-middle-income country with high fertility are characterized pre-dividend (TFR ≥ 4 & Working-age population projected to grow) and early-dividend (TFR ≤ 4 & Working-age population projected to grow), while upper-middle income countries are considered late-dividend, and high-income countries classified as post-dividend countries (Ahmed et al., 2016).

reduce the growing socioeconomic gap in fertility in most African countries. Reducing gender gaps in education due to increased enrolment of girls in primary school in African countries is a vital development gained in recent decades, but much more needs to be done to ensure that girls stay in school and complete higher education. Given that education is considered a human right, ensuring gender equality in education will further empower girls and women, an element critical for propelling them out of poverty. Moreover, education will likely empower women and girls and address the longstanding, desired large family size recorded in many African countries, pushing the stalled fertility transition, as educated women tend to favour smaller families.

With its human rights framing, the AADPD can serve as a standard for policies and programs that could result in a dividend that empowers and does not constrain the choices of women and young people. The AADPD and the demographic dividend rest on the connection between population and socioeconomic development. On the one hand, the AADPD is the key programmatic framework for addressing African population and development issues, having been endorsed by African Heads of State at the 2014 African Union Heads of State Summit. On the other hand, the demographic dividend is a dominant contemporary theory about the possible influences of demographic change on socioeconomic development. The connections between the two, thus, bear reinforcing.

1.1.5 AADPD and the Nairobi Commitments

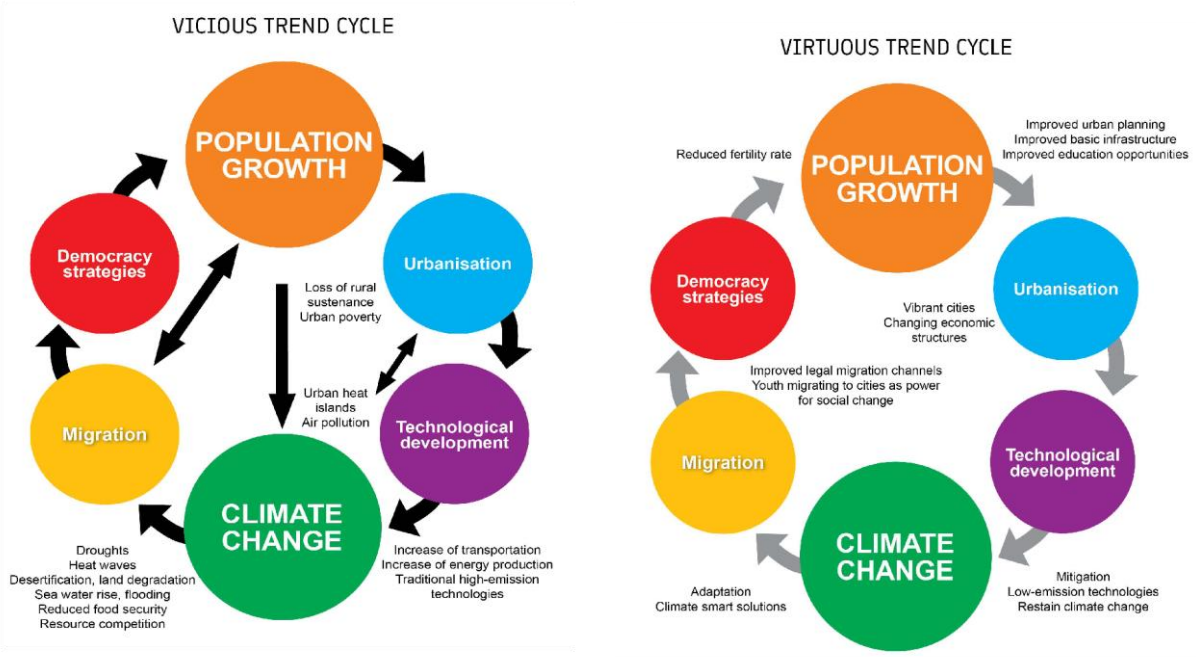
From November 12 to 14, 2019, the United Nations member states/Governments and peoples of the world gathered in Nairobi, Kenya, to celebrate the 25th anniversary of the International Conference on Population and Development (ICPD), which took place in Cairo, Egypt, in 1994. The ICPD PoA, endorsed by 179 heads of state in 1994, was a landmark agreement that set a new sustainable development strategy. It recognises that human rights are the building blocks of sustainable development and that tackling inequalities makes the case that to unleash human potential, we need to invest in gender equality, women's empowerment and expanded reproductive health and rights (SRHR), if we are to truly choices to unleash human potential. The gathering, so called Nairobi Summit was an opportunity to assess the progress made and present ambitious commitments with concrete and innovative actions to accelerate the implementation of the ICPD Programme of Action implementation, leaving no one behind, and guaranteeing rights and choices for all.

Participants recognized that it would be difficult, if not impossible, to achieve the ambitious SDGs by 2030 without completing the unfinished business of the ICPD Programme of Action and making the solid, evidence-based investments needed to ensure sexual and reproductive health and rights for all, as well as girls, and women's empowerment and gender equality. The Nairobi commitments revolve around universal access to sexual and reproductive health and rights within the universal health coverage framework (UHC). These include:

- Zero unmet need for family planning information and services, and universal availability of quality, accessible, affordable and safe modern contraceptives;
- Zero preventable maternal deaths and zero maternal morbidity;
- Zero sexual and gender-based violence and zero harmful practices, including zero early and forced child marriage and zero female genital mutilation;
- Access for all adolescents and young people, especially girls, to comprehensive, age-appropriate information, education and services that are comprehensive, adolescent-friendly, of high quality and timely;
- Commit that nothing concerning the health and well-being of young people can be discussed and decided without their meaningful involvement and participation ("nothing about us, without us"); and
- Defend the right to sexual and reproductive health services in humanitarian and fragile contexts.

The AADPD commitments offer conditions (health, place and mobility, dignity and equality, data and statistics and governance) to achieve the Nairobi commitments. Furthermore, the AADPD is consistent with the Africa’s megatrends (Figure 1.2).

Figure 1.2: Vicious and virtuous trend cycles



Source: Vastapuu, Mattlin, Hakala, & Pellikka (2019)

1.2 Review Framework

Monitoring and evaluation are an essential part of the implementation of the Addis Ababa Declaration on Population and Development (AADPD). This section outlines the review methodology. This study relies on the AADPD Operational Guide and Monitoring and Evaluation Framework, adopted by African Ministers at the Second Specialized Technical Committee on Health, Population and Drug Control in March 2017.

As mentioned in section 1.1.4, the review is based on the two components presented in the AADPD Operational Guide and Monitoring and Evaluation Framework: "the "macro-evaluation" and the "micro-monitoring." As the AADPD commitments are expressed in richly detailed text, it requires converting each commitment into a succinct and reliable indicator (United Nations Economic Commission for Africa; African Union; United Nations Population Fund, 2018). The AADPD Operational Guide for Monitoring and Evaluation manual provides indicators for each of the six pillars based where data are available .

Underpinned by human rights and building on a human rights-based theoretical approach to the demographic dividend, the commitments in the AADPD are linked to the 2063 and 2030 Agendas. The AADPD contributes to the achievement of sustainable development by

supporting population policies that advance healthy fertility transitions, economic policies that help the conversion of low-age dependency rates into savings and investment, and social and environmental policies that help distribute the benefits of growth (United Nations Economic Commission for Africa, African Union & United Nations Population Fund, 2018).

1.3 Data and methods

1.3.1 Data sources

Data for this review come from two primary sources: a desk review of the latest available published documents and quantitative secondary data. The desk review covers AADPD+10 national reports submitted in August and September 2023 to the African Union Commission, policy documents and program reports at the continental and regional levels, peer-reviewed and grey literature among which reports and declarations from regional political meetings on the demographic dividend, the Nairobi commitments, etc.

Throughout the report, we use the names and regional and sub-regional grouping of countries as recognised by the African Union Commission (AUC). Secondary quantitative data include: the Demographic and Health Surveys (DHS), the Multiple Indicator Clusters Survey (MICS), the Malaria Indicator Survey (MIS), the Core Well-Being Indicators Questionnaire surveys, the United Nations Population Division (UNPD) database, UNFPA population data platform, UNICEF, the World Health Organization (WHO), UN Africa Data for Development platform, the UNESCO Institute of Statistics, the International Labour Organization (ILO), and the World Bank databases.

The DHS and MICS data provide the demographic, health, education, and gender information, including total fertility rate, prevalence of modern contraception, under-five mortality, and female genital mutilation, with some categorized by place of residence and wealth quintile, as well as access to basic socioeconomic services (clean water and electricity). The Core Well-Being Indicators Questionnaire surveys and the Poverty and Employment[4] surveys provide indicators on poverty and employment. Estimates from international institution databases

[4] A series of national representative households' surveys conducted since the beginning of 2000 to monitor access to employment in the frame of PRSP (Poverty Reduction Strategy papers).

(UNPD, World Bank, UNICEF, WHO, UNFPA, etc.) provide annual indicators at the country level, particularly in countries with data scarcity.

This report covers the period from 2014 (baseline) to 2023 (endline). Only countries which conducted at least two surveys (DHS or MICS) during the reference period are included in this review. The review includes 54 all African countries, which are at different stages of their demographic transition[5] and achievement of the sustainable development goals. These countries have different socioeconomic profiles across all African subregions (North, Southern, Eastern, Central, and Western).

1.3.2 Data Analysis Methods

The review relies on two major data analysis methods depending on data availability and comparability over time. Statistical analyses use descriptive methods to report trends from the baseline. We applied content analysis to summarize information from published documents to contextualize the quantitative analysis. Interpretation of findings refers to commitments presented in the Operational Guide. Analyses are performed at two levels: the continent level, and the five subregional levels (Central, Western, Eastern, Southern, and Northern Africa), highlighting between subregional and within subregional differences.

1.4 Limitations of the Methodological Approach

The review encountered several significant limitations. To begin with, a major challenge was the scarcity of reliable longitudinal data necessary for observing changes over time. Consequently, establishing causality became arduous. Additionally, certain indicators were not included in the existing databases or surveys, resulting in a limited analysis of only 15 out of 85 indicators in Pillar 1 (Dignity and Equality). Furthermore, continental and regional information was accessible for only two commitments within these 15 indicators. Moreover,

[5] The demographic transition is a phenomenon and theory which refers to the historical shift from high birth rates and high death rates to low birth rates and low death rates. The changes could be associated with the shift from societies with minimal technology, education (especially of women) and economic development to societies with advanced technology, education, and economic development. There are four stages to the classical demographic transition model: Stage 1: Pre-transition (characterized by high birth rates, and high fluctuating death rates), Stage 2: Early transition (During the early stages of the transition, the death rate begins to fall. As birth rates remain high, the population starts to grow rapidly), Stage 3: Late transition (Birth rates start to decline. The rate of population growth decelerates), Stage 4: Post-transition (post-transitional societies are characterized by low birth and low death rates. Population growth is negligible, or even enters a decline.).

there were only a few countries that conducted surveys within the timeframe between the first evaluation in 2018 and the second evaluation in 2023.

Another limitation lies in the fact that the six pillars are not mutually exclusive. Some indicators assess multiple pillars, leading to potential repetition in the report. Moreover, there is a lack of standardization and comparability in the reports provided by different countries as they vary in terms of indicator usage and report structure. Lastly, the review timeframe was relatively brief, and a majority of countries submitted their reports after the specified deadline.

Chapter 2: Socio-economic and Demographic Context

The African continent has aligned its development agenda with global and regional goals, namely, the United Nations' Agenda 2030 for Sustainable Development and the African Union's Agenda 2063 which seeks to develop the continent into 'The Africa We Want'. Africa's future is shaped by its population dynamics, rapid urbanisation, climate change, growing digital capacity, regional cooperation, and entrepreneurial innovation (Vastapuu, Mattlin, Hakala, & Pellikka, 2019). However, key demographic, economic and social issues plaguing African countries may derail them from attaining these goals.

Currently, the African continent has the second largest population of approximately 1.4 billion and it is forecasted to reach about 1.9 billion in 2035 and 2.5 billion by 2050 (United Nations Department of Economic and Social Affairs, Population Division, 2022a). Most countries on the continent also have rapidly growing populations, and thus, population experts have urged African governments to acknowledge the current and forecasted population trajectory and aim to address the challenges (Ezeh et al., 2020).

Although there are regional variations in population dynamics on the continent, current patterns of key demographic processes in Africa foretell negative implications for its development. Despite this, a tremendous amount of human capital can be harnessed once fertility and mortality indicators decline, and in health, education and economic investments are made on people, from childhood.

The Addis Ababa Declaration on Population and Development considers as important the linkages between population and economic and sustainable development important, where issues concerning poverty, gender equality, health, education, employment, climate change, governance and the growth of cities are addressed on the continent. Therefore, this chapter utilizes a range of data sources: United Nations Department of Economic and Social Affairs/Population Division, Demographic and Health Surveys (DHS), and Multiple Indicators Cluster Surveys from selected countries, to examine the trends in mortality, fertility, migration and urbanisation rates in Africa and its subregions.

2.1 Economic context

African countries' gross domestic product (GDP) grew by 5.1 percent a year between 2000 and 2014. However, the Coronavirus Disease 2019 (COVID-19), the Russia-Ukraine war, political instability and armed conflict have negatively influenced African economies, more recently. The continent's GDP contracted by 2.1 percentage points in 2020. Africa's Economic growth is estimated to weaken to 3.8 % in 2023 from 4.1% in 2022 and from 4.8% in 2021, due to subdued investment and falling exports (McKinsey Global Institute, 2023). Furthermore, despite this remarkable economic performance, an assessment of the quality of Africa's growth shows that it has not been inclusive and broad-based enough to significantly impact widespread inequalities, poverty levels and economic structures.

With a GDP estimated at 2.7 trillion US dollars in nominal terms in 2021, Africa accounts for 2.84% of the world's GDP in nominal terms. With a GDP estimated at 477.4 billion US dollars in 2022, Nigeria has the highest GDP in Africa followed by South Africa's GDP (405.7 billion US dollars), Egypt, Algeria, and Morocco. Africa GDP is estimated at 3.1 trillion in 2023 out of 105 trillion in the World, 3.6 trillion in 2025. Africa is identified as the world's poorest inhabited continent. In 2021, Africa's human development index score ranged from 0.39 in South Sudan to 0.8 in Mauritius. Only 10 percent of imports are from another African country, and 17 percent of exports are going somewhere else on the continent.

Seizing opportunities offered by the megatrends, Africa's economies are shifting rapidly from agriculture and extraction to services though the productivity still lags. The continent will soon have the world's largest working-age population, which could meet the growing global talent shortage via services outsourcing. Africa's fast urbanisation, the spread of new technologies, fiscal reforms, and availability of natural resources are having a transformative role on African societies, including easier access to information, job creation, enhanced service delivery, greater financial inclusion, and a more accessible business environment.

2.2 Life Expectancy and Declining Mortality

Life expectancy in Africa, which is the number of years a person is expected to live at birth has increased from 51.6 years in 1990 to 62.2 years in 2021, indicating an increase of 10.6 years (see Figure 2.1). This increase signifies health improvements contributing to the survival of older ages on the continent. Since 1978, several African governments have made strides to

attain universal health coverage (UHC), after agreeing to the terms of the Alma-Ata Declaration to strengthen primary health care in their countries. This has since ushered in community-based health services, with community-based health workers and volunteers, leading to easier access to healthcare for rural and marginalized groups (Onokerhoraye, 2016). However, compared to the global life expectancy of 71.0 years in 2021 (United Nations Department of Economic and Social Affairs, Population Division, 2022b), there is still a wide gap in the global and African life expectancies that must be narrowed.

In March 2020, the infectious respiratory disease, called the coronavirus disease 2019 (COVID-19), was declared a pandemic. It rapidly spread throughout countries across the globe and resulted in about 7.4 million excess deaths[6] between 2020 and 2021. In Africa, about 800,000 excess deaths resulted from COVID-19 by 2021. Figure 2.1 shows a moderate decline and increase in life expectancy between 2020 and 2022, which is attributed to the pandemic. Life expectancy projections to 2035 show a further increase in the age an African will live from birth to 65.8 years.

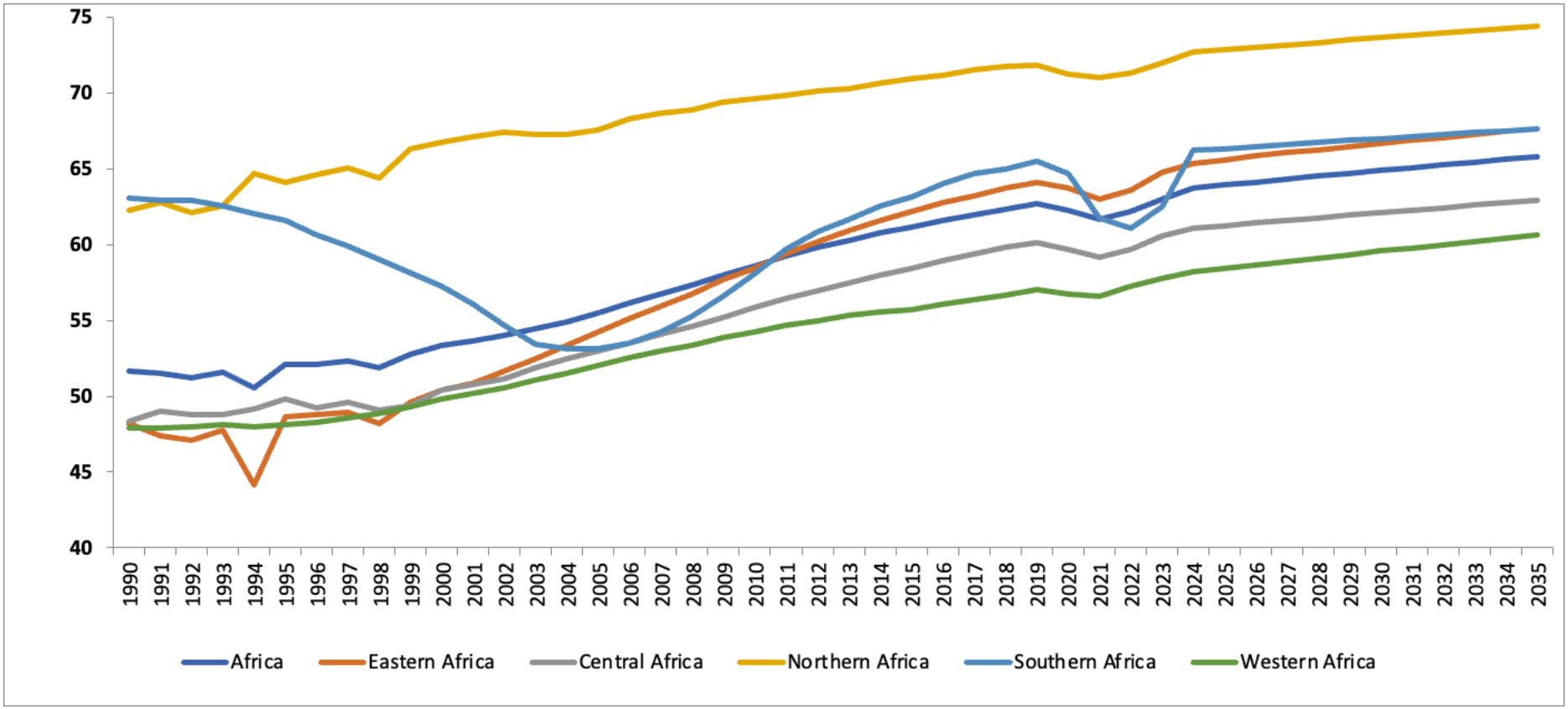
Subregional differences indicate West and Central Africa exhibit the lowest life expectancies from 1990 to 2035, while Eastern and South Africa have levels generally comparable to Africa's average, especially from 2003 onwards. Again, the unexpected occurrence of COVID-19 and its impact on mortality, especially in North and Southern Africa, resulted in slight dips in life expectancy between 2020 and 2022 for all subregions, especially for Southern Africa. South Africa was severely hit by the virus, with over 100,000 excess deaths reported (Population Reference Bureau, 2022). Double and triple burdens of HIV/AIDS, tuberculosis, and other comorbid conditions prevalent in the country are thought to explain the significant number of deaths in the country relative to others on the continent (Adams, et al., 2021). Southern Africa's life expectancy started as one of the highest, comparable to North Africa's, with a life expectancy of 63.1 years. However, throughout the 1990s and early 2000s the prevalence of HIV/AIDS, conflicts, natural disasters, climate change, and other challenges in the subregion may have resulted in a decline which tapered to 53.1 years in 2005 before an increase was once again noted (Aeby, 2018). As the highest-performing subregion, North

[6] Excess deaths are deaths both directly and indirectly related to COVID-19

Africa has maintained its high life expectancy (71 years) in 2021 and is projected to increase to 74.4 years by 2035.

Infant mortality (which is the death of an infant before the child's first birthday) and under-five mortality (which is the death of a child before the child 5th birthday) are indicators of a country's level of development, health system effectiveness, and priority to improving maternal and child healthcare. Low and lower-middle income countries generally have high rates of under-five deaths relative to higher-middle- and high-income countries (Fayissa, 2001; Kiross, Chojenta, Barker, & Loxton, 2020; Owusu, Sarkodie, & Pedersen, 2021). Figures A2.2 and A2.3 show that infant and under-five mortality trends depict similar patterns, which connote declining rates across all five subregions. However, while infant deaths were 45.4 per 1000 live births in 2021, under-five mortality was 66 deaths per 1000 live births in the same year . West Africa had the highest infant and under-five mortality levels from 1990 through 2021, while North Africa and Southern Africa had levels below the continent's average.

Figure 2.1: Trends in life expectancy at birth in Africa and its five subregions (1990 – 2035)



Data source: World Population Prospects 2022/United Nations Population Division

2.3 Overall Population Growth

Population growth rates continue to be predominantly higher in Africa than in any other region of the world. These growth rate estimates and projections (shown in Figure A2.4) indicate minimal declines in population growth rates in Africa, from about 2.7% in 1990, declining to 2.3% in 2022. Projections suggest a further decline to 2.0 by 2035. This average growth rate for Africa conceals disparities in the five subregions where West, East and Central Africa exhibit higher population growth rates while North and South Africa's rates were consistently lower than the average over the 45 years. The rates for the Southern African subregion between 2014 and 2016 show a sharp increase and decline (from 2.25 in 2015 to -0.15 in 2016). This is likely to affect migration as net migration increased and declined during this period (See Figure A2.5).

The United Nation's 2022 revision of the world population prospects indicates a world population growth rate of 0.8 in 2022, which is projected to further decline to 0.7% by 2035 and to 0.6% in 2050 (United Nations Department of Economic and Social Affairs, Population Division, 2022b). Despite these downward trends, Africa's current 1.4 billion population of Africa is projected to hit 1.9 billion in 2035 and 2.5 billion by 2050. The global population is also expected to rise from 8.9 billion in 2035 to 9.6 billion in 2050. Therefore, one in four people in the world in 2050 will be African (Population Reference Bureau, 2022). A key demographic trait accompanying this population growth is the changing age structure of the population.

2.4 Changing Age Structure

It is understood that the changing age structure is a product of the demographic transition – mortality declines prompting fertility also to decrease. Historically, the model suggests a transition of countries and subregions from rapidly growing populations to declining populations. The African population is unique in its changes influenced by a range of factors – economic, social, cultural, and environmental factors. While globalisation has provided access to better health care provision to improve life expectancy and reduce infant and child mortality, fertility is still high in certain regions, particularly in Central and Western Africa compared to other regions (Northern, Southern and Eastern).

Therefore, the African demographic pattern is mixed: (1) a youthful population, particularly in the Central and Western regions where fertility remains high and mortality has been declining; (2) an increasing proportion of work-age people resulting from past high fertility in countries experiencing the fertility transition (Northern, Southern and Eastern Africa); and (3) the growing proportion of ageing population due to improved life expectancy and fertility transition.

These three patterns constitute opportunities and challenges to achieve sustainable development goals because African demographic patterns constitute one of the megatrends that significantly impact the AADPD pillars and many areas of sustainable development. Challenges, since a youthful population resulting from high fertility could be a barrier to harnessing the demographic dividend since the nation's economy spends on highly dependent populations, and thus, cannot harness the needed workforce to promote economic growth. Opportunities, since a well-trained and skilled youth with an enabling economic environment is a pre-condition in harnessing the demographic dividend. Having a youthful population while other regions of the world are rapidly ageing gives Africa a chance to build a large educated and dynamic workforce capable of meeting the human resources demands of the global economy. In parallel, growing older people require tailored social, health, housing, and economic services and responsive interventions to ensure a healthy and dignified ageing. However, older people can make significant contributions to social and economic sectors as workers, volunteers, consumers, and taxpayers, as well as providers of a range of unpaid and unseen services to families and communities (UNFPA, 2022).

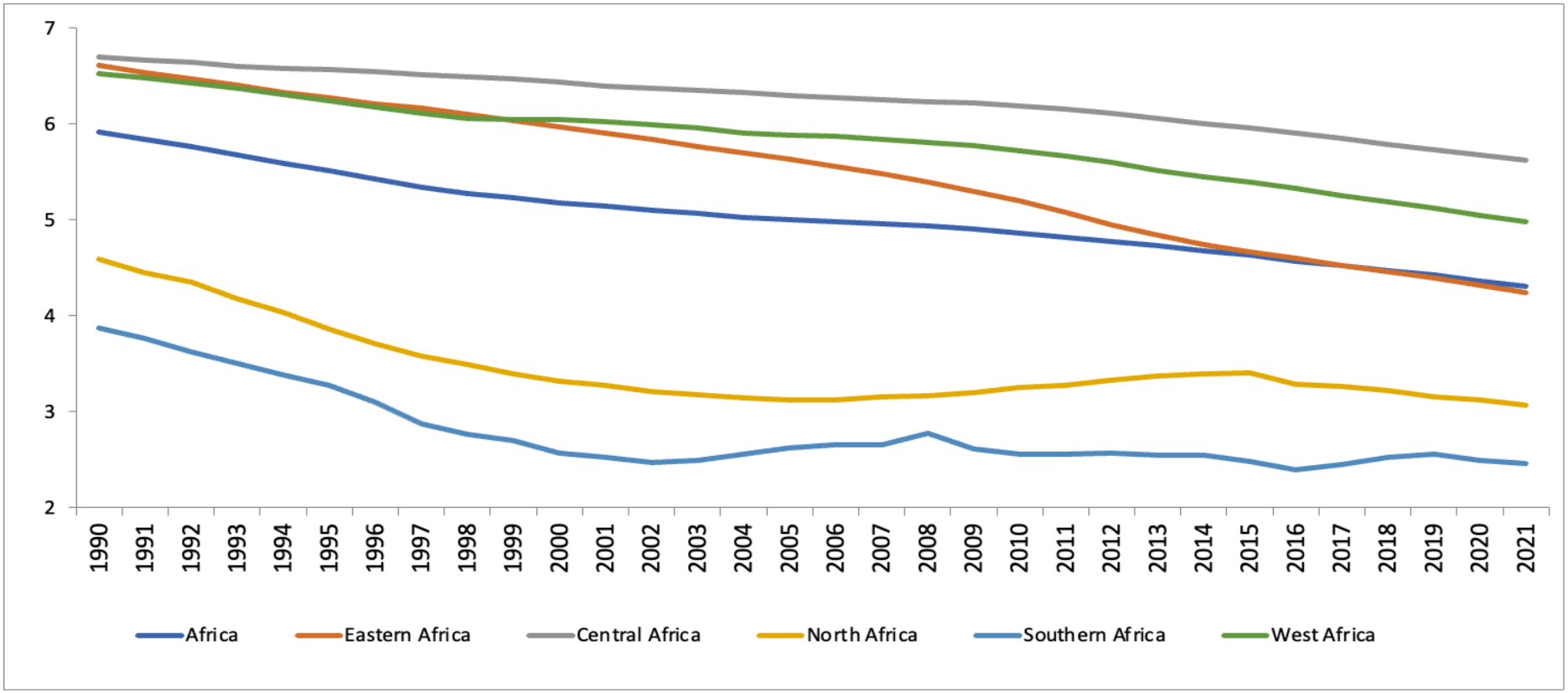
2.4.1 Fertility Patterns

Fertility on the African continent continues to decline, albeit at a slow pace. Figure 2.2 shows that in 1990, the average total fertility rate (TFR) of 5.9 children per woman, declined to 4.3 children per woman in 2021. Global fertility rates have also significantly declined, from 3.3 in 1990 to 2.3 in 2021 and are anticipated to slightly decline again by 2035. The Central, Eastern and West African subregions began with much higher rates of over 6 children per woman, respectively, in 1990. Three decades later, total fertility rates have declined for Eastern Africa more significantly than for West and Central Africa whose average TFRs are around six births per woman. Data from the most recent Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys indicate Central Africa has four countries with some of the highest

fertility rates (>6 children per woman) – Chad, Democratic Republic of Congo (DRC), Central African Republic and Angola, as well as West Africa with Niger (https://www.statcompiler.com/en/; Population Reference Bureau, 2022). Conversely, the Southern and Northern African subregions had levels lower than the continent's average in 1990 (North Africa's was 4.6 births per woman while Southern Africa's was 3.9). These TFRs declined by 1.5 and 1.4 births each in 2021, respectively, with Southern Africa's TFR almost hitting replacement level by 2035 and below replacement by 2050 (United Nations Department of Economic and Social Affairs, Population Division, 2022b). It is important to note that there is no clear evidence of an increase in fertility during the COVID-19 pandemic, despite propositions that limited access to contraception, couples being under lockdown for a period, and economic challenges would result in increased fertility on the continent. It is also understood that the pandemic did not result in increased child mortality, and thus, fertility will not be impacted to the extent that it does when child mortality results from war, conflict, pandemics, and other hazardous events (Aassve, Cavalli, Mencarini, Plach, & Bacci, 2020).

Figure A2.6 shows TFR patterns by place of residence for selected African countries with data between 1995-2000 and 2018-2022. Generally, urban fertility rates are lower than rural fertility rates, and both tend to decline over the survey period. Surprisingly, however, four countries – Niger in West Africa, Mauritania in North Africa, Cameroon in Central Africa, and Mozambique in Southern Africa experienced increased rural TFRs between DHS waves. Urban TFRs also increased slightly for Ethiopia and Ghana, while Mauritania, Cameroon and Gabon had stalled fertility.

Figure 2.2: Trends in Total Fertility Rates (TFRs) in Africa and its five subregions (1990 – 2021)



Data source: World Population Prospects 2022/United Nations Population Division

Observed low fertility in urban areas in all countries suggests a likely faster decline in fertility in the continent given the rapid rate of urbanisation. By 2035, about 50% of Africans are expected to live in cities. However, governments should ensure access to socioeconomic infrastructures and health services for poor people living in urban areas, intensify poverty reduction strategies and take advantage of rapid digitalisation to provide access to sexual and reproductive health services.

Similar patterns are seen for these countries as the TFR is stratified by quintile 1 (poorest) and quintile 5 (wealthiest) women, where the poorest have higher TFRs than the richest women. Ghana is unique in that TFRs in 1998 and 2019 are similar among those in quintile 5, despite declines for women in quintile 1. This may reflect what the literature has described as a growing attitudinal resistance toward modern contraception among urban, richer, and educated women (Machiyama & Cleland, 2014).

Table 2.1 highlights the relative and absolute fertility gaps between women in the lowest and highest wealth quintiles across two DHS waves for selected countries. Two countries in West Africa – Ghana and Senegal – had relative fertility gaps of 2.5 and 2.1, respectively, in period 1, which suggests the poorest women had more than double the fertility rates of the richest. The gap closed, only slightly, in the second period, declining to 2.1 in Ghana and 1.8 in Senegal. In Eastern Africa, Madagascar, and Kenya for periods 1 and 2, women in quintile 1 also had double the rates of those in quintile 5. Although the relative fertility rate gap declined slightly for women in Kenya (from 2.4 to 2.0), the gap remained at 2.4 for women in Madagascar.

Unexpectedly, relative TFR gaps increased among women in several countries in the most recent survey period between 2018 and 2022. Despite declines in fertility, women in Guinea, Zambia, Malawi, Mozambique, Mauritania, Cameroon, Rwanda, and Uganda had larger relative TFR gaps during the second period. The cases of Mozambique and Mauritania are unique since their absolute TFR gaps between the richest and poorest are by more than four children. Both countries started with smaller gaps between these groups. Figure A2.6 informs us that fertility in rural areas increased in these two countries but declined among women in the richest category. These findings signify existing disparities between the richest and poorest in some African countries that may be caused by usual factors influencing higher fertility among the poorest such as high rates of infant and child mortality, lack of access to family planning services, desire for more children to help on the farm and be social security

when they age, as well as other reasons linked to the quantity over quality in childbearing ideology.

2.4.2 Adolescents and Youth

Africa has a youthful population, which has implications for population growth but can also be harnessed to achieve a demographic dividend under the right conditions and targeted multi-sectoral investments.

Figure A2.7 shows that on average, about one in three Africans is aged 10 to 24 years. This proportion has generally remained stable, increasing slightly till about 2003, slightly declining, and then briefly rising again. It has been projected that by 2035, the proportion of adolescents and young people will remain at about 30%. In 1990, the percentage of adolescents and youth in the five subregions was similar (ranging from about 30.3% in Southern Africa to about 32.4% in Eastern Africa). However, by 2011, the percentages in Southern and Northern Africa started to decline below the continent's average. The proportions of young people in these subregions are currently about 25.6% and 26.5% (in Southern and Northern Africa, respectively), and are projected to increase slightly by 2035.

The trend in the total number of 10- to 24-year-olds in Africa between 1990 and 2035 is shown in Figure A2.8. The numbers indicate a two-fold increase in the population of young people from 202 million in 1990 to about 434 million in 2021, and a projected increase of three-fold by 2035 of 587 million. Currently, Southern Africa has the fewest 10–24-year-old population while Eastern Africa has the largest group, followed by West Africa. North and Central Africa's adolescent and youth populations are currently similar, in terms of absolute numbers; however, Central Africa's fertility rates are much higher, which will have severe implications for its population in the future.

This huge working-age population is the foundation of the next Africa. It could catalyse economic growth, particularly in domains requiring motivated and skilled labour, such as manufacturing, energy (especially the transition to green sources), and digital technology. However, the youthful population could be a disruptive force, leading to armed groups, urban gangs, unrest, and migration if insufficient and inappropriate training and jobs exist.

More than 72 million African youth are not in education, employment, or training (NEET). Most of them are young women. Among African countries in 2020, Lesotho had the highest

(44%) share of young people in the NEET category, followed by Benin, Botswana, Chad, and Eswatini (40%). Conversely, Rwanda (6.3%), followed by Madagascar and Burundi (7%) have the lowest percentage of NEET youth (International Labour Organisation, 2023).

Overall, the NEET rates of young adults (aged 25-29) with less than basic education were higher than those with tertiary (advanced) education.

Therefore, countries should: (1) develop policy interventions to support young people, particularly young women in finding stable and satisfactory employment; and (2) implement strategies and interventions promoting youth employment through improving education and skills training.

2.4.3 Older People

Trends in the growth of the older population (65+ years) show a slight increase in the percentage of older persons between 1990 and the projected year of 2035, from about 3.2% to 4.3% (see Figure A2.8). Older populations in Central, Western and Eastern Africa fall below the African average of 2.9%, 2.9%, and 2.8%, respectively. On the other hand, the percentage of older populations in Southern and North Africa vastly increased between 1990 and 2021 (from 3.8% and 3.6% to 5.4% and 5.7%, respectively), and is set to increase to close to 8% each by 2035.

Older people could contribute to social and economic sectors as workers, volunteers, consumers, and taxpayers, as well as providers of a range of unpaid and unseen services to families and communities. However, an increasing number of older persons required tailored social, health, housing, and economic services and responsive interventions to ensure a healthy and dignified ageing. A rapid review of healthy ageing and long-term care systems in Eastern and Southern Africa (UNFPA, 2022) reported that:

- Women have longer life expectancies than men in the region and are particularly vulnerable to poverty, social exclusion and abuse in older age;
- Older people are vulnerable to poverty and struggle more than younger populations to exit poverty, particularly in the context of limited access to social protection for older people.

The Madrid International Plan on Ageing and Health (MIPAA) and the Global Strategy and Action Plan on Ageing (GSAP) provide the framework and guidance for developing national healthy ageing strategies in response to the United Nations Decade for Healthy Ageing 2021-2030 (UNFPA, 2022). Some countries have developed national ageing programmes though they are still at their early stage and lack financial resources for implementation.

The African Union has developed a Protocol to the African Charter on Human and People's Rights on the Rights of Older Persons in Africa which has been ratified by only four countries: Lesotho, Ethiopia, Kenya, and Benin (UNFPA, 2022).

2.4.4 Dependency Ratios and Population Pyramids

The dependency ratio highlights the working age population relative to the younger (<15 years) and older (65+ years) populations, and signifies a country's ability to attain economic growth, and achieve the demographic dividend. High dependency ratios also have implications for social security payments. In 1990, the dependency ratio for Africa was about 92 and is projected to slowly decline to about 68 by 2035. Eastern, Western and Central Africa had the highest ratios in 2023, while North and Southern Africa exhibited the lowest. Projections indicate the proportions for all five subregions will decline by 2035.

The trends for the dependency ratios for Africa and the subregions are also reflected in the population pyramids (see figures A2.1a to A2.1f in Appendix 2). Over time, we see a slight narrowing of the base of the population pyramid for Africa, indicating smaller proportions of children, adolescents, and youth relative to middle-aged and older populations in 2035 than in the past. Despite this, the pyramids indicate rapidly growing populations. Those for West, Eastern and Central Africa follow similar shapes to the African population over time. However, the population pyramids for Southern and North Africa have shifted from exhibiting youthful populations in 1995 to slow-growing populations by 2035.

2.5 Urbanisation

Africa is undergoing rapid urbanisation and is set to be the fastest urbanising region in the coming decades. While in the 1990s only a third of Africa's population was urban (31 percent), by 2035 about half of Africa's population is projected to be living in urban areas (see Figure A2.11). The percentage of people residing in urban areas has increased by approximately two percentage points every five years since 1990. Moreover, it is projected that this rate of

increase is projected to continue until 2035, and possibly beyond (United Nations Department of Economic and Social Affairs, Population Division, 2018).

Although urbanisation on the African continent is ubiquitous, it occurs at different paces. In each of the five subregions, the percentage of the population residing in urban areas has increased and is expected to continue to increase by between one and three percentage points every five years. The difference is in the percentage of the population residing in urban areas in 1990. Eastern Africa was the least urbanized at 18% in 1990, but this percentage is expected to double by 2035. On the other hand, Southern Africa starts as the most urbanized region on the continent, at 49% in 1990, but is expected to have a less dramatic increase in the percentage of the population residing in urban areas by 2035.

Urbanisation has been attributed to four drivers, namely: international migration; natural growth, or the difference between mortality and fertility rates; net rural-urban migration; and reclassification of rural to urban areas (UNFPA-Foundations for the Future, 2016; UNECA, 2017). Africa's rapid urban growth is both an opportunity and a challenge. The continent's rapid urbanisation can lead to economic growth, transformation, and poverty reduction. Alternatively, it can lead to increased inequality, urban poverty, and the proliferation of slums characterized by lack of basic services, substandard housing, overcrowded dwellings, unhealthy living conditions and hazardous locations, poverty and social exclusion (United Nations Habitat, 2003). What appears as urban growth in Figure A2.12 is likely due to the rise in slum development, with a resultant shrinkage of the green environment in urban spaces.

In large parts of the continent, mobility and migration patterns are dictated by violence and insecurity, which determine the spatial aspects of changing rural-urban linkages. Violent conflict and forced displacement in countries such as Uganda, South Sudan and the DRC lead to the (often rapid and uncontrolled) urbanisation of formerly rural societies (Perouse de Montclos & Mwangi Kagwanja, 2000; Peyton, 2018). In this context, slums emerge as new urban configurations, generating new urban identities, landscapes, and institutional arrangements.

In several African countries ravaged by armed conflict, the proliferation of these new boomtowns, which did not exist before the war, is the result of a major urbanisation process that is a direct consequence of the transformative power of violent conflict. Through their transformation, new urban markets, new systems of accumulation and profit, and new forms

of urban governance have emerged. With populations of between 20,000 and 100,000, these towns have emerged in rural areas because of the mobility of people seeking protection and livelihoods. Some of these towns have grown and exploded around refugee or internally displaced person camps, others around mining quarries, and others again around trade routes (Darling, 2016; Peyton, 2018).

Individuals and families who reside in these urban slums are at high risk of suffering from the consequences of climate change such as flooding, landslides, and heat waves due to their living conditions (poor waste disposal, poor drainage, overcrowding, poor ventilation, no cooling systems, etc.). Still governments in low- and middle-income countries do little to prevent these potential disasters. There is an urgent need for urban governments to adapt to climate change to minimize the potential deleterious effects on their vulnerable populations (United Nations, 2008).

- Rapid urbanisation of Africa could impact several outcomes of the AADPD and indicators of sustainable development goals.
- Unplanned urbanisation is associated with the development of slums and an increasing number of poor people, making it challenging to provide basic services such as water, electricity, education, jobs, and health.
- Urbanisation could improve access to health services, including SRH if one takes advantage of digitalisation using mobile health services.
- Urbanisation could contribute to poverty reduction through innovation and entrepreneurship as well as digitalisation and new technologies.
- Appropriately planning these new and sprawling urban centres could contribute to mitigating greenhouse gases and protecting the environment.

2.6 Migration

In 2018, African leaders adopted the Protocol to the Treaty Establishing the African Economic Community Relating to Free Movement of Persons, Right of Residence and Right of Establishment to demonstrate the imperative of the free movement of persons for continental integration, particularly for the effective implementation of the AfCFTA (African Union (African Union, 2018).

Social, economic, political, and technological transformations, climate change natural disasters and armed and community conflicts have increased migrations and urbanisation. Africa accounts for only 14% of the global migrant population, compared to 41% from Asia and 24 percent from Europe. A large majority of African countries are net senders of migrants

except for the Southern African region, which remains a region of immigration, the other regions experienced negative net immigration rates in 2020. South Africa, Botswana, Côte d'Ivoire, Nigeria, Ethiopia, Sudan, Uganda, and Kenya are among the top destination countries on the continent.

Given the magnitude of migration and challenges faced by African countries, it is evident that migration will remain a critical determinant affecting access to services in Africa. Firstly, the uneven distribution of socioeconomic amenities such as education, healthcare, and employment compel individuals to migrate from rural to urban areas. Consequently, this leads to rapid urbanization, thereby exerting pressure on urban resources and presenting substantial obstacles in the provision of services, including education, healthcare, clean water, and sanitation. Secondly, the task of delivering essential services such as healthcare, nutrition, sanitation, and education, is significantly challenging in refugee camps and among internally displaced persons (IDPs). Likewise, providing services to migrants compelled to relocate due to climate-related or natural disaster-induced circumstances poses a noteworthy challenge. To effectively manage the living conditions of these populations, continuous investments, research initiatives, and robust governance are requisite.

However, mobility around the world has been significantly affected by COVID-19 from March 2020 to December 2021. All the countries in the region closed their borders and some restricted internal movements. By January 2021, most air borders had reopened, but many land borders in African countries remained closed. In March 2021, a year after the first case of COVID-19 in the region, partially open and fully open points of entry (PEDs) accounted for 54% (compared with 37% in June 2020). It was not until 2022 that mobility was restored in almost all African countries (Global Migration Data Analysis Centre, 2023). For this reason, the analysis of trends will focus more on the period before the COVID-19 pandemic.

2.6.1 Regional and International Migration

The phenomenon whereby international migrants move toward wealthier, more developed nations is global. Even though seven in 10 global migrants move to high-income countries, only three in 10 migrants from the least developed countries move to high-income countries. Notably, these migrants from the least developed countries are more likely to live in low- and middle-income countries. Thus, internal, and cyclical migration may be as important as international migration, which often gets the spotlight. In general, people migrate for similar

reasons: (1) in search of greener pastures, employment, or education opportunities; (2) for family formation or unity; and (3) to flee from natural or man-made disasters (United Nations, 2014).

Between 2000 and 2019, the number of international migrants in Africa rose from 15.1 million to 26.6 million, the highest relative increase (76%) of any major region in the world. In 2019, East Africa hosted the largest share of all international migrants residing in Africa (30%), followed by West Africa (28%), Southern Africa (17%), Central Africa (14%) and North Africa (11%). However, as a proportion of the total population, Southern Africa received the largest migrant population (6.7%), followed by West Africa (1.9%), East Africa (1.8%) and North Africa (1.2%). Seven African countries received more than one million international migrants, including South Africa (4.2 million), Côte d'Ivoire (2.5 million), Uganda (1.7 million), Nigeria and Ethiopia (1.3 million each), Sudan (1.2 million) and Kenya (1 million). As a result, the share of international migrants in Africa as a proportion of the world total has risen from 9% in 2000 to 10% in 2019. Despite this increase, the total number of registered international migrants in Africa remains relatively modest compared to other regions and Africa's total population. In 2020, international migrants will represent 2% of the total population in Africa, compared with 3.5% worldwide. Between 2015 and 2020, positive net international migration did not significantly change the size of the total population in Africa (International Organization for Migration; African Union, 2020).

Apart from Southern Africa, the rest of African countries are emigration countries. As shown in Figure A2.12, projections for net migration in Africa for the period from 1990 to 2035 have been in favour of emigration. This is largely driven by the pattern seen in Western Africa where there was a negative migration balance between 1990 and 1995, which became more negative thereafter. The migrant flow out of the region is currently slowing.

The age structure pattern in interaction with socioeconomic, climate change, natural disasters, armed conflict, and political context are key factors driving migration patterns in the continent. Lack of reliable data does not allow to describe intra-continent migration patterns. This will allow us to assess the influence of the African Continental Free Trade Area Agreement (AfCFTA) initiative promoting intracontinental cooperation and other sub-regional organisations such as The East African Community (EAC), the Economic Community of West

African States (ECOWAS), The Southern African Development Community (SADC) and Economic Community of Central African States (ECCAS) which facilitate sub-regional mobility.

Natural Disasters, including longer droughts, stronger storms, and floods contribute to a rise in migration. Over the last decade an average of 2.5 million Africans have been temporarily displaced each year due to natural disasters. In 2021, more than 32 million Africans were internally displaced, refugees, or asylum seekers due to predatory[7] governments, political fragmentation, and armed and community conflicts. With over 6 million forcibly displaced people, the DRC has the higher number of forced displacements in Africa, followed by South Sudan (about 4 million people forcibly displaced), Nigeria and Sudan (2.5 million) and Ethiopia (1.8 million people (Africa Center for Strategic Studies, 2023). About 15% of African migrants, mostly those travelling without official documentation, face high vulnerability to exploitation and trafficking, either along their route or in their destination country. The continent has documented more than 9,000 migration-related deaths since 2014 (Africa Center for Strategic Studies, 2023).

The expectation is that migration flows will stabilize at -0.3 for Africa and -0.4 for Western Africa, on average around 2020. Apart from the period between 1995 and 2000 when Eastern Africa was a recipient of migrants, the region has had, and is expected to continue to have, a negative migration balance. The pattern in Central Africa has been less clear, with this region being both a recipient of migrants and a contributor to regional and international migration over the last several decades. It appears a balance has been reached now, but the trend is expected to tip more toward emigration by 2025 (United Nations Department of Economic and Social Affairs, Population Division, 2017). Southern Africa has consistently received migrants since before 1990, and it is expected to continue to receive migrants until 2030 and beyond, even though the migrant flow appears to be slowing. However, a large majority of migrants migrate within the African continent. Almost 75% of all migrants from Africa were living in another African country in mid-2020 (UN DESA, 2020). In this sense, migration in Africa remains primarily intra-African migration.

[7] In a “predatory government” or “predatory regime”, the ruling authorities exploit economic resources, such as taxes, natural resources, or public assets, for personal gain rather than utilizing them for improving the population wellbeing (Vahabi, 2020).

The African Union's Agenda 2063 aims to stimulate regional integration by establishing a continental free trade area. This initiative envisages a continent with "harmonious borders" where “the free movement of people, capital, goods and services will lead to a significant increase in trade and investment among African countries” (International Organization for Migration; African Union, 2020).

2.6.2 National Migration

People leave the places they call home for reasons such as violence, conflict, persecution, disaster, and environmental change. Although people who are displaced internally often do not get the spotlight, their experiences in many ways are like those of regional and international migrants, and they need financial, social, physical and psychological support. In recent years, issues related to internal displacement have affected almost every African country. In 2018, more than 10.1 million people were newly displaced within the continent. For most of these countries, new displacement exacerbated existing situations of internal displacement. Globally, more than two-thirds of African countries were among the top 10 in terms of new conflict-related internal displacement: Ethiopia, the Democratic Republic of Congo, Somalia, Nigeria, the Central African Republic, Cameroon, and South Sudan, respectively; Nigeria, Somalia and Kenya were among the top 10 in terms of new disaster-related displacement. Around 80% of countries (in Africa) in 2019 simultaneously faced conflict and disaster-related displacement (Africa Center for Strategic Studies, 2023).

According to estimates by the United Nations Refugee Agency (UNHCR), there will be 44 million displaced people in sub-Saharan Africa in 2023, compared with 38.3 million at the end of 2021. Most (60%) are internally displaced because of armed conflict. In West and Central Africa, insecurity has led to the displacement of 12.7 million people. Countries bordering war zones are the most affected by refugee flows (UNHCR, 2023).

Chapter 3: Progress and Policy Changes on AAPDP Commitments

3.1 Dignity and Equality

African countries need further efforts to combat poverty, attain fundamental rights and freedoms, and ensure equal access to socioeconomic services, including access to health, education, employment, shelter, and decent livelihoods.

Like the Maputo Plan of Action The Addis Ababa Declaration on Population and Development includes the issue of equality and dignity among the priorities to be reconsidered by each member state. This section describes the progress in promoting human rights and poverty eradication to enable the entire population to participate in community development and benefit from technological and socio-economic advances.

3.1.1 Poverty and Inequality

According to the United Nations Development Program, a person lives in general poverty if they do not have sufficient income to meet basic non-food needs - such as clothing, energy and housing - and food needs (UNDP, 2000). The issue of poverty is particularly important in Africa. For the Economic and Social Council of the United Nations (2022), Africa is now the continent with the highest proportion of poor people, all regions combined. The emergence of large numbers of new poor and vulnerable people is making it more difficult to reduce the gap between rich and poor, reinforcing the challenges of inequality (ECOSOC, 2022).

Inequality refers to the condition of lacking equality, particularly in terms of status, rights, and opportunities. It represents the issue of an unfair and disproportionate distribution of resources and opportunities among individuals within a society. This disparity can manifest in various aspects such as wealth or income, life expectancy, access to healthcare, education, public services, as well as within gender and social groups (Development Strategy and Policy Analysis Unit - Development Policy and Analysis Division Department of Economic and Social Affairs, 2015).

Given the extent of poverty and inequality, member states recognised that the eradicating of poverty and inequality remains the most important challenge for global development beyond 2014. They committed themselves to combat poverty and reduce inequality, promote strong economic growth, and improve the living conditions of all population groups (UN, 2014).

The sub-theme Poverty and Inequality covers Commitments 1 (dignity and equality in all economic and social development sectors) and 2 (eradication of extreme poverty that targets disadvantaged groups).

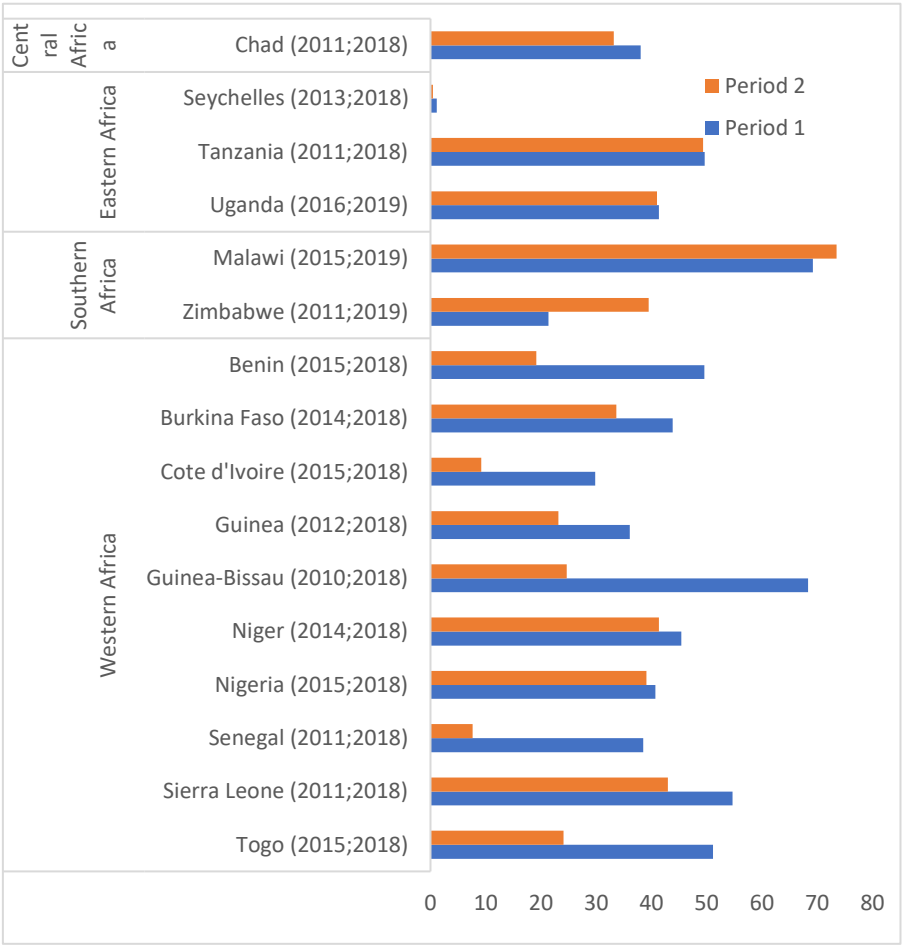
a. Progress on indicators

Two indicators capture progress in terms of poverty and inequalities: the percentage of the population living on less than USD 1.90 a day, which provides the proportion of people experiencing poverty, and the Gini coefficient, which measures inequality in wealth.

Overall, progress has been made toward reducing poverty across African subregions. Indeed, in almost all countries the percentage of the population living on less than USD 1.90 a day has decreased. Over the same period, the three countries with the most significant falls were Senegal (-31%), Togo (-27%) and Côte d'Ivoire (-21%). Zimbabwe and Malawi are the two countries where the percentage of the population living on less than USD 1.90 a day has increased (Figure 3.1).

The Gini coefficient measures wealth and/or income inequality. The value of the indicator varies from 0 (perfect income or wealth equality) to 1 (perfect income or wealth inequality). Figure A3.1 (annex) reports mixed trends in the Gini coefficient up to 2019. For countries for which data is available, the Gini coefficient is below 40%, except in Zimbabwe, Burkina Faso, Tanzania, Togo and Uganda. An improvement in the Gini coefficient was observed in almost all countries. The greatest improvements were seen in Guinea Bissau (-15), the Seychelles Islands (-14) and Benin (-10). The four countries where inequality appears to be increasing are Burkina Faso (+12), Zimbabwe (+7), Niger (+3) and Tanzania (+3).

Figure 3.1: Percentage of the population living on less than USD 1.90 a day in selected African countries



Source: World Development Indicators Database/World Bank

b. Implementation: Examples of Policies and Best Practices

Most countries have implemented policies, strategies, programmes or plans to combat poverty and reduce inequality[8]. Box 1 highlights some best practices in the fight against poverty and inequality.

[8] For more details see countries' reports at: https://tinyurl.com/AADPDNatReports

Box 1: Best practices in the fight against poverty and inequality

Between 2014 and 2018, several countries, including **Algeria, Djibouti, Gambia, Somalia, Sudan, and Tunisia** have taken steps to implement social protection policies and cash support programmes as well as adopting an integrated social protection system. Less than 9% of the **Morocco** population was poor in 2022 compared with 16.2% a decade ago. Factors that facilitated this progress include slower population growth which reduces pressure on household budgets and public spending and provides more resources for investments in infrastructure. In addition, credit extension and microcredit associations have contributed to reducing rural poverty. Likewise, Côte d'Ivoire has introduced a National Community Development Program (PNDC) called "Productive Social Nets Project (PSP). In **Mauritius**, for households whose income has been assessed to be less than the absolute poverty threshold, the difference is paid in terms of a monthly subsistence allowance via a Marshall Plan Social Contract (MPSC). A minimum monthly subsistence allowance of Rs 1,000 is guaranteed for all eligible households under the SRM. There is also the case of **Namibia**, which has established a strong institutional base by establishing the Ministry of Poverty Eradication and Social Welfare. A best practice is also noticed in **Rwanda** where, under the Vision *Umurenge* Project (VUP), vulnerable persons, especially the elderly and people with disabilities, are provided with cash transfers under the 'Direct Support' component. There is also the implementation of a National Surveillance System on Violence (NSSV) in **Eswatini**. Governments made additional investments to limit the effects of COVID-19 on living standards. In **Madagascar**, unconditional cash transfers have been provided in urban and suburban areas to help vulnerable households economically affected by COVID-19.

The challenges of reducing poverty and inequality in line with the Addis Ababa Declaration are still considerable. In addition, insecurity and the COVID-19 pandemic have also limited progress in the fight against poverty and inequality in some African countries. The COVID-19 pandemic brought about macro- and micro-economic declines in Africa (United Nations, 2022). At the macro-level, declining trends in global commodity prices impacted the economies of some African countries, resulting in reduced export incomes from crude oil, natural gas, aluminium, copper and cocoa prices. This has limited governments' ability to invest in the fight against poverty and the reduction of inequalities. At the micro-level, various lockdown measures, travel bans, and curfews aimed at curbing the spread of the virus significantly impacted employment and revenue, where job and income losses occurred in both the formal and informal sectors. Lockdowns and curfews also led to price hikes of basic goods (Adam, Henstridge & Lee, 2020). In addition, global export restrictions of foods such as wheat and rice impacted food crises and food security, in the households of many, especially vulnerable groups (Agyei et al., 2021; Amadasun, 2021; Odey et al., 2021; Sebeelo, 2023).

Internal and external security crises have also affected countries' economies with direct and indirect impacts on institutional capacity and systems, communities, and households, thereby limiting progress in the fight against poverty and inequality. Climate change and armed

conflicts in Africa are a key factor in underdevelopment and poverty, not only because of the destruction they cause to people and property, but also because of the insecurity in which economic agents find themselves. They lead to widespread migration and refugees. They contribute to the destruction of the education and health systems and the proliferation of disease, while restricting access to basic social services. According to estimates by the United Nations Refugee Agency (UNHCR), there will be 44 million displaced people in sub-Saharan Africa in 2023, compared with 38.3 million at the end of 2021. Most of them (60%) are internally displaced because of armed conflict. In West and Central Africa, insecurity has led to the displacement of 12.7 million people. Countries bordering war zones are the most affected by refugee flows (Institut d'étude et de sécurité (ISS), 2023). Strengthening adaptation responses for these communities is not only a matter of equity and social justice but also crucial for sustainable development and global stability. In fact, it's predicted that by 2050 up to 86 million Africans will migrate within their own countries due to weather shocks (Graham, 2020).

3.1.2 Gender Inequality: Promoting Women and Youth Empowerment

Major inequalities in socio-economic development are widespread, particularly on the African continent, and in most cases, young people and women are among the least advantaged. Furthermore, climate crisis amplifies existing gender inequalities and poses unique threats to their livelihoods, health, and safety. For instance, heat increases incidence of stillbirth, and climate change is increasing the spread of vector-borne illnesses such as malaria, dengue fever, and Zika virus, which are linked to worse maternal and neonatal outcomes (UNFPA, 2022).

Empowerment refers to the processes by which those who have been denied the ability to make choices acquire such an ability (Kabeer, 1999). The empowerment should lead to gender equality a fundamental human right and a foundation for a peaceful, prosperous, and sustainable world. Due to this, Sustainable Development Goal (SDG) seeks to achieve gender equality by 2030.

Gender parity in education, the proportion of women making decisions in their households, and women's representation in parliament are three important measures of gender equality discussed under this sub-theme. Findings from the AADPD+5 report suggest that gender

parity in primary education is almost achieved and has narrowed at secondary school levels. Women's parliamentary representation was also increasing.

a. Progress on Indicators

Results from Figure A3.2 show that among 32 selected African countries for which we had comparable data over the 10-year review period, 13 countries had attained gender parity at the primary and secondary school levels. These countries had a gender parity index ranging between 0.970 and 1.030[9]. Three West African countries Ghana, The Gambia and Cabo Verde, and five Eastern African countries – Comoros, Madagascar, Mauritius, Djibouti, Malawi were among those to achieve gender parity in primary and secondary school. These ratios increased in period 2 for almost all countries while declining in a few others – Malawi, Lesotho, South Africa, Cabo Verde, Djibouti and the Congo. By the second period, Nigeria, Morocco, Liberia and Rwanda attained gender parity in primary and secondary education. Congo's ratio of females to males had declined to 0.957 while Mauritius, Burundi, Mauritania, The Gambia and Senegal had ratios over 1.03, indicating more females to males in school. Most countries had an increased number of females to male students attending primary and secondary school over the two periods. This suggests efforts to support the girl child's education have worked in most countries. Only Chad, Benin, Cameroon, Guinea, Eritrea and Mali had gender parity ratios below 0.9 in both periods, indicating fewer girls to boys in school.

For 13 selected countries out of 52, gender parity in primary education was assessed by place of residence. Figure A3.3 (annex) indicates that four West African countries had gender disparities in both urban and rural areas in the two periods under study. Rwanda, Zambia, Mali, Senegal and Sierra Leone had lower gender parity ratios in their urban areas than rural areas which was unexpected. Also, Zambia, The Gambia, Liberia, Senegal, and Sierra Leone had higher female-to-male ratios in their rural places of residence.

The proportion of women with a say in their health, movement and large household purchases ranged from 12.2% in Senegal to 78.9% in Zimbabwe during period 1 and 13.2% in Mali to 75.8% in Zimbabwe in period 2. Although there was a slight decline between periods

[9] According to UNESCO, a gender parity index between 0.97 and 1.03 indicates parity between the genders. Ratio below 0.97 indicates a disparity in favour of males while ratio above 1.03 indicates a disparity in favour of females (UNESCO IIEP, 2023).

1 and 2, Zimbabwe had the highest percentage of women with decision-making autonomy for both periods among the selected African countries under study. While Cameroon had the most significant increase in the proportion of women making decisions in the household between the two periods (+2 percentage points), The Gambia had the most significant decline of -11 percentage points (decreasing from 41.6% to 30.6%). Other countries experiencing a decline were Benin (-9.3 percentage points), Guinea (-4.1 percentage points), Zimbabwe (-3.1 percentage points) and Mali (-2.5 percentage points). By period 2, over 60% of women in Gabon, Zambia, Kenya and Rwanda reported having a say in household decision-making (Figure A3.4 in annex).

The proportion of women represented in parliament is generally low on the African continent. As shown in Figure A3.5 (annex), it declined over time in 15 countries, increased in 20 countries and remained the same in Sierra Leone. Women's representation in parliament declined by more than 5 percentage points over time in Algeria, Angola, Mauritius, Egypt, Eswatini and Seychelles. The proportion of women in parliament significantly declined in Seychelles from 43.8% to 21.2%. It, however increased by more than 5 percentage points for Burundi, Sudan, Zambia, Somalia, Ethiopia, and Djibouti. Djibouti experienced the most significant increase between periods, from 12.7% to 26.2%. Rwanda continues to have the highest percentage of women in parliament (61.3%), while Nigeria has the lowest (5.6%). By the most recent period, only seven countries had proportions above 30% (Senegal, Angola, Tanzania, Sudan, Rwanda, Ethiopia, and Burundi). West African countries had some of the lowest percentages, with an average of about 15% of women represented in parliament.

b. Implementation: Examples of Policies and Best Practices

Most countries in the continent have implemented some policies to reduce gender inequality[10]. Examples of best practices are highlighted in box 2.

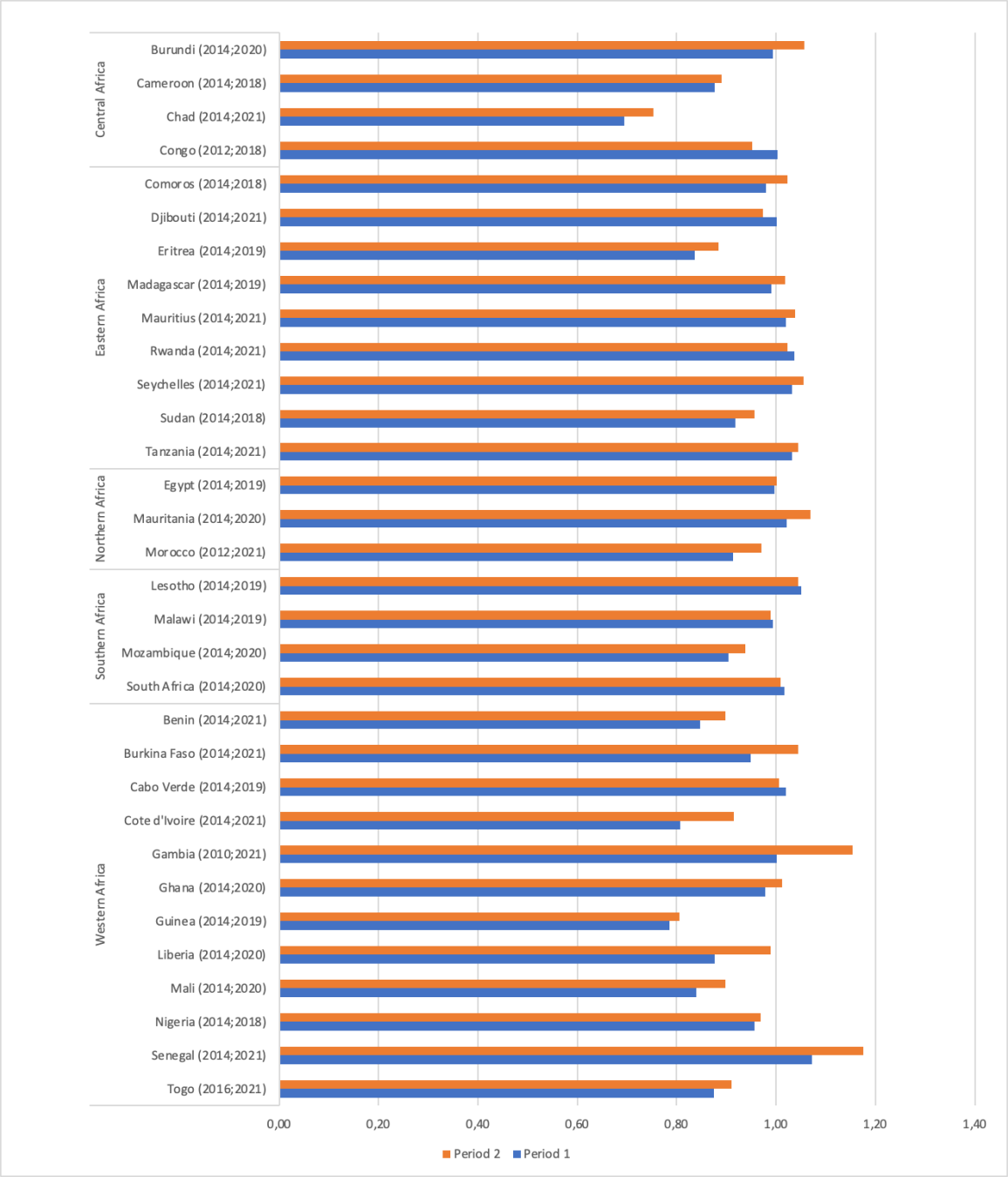
Box 2: Best practices for promoting women and youth empowerment

Certain policies or programmes have been particularly decisive in the progress observed. In this regard, we note in **Zimbabwe**, the creation of the Women Development Fund to promote economic empowerment of marginalised women at the grassroots level.

In **Uganda**, as part of the Social Assistance Grants for Empowerment (SAGE), the government allocated UGX 9 billion in FY2015/16 and provided the Senior Citizens Grants (SCG) to all persons 60 years of age and above. SAGE has increased food security, wages and employment opportunities for older women in the targeted districts. There are also exemplary legislative measures, such as in **Togo**, where Article 14 stipulates that the State must ensure that women and girls enjoy equal land rights and access to land, fisheries, and forests, regardless of their marital status. In **Sierra Leone**, the Gender Equality and Women's Empowerment Act (GEWE) is a law that requires public and private employers to reserve 30% of jobs for women, including leadership positions. Many African countries have made efforts to strengthen their legislation by integrating specific provisions prohibiting Gender-Based Violence (GBV) and Female Genital Mutilation (FGM) **Burkina Faso, Burundi, Chad, Cameroon, Congo, Côte d'Ivoire, Democratic Republic of Congo, Ghana**, **Liberia, Morocco, Rwanda**, and **Sierra Leone (**2020-2022) by the President of. To improve women's engagement in agriculture, the **Ethiopian** Government encouraged increased access to land by providing them with land certificates as proof of land ownership.

Figure 3.2: Trend in gender disparities (girl/boy) at primary and secondary school levels

[10] For more details see countries' reports at: https://tinyurl.com/AADPDNatReports



Source: World Development Indicators Database/World Bank

3.1.3 Child Nutrition and Mortality

Health, nutrition and education are fundamental rights that children are entitled to, without any discrimination (UNICEF, 1989). These rights are enshrined in Sustainable Development Goals through which countries are committed to reducing under-5 mortality to at least as low as 25 per 1,000 live births by 2030. They also must eradicate all forms of child malnutrition by 2030 (UNICEF, 1989).

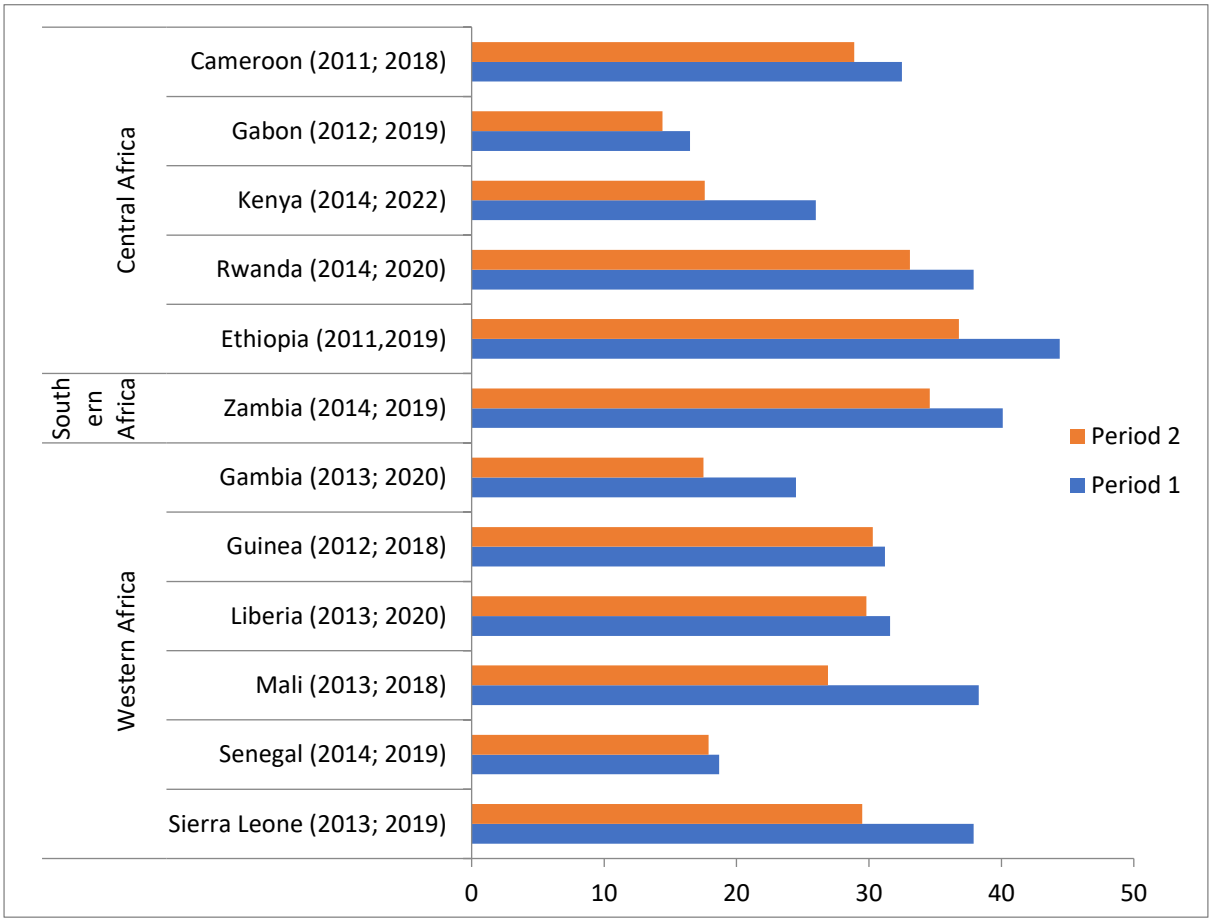
The 10th Addis Ababa Declaration on Population and Development Commitment addresses the rights of all children, including those with disabilities, concerning their health, nutrition, and education at various levels. It assesses the status of children's nutrition and survival, primarily focusing on the prevalence of stunting among children under the age of five and under-five mortality rates. According to the AADPD+5 report, it is evident that African countries have made significant strides in enhancing child survival through the creation and implementation of strategic health plans aimed at strengthening healthcare systems. The report also reveals a decline in stunting rates across all countries, with the exception of Nigeria and Benin. This subsection re-evaluates recent trends in the indicators associated with this commitment, considering a comparatively more extended period of observation.

a. Progress on Indicators

Overall, the prevalence of stunting[11] has decreased in all countries. However, this decreasing trend does not hide the still high levels of this indicator in several African countries. Figure 3.3 shows that over one in three children in Ethiopia (37%) and Zambia (34%) was stunted. Gabon, The Gambia, Kenya, and Senegal have the lowest prevalence of stunting in Africa. In these four countries, the most recent indicators show a level of between 14% and 18%. Although the extent of stunting has decreased in all the countries studied, progress is still slow, because at this rate, no country will succeed in eradicating stunting by 2030 in line with the Sustainable Development Goals.

[11] Stunting is a chronic form of malnutrition that causes a child's growth in stature to slow down. This reduction in growth in stature is an indication that the child is not developing well physically and psychologically. By reducing the physical and cognitive capacities of children, who are the future workers, chronic malnutrition handicaps the development of countries (Sawadogo, 2022)

Figure 3.3: Prevalence of stunting among children under five years



Source: STATcompiler/The Demographic and Health Surveys

Overall, child mortality rates dropped over the last ten years. However, contrary to the proportion of stunting, Figure A3.6 (Annex of Chapter 3) shows significant regional differences in child mortality. Under-five mortality was higher in Western and Central Africa (93 and 78 deaths per thousand live births) than in Northern Africa (28 deaths per thousand live births).

Although it has fallen on the continent, infant and child mortality remains high, especially in West and Central Africa, due (in part) to mothers' low education level, a critical factor in children's health. In addition, the security crises and the COVID-19 pandemic have increased the risk of child deaths due to the deprivation of access to healthcare (such as vaccination and curative care) that they have engendered. A study conducted in South Africa using District Health Information Systems (DHIMS) data found that limited-service provision for antenatal visits, contraception, HIV and Tuberculosis testing resulted in maternal and neonatal mortality (Pillay, Pienaar, Barron & Zondi, 2021).

b. Implementation: Examples of Policies and Best Practices

Improvements in children's nutritional status have been supported by consistent policies and programs. Almost two third of the countries have put in place specific policies and programmes to improve child nutrition and mortality and ensure no one is left behind.[12] Some best practices have been presented in national review reports (box 3).

Box 3: Best practices to improve children's nutritional status and survival

To address child malnutrition bottlenecks caused by household drought-related food insecurity, unhealthy food behaviour and practices, low access to and inadequate utilisation of nutrition services, and lack of knowledge on appropriate IYCF practices, the Government of **Angola** with UNICEF initiated 2018 a comprehensive package of nutrition sensitive WASH, health and food security interventions and nutrition specific interventions, including Integrated Management of Acute Malnutrition (IMAM), Vitamin A supplementation and deworming, and the promotion of Maternal, Infant and Young Child Feeding (MIYCF) practices in the four most drought affected provinces, namely Huila, Namibe, Cunene and Bie and in the DRC's refugees' settlement in Lunda Norte province.
Burkina Faso has introduced free healthcare for pregnant women and children under the age of five, free vaccination and new vaccines (meningitis A (MenAfriVac) in 2017, inactivated polio (IPV) and measles-rubella (RR) in 2018) as well as strengthen the malaria control through systematic and free distribution of mosquito nets LLINs to pregnant women and children under one year of age and free malaria prevention for children aged between 3 and 59 months.
In **Ethiopia**, a 15-year commitment, known as the Seqota Declaration, has been implemented since 2015 to end stunting in children less than 2 years in 2030: the innovative phase (2016-2020), the expansion phase (2021-2025), and the national scale-up phase (2026-2030). In addition, Ethiopia adopted its Food and Nutrition Policy in 2018 to increase the availability, accessibility, affordability, safety, and quality of food for all Ethiopians to address morbidities and mortalities associated with malnutrition. In **Kenya**, the implementation of Special Needs Education (SNE) and school feeding programmes in public and private schools have increased at all levels of children's nutritional indicators. The **Liberia** Children Law section 4: 4.1–4.4 and including children with disabilities in the Liberia Children Representative Forum are other concrete measures adopted to ensure that children with disabilities have equal access to community-based programs and services provided by the public and private sectors. In collaboration with the United Nations Joint Programme on Girls' Education, **Malawi** has initiated a programme providing diversified school meals alongside other interventions to improve adolescent' health and nutrition status as well as reduce girls' school dropout rates. The government of Niger has set up two-year social safety net programme for women to combat chronic malnutrition. Beneficiaries receive a cash transfer of 10,000 FCFA (around $20) per month.

3.1.4 Women's Rights and Gender-Based Violence

Gender-based violence (GBV) is a general term for any harmful act committed against a person against their will and based on the differences between men and women assigned to them by society. The term encompasses acts that inflict physical, sexual, or mental harm or suffering, the threat of such acts, coercion, and other deprivations of liberty. These acts may occur publicly or privately (UNFPA, 2019). GBV is a long-standing global problem, in all

[12] For more details see countries' reports at: https://tinyurl.com/AADPDNatReports

societies, cultural groups and social classes. It is pervasive in homes, workplaces, and public spaces (UNFPA, 2021). GBV has an impact on the ability of women and girls to complete their education (MDG 4), which limits their opportunities to find employment in the formal sector and forces them to work in the informal sector, where the risks are even greater. There are fewer regulations to protect women and girls from violence (UNFPA, 2021).

About 18% of girls and women aged 15-49 experienced physical or sexual violence by a spouse in 2017 while approximately 87,000 women were intentionally killed by a spouse or family member worldwide (UN Women, 2021). Africa is home to half of the countries where women and girls aged between 15 and 49 have been victims of female genital mutilation[13], particularly in West Africa. Sub-Saharan Africa also occupies an important place in the ranking of child marriages. Over one in three women aged between 20 and 24 has been married before her 18th birthday in this region (Oyafunke-Omoniyi, Adisa, & Obileye, 2021). All these concerns led the Addis Ababa Declaration on Population and Development to place gender-based violence at the heart of its commitments. The AADPD+5 review states that more than 90% of cases of gender-based violence occur in Africa, particularly in three countries. Estimates show that 50 million girls aged between 0 and 14 are at risk of undergoing female genital mutilation in Africa by 2030, if significant progress is not made in the fight against this violence.

In this section we assess two proxy indicators of GBV: the proportion of women experiencing female genital mutilation and the proportion of ever married women and girls >15 years ever subjected to physical, sexual, or psychological violence by current or former partners. This section reviews the progress in implementing the Addis Ababa Declaration commitments on GBV from 2014 to 2021. It also looks at good practices in combating gender-based violence and the legal instruments developed (laws, policies, programmes) to achieve this objective.

[13] Female genital mutilation, also known as "female genital cutting" or "excision", refers to "all procedures resulting in partial or total removal of the external female genitalia or any other mutilation of the female genital organs performed for non-therapeutic purposes". The first indicator for assessing the prevalence of female genital mutilation is the percentage of girls and women of childbearing age (15 to 49) who have undergone the procedure. The second indicator consists of measuring the national prevalence of female genital mutilation among girls aged 0-14, based on information provided by their mothers (UNICEF, 2013).

a. Progress on Indicators

This section analyses trends in the proportion of women who have experienced female genital mutilation (Commitment 15) and the proportion of ever-partnered women and girls aged >15 years ever subjected to physical, sexual, or psychological violence by their current or former partner in the last 12 months (Commitment 16).

Table A3.1 reports the proportions of women (aged 15-49) who have undergone female genital mutilation over the study period. Overall, the proportion of women (15-49 years) who have undergone female genital mutilation decreased in all the selected countries except in Senegal where the indicator has stalled around 25%. The drop (absolute decrease) is more pronounced in Sierra Leone (from 89.6% to 83%), Kenya (from 21.0% to 14.8%) and Nigeria (from 24.8% to 19.5%). It is worth noting that most women in Guinea (95%), Mali (89%), Sierra Leone (83%) and The Gambia (73%) have undergone female genital mutilation over the last five year (from 2018 to 2022).

In half of the countries for which we have comparable data over the 10-year period (5 in 10), the proportion of ever-partnered women and girls (15 years and above) ever subjected to physical, sexual, or psychological violence by current or former partners in the last 12 months decreased (Figure A3.17). There are mixed regional trends in the proportion of ever-partnered women and girls >15 years ever subjected to physical, sexual, or psychological violence by current or former partners over the observed period.

The trend in the proportion of women who reported sexual violence is like the trend in overall violence. Figure A3.18 shows that the proportion of women who reported sexual violence decreased in six selected countries (Cameroon, Gabon, Kenya, Zambia, Mali and Senegal). However, it increased in the other four countries (Rwanda, The Gambia, Nigeria and Sierra Leone).

Several assessments have found that COVID-19 pandemic has impacted progress in the fight against gender-based violence. The pandemic, and its mitigation strategies, have contributed to an increase in the scale of gender-based violence in Africa. The United Nations Development Programme (2021) has reported an increase in domestic violence[14], attacks on

[14] Domestic violence refers to acts of violence or abuse that take place within a domestic setting, such as a marriage or cohabitation, between partners. It encompasses various forms of mistreatment, such as physical, verbal, emotional, economic, religious, reproductive, financial abuse, and sexual abuse (Woodlock, 2017)

women working in the health sector, forced or early marriages and sexual exploitation in Africa, particularly in the Lake Chad Basin. In West Africa, for example, Nigeria has seen an exponential increase (149%) in monthly reports on gender-based violence following the introduction of COVID-19 mitigation measures in March 2020. Data from Niger also shows a spike in gender-based violence from March 2020. Added to this is the exacerbation of humanitarian crises with consequences for access to services (listening and counselling centres for victims of sexual assault and survivors of violence against women and girls). The pandemic has also exacerbated the underlying factors of gender-based violence, such as family poverty, school closures, cultural taboos linked to the shame of pregnancy outside marriage, and interrupted access to sexual and reproductive health services. A 2021 UNFPA and UN Women survey on the impact of COVID-19 on gender equality and women's empowerment documented its effects on GBV (ranging from 25% to 75%), livelihood (about 60% loss of income), food security (increased food prices) with impact on global supply chains and disruption of access to health care and education.

To sum up, COVID-19, the escalation of conflicts, humanitarian emergencies, and the effects of climate change in African countries have all been linked to a rise in cases of gender-based violence. Therefore, it is crucial to allocate more effort towards ensuring adequate protection for women and girls, as well as addressing the root causes and consequences of this issue.

b. Implementation: Examples of Policies and Best Practices

Over the last decade, many African countries have undertaken initiatives to strengthen the protection of women's rights and combat gender-based violence. Indeed, the period has been marked by the development of legal instruments and policy documents and implementation strategies and programmes.[15] National review reports have highlighted some best practices (box 4).

[15] For more details see countries' reports at: https://tinyurl.com/AADPDNatReports

Box 4: Best practices to promote women's rights and to combat GBV

In **Burundi**, some ministries have integrated the gender dimension in their work plan. Women's associations are offering inclusive training in gender and development from the local level. Furthermore, the country has initiated Positive Masculinity programme to promote equality between men and women through "men committed to gender equality'" association.

In **Burkina Faso**, the implementation of policies has led to the creation of care centres for victims of gender-based violence (GBV), the establishment of a national referral circuit system for victims of GBV and a national directory of actors working in the field of GBV. A telephone helpline for victims of gender-based violence and a mechanism for collecting data and managing information on gender-based violence have been established. Mouebara Law n°19-2022 was adopted in 2022 to combat violence against women in the **Republic of Congo**.

Likewise, the government of **Cabo Verde** has consolidated Maternal, Child, and Adolescent Health and Nutrition, with technical support of UNICEF through the Expansion of Program on Immunization, Nutrition National Programme, Maternal/Child and Adolescents Health Programs in 2022.

The government of **Guinea-Bissau** has set up a number of public and private institutions to promote gender equality and equity and women's empowerment in its political, programmatic and legislative dimensions. In **Niger**, the introduction of "husband schools" has encouraged men's involvement in changing the social norms of gender relations towards greater equality and communication without violence. **Togo** has organised training and awareness-raising sessions for members of the judiciary (bailiffs, notaries, magistrates, and judicial police officers) and the education sector on violence and discrimination against women. The country has set up listening and counselling centres to deal with victims of gender-based violence. This system is accompanied by the development of a one-stop shop (called the One Stop Centre) for victims, a virtual helpline called "Akofa" and a hotline for reporting violence against women. **Senegal** and **Ghana** also have a hotline for reporting gender-based violence. **Rwanda** has set up a specialised unit to combat violence against women and drugs to tackle these problems more effectively. **Mauritius** developed a Lespwar mobile application in 2021 to refer cases of gender-based violence to the main police command and control centre and police stations. The country has also trained the judiciary, particularly judges, on dealing with child marriages. **Cameroon** has a referral circuit for gender-based violence services. To facilitate referrals, community health workers (CHWs) have been trained and involved in the system.

Eswatini dedicated officers address GBV cases which are reported on a daily basis, provision of psychosocial support, establishment of two One Stop Centres for rape survivors and alternative care placement in the form of a Halfway House for children. A National Surveillance System on Violence (NSSV) has been set up in Eswatini which harmonizes data captured on reported violence from multi-sector service providers from Governmental Departments and civil and is coordinated by the DPM's Office.

3.1.5 Universal Access to Quality Education for All

Education is a fundamental human right and a tool for improving quality of life and generating prosperity. It is seen as a process of transmitting a given society's culture, norms, values, and ethics of a given society (Eze & Eze, 2018).

Overall, African countries have made progress in terms of expanding enrolments in their education systems. However, it is important to note that a majority of Africa's education and training programs face significant challenges in terms of low-quality teaching and learning. These challenges manifest in various forms, including dysfunctionalities and inefficiencies across sub-sectors, as well as inequality in access to educational opportunities (African Union, 2015). Therefore, it is imperative for African countries to prioritize the reorientation of their education and training systems. This reorientation should aim to meet the knowledge, competencies, skills, innovation, and creativity necessary for nurturing African core values and promoting sustainable development at the national, sub-regional, and continental levels.

Since the adoption of Education for All (EFA) and the Millennium Development Goals in 2000, African governments have been committed to improving completion rates at all levels of education. This concern is of critical importance in Africa, as it remains the region with the highest numbers of out-of-school children and, consequently, the highest rates of non-enrolment (UNESCO, 2023). In sub-Saharan Africa, for example, one in five children of primary school age (18.8%), one in three adolescents of lower secondary school age (36.7%) and one in two young people of upper secondary school age (57.5%) are not in school (UNESCO, 2020).

The situation varies from country to country across the continent. While some countries (Egypt, Tunisia, South Africa, etc.) have achieved, or appear to be on track to achieve, universal primary education by 2030 and have made remarkably successful efforts at lower secondary level, others (Chad, Guinea-Bissau, etc.) are still lagging. In Chad and Guinea-Bissau, for example, many children (more than two-thirds) do not complete primary education (UNESCO, 2023). These realities have led most African countries to adopt a number of legal texts, policy reforms, plans and programmes aimed at democratising education. This sub-section reviews the progress towards universal access to quality education indicators, namely the completion rate and gender parity for primary and secondary education from 2014 to 2021.

a. Progress on Indicators

While enrolment rates in primary and secondary schools may be high on the continent, completion rates for primary and secondary education are not. Figure 3.4 shows that completion rates for primary school were lowest in Chad during the first and second periods, highest in Seychelles in the first period, and highest in Namibia in the second period. Almost two-third of countries had a primary school completion rate below 90% in the first period but this declined to 22 countries in the second period. Three countries, Rwanda, Lesotho and Togo experienced 28, 8.5 and 6.6 percentage point increases in primary school completion rates between the two periods. Sierra Leone and Cote d'Ivoire also had increased rates of 38.2 and 28.7 percentage points, respectively, bringing their completion rates to 98% and 83.6%. On the other hand, a few countries had declines in primary school completion over the two periods ranging from -0.5 to -16.6 percentage points. Burundi, which had a 69% primary completion rate suffered the most significant decline of -16.6 percentage points, followed by Zimbabwe (-13 percentage points).

Secondary school completion rates were lower for most countries than primary school completion rates (Figure A3.7 in annex). Niger and Chad had the lowest secondary school completion percentages of 12.2% and 17.4%. Only four countries (Congo, Mauritius, Botswana and Seychelles) had over 80% of students completing secondary school. Since during the first period, three countries (Botswana, Mauritius and Seychelles) had completion rate over 80%. The greatest declines of more than ten percentage points, resulting in secondary school completion rates below 70% for the second period, were in the Republic of Congo (63,3%), Eritrea (50.7%), and Zimbabwe (57.96%).

Figures A3.8 and A3.9 (annex) display gender parity ratios for primary and secondary school completion, respectively. A total of 32 countries had ratios below 1.0 indicating more males than females completing primary school in most countries. Chad had the lowest gender parity index for primary school completion at 0.754. Senegal also had the highest at 1.10, implying more girls than boys completing primary school. Sixteen countries attained gender parity in primary school completion with ratios between 0.97 and 1.03. For secondary school completion, 23 out of 31 countries for which we had comparable data over the study period had their gender parity indexes below 1.0 during the second period. The ratios ranged from 0.45 in Chad to 0.98 in Madagascar. Three countries (Madagascar, Senegal and Mauritius) had

attained gender parity with ratios for secondary school completion between 0.97 and 1.03. Those with ratios above 1.03 were Seychelles, Comoros, Rwanda, South Africa, Cabo Verde and Lesotho, suggesting a disparity in secondary school completion in favour of girls than boys in these countries. Lesotho had the highest gender parity index at the secondary school level (1.36). Over the two periods, there were declines in the gender parity indexes for secondary school completion in 26 countries. In most of these countries, fewer girls completed secondary school in the second period than in the first. On the other hand, three countries with more girls completing secondary school in period 1 experienced an increase in their second period (South Africa, Cabo Verde and Lesotho). Malawi was the only other country to experience a 0.07-point increase in gender parity over time, with a current ratio of 0.90.

The advent of the COVID-19 pandemic has significantly impacted progress made in various countries, particularly in the education sector. To combat the spread of the virus, several measures have been implemented, which include travel restrictions, physical distancing, and the closure of public places, schools, and non-essential shops. As a result, schools have either partially or completely shut down, leading to a rise in the number of children who are out of school and a decline in overall academic performance (ADEA, AU/CIEFFA, & APHRC, 2021).

While some students with access to computers were able to continue their education remotely, others were not as fortunate. According to the 2021 Ibrahim Forum Report, approximately 89% of learners in sub-Saharan Africa lack household computers, and around 82% do not have access to the internet. Additionally, there are at least 20 million individuals residing in areas that lack coverage from mobile networks. Consequently, a significant digital divide has been exposed, impacting the educational opportunities and outcomes of millions of students.

Moreover, security crises, specifically in certain regions of the Sahel and central Africa, have further exacerbated the situation by causing the closure and destruction of educational infrastructure. This has compounded the challenges faced by countries in their efforts to maintain progress in the education sector.

Overall, the COVID-19 pandemic, coupled with limited access to digital resources and security crises, has had a profound and detrimental effect on education in various countries. Efforts are urgently needed to address these issues and ensure that all students have equal access to quality education, regardless of their circumstances or geographical location.

b. Implementation: Examples of Policies and Best Practices

Several innovations have been undertaken in Africa to improve education for all. Most of the policy documents that have been developed remain actions before the 2014-2023 period, some of which have been completed while others are still in progress. Only a few countries (13) have developed specific policies during the 2014-2021 period[16]. A number of best practices have been highlighted by countries (box 5).

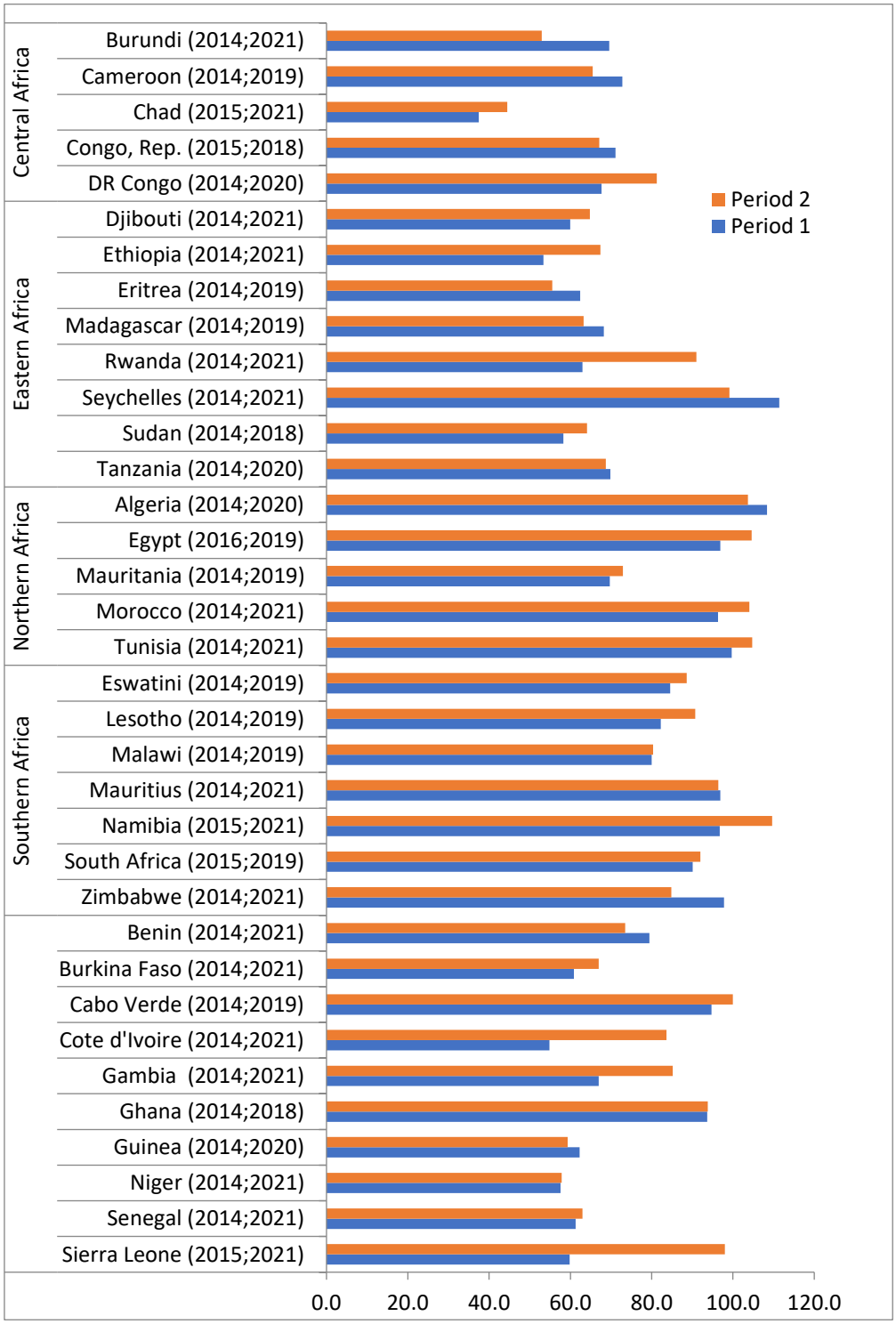
Box 5: Best practices for universal access to quality education

in **Burkina Faso**, the creation of educational television as an alternative to school drop-out due to insecurity. Benin has initiated a Global Partnership for Education focuses on improving the quality of teaching and learning in basic education with an emphasis on the early grades; and strengthening equity in primary education, particularly in four regions of the country in 2017.

The **Democratic Republic of Congo** has been implementing free access to primary education since September 2019. In **Mauritius**, the creation of the Special Educational Needs Authority (SENA) as a regulatory body to ensure that the rights of disabled children are respected at all stages. **Togo** has set up a programme of excellence for women in Africa (PEFA) and initiated a project to improve the quality and equity of basic education (PAQUEEB). The country has set up a Department of Non-Formal Education for Adolescents (DENFA) within the Ministry of Social Action, which oversees interventions in the field of non-formal education for out-of-school and early drop-out children and adolescents, enabling them to attend literacy classes with the possibility of accessing secondary school based on their performance. In **Togo**, a Presidential Excellence Programme (PPE) has been set up to reward the best pupils at the end of the school year. Furthermore, the government has set up a inclusive training unit for students with disabilities (CFIESH) within the University of Lomé to provide specialised teaching for all students with disabilities through an itinerant teachers' system to provide better support for students with disabilities in the inclusive education system..To keep children in school more effectively, **Côte d'Ivoire** has offered meals to more than 2,000 girls and 200 boys for the start of the 2022-2023 school year. We have also seen the creation of Virtual Universities intending to decongest lecture theatres and improve access to tele-education, which are lessons learned in **Senegal**. During the containment period linked to the COVID-19 pandemic, the Tele-education project was a powerful channel for delivering courses (Learn at Home Initiative) in this country. Sao Tome and Principe has initiated free and compulsory access to up to the 1st cycle of secondary school. This has accelerated decrease in the dropout rate in secondary education, while illiteracy become negligible in the country. Central African Republic has adopted a 2020-2029 Education Strategic Plan promoting inclusive, equitable and protective education.

[16] For more details see countries' reports at: https://tinyurl.com/AADPDNatReports

Figure 3.4: Percent of children completing primary school



Source: World Development Indicators Database/World Bank

3.1.6 Welfare and Longevity, Healthy Aging, and Lifelong Learning for Older People

Life expectancy at birth is the average number of years an individual would live if current health conditions remained constant (WHO, 2022). Since 2000, significant progress has been made in Africa thanks to the Millennium Development Goals in education, health, and access to drinking water. This progress has helped to reduce child mortality rates and life expectancy considerably has increased on the continent (WHO, 2022; UNFPA, 2019). In some regions, such as West Africa and Central Africa, average life expectancy (57.3 years and 59.4 years, respectively) remained below the continental average (62.7 years) in 2015-2020. However, there is a trend not only towards improving life expectancy at birth in Africa, but also towards narrowing the gap between countries in the region (UNFPA, 2020). This section presents the progress made in terms of life expectancy on the continent from 2014 to 2021. It also takes stock of good practices and the various health policies and programmes implemented in different countries over the same period.

a. Progress on Indicators

Between 2014 and 2021, life expectancy rose from 60.7 to 61.7 years in Africa, a gain of one year. Analysis by region (Figure A3.19) reveals an increase in life expectancy in all regions of Africa, except Southern Africa, where it fell by 0.8 years. Furthermore, the highest life expectancy is observed in Northern Africa and the lowest in West Africa in both 2014 and 2021.

The health situation in Africa has been affected by the COVID-19 pandemic, which has impacted life expectancy. Containment measures (travel restrictions, closure of markets and shops) and the reduction in human and material resources in health facilities have led to a decline in the quality of health services and the closure of specialised services. Many control programmes and public health interventions have been interrupted, leading to the risk of a resurgence of the corresponding diseases. In addition, rising costs and the fear of being contaminated or stigmatised have discouraged patients from visiting health centres (Chippaux, 2023).

b. Implementation: Examples of Policies and Best Practices

Life expectancy has increased significantly on the African continent from 2014-2021. This progress is attributable to good practice and implementing various health policies and

programmes in different countries. [17]. Best practices have been highlighted in national reviews reports (box 6).

Box 6: Best practices to improving life expectancy.

Burkina Faso has set up geriatric centres that will help to improve the supply and quality of care for older people and retired. **Senegal** set up a National Council for the Elderly in 2019. **Sierra Leone** periodically transfers money to older people for their care. The **Seychelles** will modernise care services for older people in 2023. All of this is helping to improve the quality of home care services for older people. **Algeria** had the highest life expectancy at birth in Africa as of 2023. A new-born infant was expected to live over 77 years in the country. Cabo Verde, Tunisia, and Mauritius followed, with a life expectancy between 77 and 75 years. Botswana ministry of health and WHO developed the Healthy and Active Ageing Strategy 2021 – 2026 and adapted WHO Integrated Care for Older People (ICOPE) assessment and monitoring card, which was piloted in October 2022. **Mali** has introduced free health care for the elderly from 2019. In the context of promoting active ageing, the Government of Tunisia has been implementing the National Register of Older Persons since 2003 to invest in the expertise and skills of older citizens and enable them to participate more in public life. The Register contains information on the older persons who wish to share their knowledge or professional expertise and skills to benefit society, and further contribute to the development process. The Register has helped promote the inclusion of retirees and older persons and leverage their volunteering experiences.

3.2 Health

This pillar encompasses 17 commitments that address development challenges, including the following key issues: universal access to sexual and reproductive health services, among which maternal health (mortality and morbidity), births attended by skilled health personnel, family planning and unmet need, prevalence of HIV/AIDS and sexually transmitted infections, comprehensive sexuality education, universal access to health care, and health systems strengthening.

3.2.1 Sexual and Reproductive Health and Rights

Sexual and Reproductive Health and Rights (SRHR) encompasses an individual's right to a safe and satisfying sex life as well as the right to decide if, when and how often to reproduce (Starrs et al., 2018; UNFPA 2019). Since the 1994 International Conference on Population and Development (ICPD) conference, SRHR interventions have been enhanced to cover a range of essential services across the life course of individuals - from adolescents to older people (UNFPA, 2019). In 2006, African Union developed the Sexual and Reproductive Health and Rights Continental Policy Framework in response to the call for the reduction of maternal and

[17] For more details see countries' reports at: https://tinyurl.com/AADPDNatReports

infant morbidity and mortality on the continent. The Continental Policy Framework calls for mainstreaming Sexual and Reproductive Health and Rights in primary health care to accelerate the achievement of health related MDGs. It addresses the commonest causes of maternal and new-born child morbidity and mortality and identifies the implementation of the Roadmap for the Acceleration of the Reduction of Maternal and New-born Child morbidity and mortality as the strategy for improving reproductive health (African Union, 2006).

Furthermore, the revised Maputo Plan of Action 2016 - 2030 for the operationalization of the Sexual and Reproductive Health and Rights Continental Policy Framework aims to move the continent forward towards the goal of universal access to comprehensive sexual and reproductive health services in Africa beyond 2015 (The African Union Commission, 2015).

However, in Africa, high fertility rates and maternal mortality ratios require a focus on essential packages to improve the SRHR of individuals. Due to the consequences of consistently high fertility on the continent, contraception plays a key role in the assessment of ensuring SRHR. Therefore, this sub-theme highlights unmet need for contraception , modern contraceptive use , and demand for family planning methods satisfied by modern methods as three important indicators for assessing the sexual and reproductive health of individuals. Findings from the AADPD+5 report suggest that unmet need was generally high but declined over time for most countries. Also, modern contraceptive use was low, except in the Northern and Southern African regions, while demand for family planning satisfied by modern methods also increased over time. Progress on the three indicators is further assessed as the sub-section discusses findings from a more recent analysis of the indicators and offers insights from an analysis of national reports on their SRHR indicators in the context of megatrends. For instance, climate crisis hinders sexual and reproductive health, worsens disparities in maternal nutrition, and intensifies the transmission of diseases by vectors. All these outcomes endanger individuals', particularly women well-being and hinder the achievement of fundamental human rights (UNFPA, 2022). Similarly, the rapid and uncontrolled growth of urban areas is linked to a higher population of impoverished urban residents with limited access to sexual and reproductive health services. However, leveraging technology in health sector presents an opportunity to advance sexual and reproductive health in Africa.

a. Progress on Indicators

Unmet need (for both spacing and limiting births) among married women is still quite high in Africa. As seen in Figure A3.10 (annex), over the two selected periods (period 1 from 2011 to 2016 and period 2 from 2018 to 2022), 19 out of the 30 countries for which we had comparable data experienced a decline in unmet need ranging from -0.2 percentage points in Sierra Leone to -24.9 percentage points in Uganda. Burkina Faso also experienced a significant decline in unmet need from about 38% to 22%. Conversely, the highest percentage of women in period 2 with an unmet need was observed in the Central African Republic (37.6%) - signifying an increase of +10 percentage points between the two periods. However, the highest percentage point increase of 16.0 was observed among married women in Somalia (20.2% to 36.6%) followed by women in Tunisia (+12.9 percentage points). Eight countries in West and Central Africa had 25% or more women experiencing an unmet need for contraception. These trends over time reflect similar patterns from the previous five-year review report, with a few exceptions. Mauritania and Benin, which had over 25% of women with unmet need for contraception and indicated increases in the proportions of women with unmet need in the AADPD+5 report, are currently experiencing slight declines. Also, increased proportions of women with unmet need shown in Tunisia are a cause for concern since findings from the AADPD+5 report indicate a decline in women reporting an unmet need. Unfortunately, Central African Republic and Somalia, showing the highest levels of unmet need in period 2 in this current report, were not included in the previous report as their data were unavailable. Thus, we are unable to compare their levels to their previous patterns.

The data depicted in Figure A3.11 (annex) reveals the changes in women's demand for family planning satisfaction across two study periods. The results indicate a notable rise in the utilization of modern contraceptive methods among married women. The increase varied, with Nigeria experiencing a 2.6 percentage point boost while Guinea witnessed a substantial 16.3 percentage point surge. In Southern and Eastern African nations, a majority of over 50% of women had their family planning demands met through modern methods. Senegal, among West African countries, was the sole nation to report over 50% satisfaction while also witnessing a 10-percentage point increase in the adoption of modern methods. Interestingly, Western and Central African countries had relatively low proportions of women with satisfied demand using modern methods (all below 50%). However, they exhibited some of the highest

percentage point increases over the study periods. Cameroon, Sierra Leone, Benin, Senegal, Mali, The Gambia, and Guinea experienced respective increases of 5.6, 7.9, 8.5, 10, 2.7, 15.8, and 16.3 percentage points. In summary, a majority of countries observed in this report demonstrated an upward trend in the proportion of women having their family planning demands fulfilled through modern methods.

Modern contraceptive methods are most effective at preventing unintended pregnancies and reducing unmet needs (Cleland et al.2012) . Still factors like limited access to a mix of methods, fear of side effects, women, and men's opposition to use and religious opposition contribute to low levels of use on the African continent (Cleland et al., 2012). Of the 30 countries, 22 had minimal to large increases in their contraceptive prevalence rates between the two periods (Figure 3.5), ranging from +0.5 percentage points in Morocco to +17.4 percentage points in Uganda. The percentage of women in Benin remained at 12.4% between both periods. Seven countries also experienced declines in their contraceptive prevalence rates with Tunisia, Ethiopia and Cameroon experiencing the most declines at -6.6, -4.8 and -4.5 percentage points, respectively. African countries have generally low use levels; however, as seen in Figure 3.5, most countries in Southern, Eastern and Northern Africa report higher proportions of women using modern contraception while Central and Western Africa have some of the lowest modern contraceptive prevalence rates (mCPR). One outlier in Eastern Africa is Somalia which has the lowest proportion of women using modern methods on the continent (0.9%) in period 2. Mauritania is also an outlier in Northern Africa with a prevalence rate of 12.8% among countries with proportions above 40%. Fourteen countries experienced increases in women's modern contraceptive use above 5 percentage points. Only 12 countries had mCPRs above 30%. Like findings in the previous report, over time, most countries experienced an increase in modern method use, with the highest prevalence rates in Southern and Northern African countries and the lowest in Central and Western African countries.

Some countries had time points for the second period in 2020 (Ethiopia, Kenya, Madagascar, Rwanda, Cote d'Ivoire, The Gambia, and Liberia) and 2021 (Uganda, Mauritania, Burkina Faso and Niger). Therefore, COVID-19 lockdown restrictions and fear of contracting COVID-19 while attending a health facility during the pandemic may have limited women's access to modern contraceptives. However, research does suggest that women were able to access

modern contraceptives during the pandemic period. For example, a longitudinal study conducted in four African countries - Burkina Faso, DRC, Kenya and Nigeria - suggests contraceptive use increased in all countries except DRC post-pandemic (Moreau et al., 2022). Another study conducted in Ghana found a significant increase in the use of emergency contraceptive pills during lockdown periods (Fuseini et al., 2022). Besides the impact of COVID-19, some countries may have faced different forms of conflict situations in parts of the country during the two periods which may have hindered women's access to modern contraceptives.

b. Implementation: Examples of Policies and best Practices

About two-third of countries reviewed have adopted new reproductive health policies or revised existing policies during the ten years of this AADPD review (2014 to 2023) . These policies focus on a range of initiatives, from financing family planning commodities to more comprehensive policy documents. Box 7 gives some examples of best practices.

Box 7: Best practices regarding sexual and reproductive health

The integration of SRHR into universal health coverage and health sector strategies, policies, plans, and financing are important goals of many countries. Several African countries implement this through the Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) services. Also, to achieve universal health coverage (UHC), all SRH services must be accessible, therefore, countries such as **Seychelles**, **Ghana**, **Rwanda**, and **Kenya** leverage on the community-based health system to deliver essential SRH services through the primary healthcare framework.

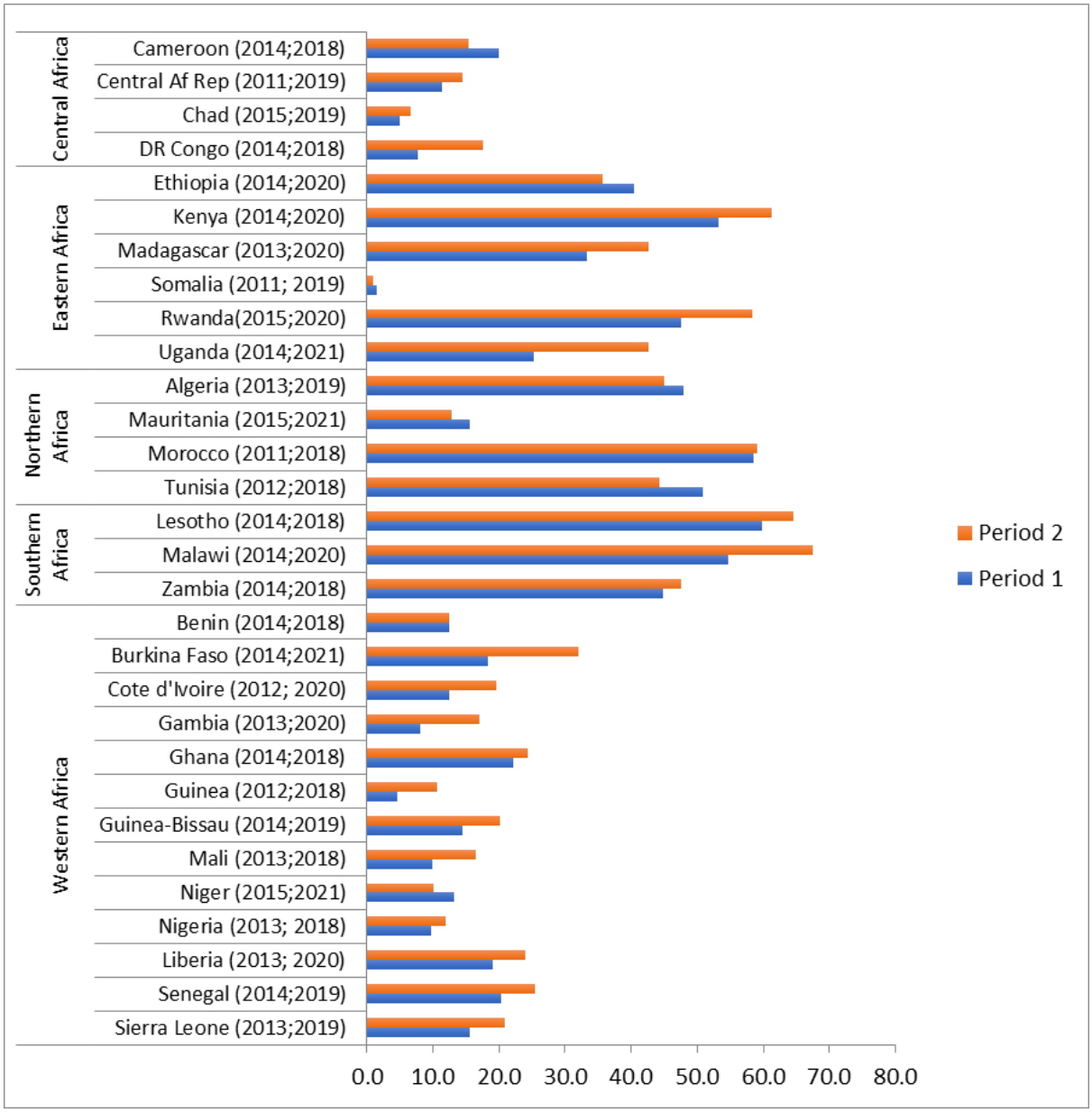
In addition, programmes promoting male and boys' involvement in SRH are deemed crucial for advancing SRHR. For example, in **Liberia**, the Spotlight Initiative and the Family Planning (FP) 2030 commitments have prioritised male involvement.

Morocco has adopted a National Sexual and Reproductive Health Strategy 2021-2030.
Mozambique has been implementing the Family Planning Policy, the Sexual and Reproductive Health Strategy, and interventions under the Family Planning 2020.

Sierra Leone's National Health Sector Strategic Plan (2017-2021) also includes male access to reproductive health and they use male role models/champions to advocate for SRH issues. The **South African** government has also put in place measures that facilitate access of men and boys to SRHR information, counselling and services.

While most countries are attempting to provide free access to family planning services for its citizens (for example, Seychelles, Ghana, Burkina Faso), other countries (for instance, Ethiopia) are aligning with the private sector through public-private partnerships for the provision of affordable contraceptives – this will increase access to services and remove some financial burden from government.

Figure 3.5: Modern contraceptive use (%)



Source: World Development Indicators/ World Bank

3.2.2 Adolescent Sexual and Reproductive Health

The life course approach to implementing SRH interventions seeks to acknowledge the SRH needs of all individuals throughout different life stages, that is, "from birth to adolescence, different stages of the reproductive age, and old age" (UNFPA, 2019). The adolescence period is fraught with several SRH challenges due to their lack of comprehensive sex education and SRH services, requiring an in-depth assessment (UNFPA, 2019). In Africa, adolescence is a

period where most demographic processes occur such as their first sex, first birth and first marriage (Starrs et al., 2018; UNFPA, 2019). Adolescent childbearing on the African continent is quite high. The 2022 World Population Prospects Revision estimates the adolescent fertility rate in 2021 for Africa at 92.2 births per 1000 women aged 15 to 19 years, while the global adolescent fertility rate stands at less than half the figure (42.4 births per 1000 women aged 15 to 19 years). Adolescents are particularly vulnerable to morbidities that pertain to sexual and reproductive issues ranging from STIs including HIV/AIDS to complications from unsafe abortion due to unintended pregnancies (UNFPA, 2019). These pregnancies and births occur in both non-marital and marital relations since early, child and forced marriages occur in most countries on the continent. Therefore, marriage before ages 15 and 18 years, adolescent fertility and childbearing before age 18 are important indicators we explore in this sub-section on the SRH of adolescents. A prior analysis of these indicators for the AADPD+5 report suggests a reduction in adolescent fertility and marriage by ages 15 and 18 years in most countries.

a. Progress on Indicators

As Figure A3.22 shows the 2021 adolescent fertility rates range from 6.7 births per 1000 women ages 15 to 19 years in Tunisia to 170.5 births per 1000 women ages 15-19 in Niger. About 47 countries had fertility rates greater than the global average while 25 countries had fertility rates greater than the average for Africa. Except for Mauritania with an adolescent fertility rate of 78 births per 1000 women, no other Northern African countries had an adolescent fertility rate greater than 45 births per 1000 women. Most Western and Central African countries had rates greater than the African average. Figure A3.22 also shows that all countries had declines in their adolescent fertility rates over the last 10 years. Sierra Leone showed the greatest decline of -29.9 births per 1000 women, in addition to seven other countries that also showed declines of -20 births per 1000 women and below - Sao Tome & Principe, Guinea, South Africa, Nigeria, Kenya, Equatorial Guinea, and Chad. Botswana showed the least decline (-0.2 points) but has a low rate of 49 births per 1000 women. These same patterns were seen in the AADPD+5 report's findings over the 11-year period (2005-2016). Adolescent fertility also decreased across all countries and Libya and Tunisia had the lowest adolescent fertility rates while Mali and Niger had the highest adolescent fertility rates in 2016. The current results further inform us that adolescent childbearing did not necessarily

increase on the continent during the COVID period, despite theories that fertility would increase due to school closures and lockdown restrictions (Aassve et al., 2020).

Issues of child marriage and early sexual debut contribute to sustaining the numbers. Out of 13 countries for which we had comparable data, the percentages of young women (ages 20 - 24 years) who were in union before age 15 (Figure A3.12 in annex) increased for 11 countries and remained the same for one country (Senegal). Rwanda reported no women married by age 15 for both survey periods. West Africa had the highest proportions of young women reporting being married by age 15, with Mali, Guinea and Nigeria indicating 23%, 21% and 17% of young women, respectively, being married before age 15. Mali also had the highest percentage point increase in the proportion of young women married by age 15 (+7 percentage points). When the marital age is increased to age 18, the percentages increase significantly (Figure A3.13 in annex). All 13 countries experienced increases in the percentage married before age 18 between the two survey periods, except in Nigeria where the proportion remained 43% for both waves. All West African countries had more than one-third of their young women married by age 18. Also, more than half of the young women in Niger and Mali are married before age 18. Liberia and Kenya showed the most increase in the percentages in union by age 18 at +11 and +10 percentage points, respectively, while Gabon and Sierra Leone had a +9 percentage points increase each in their percentages over the two periods. Rwanda continues to have the lowest percentage of young women being married early. In contrast Cameroon continues to experience the highest rate of adolescent marriage of the selected countries in Central Africa. The AADPD+5 report shows marriage before age 18 (early/child marriage) declined among young women for almost all countries but percentages were still high. However, with more recent data, there were rather increases in the proportion of 20-24-year-old women married by age 18. The reasons for this reversal are not fully understood. The relationship between early marriage and conflict is mixed in the literature. There are arguments that conflict and war propel the demand for brides by insurgents/rebels/militia/armed group members which drives early marriage (DiGiuseppe & Haer, 2023). Some studies also suggest that families who seek to protect their female children may marry them off during times of conflict since married girls are less likely to be abused, kidnapped or recruited by armed groups than their unmarried counterparts (Williams et al., 2012; DiGiuseppe & Haer, 2023). Overall, DiGuiseppe & Haer (2023) found that child marriage

in West Africa declines during times of conflict, except in situations where sexual violence and recruitment of girls occur, then child marriage increases.

Concerning childbearing, the proportion of young women aged 20 to 24 who gave birth before age 18 declined in most countries and increased for a few others (Figure A3.14 in annex). Chad had the largest decline (by -6.3 percentage points) in teenage childbearing from 50.3% to 44.3% of young people experiencing childbirth by age 18. Sao Tome and Principe, Sierra Leone and The Gambia also experienced -5 percentage point declines in their respective percentages. Madagascar was the only Eastern African country presented in the graph and had more than a third of its young women with teenage pregnancies; however, over the two periods, the percentage declined by only -0.2 percentage points. Both Northern African countries, Algeria, and Tunisia, reported the lowest proportions of young people with teenage pregnancies - 1.1% and 0.7%, respectively. Findings in the previous report indicate declines in adolescent childbearing over time for most countries. This was like findings in this current report where most countries experienced declines. Countries that captured data in 2020 while the COVID-19 pandemic was ongoing - Malawi, The Gambia, Liberia - all experienced early childbearing declines.

b. Implementation: Examples of Policies and Best Practices

Policies targeting adolescent sexual and reproductive health were also revised during the ten-year review period. The policies range from general AYSRH documents, to focusing on specific issues in countries such as teenage pregnancy and comprehensive sexuality education (CSE), to name a few. Some good practices were mentioned in national review reports (Box 8).

Box 8: Best practices on Adolescent SRH

CSE being integrated into the school system has succeeded in a few countries, including **Liberia** and **South Africa**. Liberia's Ministry of Education has integrated CSE into various core curriculum subjects. This has been done with participation from stakeholders – young people, parents, community members, and religious, traditional and opinion leaders. In South Africa, the Department of Basic Education (DBE) developed scripted lesson plans, and educational posters for students and parents, as well as media programmes on various topics, including HIV/AIDS and unintended pregnancy.

Sierra Leone has adopted A comprehensive sex education (CSE) programme. This programme has been integrated into five subject areas: Integrated Science, Social Science, Physical Health Education, Home Economics. It is expected that from September 2023 CSE would be examinable. Seventy institutions and organisations in **Cameroon** also trained personnel to provide comprehensive sexuality education to in and out of school youth. In addition, targeting policymakers with information or empowering them with knowledge on ASRH issues is projected to make a difference. In **Namibia**, parliamentarians' and their staffs' capacities were strengthened for them to promote and protect the rights of adolescents. The three motions of teenage pregnancy, child marriage and menstrual hygiene were also introduced in parliament for discussion.

The Ghana the Ministry of Gender, Children & Social Protection (MoGCSP) developed a national adolescent pregnancy strategic plan with funding support from the UNFPA that has been implemented since 2018.

3.2.3 Maternal Mortality

Both the Millennium and Sustainable Development Goals prioritise reducing maternal mortality/deaths since it represents inequalities in access to appropriate care and health services (Ronsmans et al., 2006). Globally, maternal deaths are disproportionately distributed, with sub-Saharan Africa indicating the greatest burden with the highest deaths and highest rates (UNFPA, 2019, 2021). Maternal deaths are essentially attributed to lack of access to appropriate maternal health services including antenatal, delivery and postnatal services.

The previous AADPD continental report included an analysis of two indicators to assess the progress being made toward improving maternal health and preventing deaths - the maternal mortality ratio and births delivered by skilled personnel. Inequality between the richest and poorest women in terms of their access to skilled personnel was also assessed. Access to skilled birth personnel was generally increasing, albeit wide gaps between the poorest and richest women were noted in most countries. This sub-section provides progress with more recent data on the same indicators.

a. Progress on Indicators

Maternal deaths are generally high on the African continent (Figure A3.23). Out of 54 African countries, the lowest levels were reported in Seychelles, Egypt, Cabo Verde, and Libya, at 3, 17, 42, and 72 deaths per 100,000 live births among women in 2020. Most countries (45 out of 54) experienced declines in their MMRs between 2014 and 2020, ranging from -2 in Djibouti and Seychelles to -218 in Lesotho. Some countries had the highest MMR in 2020 which has been attributed to some circumstances such as armed conflicts that fragilized health system offering "disrupted and fragmented delivery of health services'' (Urdal & Che, 2013; Mugo et al., 2015). Declines in the MMRs across the continent were also evident in the AADPD+5 report.

The same patterns by country and subregion were seen in the prior report. Skilled personnel attending to births reduces instances of maternal and neonatal deaths. Over the years, skilled personnel attending to deliveries has increased on the continent though some countries still report low proportions (Figure A3.15 in annex). Over the two periods under study, the percentage of births delivered by skilled personnel increased in all countries except Guinea which experienced a -7.4-percentage point decline (from 62.7% to 55.3%). Four countries also had negligible increases (Mauritius, Central African Republic, Seychelles, and Benin reported 0.1, 0.3, 0.5 and 0.9 percentage point increases). However, in period 2, Seychelles and Mauritius had almost universal coverage in skilled personnel attending to births. Five countries in West Africa (Senegal, Liberia, Mali, Sierra Leone, and The Gambia) experienced significant increases (above 10 percentage points) in their percentages of deliveries by skilled personnel. Except for Mali which has 67.3% of deliveries by skilled personnel, the other four countries had more than 80% of their deliveries being attended to by skilled persons during period 2. Morocco and Tunisia are two Northern African countries with over 10 percentage point increases in their births delivered by skilled personnel. Ethiopia had the highest increase of +34.3 percentage points in skilled personnel attending to deliveries; and albeit a significant increase, their most recent rate stands at 49.8%. Among the Eastern Africa countries listed, Madagascar and Ethiopia stood out as countries with lowest proportions of births using skilled birth attendants (both just below 50%). On the other hand, Cabo Verde is an exception in West Africa as it is the only country with an almost universal rate of skilled personnel attending to deliveries (97.6%). The patterns over time, across countries and within

subregions are like findings documented in the previous report. Central African Republic, Nigeria, Niger, Ethiopia, and Madagascar continue to exhibit some of the lowest proportions of births delivered by skilled attendants.

When women's wealth status stratifies the percentage of births with skilled personnel, the results show continued widespread disparities between the richest and the poorest women (Figure A3.15 in annex). For all countries, higher proportions of the richest (quintile 5) women's birth are attended to by skilled personnel than the poorest. The gap between the richest and poorest women was as much as 75 percentage points for both periods 1 and 2 in Nigeria. Cameroon and Guinea also had disparities of over 70 percentage points between the wealthiest and poorest women in period 1 but this reduced to about 68 percentage points in period 2. Other countries with over 50 percentage points difference between the proportions of richest and poorest women with skilled personnel births are Mali (both periods), Central African Republic (both periods), Guinea-Bissau (both periods), Ethiopia (both periods), Madagascar (period 2), Senegal (period 1), Ghana (period 1), and Morocco (period 1). For Morocco, Liberia, Tunisia and Zambia, there were declines ranging from -28.9 to -20.6 percentage points in wealth status discrepancies between periods 1 and 2, suggesting more equitable access to skilled personnel by the poorest over the period. Other countries showing declines in the gap between the richest and poorest across the two periods were Sierra Leone, Ghana, Lesotho and Sao Tome and Principe. They indicated percentage point declines between -19.2 and -10.6 between periods 1 and 2. On the other hand, a few countries experienced inequitable access to skilled personnel deliveries, as their gaps widened during the second period. Madagascar, Ethiopia, Benin, Central African Republic and Chad reported wider gaps between the richest and poorest women's access to deliveries by skilled personnel during period 2. Madagascar had the highest percentage point increase between the two periods (+26.5 percentage points). The literature indicates that determinants of skilled personnel for deliveries on the continent are usually socio-economic where the educated, richer, and urban women access these services (Tongun et al., 2019; Ahinkorah et al., 2021).

As previously mentioned, recent evidence suggests that increased heat has a significant impact on maternal and newborn outcomes. With the world heading towards a three-degree warming from preindustrial times, we can expect a stronger influence of climate change and extreme heat on women's health. Consequently, there is a need to strengthen health systems

to become more resilient to climate-related challenges. Additionally, it is expected that more autonomous and well-informed women, specifically primiparas (those experiencing their first childbirth), will opt for skilled birth attendants (Ahinkorah et al., 2021). However, access to healthcare services, including skilled birth attendants, may also be affected by the ongoing pandemic, particularly for displaced individuals on the continent.

b. Implementation: Examples of Policies and Best Practices

Of the countries reviewed only seven of them referred to policies in the past ten years that had been adopted as their current guides to maternal health service provision. These include other countries that continue implementing their maternal and newborn policies . Box 9 highlights some best practices.

Box 9: Best practices to fight against Maternal Mortality

The best policies that inform maternal and child health are those accessible at different levels of healthcare, integrated with other relevant services, and offer an array of facilities. About 24 countries reported some of these best practices. For instance, The Government of **Ethiopia** describes its 2022 National Antenatal Guideline as providing a comprehensive, integrated and effective ANC service modality to improve maternal and foetal/neonatal health. **Namibia** has recorded a downward trend in its MMR and attributes this significant change to women's greater access to health facilities and increased reporting in health facilities. Similarly, **Liberia** indicates that physical access to maternal and childhood services increased between 2019 and 2021. This led to progress in the reduction of maternal mortality and an increase in institutional deliveries by skilled personnel.
Angola's PND 2018-2022 prioritized the protection of maternal health and provides support for reproductive health. It aimed to substantially reduce child mortality, develop, and organize the primary healthcare network considering the population and geographic area, as well as the rural and urban differentials. The Governments of **Djibouti, Equatorial Guinea** and **Gabon** are strengthening national capacities to provide emergency obstetric and new-born care, as well as essential sexual and reproductive health services for marginalized adolescents and young people. **Sierra Leone** has developed a National Integrated Obstetric Care Guidelines in place.

3.2.4 HIV and AIDS, Malaria and Other Infectious Diseases

Infectious or communicable diseases are transmitted through "an infected person, an infected animal, or contaminated inanimate object to a susceptible host" (van Seventer & Hochberg, 2017, p. 22). These diseases include HIV/AIDS, malaria, tuberculosis, poliomyelitis, and others classified as neglected tropical diseases (van Seventer & Hochberg, 2017). SDG 3.3 targets the elimination of communicable diseases globally, and overall declines are being experienced. The African Union Commission has developed the Catalytic Framework to End AIDS, TB and eliminate malaria by 2030. (African Union, 2016). It provides an overarching policy framework to respond effectively to the three biggest diseases on the continent. The

objective of the Framework is to intensify the implementation of the 2013 Abuja Declaration commitments to end AIDS, TB and Malaria as public health threats through building Africa-wide consensus on the key strategic actions within the context of the existing targets and milestones. It focusses on three strategic investment areas: health systems strengthening, generation and use of evidence for policy and programme interventions; and advocacy and capacity building (African Union, 2016).

However, the most significant burden of infections and death due to two infectious diseases, HIV/AIDS, and malaria, is felt in sub-Saharan Africa. Research has indicated declines in HIV prevalence rates with the highest being in Southern and Eastern Africa, and the lowest in Northern Africa (WHO, 2023a). These findings are consistent with results in the previous report. In addition, malaria targets set under the Global Technical Strategy for Malaria (2016-2030) have not yet been attained. Young women, pregnant women and children are deemed most susceptible to HIV and/or malaria infection and death. This sub-section highlights progress made on HIV and malaria prevalence rates.

a. Progress on indicators

Figure A3.24 indicates that Southern, Eastern and Central Africa have the highest HIV prevalence rates. This pattern resembles findings in the AADPD+5 report. Most countries in Southern Africa particularly have rates above 5%. Angola is the outlier in the Southern African subregion with a rate in period 2 of 1.6%. Uganda, Tanzania, and Kenya have the highest prevalence rates in Eastern Africa at 5.2%, 4.5% and 4.0%, respectively. Equatorial Guinea, the Republic of Congo and Gabon also have the highest prevalence rates in Central Africa at 6.9%, 3.8% and 3.0%, respectively. The HIV prevalence rates in most countries in West Africa are relatively low and range from 0.2% in Niger to 3.1% in Guinea-Bissau. Northern Africa has the most negligible rates, the highest being 0.3% in Mauritania. Seven of these countries with negligible HIV prevalence rates had no decline or increase in prevalence. These countries with negligible rates such as Comoros, Morocco, Tunisia, Egypt, and Algeria also remained at the same prevalence rates in the previous review. 39 countries underwent declines in their HIV prevalence rates between the two survey periods. Lesotho experienced the most reduction, at -3.8 percentage points, transitioning to a prevalence rate of 20.9%. Other Southern African countries also reported notable declines in their HIV prevalence, except South Africa, where there was an increase of +0.4 percentage points between 2014 and 2021, from 17.9% to

18.3%. Eswatini continues to experience the highest HIV prevalence rate in Africa at 27.9%, despite a decline of -1.5 percentage points between 2014 and 2021. South Africa and Equatorial Guinea experienced increased prevalence rates in the previous (AADPD+5) and current (AADPD+10) reports.

Data from the Demographic and Health Surveys (DHS) and the Malaria Indicators Surveys (MIS) also indicate that children are more susceptible to malaria in West African countries than the other subregions. Using the results from the DHS/MIS surveys, the proportion of children (ages 6 to 59 months) testing positive for malaria following a microscopy test were highest in Sierra Leone (40.1% in 2016 MIS), Benin (39.1% in 2017/18 DHS), Mali (35.7% in 2015 MIS), Togo (28.3% in 2017 MIS), Liberia (27.8% in 2011 MIS), Burundi (26.8% in 2016/17 DHS), Malawi (24.3% in 2017 MIS) and Nigeria (22.3% in 2021 MIS). Countries such as Ghana, Burkina Faso, Angola, Madagascar, Rwanda, Senegal, Tanzania and Uganda, exhibited declines over time in proportions of children testing positive for malaria - indicating a decline in prevalence ranging from 17.4% of children in Guinea to very low rates of 0.4% of children in Senegal testing positive for malaria.

Climate change has been seen as a persistent challenge to the health of those in low and middle-income countries (WHO, 2023a). While changes in temperature and rainfall have led to the spread of communicable diseases such as malaria, diarrhoea, cholera, as well as other neglected tropical diseases, displacement due to impacts of climate change have also exposed displaced persons to disease and lack of access to health services (UNFPA, 2021; WHO, 2023a). In addition, studies indicate the existence of double and triple burdens of disease in Africa due to COVID-19 infections along with other infectious/communicable diseases such as tuberculosis (TB), HIV/AIDS, malaria, poliomyelitis, pneumonia, and other tropical diseases (Inzaule et al., 2021; Jardim, Zamani & Akrami, 2022; Nachega et al., 2021; Uwishema et al., 2022, 2022). Disruptions to continued care for these conditions during the pandemic and in regions with conflict situations was a challenge to countries.

b. Implementation: Examples of Policies and Best Practices

Of the national report reviewed a total of 17 countries had drafted policies to treat, manage and/or eradicate HIV/AIDS, malaria, tuberculosis, hepatitis, diarrhoeal disease, and other infectious diseases between 2014 and 2023. Some policies emphasise curbing stigma and

discrimination toward people suffering from or living with a disease . Box 10 highlights some best practices.

Box 10: Best practices to combat HIV and AIDS, Malaria and Other Infectious Diseases

Under the National Health Policy in **South Africa**, the "Treat All" Policy in **Ghana**, and other initiatives across the continent, anti-retroviral drugs are free to all. In addition, malaria, a major cause of death in the past, has declined significantly, as reported by some countries. For example, in **Rwanda**, the incidence of malaria and deaths due to malaria have significantly declined. This performance is attributed to strong high impact interventions for malaria prevention measures, surveillance, and management. Also, neglected tropical diseases are no longer a public health problem in Rwanda. **Liberia** is making some progress on the 95-95-95 targets for HIV & AIDS. The Country's performance against the 95-95-95 targets for testing, treatment and viral load suppression stands at 77-94-85 as at the end of 2022. **Eswatini** is one of the first countries to achieve Global targets 95-95-95 goal. In addition, the incidence of malaria is generally low in Eswatini and the country is fast advancing towards elimination. **Ethiopia**: according to the World TB Report, the incidence of TB has declined from 192 cases per 100,000 population in 2015 to 119 in 2021. Due to this significant decline, Ethiopia was removed from the list of Multidrug-Resistant TB high-burden countries in 2020. In 2020, Central African Republic launched a National HIV Strategic Plan 2021–2025, which aims to eliminate discrimination, halve new HIV infections and ensure that 95% of people living with HIV access antiretroviral therapy by 2025.

3.2.5 Burden of Noncommunicable Diseases

Globally, there has been a rise in non-communicable diseases (NCD) and deaths due to NCDs in low- and middle-income country contexts. The elderly along with those genetically predisposed are considered most susceptible to NCD deaths (Wangou et al., 2023; WHO, 2023a). While high rates are occurring globally, the African continent is also experiencing a double burden of disease, with a growing number vulnerable to both communicable and non-communicable diseases (de-Graft-Aikins et al., 2010; Bigna & Noubiap, 2019). This double burden has implications for the health systems of African countries, individuals' susceptibility to comorbid conditions (including during the COVID-19 pandemic), and economic, psychological, and physical stress on caregivers caring for family members (Gouda et al., 2019; Inzaule et al., 2021). In this sub-section, we report on an analysis comparing three categories of causes of death (communicable, maternal, and nutritional conditions, non-communicable diseases and injuries) in Africa. We also highlight country-specific results from age-standardised NCD mortality rates for several African countries. The AADPD+5 report included these same indicators and described overall high rates, with every country reporting over 400 deaths per 100,000 population in 2015.

a. Progress on Indicators

Figure A3.25 shows the causes of death in Africa by type. Deaths due to injuries have remained stable, increasing slightly from 2010 to 2015, while deaths due to communicable, maternal, and nutritional causes have declined from 68% to 53%. However, deaths attributable to noncommunicable diseases have steadily risen from 24% to 37%, indicating a 13-percentage point increase.

Age-specific NCD mortality rates decline for almost all 53 African countries, except Mauritania, Equatorial Guinea, Seychelles, South Sudan, and Cabo Verde (Figure A3.16 in annex). These countries experienced increased NCD mortality rates ranging from 1.6 to 82.9 deaths per 100,000 population. In 2014, 14 countries had age-specific NCD mortality rates of over 700 per 100,000 population but this declined to the following eight countries by 2019 - Eritrea, Egypt, Somalia, Botswana, Zimbabwe, Mozambique, Central African Republic and Lesotho. Lesotho continues to experience the highest NCD mortality rates on the continent (1137 NCD deaths per 100,000 population). Research has shown that the issue of comorbidity may play a role on the subregion's epidemiology, and that antiretroviral therapies may be linked to an increased risk of cardiovascular disease (Gouda et al., 2019). Conversely, in 2019, Algeria, Tunisia, Mauritania, Libya, South Sudan and Tanzania had NCD mortality rates between 445 and 497 deaths per 100,000 population, which were the lowest on the continent.

b. Implementation: Examples of Policies and Best Practices

Only seven countries mentioned policies reporting non-communicable diseases (NCDs) . The analysis of national reports revealed some best practices (Box 11).

Box 11: Combatting Noncommunicable Diseases: some Best Practices

In **Rwanda**, several interventions are carried out to prevent, detect early, care for and treat NCDs ranging from free check-ups to community awareness raising. Strengthening the treatment of NCDs at the primary healthcare level is a good practice since the numbers with conditions are increasing. In addition, for **Ghana**, national health insurance has included selected NCD conditions, including four childhood cancers. In Seychelles, a multi-sectoral steering committee, led by the President of the Republic, along with other relevant sectoral committees have developed and implemented strategies and programmes to combat obesity across the country.

Comoros has implemented efforts on the NCD progress indicators related to NCD policy and plans, tobacco taxes, tobacco smoke free/pollution and alcohol advertising restrictions, however progress has been more limited on NCD guidelines, tobacco advertising bans, tobacco media campaigns, salt policies, trans fats policies, marketing to children and physical activity guidelines.

3.2.6 Health Systems Strengthening

Universal health coverage (UHC), under SDG 3.8 seeks to ensure people have access to quality and affordable health services (WHO, 2023a), and is a goal most nations in the low- and middle-income country context have ascribed to. The World Health Organization considers the strengthening of health systems in Africa as crucial to attaining UHC. Building blocks to achieve a resilient health system comprise service delivery, health workforce, health information systems, access to essential medicines, financing, and leadership/governance.

The Health Strategy 2016-2030 (AHS-2016-2030) provides a guideline to build an effective, African-driven response to reduce the burden of disease through strengthened health systems, scaled-up health interventions, inter-sectoral action, and empowered communities. Its strategic directions require multi-sectoral collaboration, adequate resources along with leadership to champion its implementation and ensure effective accountability for its results (African Union Commission-Department of Social Affairs, 2015).

The health systems in most African countries face several challenges in ensuring progress in all six building blocks. The WHO (2023) report classifies important indicators being assessed under UHC - Reproductive, Maternal, Newborn, and Child Health (RMNCH), infectious/communicable diseases, non-communicable diseases, and health services capacity and access. Improvements are being experienced globally, but the worst indicators are noted in sub-Saharan Africa (WHO, 2023a). Reducing the financial hardship of those seeking health services is another important UHC indicator; therefore, national health insurance programmes that reduce out-of-pocket patient payments are encouraged. In the previous continental report, only funding on insurance programmes in selected African countries were documented and indicated increases in the access to insurance over time with Ghana reporting the highest percentage point increase. However, since this time, external shocks including a pandemic, climate change challenges and insecurity have recently impacted progress made by the African countries already fragile health systems. This sub-section reports on the impact of COVID-19 and insecurity on African countries' financing of health expenditure by countries based on evidence from selected national reports in the various sub-regions.

a. Progress on Indicators

In 2020, the coronavirus disease (COVID-19) had immense consequences on the fragile and under-resourced health systems of African countries (Amu et al., 2022; Boum, Bebell & Bisseck, 2021; Gebremeskel et al., 2021; Salyer et al., 2021; Smiley et al., 2020). Challenges confronting the health systems of African countries include frontline health staff shortages, inadequate health staff training, lack of personal protective equipment (PPE) and staff motivation, among others (Chersich et al., 2020). There was also evidence of issues relating to primary health care provision as community-based health workers were, from the outset, ill-trained in the prevention and detection of COVID, lacked adequate PPEs, and had limited opportunities to educate community members about the virus (Adu et al, 2022; Chersich et al., 2020; Ray & Mash, 2021). Other studies also implicate COVID-19 as instrumental in the reduction of skilled personnel on the African continent. The incidence of "brain drain", where vast amounts of skilled health professionals have migrated to high-income countries, has left fewer overburdened skilled personnel on the continent to support the health system during the pandemic (Lawal et al., 2022; Onu, 2021). Some of which are planning to migrate given the opportunity.

Insecurity in Africa has led to the disruption of health systems in affected conflict zones. During armed conflicts or civil unrest, health facilities and health personnel are often the target of attacks or acts aimed at preventing access to services or hindering their operation (Chukwuma & Ekhator-Mobayode, 2019). During armed conflicts, the provision of healthcare services is also frequently compromised by curfews, roadblocks and the closure of checkpoints, which prevent patients from reaching healthcare facilities, and causes fear in patients who have to travel to insecure areas for treatment (Chukwuma & Ekhator-Mobayode, 2019). Financing health and attaining commodities are also challenges. Marginalised and vulnerable populations also often face less access to health services, with social exclusion further aggravating their state of health. Insecurity due to natural disasters also has an impact on health service provision, either directly or indirectly, as in the case of armed conflicts. Either health facilities are destroyed, or a chain of events follows in the wake of natural devastation (Francescutti et al., 2017; WHO, 2023a).

The World Bank health data indicates in 2020, countries with the highest percentage (50% or more) of health expenditure from public resources as Djibouti, Sao Tome & Principe, Lesotho,

The Gambia, Mauritius, Eswatini, Gabon, Tunisia, Cabo Verde, South African, Algeria, Botswana, and Seychelles with percentages ranging from 50% to 84.5%. On the other hand, countries with more than 50% of health expenditure being from out-of-pocket payments include CAR, Sudan, Sierra Leone, Egypt, Chad, Togo, Guinea-Bissau, Comoros, Cameroon, Equatorial Guinea, and Nigeria.

b. Implementation: Examples of Policies and Best Practices

Various policies have been enacted to ensure the efficient running of the health systems in African countries. These policies range from those focused on Universal Health Coverage to specific policies on National Health Insurance. Health insurance is a key component needed to attain universal health coverage, and thus, strengthen Africa's health systems. Box 12 highlights some best practices.

Box 12: Best practices to Strengthening Health Systems

Health financing and governance are important pillars in the health system. Regarding financing, Rwanda seems to be the only country to have attained the 15% allocation of government funds to the health sector as prescribed in the 2001 Abuja Declaration. The right to health is enshrined in the Constitution of Seychelles, Article 29, and it underscores the government's commitment to health care provision. The country has been able to achieve 100% people with access to health but 70% have universal health coverage, while 13% of the national budget is allocated for health. South Sudan, which has a fragile health system due to conflict it has suffered over the years, has developed, and implemented the Boma Health Initiative that aims at providing community-based health care services to all parts of the country. In Ethiopia and Ghana, among others, community-based health services and health insurance supports people's access to services. The adoption by most countries of community health workers and the primary health care concept, and national insurance schemes are important in ensuring the attainment of UHC.

The **government of the Republique of Congo** with technical and financial support from the World Bank, is implementing programme to strengthen the health system and disease surveillance systems. Madagascar: The Ministry of Health of **Madagascar** has adopted the "Reach Every Target" (RED) approach, with advanced, mobile and routine strategies reinforced by regular immunisation campaigns as part of Mother and Child Health Week (MCHW) and Supplementary Immunisation Activities (SIAs) in the event of a resurgence of vaccine-preventable diseases. The country has also adopted a National Strategy for Universal Health Coverage (SN CSU) in 2015 and a National Health Financing Strategy in 2022.

3.3. Place and Mobility

The AAPD reaffirms countries' commitments to: (1) facilitate free movement of people and goods within countries to foster rural-urban inter-linkages, and regional integration; (2) address, as a priority, the living conditions of people in urban and peri-urban areas through systematic city planning and management while ensuring equal access to quality and affordable basic health and social services for all people; (3) ensure equity in access to services

by making them sufficiently and geographically available in both urban and rural areas; and (4) ensure the rights of refugees and guarantee their physical and social protection in conformity with international conventions and work towards facilitating their repatriation to their countries of origin. This section describes trends in net migration, in refugees and internal migration, and trends in the percentage of urban population living in slums, as well as proportions with access to basic services, namely electricity and safe drinking water.

3.3.1 Migration and Internal Displacement

In 2018, African leaders adopted the Protocol to the Treaty Establishing the African Economic Community Relating to Free Movement of Persons, Right of Residence and Right of Establishment to demonstrate the imperative of the free movement of persons for continental integration, particularly for the effective implementation of the AfCFTA (African Union (African Union, 2018).

Migration across international borders can be a factor of economic and social development, through increased global labour productivity. It can also promote investment and higher living standards in countries of origin through remittances sent by migrants to families and communities (UNDESA, 2017).

However, it should be stressed that the analysis of migration and internal displacement has become more complex due to the armed and climatic insecurity in Africa (UNHCR, 2023; WHO, 2023).

For this sub-section, the indicator is the net migration rate[18] which is defined as the number of immigrants minus the number of emigrants over a period, divided by the person-years lived by the population of the receiving country over that period. It is expressed as the average annual net number of migrants per 1,000 populations.

The previous report shows that African countries are countries of emigration. This emigration is primarily intra-regional. Migration between neighbouring countries is more important than migration to developed countries.

[18] According to IOM, Net migration rate compares the difference between the number of persons entering and leaving a country during the year per 1,000 persons (based on midyear population).

a. Net Migration Rate

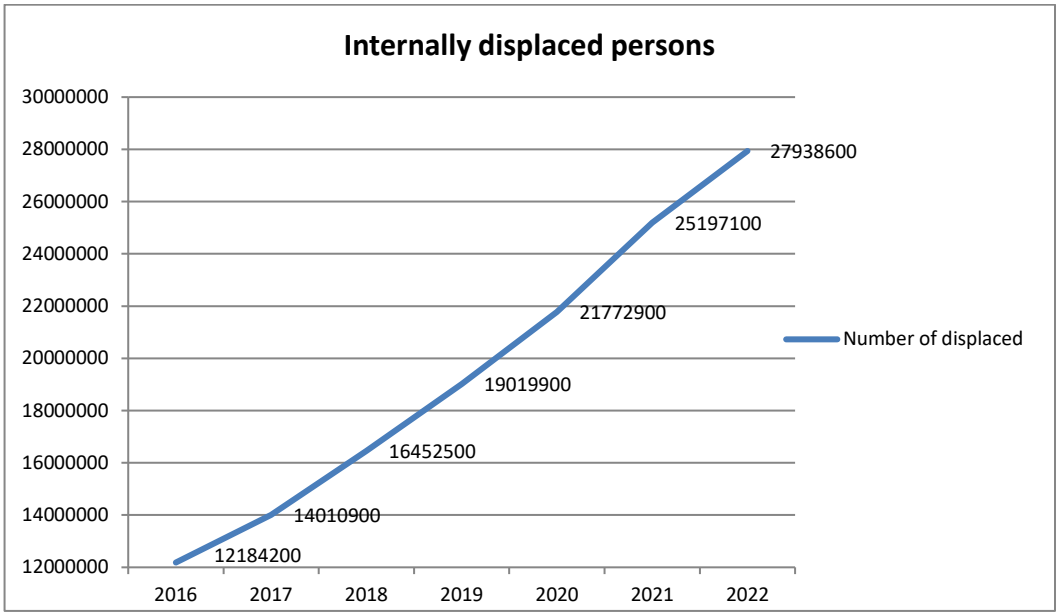
As can be seen, most African countries are net senders of migrants (Table A3.1 in annex). Except for the Southern African region, which remains a region of immigration, the other regions experienced negative net immigration rates in 2020. Botswana and South Africa appear to be the two most attractive countries in the subregion. However, between 2014 and 2020, these two countries lose their attractiveness or retention. The net rate falls by almost 4.0 points over this period.

In Eastern and Western Africa, there is a relative improvement in the net rate, although it remains negative. As for Central Africa, it moves from positive to negative between 2014 and 2020. The net rate for Gabon and Cameroon falls by 7.8 and 3.9 points, respectively, from the 2014 levels. The Central African Republic remains a sender country, but it has gained almost 30 points, going from -35.7 in 2014 to -4.6 in 2020. Armed conflict over the last four years might be the primary driver of trends in net migration. For the rest of the countries, we can conclude that net migration has been relatively stable between 2014 and 2020. The differences are small in most countries during this period.

b. Refugees & Internal Displacement

Africa has become the continent with the highest number of victims of armed conflicts worldwide. Most conflicts have a regional dimension. These conflicts often involve non-state actors, such as extremist groups, who engage in violent activities to achieve their political goals (PRIO, 2022). Civil wars are also spreading, with large numbers of casualties and massive population displacement. In less than 10 years, the number of people displaced by conflict or violence has more than doubled. It has risen from 12 million in 2016 to almost 28 million in 2022 (World Bank, 2023) (Figure 3.6).

Figure 3.5: Number of internally displaced persons in sub-Saharan Africa (2016-2022)



Source: World Bank, 2023[19]

This is the highest figure ever recorded, and around 42 per cent of the global total. Persistent conflict keeps taking place some countries, where forced displacement remains unabated. Across the continent, not only is the number of new displacements increasing, but the prospects for durable solutions for millions of internally displaced persons remain elusive (World Bank, 2023).

A total of 7 million refugees remained displaced at the end of 2022, a slight increase from the previous year. The East and Horn of Africa and the Great Lakes region hosted 4.7 million refugees, primarily in Uganda (1.5 million), Sudan (1.1 million) and Ethiopia (879,600), which is consistent with the previous year. West and Central African countries hosted 1.6 million refugees at the end of 2022, 5% more than the previous year. Almost 85% of all refugees in the region resided in Chad (592,800), Cameroon (473,900) and Niger (255,300). Countries in Southern Africa continued to host slightly more than three-quarters of a million refugees (773,000), with most residing in the DRC (520,500) (United Nations High Commissioner for Refugees, 2023).

Additionally, the adverse effects of climate change impacts, ,, such as droughts, floods, and erosion, are causing both internal and international displacements. In 2014, the number of

[19] https://data.worldbank.org/indicator/VC.IDP.TOCV?locations=ZG

individuals in sub-Saharan Africa (SSA) who were compelled to leave their homes due to natural disasters amounted to 652,057. However, this figure rose significantly to an estimated 2.6 million in 2021. Concurrently, in the Democratic Republic of Congo, the number of people forcibly displaced as a result of natural disasters surged from 24,000 to 888,000 during the same time frame. In contrast, Zimbabwe experienced a decline in the number of internal displacements due to natural disasters, decreasing from 23,000 in 2014 to 2,400 in 2021.

c. Implementation: Examples of Policies and Best Practices

Majority of African countries have adopted or revised existing policies on migration or during the ten-year period of this AADPD review (2014 to 2023). Box 13 reports some countries that have implemented new policies and best practices.

Box 13: Best practices on migration

Countries such as **Malawi, Ethiopia, The Gambia, Ghana, Liberia, Malawi, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, Zambia, Zimbabwe, South Africa** and **Kenya** have revised or adopted comprehensive and specific migration policies that consider a host of issues regarding migrants, and the management of refugees, asylum seekers, trafficked persons, the internally displaced, diasporans, etc. Irregular migration, Diasporan Acts, and actions to close porous borders are some legislative initiatives taken by countries including **Ghana, Zimbabwe,** and **Liberia**. **Ethiopia** identification cards are given to refugees to enable them to work, access health facilities and carry out bank transactions. Furthermore, other countries like **Burkina Faso, Cameroon, Côte d'Ivoire, Ethiopia, The Gambia, Ghana, Guinea, Kenya, Liberia, Malawi, Mali, Mauritius, Morocco, Mozambique, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, Togo, Uganda, and Zimbabwe** have increased partnerships to support the most vulnerable migrants, including refugees and other vulnerable people. Other countries have enacted a dual citizenship policy to enable those with other citizenships to facilitate return migrants**: Algeria, Angola, Benin, Burkina Faso, Burundi, Cape Verde, Eritrea, Gambia, Ghana, Kenya, Nigeria, Niger, Sudan, South Africa, South Sudan, Tunisia, Zambia,** and **Zimbabwe**.
Central African Republic has adopted a Crisis Response Plan 2023 to mitigate forced migration due to natural disasters, armed conflict and/or pandemics/ epidemic.

3.3.2 Living Conditions of People in Urban and Peri-Urban Areas, Displaced People and Migrants

Approximately 55% of the world's population lives in towns and cities, with urbanisation projected to reach almost 70 percent by 2050. For many, urbanisation has opened opportunities for better health and socioeconomic prosperity, but it has also led to the proliferation of slums and informal settlements, which often lack essential services, including sexual and reproductive health care, and effective mechanisms to prevent and respond to gender-based violence (UNFPA, 2021).

The percentage of the urban population living in slums is an important measure of living conditions. Indeed, urban populations living in slum areas often do not have access to water from improved sources, improved sanitation, and durable housing. Figure A3.26 depicts the percentage of urban population living in slums[20] areas in 2014 and 2024 in selected African countries.

a. Progress on Indicators

North Africa, including Arab Maghreb Union countries[21], is the only African region where the proportion of the population living in slums is low. For the rest of Africa, one in two of the urban population lives in a slum. In 2020, the highest proportions were observed in Central and East Africa. Chad (82%), the DRC (78.4%), Sudan (73.7%), Madagascar (67.4%) and Ethiopia (64.3%) are the five countries with the highest proportions. Except for Madagascar, all four countries are characterised by recurrent armed conflict. Between 2005 and 2014, several countries had significantly curbed the proportion of their urban population living in slums. These include Angola (reduction of 31 percentage points), and Sierra Leone, Rwanda, Tanzania, Nigeria, Uganda, and Niger (reduction between 12 and 21 percentage points). In Lesotho, and to a lesser extent in Burkina Faso and Zimbabwe, the proportion of slum dwellers had increased over time. However, between 2014 and 2020, the phenomenon remains significant, but the downward trend is confirmed in almost all countries. Angola (+12), Guinea (+2.5) and the Democratic Republic of Congo (+2.3) are the three countries where an upward trend is observed during this period.

The displacement of populations in Africa has been usually referred to as a humanitarian and protection concern, but it is also fast becoming a developmental and public health issue of great concern (WHO, 2023c). In the first half of 2017, there were more than 2.7 million new displacements across 29 African countries, largely due to conflict and violence. The countries with the greatest brunt include DRC, Ethiopia, Central African Republic, South Sudan, and The Gambia. By the end of 2022, millions more people had fled their homes due to droughts and

[20] A slum has been re-defined by the United Nations Program on Human Settlements (UN-HABITAT) as "a contiguous settlement where the inhabitants are characterised as having inadequate housing and basic services. A slum is often not recognized and addressed by the public authorities as an integral or equal part of the city" (UN-HABITAT Urban Secretariat & Shelter Branch, 2002)

[21] Arab Maghreb countries include Algeria, Libya, Mauritania, Morocco and Tunisia. The North Africa region includes Arab Maghreb countries, Western Sarah and Egypt.

floods linked to climate change in East Africa, in the Horn of Africa and in the Great Lakes region. The region is experiencing its worst drought for 40 years after five consecutive failed rainy seasons, and probably a sixth in 2023. By 2022, drought had displaced 1.8 million people. In Southern Africa, 10.1 million people are displaced by climate-related disasters, drought, economic pressures, and insecurity. The long-running conflict in the DRC has left five million people internally displaced and one million refugees. Malawi is experiencing severe food shortages due to poverty and extreme weather conditions. In Mozambique, nearly a million people have been internally displaced by insurrection and climate-related disasters (WHO, 2023c; UNHCR, 2023).

These situations disproportionately affect women and girls, children, older persons, and other vulnerable groups. Over half of all maternal deaths occur in humanitarian and fragile settings. To tackle these trends, it is crucial to prioritise disaster risk preparedness and humanitarian response systems that are flexible, adaptable, and resilient to future threats and uncertainties (UNFPA, 2021).

b. Implementation: Examples of Policies and Best Practices

Most African countries are guided by a land use plan or an urban policy to ensure sustainable use of space. Box 14 list some countries where policies to improve poor living in urban areas.

Box 14: Best practices on urbanisation

Number of countries among others **Zimbabwe, Zambia, Togo, South Africa, Sierra Leone, Rwanda, Namibia, Malawi, Liberia, Kenya, The Gambia, Ghana, Ethiopia, Burkina Faso, and Côte d'Ivoire** have developed urban plan. Some other countries, such as, **Namibia, Liberia, Kenya, Rwanda, and Seychelles** have developed land tenure systems, and pro-poor initiatives to allow poor people to access proper housing. These have been some solutions to curb the unprecedented growth of informal settlements in African cities. The Government of **Chad** launched in 2023 a Project aiming to improve the living conditions for the local population in N'Djamena.

Cabe Verdo and Comoros has signed a Memorandum of Understanding (MoU) with UN-Habitat to improve the living conditions of Comoros' urban population, especially the poor living in informal settlements and hazard prone areas. These countries have developed and adopted National Development Strategy for inclusive and sustainable urbanisation .

Madagascar is implementing the Integrated Urban Development and Resilience Project (PRODUIR), which promotes the sustainable use of urban space and supports community structures linked to water, sanitation and hygiene.

3.3.3 Access to Services

Despite progress in recent years, the target of universal access to electricity and piped water remains a challenge in Africa. Regional disparities continue to persist, and the access deficit is particularly concentrated in sub-Saharan Africa. Yet Africa's infrastructures for energy lags increasingly behind those of other developing countries in providing electricity, water supply and sanitation services (WHO, 2021).

The previous AADPD+5 report shows a relative evolution in access to services. To assess the progress made in terms of access to services during these last ten years, the two indicators are the percentage of the population with access to safe drinking water and the percentage of the population with access to electricity.

a. Progress on Indicators

Access to safely managed drinking water services is lower in Africa, particularly in sub-Saharan Africa (SSA) compared to other regions in the world. However, there is noticeable progress, comparing 2014 to 2020, with more people reporting access to safely managed drinking water services. In 2020, the Maghreb remains the region of Africa with the highest percentage of population with access to safe drinking water. In the rest of Africa, the average is relatively close to one in four inhabitants. The lowest levels are in Eastern Africa, with less than one in five inhabitants. Of the countries highlighted for which data are available, the greatest progress was recorded in Tunisia, and the least in Ethiopia and Rwanda (12%) (Figure A3.27). It is worthy to note that Tunisia and Morocco have the highest level (79%) in 2020. The progress was modest in all other countries listed in Figure A3.27.

In general, we observe an upward trend in access to electricity between 2014 and 2020 (Figure A3.20 in annex). The percentage of the population served by electricity rose from 38.8% to 50.6% during this period. North African countries have the best access. In the other sub-regions, there are major disparities between countries.

Figure A3.20 shows huge disparities in access to electricity across and within African subregions, with Western and Eastern African countries bearing the greatest burden. In 2020, access to electricity was universal or almost universal in two Northern African countries (Algeria and Tunisia). By contrast, in Burundi, South Sudan, Malawi, and DRC, electricity was accessed by only between 7% and 20% of the population. These figures were also quite low

between 2005 and 2014 in the previous report. Ethiopia, Angola, Rwanda, Zimbabwe and Mali are the countries where significant progress has been made over the period.

b. Implementation: Examples of Policies and Best Practices

Policy Changes

Though majority of African population are facing challenges to access water and electricity, some countries have developed policies years to ensure their residents have access to services – water, electricity, housing, health, and education service. Box 15 illustrates same example of new policies or best practices implemented in the continent.

Box 15: Best practices in access to service and mitigation

For instance, **Liberia, Rwanda, Kenya, The Gambia, Ghana, Burkina Faso and Ethiopia** policies or put measures in place to ensure access to health and social welfare services for all, to provide Electricity in rural areas. The Government of **Zambia** plans to continue to invest in road, water, and rail infrastructure to facilitate the movement of goods and foster regional integration. The Government of Uganda has mobilised funds to mitigate climate change and support environmental projects while Zimbabwe has instituted community-based disaster risk management training programs to provide knowledge on vulnerability and disaster risks.
In Guinea, the government has put in place the National Economic and Social Development Plan (PNDES) covering the period 2016 - 2020 to increase investment and improve access to water, electricity, and other socioeconomic services.

3.4. Governance

Governance is defined as the provision of the political, social, economic, and environmental goods and services that every citizen has the right to expect from their state, and that a state is responsible for delivering to its citizens.

During the Addis Ababa Declaration for Population and Development beyond 2014 meeting, African Ministries recognized that responsive governance is based on accountability, participation of all, transparency, and rule of law, and that strengthened governance at the local, sub-national, national, regional, and global levels is key to optimal development outcomes (African Union Commission, 2013). In Africa, governance is considered an essential component in the efforts to achieve continental development goals, mainly the African Union's Agenda 2063 and the Sustainable Development Goals (SDGs) Agenda 2030. The African Peer Review Mechanism (APRM) and the African Governance Platform (AGP) of the African Governance Architecture (AGA) promote governance by publishing the African

Governance Report. This Report assesses the state of governance in Africa by providing accurate and informative assessments and reports on select and key governance areas.

a. Progress on Indicators

In recent years, progress has been made in governance on the continent. In most of the countries (for example, Rwanda, Togo, and Seychelles), monitoring and evaluation mechanisms have been instituted to effectively assess performance to ensure accountability. Rwanda and Madagascar have also reinforced the involvement of citizens in all steps of both planning and effective monitoring of government programs. In Nigeria, some progress is also noted in population participation in all aspects/levels of governance. Countries such as Rwanda promote sustainability by creating and adopting technology and innovation by digitalising services and developing electronic payment. Likewise, some anti-corruption institutions have been established/strengthened in some countries. However, over the past five years, one could observe the slow qualitative deterioration of democracy with a resurgence of military coups (such as in Sudan, Guinea, Mali, Burkina Faso, and Niger), as well as voting along ethnic lines and political violence.

The Ibrahim Index of African Governance (IIAG) constitutes a comprehensive dataset measuring African governance, providing specific scores and trends at the continental, regional, and national levels, on the entire spectrum of thematic governance dimensions. The IIAG overall governance index considers four main categories or pillars of governance: Security & Rule of Law, Participation, Rights & Inclusion, Foundations for Economic Opportunity and Human Development. Figure 3.16 shows the Ibrahim Index of African Governance (IIAG) for all African countries in 2014 and 2021. The average score for all 54 African countries was 47.8 in 2014 and 48.9 in 2021, although there were wide variations between countries. Mauritius recorded the highest score in 2014 and 2021, with 76.7 and 74.9 points respectively. On the other hand, the lowest scores were recorded in Somalia (19 points) in 2014 and South Sudan (19 points) in 2021.

The trend analysis displayed in Figure A3.21 (annex) shows that governance improved slightly between 2014 and 2021. The overall governance score rose by an average of 1.07 points, although there were wide variations between and within regions. In each of the five regions, more than half of all countries saw a positive improvement in their overall governance score. Northern Africa recorded the greatest improvement in overall governance. Except for Libya,

the other five countries in this region experienced a positive trend in the overall governance score. Northern Africa is followed by Eastern Africa (9 out of 14 countries) and Western Africa (9 out of 15 countries). With only five out of nine countries showing a positive change in the good governance score, Central Africa is the region that has made the least progress between 2014 and 2021. Of the 54 countries, 34 improved their overall governance score. The most significant progress was recorded in the Seychelles and The Gambia, with a 10-point increase in each country's overall governance score. On the other hand, the sharpest declines were seen in Comoros (-5 points) and Mali (-3.6 points).

b. Implementation: Examples of Policies and Best Practices

In recent years, significant progress has been made in the area of governance, thanks to the political commitment expressed through the establishment of institutions, strategies, plans and consequent programs. These improvements have included strengthening the monitoring and evaluation mechanism, stepping up the fight against corruption, and improving public participation in decision-making.

Most countries have made policy changes to strengthen governance. For example, Zambia and Burundi introduced National Population Policy in 2019 and in 2022, respectively. This policy serves as a guiding framework for the country, emphasising the integration of population dynamics into all facets of developmental planning and fostering a development approach centred around its people. Box 16 provides some examples of countries where policies and best practices where implemented.

Box 16: Best practices in Governance

For instance, **Uganda, Togo, Republic of Congo, Ethiopia, Ghana, Seychelles, South Sudan, Namibia, Democratic Republic of Congo** have adopted national policies, created new institution to combat corruption, to monitor and evaluate the government activities. Countries like **Cameroon**, **Liberia, Uganda, Sierra Leone, Nigeria, Cote d'Ivoire, Benin** made significant efforts to ensure the incorporation of population variables in development planning. in South Sudan, Burundi and DRC, the government implemented policies aimed at ensuring the inclusive and effective participation of women, in all aspects and levels of governance.

In **South Africa**, in 2018, the National Population Unit (NPU) with the support of the Department of Cooperative Governance (DCOG) have developed a training course to support municipalities in understanding the integration of migration issues for their internally displaced persons.

In **Nigeria**, the government's approval of a disaggregated progressive social register for older persons has paved the way for the launch of the Older Persons' Social Safety Net program, benefiting 250,000 older citizens. The **Republication of Congo** has created in the "High Authority to Combat Corruption" (HALC).

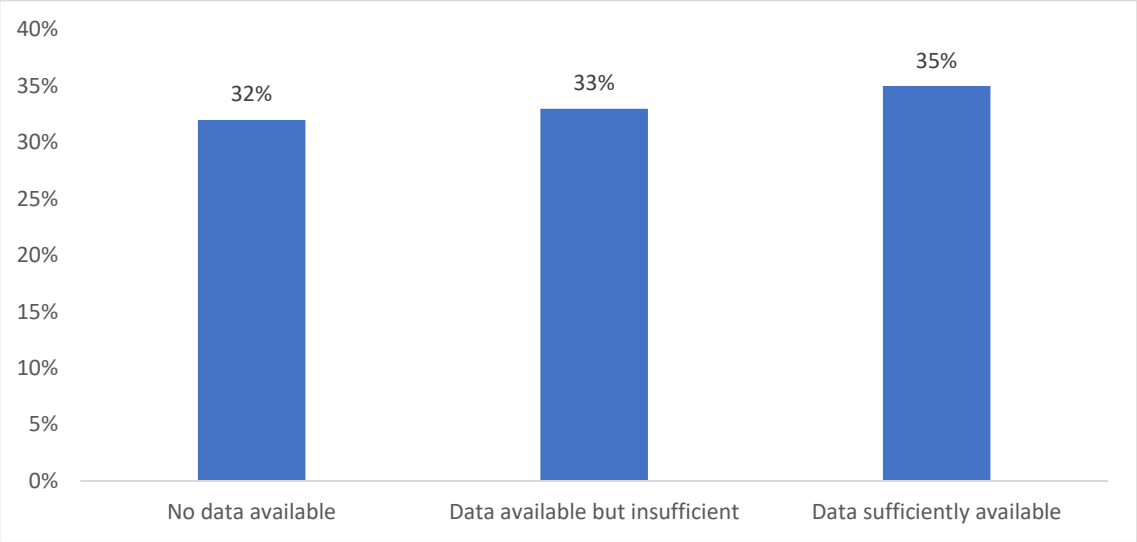
3.5 Data and Statistics

a. Progress on Indicators

“Data is a public good, the new oil, the gold in which Africa must invest to support its development” (Chinganya, 2020). This statement from the Economic Commission for Africa's (ECA) African Centre for Statistics expresses the continent’s need for reliable data and statistics for the effective implementation of development programs to achieve the Sustainable Development Goals (SDGs) and other development frameworks. Over the past decade, the state of data and statistics has improved in all African countries. Since the 2000s, several initiatives have been developed to meet the demand for increasingly high-quality data on the continent. These include the development and implementation of the 2004 Marrakech Action Plan for Statistics (MAPS), later revised through the Regional Strategic Reference Framework for Statistical Capacity Building in Africa (RRSF). As part of the follow-up and evaluation of the CSRR, the United Nations Economic Commission for Africa (UNECA) developed the African Statistical Development Index (ASDI) to help African countries develop their statistical systems.

All these efforts have enabled African countries to better develop their statistical systems, with better and more accessible data. Moreover, with the advent of digital technology, most countries have succeeded in transforming and modernising their official statistics to meet national development needs (United Nations, 2023). In 2023, the African Group on the Transformation and Modernization of Official Statistics drew up a roadmap (2023-2030) for the transformation and modernization of official statistics across the continent. The roadmap process involved the participation of sub-regional institutions and regional members of the African statistical system, with the aim of making data more accessible. These initiatives have enabled many countries to make progress in terms of data quality. However, it should be noted that the continent is still struggling to make data available. Overall, the assessment of data availability in the context of the SDGs shows that only 35% of indicators can be assessed with sufficient data. About 33% of SDG indicators can be assessed with insufficient data, and for the remaining 32%, no country has the data for monitoring (Figure 3.7).

Figure 3.6: Assessment of overall data availability for sustainable development indicators, 2000-2019



Source: United Nations 2021/Economic Commission for Africa

With this low data availability, data systems, particularly data use, remain limited in many countries, due to a weak statistical culture and insufficient investment in data collection and analysis. Registration of vital events and statistics, in particular deaths, marriages, and divorces, is poor in many countries. The registration of marriages and deaths could highlight potential inequalities between men and women in terms of inheritance laws/standards, property, and asset ownership.

Among the range of data sources, censuses, and large-scale surveys (DHS and MICS) are the most reliable and widespread in Africa. Figure A3.29 (Table A3.3 in annex for more details) summarises the realisation of large data collection operations in African sub-regions (i.e., the proportion of countries that have conducted at least one census and the proportion that have conducted at least one major survey) during the periods 2010-2018 and 2019-2023. During the first period 2010-2018, 60% of African countries carried out at least one census, compared to only 49% of countries for the second period 2019-2023. This reflects a decline in the effort in mobilising comprehensive data sets in recent years for the monitoring of the indicators of the various national and international commitments and agendas. This lack of census data is observed in all African regions with an accentuation in Central Africa. In this region, 33% of countries carried out a census over the period 2010-2018 while no country in the region carried out a census over the period 2019-2023. The differences between sub-regions remain

significant and the largest proportion (90% and 50% respectively between 2010-2018 and 2019-2023) of countries having carried out at least one census is observed in Southern Africa. The same trends are observed regarding national large socio-demographic surveys. Likewise, 70% of African countries carried out at least one DHS or MICS during the period 2010-2018, compared to around 50% of countries for the period 2019-2023; a deficit which is also observed in all regions. In all regions, we observe that more than half of the countries have carried out at least one major survey except for Northern Africa where only around 14% of countries have conducted at least one major survey about data mobilisation in Africa during the period 2010 to 2023.

In short, whether we consider censuses or large-scale surveys, data collection on the continent has declined over the past five years (2019-2023). This situation could be explained not only by limitations in fundraising, but also by the unstable security situation in most countries associated with the various pandemics (Ebola, Covid-19) which have hit many countries in this part of the world.

The spread of internet, mobile phones and related Information and Communication Technologies (ICT) are having a transformative role in improving data and statistics on the continent. They offer opportunities to modernize census operations, regarding constructing digital maps, electronic capture of data during the interview, real-time validation and dissemination of results (census and surveys). The African Centre for Statistics (ACS) at the UN Economic Commission for Africa (UNECA) is working with the National Statistics Offices (NSO) to support digital transformation in African countries through replacing the recording of information on the census questionnaire from paper to an electronic device (such as tablets and phones). The 2022 South African census used three data collection modes: Face-to-face (CAPI), Telephonic (CATI) and Online (CAWI). Ghana's 2021 census collected data on digital tablets. Kenya's 2019 census data collection was encrypted and successfully transmitted to servers through a secure ICT infrastructure. The Egypt 2017 census also used digital data collection. All recent Demographic and Health Surveys (DHS) and Multiple Indicators Clusters Surveys (MICS) are using tablets or mobile phones to collect data.

b. Implementation: Examples of Policies and Best Practices

Countries have developed and implemented several policies and programmes that have led to the current level of data collection. Across the continent, several countries have supported

data collection with policies and programmes spread across different regions. National reports depict key policies and programmes adopted and implemented. Box 17 highlights some best practices in promoting partnership the fight against poverty and inequality.

Box 17: Policies and Best practices in improving data and statistics.

Burkina Faso passed a law in 2021 on the organisation and regulation of statistical activities (SDS) for the period 2021-2025. In 2020, the country also set up a National Statistical Programme (NSP), which is a tool for coordinating the statistical activities of official statistics-producing bodies and enables dialogue and consultation between producers and users of statistical data.

Botswana has set up a Centre of Excellence for Civil Registration and Vital Statistics Systems in 2015 to strengthen the national and civil registration. It is global resource hub sharing knowledge, tools, standards, and good practice, as well as supporting research and offering expertise.

Cote d'Ivoire has set up a programme to support the modernisation of the civil registry (PAMEC) with a view to modernising the civil registry by enacting laws on the introduction of a birth registration procedure and civil status reform in 2018. The country has developed community mechanisms for registering births on time, and the health system is making a major contribution to increasing the birth registration rate. A law on statistical data has been voted and the country reported best practice in census taking. **Guinea** drew up a national strategy for the reform and modernisation of civil status in 2017. **Senegal** has implemented a NEKKAL programme to strengthen the civil registry information system and consolidate a national biometric identity file. **Cameroon** drew up and implemented a Civil Status Rehabilitation Strategy Plan in 2017. **Zimbabwe** has set up an integrated computerized civil registration system, which is decentralised to the country's ten provinces and 62 administrative districts. **Eswatini** has improved the infrastructure for reporting vital events and building capacity of professionals has been prioritized to strengthen CRVS in the country. Also, all hospitals have a civil registration facility to ensure timely registration. In **Chad** more than 10 laws were adopted to build the national statistical institution and train statistical specialists.

Since 2016, **Comoros** has been implementing a programme to strengthen the capacity of the National Statistical Office, National Institute of Statistics, Economic, and Demographic Studies (INSEED) to improve the production and dissemination of statistics.

The government of **Mozambique** has emphasized the importance of data and statistics in the planning, monitoring, and evaluation of development plans, policies, and strategies. Mozambique has made significant efforts to strengthen the quality data system, and availability of accurate, reliable, and timely disaggregated data to ensure inclusiveness of all programs, including censuses and surveys.

3.6 Partnerships and International Cooperation

This pillar comprises four commitments which seek to promote partnerships with local, national, and international Civil Society Organisations (CSO), Non-governmental Organisations (NGO), youth organisations, and the private sector as well as promote international cooperation efforts in population and development.

Africa Union has developed Africa's strategic Partnership framework including four distinct forms. One is continent to continent partnerships with emphasis on Africa-Europe, Africa-South America, and Africa-Asia. Second is continent to country partnerships such as Africa-India, Africa-Turkey, Africa-China, Africa-Japan, Africa-US through AGOA and Africa-France. A third tier of partnerships is partnerships in demand as new states or regions request additional partnerships. The fourth form of partnership is the one the African Union has with other institutions such as the Organisation of American States (OAS), the Organisation of Islamic Conference (OIC) the Commonwealth and La Francophonie (Africa Union, 2020).

Implementation: Examples of Policies and Best Practices

Most countries have implemented policies. Box 18 highlights some best practices in promoting partnership the fight against poverty and inequality.

Box 18: Policies and Best practices in Partnerships and International Cooperation

The **Angolan** government has increasingly expanded international and local partnerships by reinforcing activities aimed at expanding services related to sexual and reproductive health and rights. This includes sensitization, awareness campaigns, and the distribution of sexual and reproductive health products, as well as initiatives in population and development.

Central African Republic (CAR) has signed a new partnership with the World Bank for the period 2021-2025. The new Country Partnership Framework aims to strengthen stabilization, inclusion, and resilience, while at the same time establishing state legitimacy and stimulating growth. Over the next five years, the World Bank Group will invest in human capital, connectivity, economic management and governance. In this context, women's empowerment and digital development will be two cross-cutting priorities.

Ethiopia's PPP policy and proclamation were formulated in 2017 and 2018, respectively. The proclamation recognises the private sector as a key strategy for achieving the country's development goals and provides a legal framework to guide the process of identifying and implementing privately funded projects. An institutional mechanism has also been set up to coordinate PPPs. There is also a national policy guiding PPP health in **Nigeria**. One of the key elements outlined in the 2019-2023 National Development Strategy (NDS) was to mobilise domestic resources through PPPs. In addition, there is a PPP between the National Health Insurance Scheme (NHIS) and Health Maintenance Organisations (HMO) for health care delivery in Nigeria. **Kenya** has been engaged with various multilateral organizations. The country deliberates involvement of CSOs as key stakeholders in policy and program formulation. CSOs have been actively involved in advocating for the rights of marginalized groups, such as women, youth, and persons with disabilities, within the framework of sexual and reproductive health and rights. Under the Public-Private Policy [PPP], Kenya signed seventy-three (73) public-private partnerships (PPP) between 2014 and 2018 covering several sectors. In 2020, the Government of **Liberia** and partners developed the National NGO Policy to guide NGO activities in the country while enhancing partnership at national and subnational levels. In the other hand, there have been several efforts toward promoting international cooperation, mobilizing as well as transferring knowledge and technology to support population and development. Likewise, the Government of **Sierra Leone** has created political space for interaction and dialogue with the CSOs and the media. Through the Ministry of Planning and Economic Development, the registration of 25 Youth Serving Agencies, CSOs and the establishment of the District Development Coordination Committees (DDCC) was made possible. However, insufficient funds for monitoring and evaluation of meetings and consultations as well as poor coordination are challenges to this. **Senegal** has drawn up the eighth country cooperation programme between Senegal and UNFPA (2019-2023). This programme focuses on the development of human capital, through an intervention strategy based on the provision of services, capacity building, advocacy, policy dialogue, and a strategic partnership with key sectoral ministries (Economy and Planning, Health, Family/Gender and Youth). Since 2020, the Government of **Seychelles** has been an active member of various regional blocs, eliminating trade barriers, encouraging global competitiveness, and promoting stability and transparency. Furthermore, the country had set up the Corporate Social Responsibility tax (CSR) which provided financial assistance to CSOs for, among others, sexual and reproductive health, and rights programmes.

Sao Tome and Principe has joined agreements such as the Continental Trade Area and the Governmental and CSOs. The country has signed up to agreements such as the Continental Trade Area and the Single African Air Transport Market (SAATM), among others. SAATM among others. The Republic of Guinea had revised the National Population Policy in March 2018 to take account of the commitments made by the government at various international conferences on population and development issues.

Mali has strengthened its international partnership through the creation of a Strategic Framework for Economic Recovery and Sustainable Development (CREDD). In addition to this framework, a National Development Cooperation Policy (PNCD) and a National Aid Management Policy (PONAGA) have been adopted.

Chapter 4: Conclusions and Recommendations

4.1. AADPD Achievements and the Demographic Dividend

The five-year review of the AADPD (in 2018), highlighted the political commitments and the stakeholders' mobilization on the demographic dividend. In that regard, the African Union Heads of States devoted the year 2017 to "Harnessing the Demographic Dividend through investments in Youth", and then developed a roadmap "to guide and facilitate the implementation of the theme of the year 2017 by Member States, Regional Economic Commissions (RECs) and partners through key deliverables, milestones and concrete actions as stated by the Assembly Decision" (Assembly/AU/Dec. 601(XXVI) » (AU, 2017, p.7). The five-year review also provided insights on the scientific evidence on the demographic dividend on the continent. The diverse methodological approaches used (National Transfer Accounts, DemDiv model, and "Schooling dividend"), come to the conclusion of better economic outcomes when an integrated investment approach is used for demographic, social and economic sectors.

The analysis of the progress on the different commitments of the AADPD shows that despite an overall improvement on many indicators over the ten years implementation, there still are many limitations, constraints and challenges in reaping the demographic dividend on the continent: not only sub-regions of the continent are at different stages in the process of ensuring the full achievement of the AADPD commitments and therefore to capturing the demographic dividend, but there are also huge disparities between countries within sub-regions. In addition, the COVID-19 pandemic and the growing insecurity in some sub-regions of the continent over the past ten years, had a negative effect on the progress underway in several pillars[22].

4.1.1 Fertility change and age structure

Although life expectancy on the continent has improved over the past years, the analysis of progress on the health pillar shows many challenges, particularly in ensuring SRHR. Indeed, unmet need for family planning among married women is still high in Africa, due to low levels of use of modern contraceptive. While the highest prevalence rates are observed in Southern

[22] The closure of several health facilities and schools, particularly in the Sahel countries in West Africa, due to terrorist attacks, has negatively impacted indicators of access to health and education.

and Northern African countries and the lowest in Central and Western African countries, some countries even experienced a decline in their modern contraception prevalence rate. Adolescent childbearing and child marriage are of big concern on the African continent, since they impact negatively on the life course of many adolescent girls, particularly in terms of educational trajectories and employment prospects. Central and West African sub-regions exhibit the highest rates. Contrary to the AADPD plus five review which showed that marriage before age 18 (early/child marriage) declined among young women for almost all countries (even if the rates were still high), the recent review of the past ten years, shows rather increases in the proportion of 20–24-year-old women married by age 18.

As a consequence of these trends in health indicators, fertility on the African continent is still high, despite a downward trend over the three decades from 1990 to 2020. The decline was more significant for Eastern Africa as compared to West and Central Africa. The Southern and Northern African subregions have levels lower than the continent's average with Southern Africa's TFR almost hitting replacement level by 2035 and below replacement by 2050. In addition, in a good number of countries, there still are important fertility transition disparities between the urban and rural areas on the one hand, and the poorest and richest on the other hand, a situation which contributes to slowing down the general process of the demographic transition in those countries, and a good number of countries, particularly in West and Central Africa supporting an important economic dependence on younger ages.

4.1.2 Women empowerment

Empowering women and girls through improvements in education, health, and decision-making is key to harnessing the demographic dividend (Canning et al., 2015; Cardona et al., 2020). The analysis of the progress on certain indicators such as gender parity in education, the proportion of women making decisions in their households, and women's representation in parliament, show mixed trends. In terms of gender parity in education, the majority of countries had an increased gender parity (number of female to male students) attending primary as well as secondary schools. But gender parity at the secondary level is still low, while the literature has found that the impact of education on social and demographic behaviour is particularly noticeable from the secondary level.

4.1.3 Education

Education plays a major role at different stages of the demographic dividend process and in that regard is a key sector of actions to harnessing the demographic dividend. Firstly, education contributes to accelerating the demographic transition, since education, especially beyond primary school, allows girls to delay marriage and the age at which they have children. There is a positive relation between women's education level and their level of access to information, their ability to use health facilities and their use of family planning services. Secondly, education enables children and young people to acquire skills for successful entry into the job market. Thirdly, lifelong learning, and in particular in-service training, helps to increase the economic productivity of workers. (IIPE-UNESCO, 2021).

The analysis of the progress towards universal access to basic education shows that while enrolment rates in primary and secondary schools may be high on the continent, completion rates for primary and secondary education are not. Secondary school completion rates were lower for most countries than primary school completion rates. The ten-year period review even highlighted declines in secondary school completion rates over time.

4.1.4 Examples of Best Practices towards reaping the demographic dividend

Sierra Leone organized various summits, and sensitization and awareness raising seminars between 2017 and 2023 to inform stakeholders about the demographic dividend. Cameroon, Côte d'Ivoire and Senegal have adopted a roadmap and set up a national policy framework for capturing the demographic dividend. Some countries in West and Central Africa are part of the Women's Empowerment and Demographic Dividend in the Sahel (SWEDD) project. Senegal has conducted a number of activities including drafting and validation of national demographic dividend monitoring reports and capacity-building for national experts involved in the elaboration of the country's demographic dividend profile using a diverse range of methodologies (NTA, DemDiv, and decomposition methods). Zimbabwe has implemented measures to ensure that young people have opportunities for education and skills development, economic empowerment, representation, and participation. In Seychelles because of fertility decline women's participation in the labour market has increased, enabling mothers to find and keep paid jobs in the public and private sectors, therefore

improving their standard of living. Deepening of NTA methodology across East and Southern Africa is ongoing to inform relevant multi-sectoral policies.

Recommendation

Countries should continue to promote good governance, establish strong economic institutions, and strengthen women and young people's empowerment, through integrated policies in health, education, and access to employment.

4.2 Pillars specific recommendations

The Addis Ababa Declaration on Population and Development (AADPD) is a critical international agreement aimed at addressing the challenges and opportunities associated with population growth and development. However, various global megatrends are shaping the context in which this declaration operates.

Rapid urbanisation, changing fertility rates, and an aging population have implications for the declaration's core objectives. Urbanization, for instance, presents new challenges related to housing, transportation, and resource allocation, requiring the AADPD to adapt its strategies accordingly. Aging population poses unique demands for healthcare, social welfare, and labour markets, calling for revisions in the declaration's approach to population and development. Furthermore, the digital revolution has brought about transformative changes in various areas, impacting how populations access information, education, and healthcare. With increased connectivity and access to smartphones, the AADPD needs to address the digital divide and embrace digitization as a means of achieving its objectives effectively. Harnessing technology for improved data collection, analysis, and dissemination can enhance evidence-based policy development in the context of population and development.

The rising sea levels, extreme weather events, and resource depletion (due to climate change) affect population dynamics, exacerbating the vulnerability of already marginalized communities. Consequently, the declaration must integrate climate change adaptation and mitigation measures into its strategies. This entails focusing on sustainable development

practices, promoting renewable energy, and advocating for environmentally conscious policies at the national and international levels.

Globalisation and increased migration have transformed the demographic landscape, influencing the interconnectedness of states and populations. These trends have given rise to diverse cultural, social, and economic dynamics within countries and regions. The AADPD needs to recognize the significance of migration and the associated challenges, such as displacement, social integration, and access to basic services. By acknowledging the positive contributions of migration and managing its associated complexities, the declaration can foster inclusive and equitable development.

To sum up, the Addis Ababa Declaration on Population and Development must navigate the impact of various megatrends to remain relevant. Demographic shifts, technological advancements, climate change, and globalization present both challenges and opportunities for achieving the declaration's objectives. Adapting strategic priorities, embracing technology, and fostering international cooperation will be essential in ensuring the AADPD's effectiveness in addressing the complex issues of population and development in the twenty-first century. By actively responding to these megatrends, the declaration can lead the way in addressing the African pressing and dynamic concerns.

4.2.1 Pillar 1: Dignity and Equality

Member States should:

- Reduce poverty and inequalities, not only at the national level, but also in rural areas and at the community level.
- Promote gender equality in education, especially in rural areas, and actively encourage mass enrolment and retention of girls.
- Promote women representation in decision-making spheres (government, parliament, etc.) through effective implementation of Gender Parity Laws.

4.2.2 Pillar 2: Health

Member States should:

- Engage adolescent and young people in decision-making positions at all levels, including in services delivery and program design to ensure integration of Adolescence Sexual and Reproductive Health (ASRH) initiatives
- Prioritize maternal health and family planning care services within their national health policies and programs
- Increase efforts to control HIV and malaria, and other infectious diseases
- Reinforce effort to implement the Abuja declaration: 15% of the budget allocated to health; and 5% of GDP.
- Initiate or expand health insurance program to reduce financial hardship of those seeking health services.

4.2.3 Pillar 3: Place and Mobility

Member States should:

- Reinforce national coordination mechanisms to ensure a coherent approach to migration governance and reduce policy fragmentation.
- Implement a national mechanism for consultation, coordination, monitoring, and evaluation of all migration-related activities (internal and international).
- Set up mechanisms to preserve the environment in the context of climate changes.
- Develop and/or implement urban policies to prevent informal urban settlements and slums.
- Develop and implement national policies for the prevention and management of humanitarian crises and emergencies.

4.2.4 Pillar 4: Governance

Member States should:

- Integrate population dynamics into the development planning, monitoring and accountability processes at various levels.

- Improve governance and the rule of law through the fight against corruption, promoting inclusive economic policies, as well as the values of fairness, integrity, and excellence in the management of public affairs.
- Promote an inclusive and participatory development approach, taking into consideration the needs of the different segments of society, including women, people with disabilities, older persons and young people, through appropriate mechanisms.

4.2.5 Pillar 5: Data and statistics

Member States should:

- Strengthen respective national statistical systems: improving data collection (Censuses, Surveys, CVRS), storage and analysis
- Develop integrated multisectoral data systems which will provide information to guide evidence-based policies and programs
- Deepen foresight-related strategies that will better prepare Africa to engage and perform in a rapidly evolving world
- Promote collaboration in implementing regional statistical strategies and capacity building in big data management and analysis especially in the emergence of big data and artificial intelligence.

4.2.6 Pillar 6: Partnerships and international cooperation

Member States should:

- Pursue technical capacity building for civil society organizations, youth organizations and the private sector in the design, monitoring and evaluation of population and development programs and policies.
- Intensify regional dialogue, peer learning and collaboration to explore regional solutions on transboundary challenges, including forced displacement, climate change, water and electricity scarcity, and food insecurity.
- Accelerate the full implantation of the landmark African Continental Free Trade Area (AfCFTA).

- Promote south-south partnership, not only between academic institutions, but also between regional organizations and academic institutions, both within the continent and with other developing regions.

4.2.7 Cross-cutting recommendations

Member States should:

- Ensure systematic integration of demographic variables into all sectoral and national development policies.
- Increase the budget allocated to the population and development programs by mobilizing domestic resources.
- Set up budget tracking mechanisms to ensure effective implementation and accountability of population and development initiatives.

References

Aassve, A., Cavalli, N., Mencarini, L., Plach, S., & Bacci, M. L. (2020). The COVID-19 pandemic and human fertility. *Science*, 369(6502), 370–371. https://doi.org/10.1126/science.abc9520

Adam, C., Henstridge, M., & Lee, S. (2020). After the lockdown: Macroeconomic adjustment to the COVID-19 pandemic in sub-Saharan Africa. *Oxford Review of Economic Policy*, 36(May), S338–S358. https://doi.org/10.1093/oxrep/graa023

ADEA, AU/CIEFFA, & APHRC. (2021). *School Reopening in Africa during the COVID-19 Pandemic.* Abidjan, Ouagadougou, Nairobi: ADEA, AU/CIEFFA, APHRC.

Adu, P. A., Stallwood, L., Adebola, S. O., Abah, T., & Okpani, A. I. (2022). The direct and indirect impact of COVID-19 pandemic on maternal and child health services in Africa: a scoping review. *Global Health Research and Policy*, 7(1). https://doi.org/10.1186/s41256-022-00257-z

African Union (2006). Continental Policy Framework for Sexual Reproductive Health and Right. Addis Ababa: African Union.

African Union (2015) Continental education strategy for Africa (CESA) 2016 – 2025. Addis Ababa: African Union.

African Union (2016). *Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030*. Addis Ababa: African Union.

African Union (2018). *Protocol to the treaty establishing the african economic community relating to free movement of persons, right of residence and right of establishment*. Addis Ababa: African Union.

African Union (2020). *Africa's strategic Partnership framework*. https://au.int/en/partnerships/intro

African Union & Africa Centres for Disease Control. (2022, September 22). *Africa Calls for New Public Health Order*. Addis Ababa: African Union & Africa CDC. https://africacdc.org/news-item/africa-calls-for-new-public-health-order/

African Union Commission-Department of Social Affairs (2015). *Africa Health Strategy 2016-203*0. Addis Ababa:African Union Commission-Department of Social Affairs.

African Union, United Nations Foundation & Global Fund. (2014). *Africa Scorecard on Domestic Financing for Health*. Addis Ababa: African Union, United Nations Foundation & Global Fund.

African Union Commission (2013, September 30-October 4). *Decision on the Regional Conference on Population and Development Beyond 2014*. African Regional Conference on Population and Development, Addis Ababa, Ethiopia.

AU Commission. (2017). *AU Roadmap on Harnessing the Demographic Dividend Through Investments in Youth*. Assembly/AU/Dec.601 (XXVI), 1–44.

Aeby, M. (2018). *Peace and Security Challenges in Southern Africa: Governance Deficits and Lacklustre Regional Conflict Management* (Policy Note No 4; 2018).

Agyei, S. K., Isshaq, Z., Frimpong, S., Adam, A. M., Bossman, A., & Asiamah, O. (2021). COVID-19 and food prices in sub-Saharan Africa. *African Development Review*, 33(S1), S102–S113. https://doi.org/10.1111/1467-8268.12525

Ahinkorah, B. O., Seidu, A. A., Agbaglo, E., Adu, C., Budu, E., Hagan, J. E., Schack, T., & Yaya, S. (2021). Determinants of antenatal care and skilled birth attendance services utilization among childbearing women in Guinea: evidence from the 2018 Guinea Demographic and Health Survey data. *BMC Pregnancy and Childbirth*, 21(1), 1–11. https://doi.org/10.1186/s12884-020-03489-4

Alkire S., and Santos M.E. (2010). *Acute Multidimensional Poverty: A New Index for Developing Countries*. Oxford Poverty & Human Development Initiative (OPHI) Working Paper No. 38, United Nations Development Programme Human Development Report Office Background Paper No. 2010/11. 139p.

Amadasun, S. (2021). From coronavirus to 'hunger virus': Mapping the urgency of social work response amid COVID-19 pandemic in Africa. *International Social Work*, 64(3), 444–448. https://doi.org/10.1177/0020872820959366

Amu, H., Dowou, R. K., Saah, F. I., Efunwole, J. A., Bain, L. E., & Tarkang, E. E. (2022). COVID-19 and Health Systems Functioning in Sub-Saharan Africa Using the "WHO Building Blocks": The Challenges and Responses. *Frontiers in Public Health*, 10(April), 1–5. https://doi.org/10.3389/fpubh.2022.856397

Bigna, J. J., & Noubiap, J. J. (2019). The rising burden of non-communicable diseases in sub-Saharan Africa. *The Lancet Global Health*, 7(10), e1295–e1296. https://doi.org/10.1016/S2214-109X(19)30370-5

Boum, Y., Bebell, L. M., & Bisseck, A. C. Z. K. (2021). Africa needs local solutions to face the COVID-19 pandemic. *The Lancet*, 397(10281), 1238–1240. https://doi.org/10.1016/S0140-6736(21)00719-4

Bradley, S. E. K., Croft, T. N., Fishel, J. D., & Westoff, C. F. (2012). *Revising Unmet Need for Family Planning: DHS Analytical Studies No. 25*. Rockville, Maryland, USA: ICF

Cardona, C., Rusatira, J. C., Cheng, X., Silberg, C., Salas, I., Li, Q., ... & Rimon, J. G. (2020). Generating and capitalizing on the demographic dividend potential in sub-Saharan Africa: a conceptual framework from a systematic literature review. *Gates Open Research*, 4.

Chersich, M. F., Gray, G., Fairlie, L., Eichbaum, Q., Mayhew, S., Allwood, B., English, R., Scorgie, F., Luchters, S., Simpson, G., Haghighi, M. M., Pham, M. D., & Rees, H. (2020). Covid-19 in Africa: Care and protection for frontline healthcare workers. *Globalization and Health*, 16(1), 1–6. https://doi.org/10.1186/s12992-020-00574-3

Chinganya, O. (2020). *Current, reliable and trusted data critical for Africa's growth and development, says ECA's Chinganya*. Available at https://archive.uneca.org/stories/current-reliable-and-trusted-data-critical-africa%E2%80%99s-growth-and-development-says-eca%E2%80%99s

Chippaux, J. P. (2023). *Impact de la COVID-19 sur la santé publique en Afrique subsaharienne*. Bulletin de l'Académie Nationale de Médecine, 150-164.

Chukwuma, A., & Ekhator-Mobayode, U. E. (2019). Armed conflict and maternal health care utilization: Evidence from the Boko Haram Insurgency in Nigeria. Social Science and Medicine, 226(March), 104–112. https://doi.org/10.1016/j.socscimed.2019.02.055

Cleland, J. ; Conde-Agudelo, A.; Peterson, H.; Ross, J.; Tsui, Prof A. (2012). Contraception and health. The Lancet : 149-156

Croft, T. N., Marshall, A. M. J., Allen, C. K., & et al. (2018). Guide to DHS Statistics: Vol. DHS-7 (Issue version 2). Rockville, Maryland, USA: ICF

Darling, J. (2016). Forced migration and the city: Irregularity, informality, and the politics of presence. *Progress in Human Geography*, 41 (2), 178-198.

de-Graft Aikins, A., Unwin, N., Agyemang, C., Allotey, P., Campbell, C., & Arhinful, D. (2010). Tackling Africa's chronic disease burden: from the local to the global. *Globalization and Health*, 6(1), 5.

Development Strategy and Policy Analysis Unit - Development Policy and Analysis Division Department of Economic and Social Affairs (2015). Concepts of Inequality. New York: United Nations.

DiGiuseppe, M., & Haer, R. (2023). The wedding bells of war: The influence of armed conflict on child marriages in West Africa. *Journal of Peace Research*, 60(3), 474–488. https://doi.org/10.1177/00223433221080056

Dupoux, P., Dhanani, Q., Rafiq, S., Oyekan, T. & Hassoun, M. (2022). *Six Megatrends That Are Changing Africa—and How to Navigate Them*. Available at https://www.bcg.com/publications/2022/six-megatrends-that-are-changing-africa

Ezeh, A., Kissling, F., & Singer, P. (2020). Why sub-Saharan Africa might exceed its projected population size by 2100. *The Lancet*, 6736(20), 1131–1133. https://doi.org/10.1016/S0140-6736(20)31522-1

Fayissa, B. (2001). The Determinants of Infant and Child Mortality in Developing Countries. *The Review of Black Political Economy*, 29(2), 83–100.

Fonds des Nations Unies pour la population (2020), revue des rapports nationaux dans le cadre de l'évaluation des 5 ans de la octorate n d'Addis-Abeba sur population et développement (DAAPD + 5). Rapport octorat. Addis Abbaba: UNFPA

Fonds des Nations Unies pour la population.(2019). Le partenariat : une démarche privilégiée de l'UNFPA dans la transformation de l'Afrique et du monde. Dakar: UNFPA

Fonds des Nations Unies pour la population.(2019).Normes Minimales Interorganisations pour la programmation d'actions de oct contre la violence basée sur le genre dans les situations d'urgence. UNFPA

Fonds des Nations Unies pour l'enfance. (2013). Mutilations génitales féminines/excision : Bilan statistique et examen des dynamiques du changement, New York : UNICEF

Francescutti, L. H., Sauve, M., & Prasad, A. S. (2017). Natural disasters and healthcare. Healthcare Management Forum, 30(1), 53–55. https://doi.org/10.1177/0840470416679338

Fuseini, K., Jarvis, L., Hindin, M. J., Issah, K., & Ankomah, A. (2022). Impact of COVID-19 on the Use of Emergency Contraceptives in Ghana: An Interrupted Time Series Analysis. *Frontiers in Reproductive Health*, 4(February), 1–7. https://doi.org/10.3389/frph.2022.811429

Gebremeskel, A. T., I, A., Abimbola, S., & Yaya, S. (2021). Building resilient health systems in Africa beyond the COVID-19 pandemic response. *BMJ Global Health*, 6(6), 2–6. https://doi.org/10.1136/bmjgh-2021-006108

Gouda, H. N., Charlson, F., Sorsdahl, K., Ahmadzada, S., Ferrari, A. J., Erskine, H., Leung, J., Santamauro, D., Lund, C., Aminde, L. N., Mayosi, B. M., Kengne, A. P., Harris, M., Achoki, T., Wiysonge, C. S., Stein, D. J., & Whiteford, H. (2019). Burden of non-communicable diseases in sub-Saharan Africa, 1990–2017: results from the Global Burden of Disease Study 2017. *The Lancet Global Health*, 7(10), e1375–e1387. https://doi.org/10.1016/S2214-109X(19)30374-2

Graham (2020). Climate-induced population displacement in sub-Saharan Africa: A review of resilience-building strategies. Geoforum: 300-303

IIEP-UNESCO. (2021, March). *POLEMAG. Education: Dealing with Demographic Challenges*. Dakar, Senegal: IIEP-UNESCO

Institut d'étude et de sécurité. (2023). *Un nombre record d'Africains déplacés confrontés à un avenir sombre*. Available at https://issafrica.org/fr/iss-today/un-nombre-record-dafricains-deplaces-confrontes-a-un-avenir-sombre

International Labour Organisation. (2023, August 10). *African youth face pressing challenges in the transition from school to work*. Available at https://ilostat.ilo.org/african-youth-face-pressing-challenges-in-the-transition-from-school-to-work/#:~:text=Tackling%20youth%20inactivity%20and%20gender,work%20for%20all%20b

Inzaule, S. C., Ondoa, P., Loembe, M. M., Tebeje, Y. K., Ogwell Ouma, A. E., & Nkengasong, J. N. (2021). COVID-19 and indirect health implications in Africa: Impact, mitigation measures, and lessons learned for improved disease control. *PLoS Medicine*, 18(6), 1–12. https://doi.org/10.1371/journal.pmed.1003666

Jardim, C. G. R., Zamani, R., & Akrami, M. (2022). Evaluating the Impact of the COVID-19 Pandemic on Accessing HIV Services in South Africa: A Systematic Review. International *Journal of Environmental Research and Public Health*, 19(19). https://doi.org/10.3390/ijerph191911899

Kabeer, N. (1999). Resources, agency, achievements: Reflections on the measurement of women's empowerment. Development and change, 30(3), 435-464.

Kiross, G. T., Chojenta, C., Barker, D., & Loxton, D. (2020). The effects of health expenditure on infant mortality in sub-Saharan Africa: Evidence from panel data analysis. *Health Economics Review*, 10(5), 1–9.

Lawal, L., Lawal, A. O., Amosu, O. P., Muhammad-Olodo, A. O., Abdulrasheed, N., Abdullah, K. ur R., Kuza, P. B., Aborode, A. T., Adebisi, Y. A., Kareem, A. A., Aliu, A., Elelu, T. M., & Murwira, T. (2022). The COVID-19 pandemic and health workforce brain drain in Nigeria. *International Journal for Equity in Health*, 21(1), 4–9. https://doi.org/10.1186/s12939-022-01789-z

Machiyama, K., & Cleland, J. (2014). Unmet need for family planning in Ghana: The shifting contributions of lack of access and attitudinal resistance. *Studies in Family Planning*, 45(2), 203–226.

McKinsey Global Institute. (2023). *Reimagining economic growth in Africa: Turning diversity into opportunity*. New York: McKinsey Global Institute.

Martine, G. and Schensul, D. (eds.). (2013). *The Demography of Adaptation to Climate Change*. New York, UNFPA, IIED and El Colegiode México, 204p

Moreau, C., Karp, C., Wood, S., Williams, K., Olaolorun, F. M., Akilimali, P., Guiella, G., Gichangi, P., Zimmerman, L., & Anglewicz, P. (2023). Trends in fertility intentions and contraceptive practices in the context of COVID-19 in sub-Saharan Africa: Insights from

four national and regional population-based cohorts. *BMJ Open*, 13(1), 1–10. https://doi.org/10.1136/bmjopen-2022-062385

Nachega, J. B., Kapata, N., Sam-Agudu, N. A., Decloedt, E. H., Katoto, P. D. M. C., Nagu, T., Mwaba, P., Yeboah-Manu, D., Chanda-Kapata, P., Ntoumi, F., Geng, E. H., & Zumla, A. (2021). Minimizing the impact of the triple burden of COVID-19, tuberculosis and HIV on health services in sub-Saharan Africa. *International Journal of Infectious Diseases*, 113(3149), S16–S21. https://doi.org/10.1016/j.ijid.2021.03.038

Nations Unies (2014). *La CIPD au-delà de 2014. Engagements Internationaux de haut niveau. Mise en œuvre du Programme de Population et du Développement*. New York: NU

Ngom, M. (2023). *AfCFTA: Reaping the benefits of the world's most youth and women-friendly trade agreement*. Available at https://www.un.org/africarenewal/magazine/february-2023/afcfta-reaping-benefits-world%E2%80%99s-most-youth-and-women-friendly-trade-agreement

Odey, G. O., Alawad, A. G. A., Atieno, O. S., Carew-Bayoh, E. O., Fatuma, E., Ogunkola, I. O., & Lucero-Prisno, D. E. (2021). COVID-19 pandemic: Impacts on the achievements of sustainable development goals in Africa. *Pan African Medical Journal*, 38. https://doi.org/10.11604/pamj.2021.38.251.27065

Onokerhoraye, A. G. (2016). Achieving Universal Access to Health Care in Africa: The Role of Primary Health Care. *African Journal of Reproductive Health*, 20(3), 29–31.

Onu, J. U., Oriji, S. O., Aluh, D. O., & Onyeka, T. C. (2021). Aftermath of covid-19: Forestalling irreparable medical brain drain in sub-Saharan Africa. *Journal of Health Care for the Poor and Underserved*, 32(4), 1742–1751. https://doi.org/10.1353/hpu.2021.0163

Organisation des Nations Unies pour l'éducation, la science et la culture- Commission de l'Union africaine. (2023). L'éducation en Afrique Placer l'équité au cœur des politiques, Dakar : UNICEF.

Owusu, P. A., Sarkodie, S. A., & Pedersen, P. A. (2021). Relationship between mortality and health care expenditure: Sustainable assessment of health care system. *PLoS ONE*, 16(2), e0247413.

Oyafunke-Omoniyi, C. O., Adisa, I., & Obileye, A. A. (2021). *Gender-based violence and Covid-19: The shadow pandemic in Africa*. Gendered Perspectives on Covid-19 Recovery in Africa: Towards Sustainable Development, 55-71.

Programme des Nations Unies pour le Développement (PNUD). (2000). *Vaincre la Pauvreté humaine*. New York: PNUD.

Programme des Nations Unies pour le Développement (PNUD). (2021). *Rapport sur la Covid-19 et la violence sexuelle et basée sur le genre*. N'Djamena: PNUD.

Peace Research Institut Oslo (PRIO). (2022). *Conflict Trend in Africa 1989-2021,* 39p

Perouse de Montclos, M. & Mwangi Kagwanja, P. (2000). Refugee camps or cities? The socio-economic dynamics of the Dadaab and Kakuma camps in Northern Kenya. *Journal of Refugee Studies*, 13 (2), 205-222.

Peyton, D. 2018. Wartime speculation: Property markets and institutional change in eastern Congo's urban centers. *Journal of Eastern African Studies*, 12 (2), 211-231

Population Reference Bureau. (2022). *Special Focus on the Demographic Impacts of COVID-19: COVID-19 Pandemic Has Fueled Excess Deaths*. Washington, DC: Population Reference Bureau

Ray, S., & Mash, R. (2021). Innovation in primary health care responses to COVID-19 in Sub-Saharan Africa. *Primary Health Care Research and Development*, 22(e44), 1-11. https://doi.org/10.1017/S1463423621000451

Republic of Cameroon, Ministry of Health. (2016). *National Health Development Plan NHDP 2016-2020*. Yaounde: Ministry of Health.

Ronsmans, C., & Graham, W. J. (2006). Maternal mortality: who, when, where, and why. *The Lancet*, 368(9542), 1189–1200. https://doi.org/10.1016/S0140-6736(06)69380-X

Salyer, S. J., Maeda, J., Sembuche, S., Kebede, Y., Tshangela, A., Moussif, M., Ihekweazu, C., Mayet, N., Abate, E., Ouma, A. O., & Nkengasong, J. (2021). The first and second waves of the COVID-19 pandemic in Africa: a cross-sectional study. *The Lancet*, 397(10281), 1265–1275. https://doi.org/10.1016/S0140-6736(21)00632-2

Sawadogo P.M (2022). *Analyse de la malnutrition chronique des enfants au Burkina Faso : facteurs associés, sources de variations spatiales et temporelles*. Thèse doctorate en

Démographie Ecole Doctorale Lettres Sciences Humaines et Communication / Université Joseph KI-ZERBO (U-JKZ), Burkina Faso

Sebeelo, T. (2023). Diffracting the Global: Exploring the Implementation of WHO's COVID-19 Protocols in Sub-Saharan Africa. *Insights on Africa*, 15(2), 203-217. https://doi.org/10.1177/09750878221135078

Smiley, S. L., Agbemor, B. D., Adams, E. A., & Tutu, R. (2020). COVID-19 and water access in Sub-Saharan Africa: Ghana's free water directive may not benefit water insecure households. *African Geographical Review*, 39(4), 398–404. https://doi.org/10.1080/19376812.2020.1810083

Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J. T., Blum, R., Coll-Seck, A. M., Grover, A., Laski, L., Roa, M., Sathar, Z. A., Say, L., Serour, G. I., Singh, S., Stenberg, K., Temmerman, M., Biddlecom, A., Popinchalk, A., Summers, C., & Ashford, L. S. (2018). Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. *The Lancet*, 391(10140), 2642–2692. https://doi.org/10.1016/S0140-6736(18)30293-9

The African union Commission (2015). Maputo Plan for action 2016-2030. Addis Ababa: The African Union Commission.

Tongun, J. B., Mukunya, D., Tylleskar, T., Sebit, M. B., Tumwine, J. K., & Ndeezi, G. (2019). Determinants of health facility utilization at birth in South Sudan. *International Journal of Environmental Research and Public Health*, 16(13). https://doi.org/10.3390/ijerph16132445.

United Nations (UN). (2015). *Sustainable Development Goals*. Available at: https://www.un.org/sustainabledevelopment/fr/objectifs-de-developpement-durable/

United Nations (UN). (2017). *World Population Prospects: The 2017 Revision*. Department of Economic and Social Affairs, Population Division. Volume II: Demographic Profiles (ST/ESA/SER.A/400)

United Nations Children's Fund (UNICEF). (1989). *Convention on the Rights of the Child*. New York: UNICEF.

United Nations Children's Fund (UNICEF). (2013). *Female Genital Mutilation/Cutting: A Statistical Review and Review of the Dynamics of Change*. New York: UNICEF.

United Nations, Department of Economic and Social Affairs, Population Division. (2017). *World Population Prospects: The 2017 Revision, Volume II: Demographic Profiles (ST/ESA/SER.A/400)*. New York: United Nations, Department of Economic and Social Affairs, Population Division.

United Nations, Department of Economic and Social Affairs Population Division. (2022). *World Population Prospects 2022: Summary of Results*. In United Nations (Issue 9).

United Nations Economics and Social Council (ECOSOC). (2022). *Fostering recovery and transformation in Africa to reduce inequalities and vulnerabilities*. Addis Abbaba: ECOSOC.

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2023). Regional report for sub-Saharan Africa. Education starts early: Progress, challenges and opportunities. Paris: UNESCO.

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2020). *Global Education Monitoring Report 2020 – Gender Equality Report: A New Generation: 25 Years of Efforts to Achieve Gender Equality in Education*. Paris: UNESCO.

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2020). *Competency-Based Approach to Technical and Vocational Education and Training in Africa. Studies from seven African countries: Benin, Ethiopia, Ghana, Morocco, Rwanda, Senegal and South Africa. Synthesis Report*. Dakar: IFEF, IIEP-UNESCO.

United Nations Educational, Scientific and Cultural Organization (UNESCO) International Institute for Educational Planning (IIEP). (2023). *UNESCO IIEP Learning Portal's Glossary - Gender Parity Index*. Available at https://learningportal.iiep.unesco.org/en/glossary/gender-parity-index-gpi

United Nations Educational, Scientific and Cultural Organization (UNESCO) – African Union Commission (AUC). (2023). *Education in Africa Putting Equity at the Heart of Policies*. Dakar, Senegal: UNESCO.

United Nations Economic Commission for Africa, African Union Commission & United Nations Population Fund. (2013). *Five-Year Review of the Addis Ababa Declaration on Population and Development in Africa beyond 2014*. Addis Ababa: UNECA, AUC, UNFPA.

United Nations High Commissioner for Refugees. (2023). *Global trends forced displacement in 2022*. Copenhagen: United Nations High Commissioner for Refugees.

United Nations Population Fund (UNFPA). (2022) Five ways climate change hurts women and girls. New York: UNFPA. https://www.unfpa.org/news/five-ways-climate-change-hurts-women-and-girls

United Nations Population Fund (UNFPA). (2019). *Sexual and reproductive health and rights: An essential element of universal health coverage*. New York: UNFPA

United Nations Population Fund (UNFPA). (2019). *GOAL 17 Partnership: UNFPA's Signature Approach to Transforming Africa and the World*. Dakar, Senegal: UNFPA

United Nations Population Fund (UNFPA). (2019). *Inter-Agency Minimum Standards for Programming Gender-Based Violence in Emergencies*. New York, UNFPA

United Nations Population Fund (UNFPA). (2021). *The UNFPA Strategic Plan, 2022-2025*. New York: UNFPA

UN Habitat Urban Secretariat & Shelter Branch. (2002). *Report of Expert Group Meeting on Urban Indicators: Secure Tenure, Slums and Global Sample of Cities*. Nairobi, Kenya https://scholar.google.com/scholar?cluster=10093705430783228585&hl=fr&as_sdt=2005&sciodt=0,5

UN Women. (2021). *Measuring the Shadow Pandemic: Violence against Women During the COVID-19 Pandemic*, p22.

Urdal, H., & Che, C. P. (2013). War and Gender Inequalities in Health: The Impact of Armed Conflict on Fertility and Maternal Mortality. *International Interactions*, 39(4), 489–510. https://doi.org/10.1080/03050629.2013.805133

Uwishema, O., Badri, R., Onyeaka, H., Okereke, M., Akhtar, S., Mhanna, M., Zafar, B., Zahabioun, A., Said, K. A., & Tovani-Palone, M. R. (2022). Fighting Tuberculosis in Africa:

The Current Situation Amidst the COVID-19 Pandemic. *Disaster Medicine and Public Health Preparedness*. https://doi.org/10.1017/dmp.2022.142

Uwishema, O., Elebesunu, E. E., Bouaddi, O., Kapoor, A., Akhtar, S., Effiong, F. B., Chaudhary, A., & Onyeaka, H. (2022). Poliomyelitis amidst the COVID-19 pandemic in Africa: Efforts, challenges and recommendations. *Clinical Epidemiology and Global Health*, 16(March), 101073. https://doi.org/10.1016/j.cegh.2022.101073

Vahabi, M. (2020). Introduction: a symposium on the predatory state. *Public Choice*:

233–242

Vastapuu, L., Mattlin, M., Hakala, E., & Pellikka, P. (2019). *Megatrends in Africa*. Available at https://um. fi/documents/35732/0/Megatrends+ in+ Africa.

van Seventer, J. M., & Hochberg, N. S. (2017). Principles of Infectious Diseases: Transmission, Diagnosis, Prevention and Control. *International Encyclopedia of Public Health*, 6(2), 22–39.

Wangou, M. M., Bouesso, B. R. O., Norbert, L., Bataliack, S. M., Karamagi, H. C., & Makubalo, L. E. (2023). *What are the leading causes of death in the African Region?* (Issue June 2023). WHO-Africa Region

Warn, E., & Abi, S. (2021). *Rapport sur les migrations en Afrique: Remettre en question le recit*. Addis-Abeba: OIM 238p https://publications.iom.int/system/files/pdf/Africa-Migration-Report-FR.pdf

Williams, T. P., Binagwaho, A., & Betancourt, T. S. (2012). Transactional sex as a form of child sexual exploitation and abuse in Rwanda: Implications for child security and protection. *Child Abuse and Neglect*, 36(4), 354–361. https://doi.org/10.1016/j.chiabu.2011.11.006

Woldegiorgis, M. M. (2023). Drivers of demographic dividend in sub-Saharan Africa. *Review of Evolutionary Political Economy*, 4, 387-413.

Woodlock, D. (2017). "The Abuse of Technology in Domestic Violence and Stalking". Violence Against Women: 584–602.

World Bank. (2023). *Internally displaced persons, total displaced by conflict and violence (number of people) - Sub-Saharan Africa*. Available at https://data.worldbank.org/indicator/VC.IDP.TOCV?locations=ZG

World Health Organization. (2022): *Energy progress report "tracking SDG7".* Geneva: Switzerland: World Health Organization.

World Health Organization. (2023a). *World Health Statistics: Monitoring Health for the Sustainable Development Goals (SDGs)*. Geneva: Switzerland: World Health Organization.

World Health Organization. (2023b). *Total NCD Mortality Rate (Per 100 000 population) Age-Standardized*. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-ghe-ncd-mortality-rate

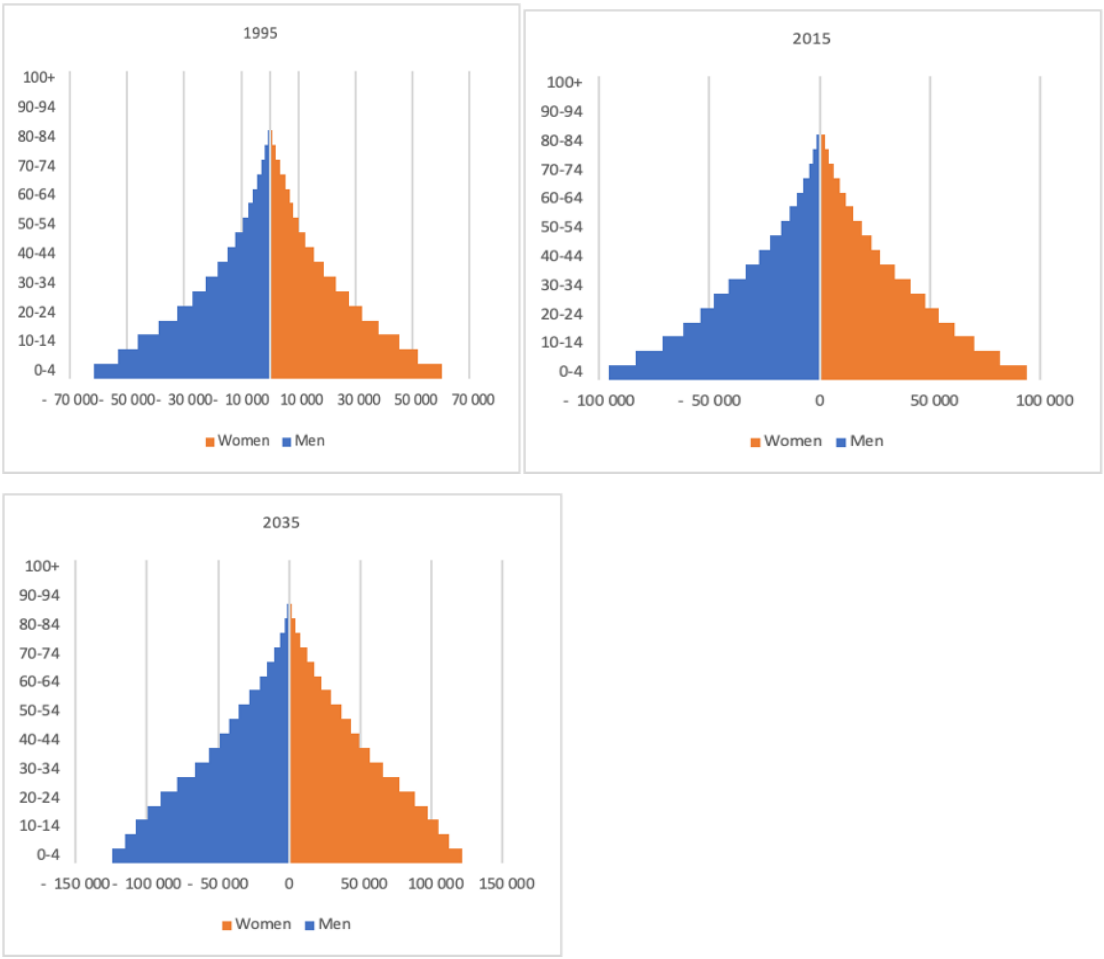
World Health Organization. (2023c): *Public Health Situation Analysis: Typology of crisis: drought, food insecurity, conflict, health and displacement.* Geneva: Switzerland: World Health Organization.

Annexes

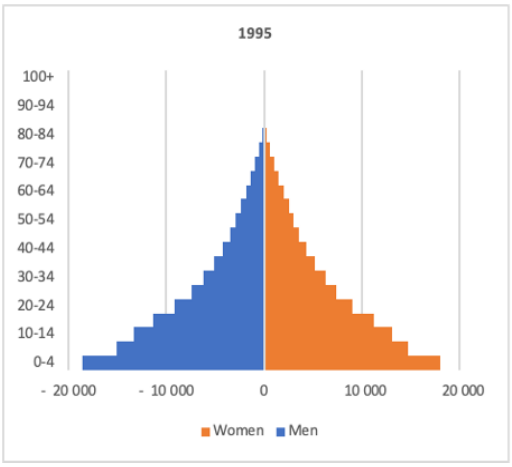
Annexes of chapter 2

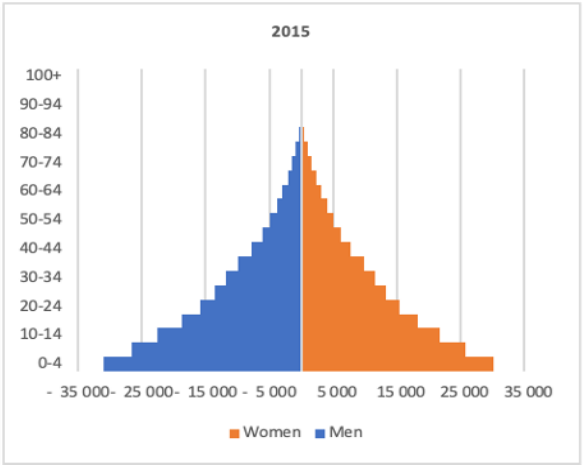
Figure A2.1: Changing age pyramids (1995-2000, 2010-2015, and 2025-2030)

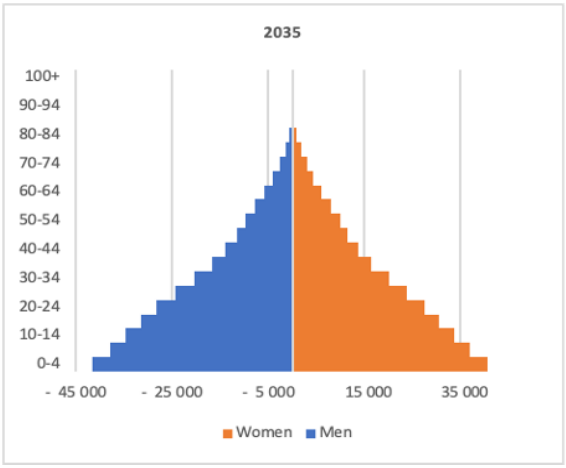
A2.1a: Africa



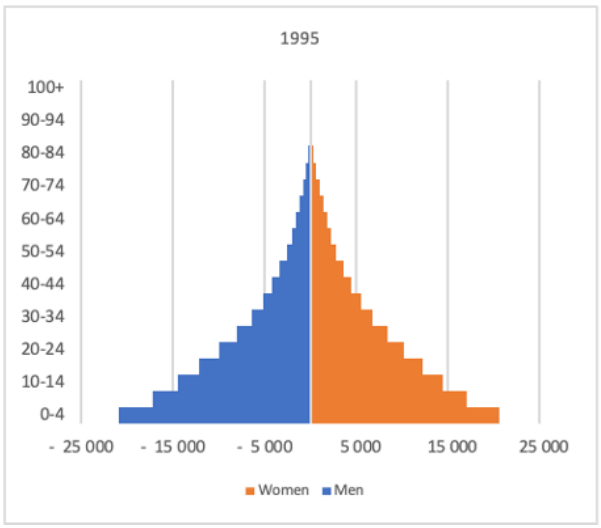
A2.1b: Western Africa

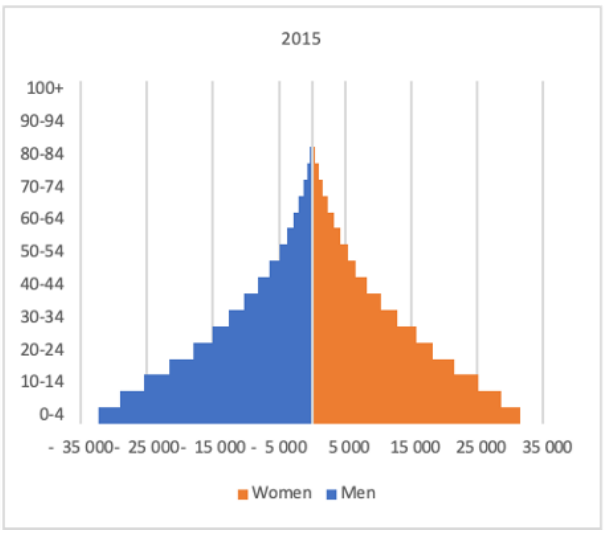


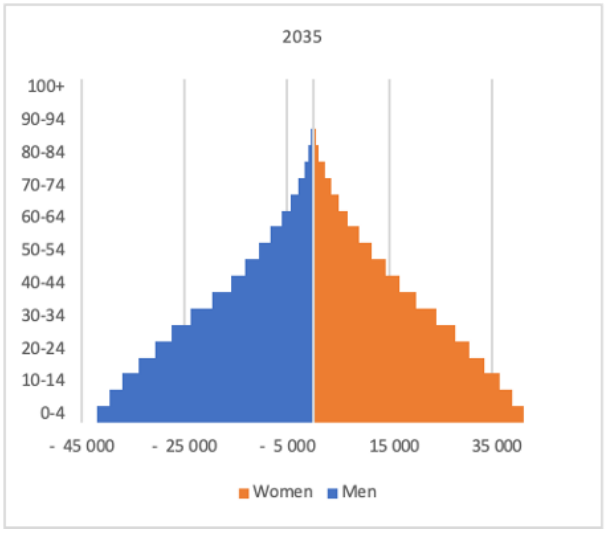




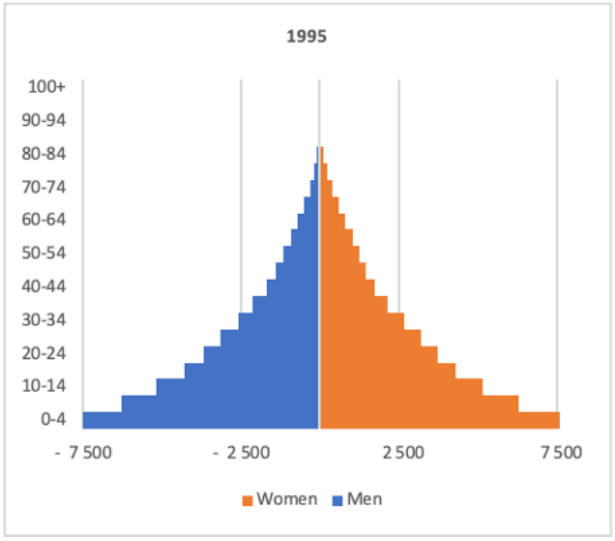
A2.1c: Eastern Africa

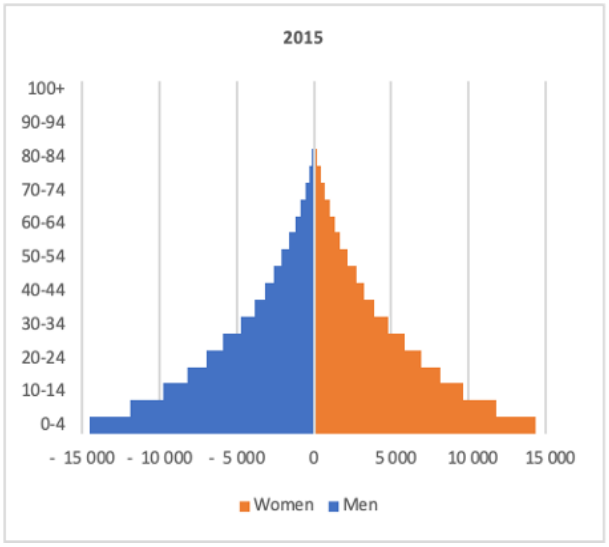


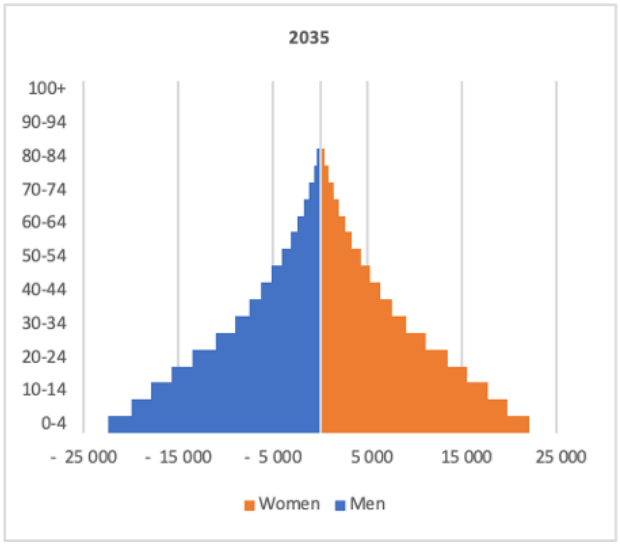




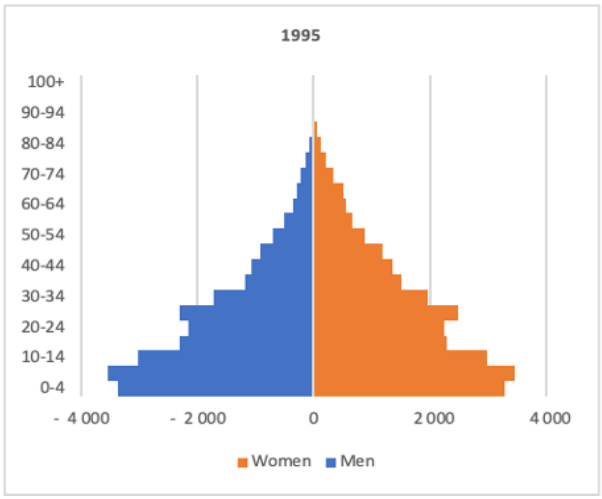
A2.1d: Central Africa

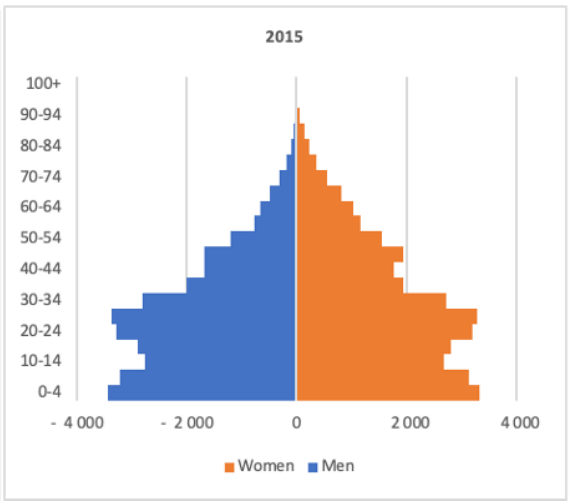


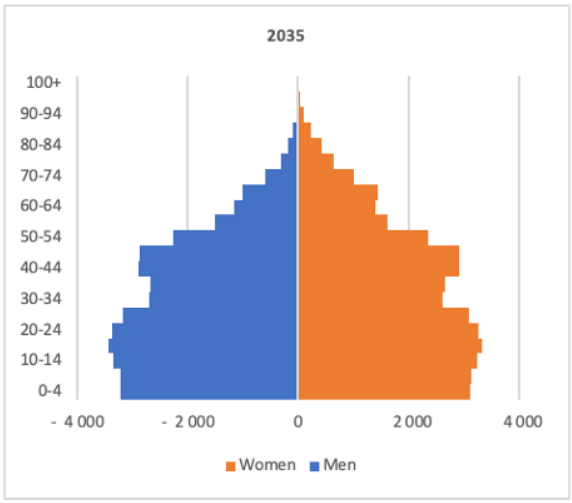




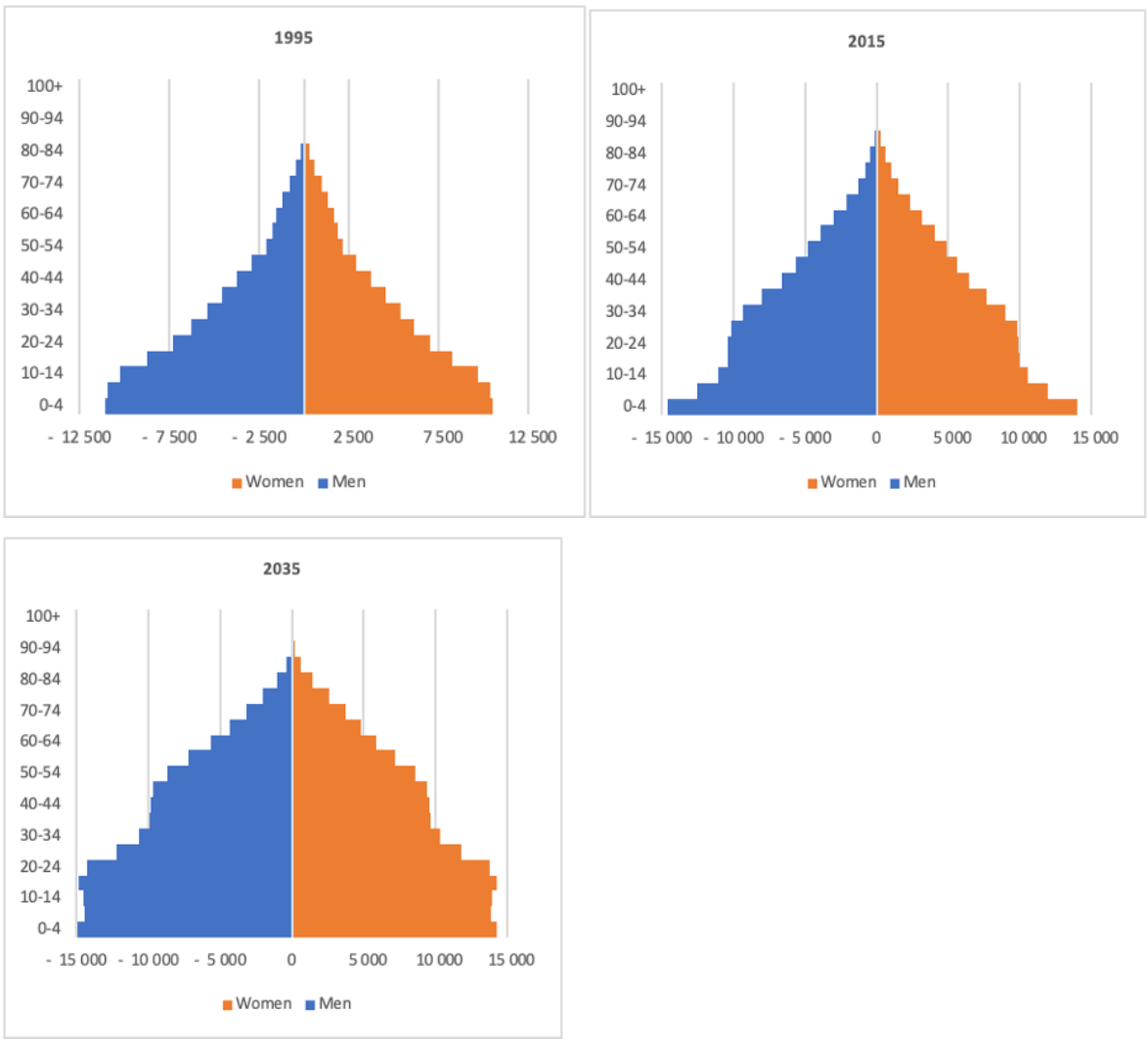
A2.1e: Southern Africa





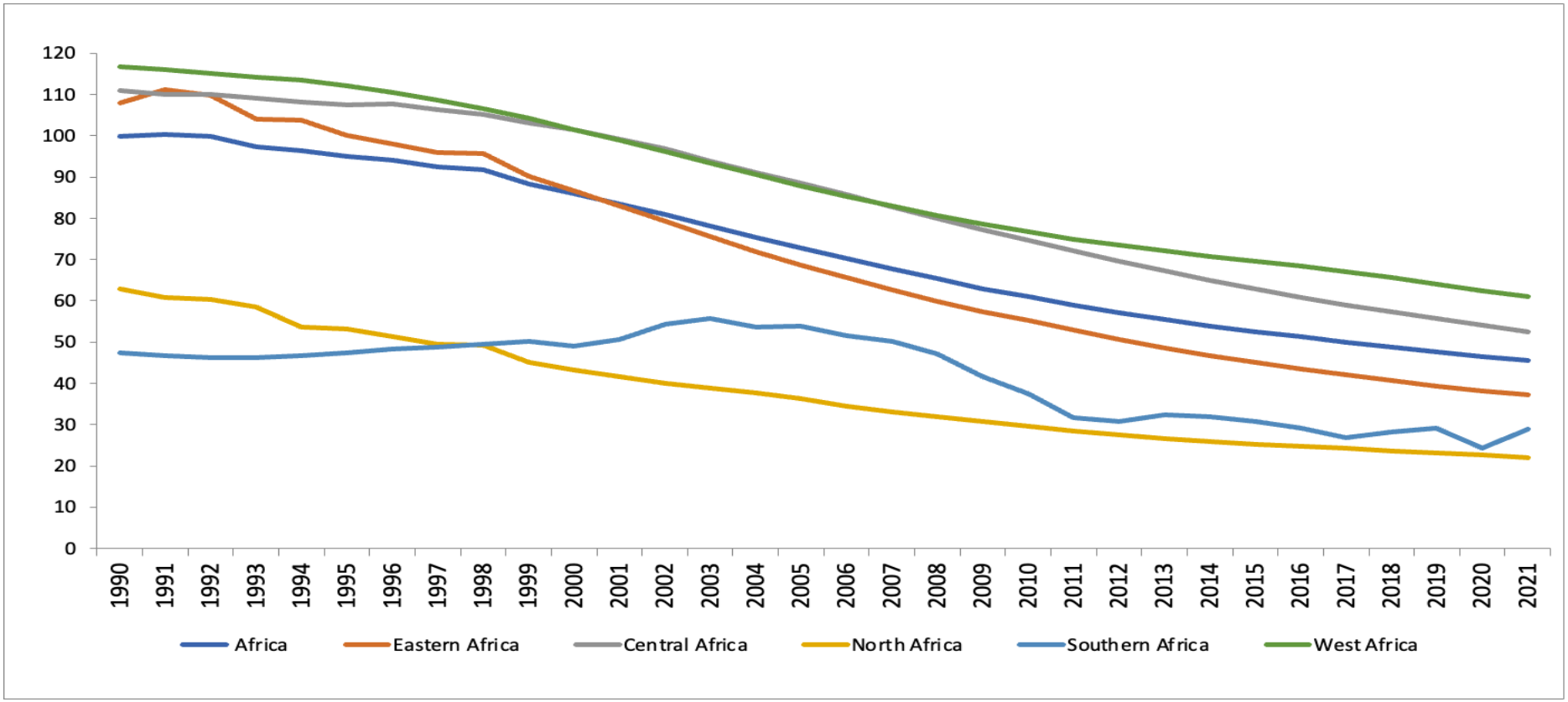


A2.1f: Northern Africa



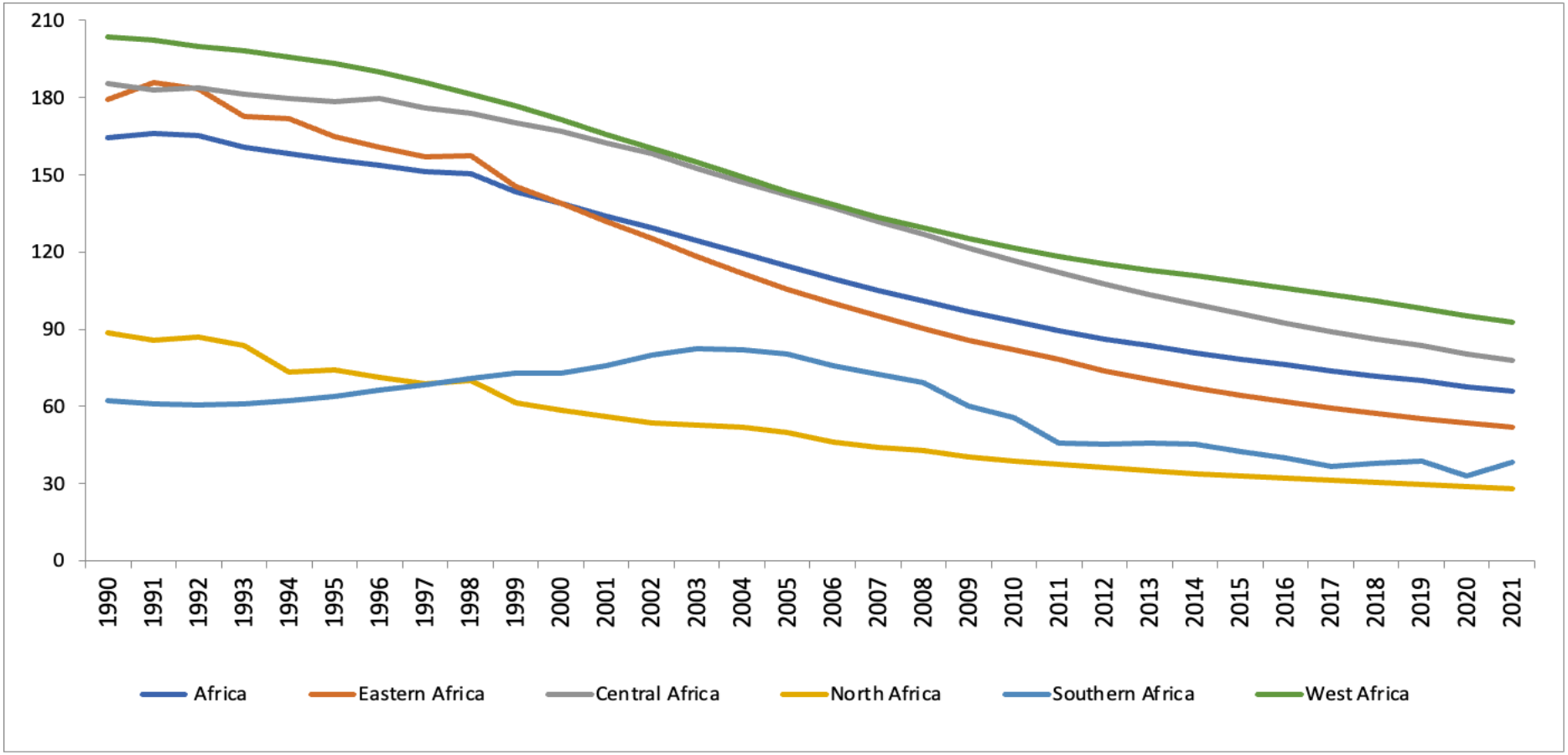
Data source: World Population Prospects 2022/United Nations Population Division

Figure A2.2: Trends in infant mortality in Africa and other regions of the world (1990 – 2021)



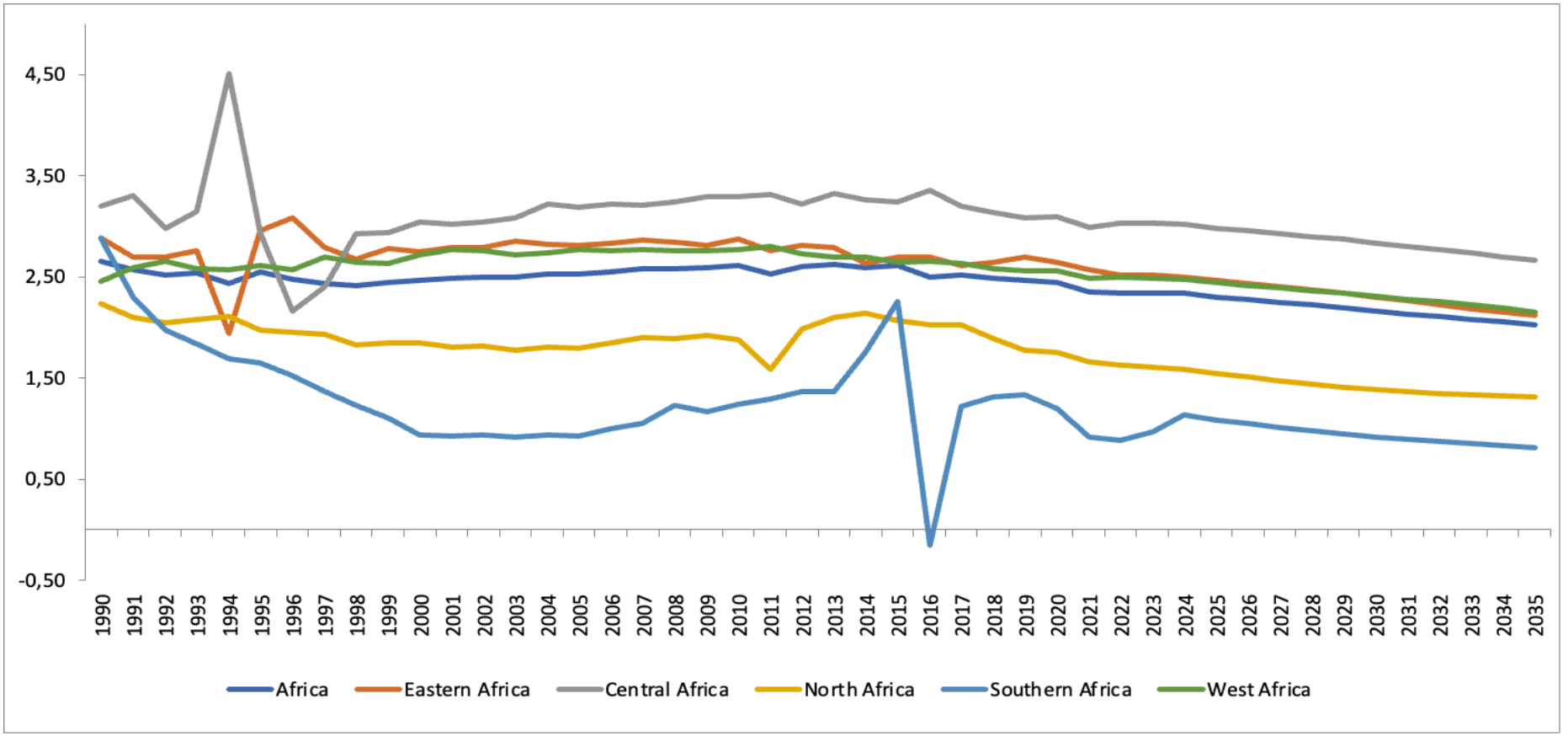
Data source: World Population Prospects 2022/United Nations Population Division

Figure A2.3: Trends in under-five mortality for the continent and other regions of the world (1990 – 2021)



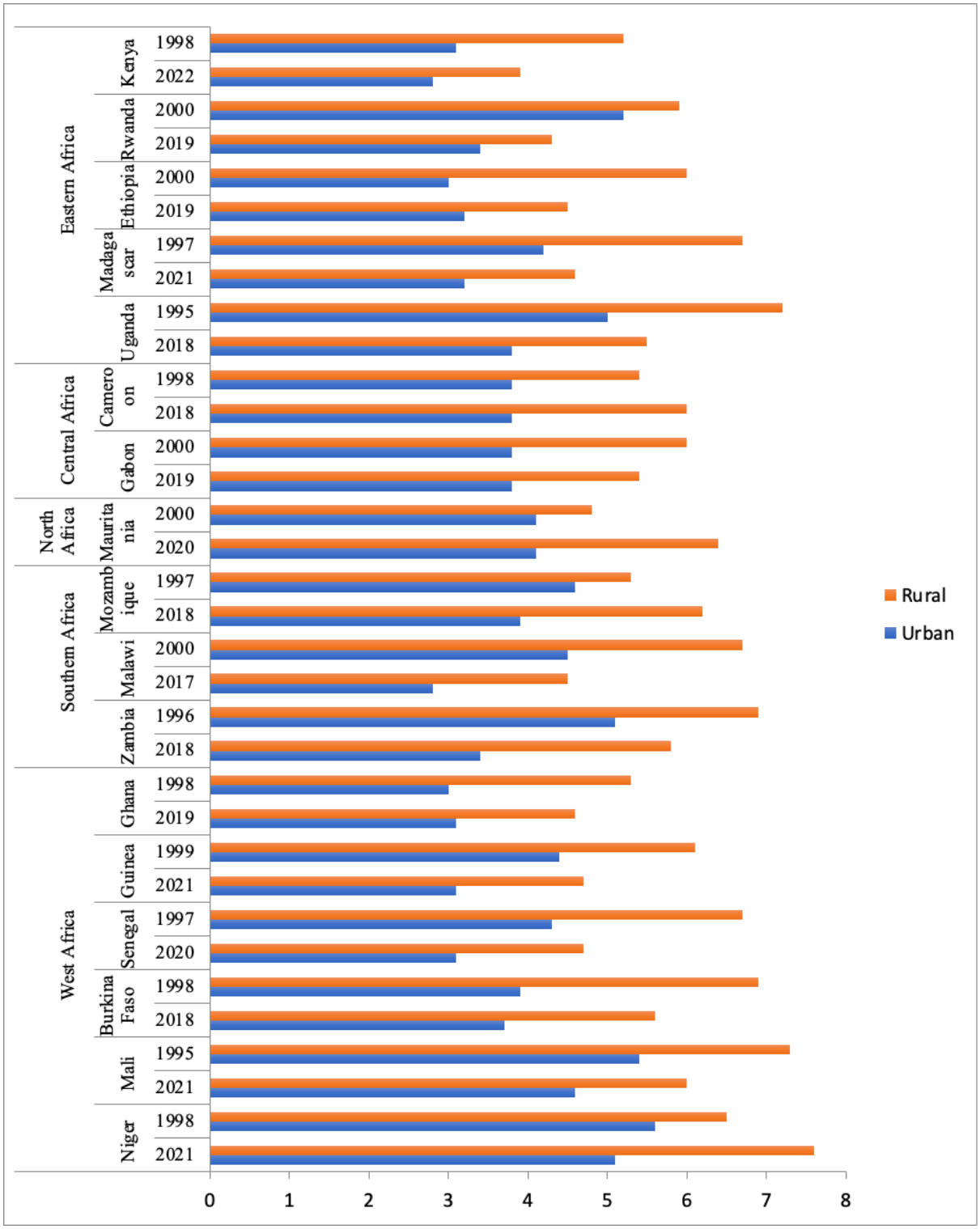
Data source: World Population Prospects 2022/United Nations Population Division

Figure A2.4: Trends in population growth rates for the continent and its five subregions (1990 – 2035)



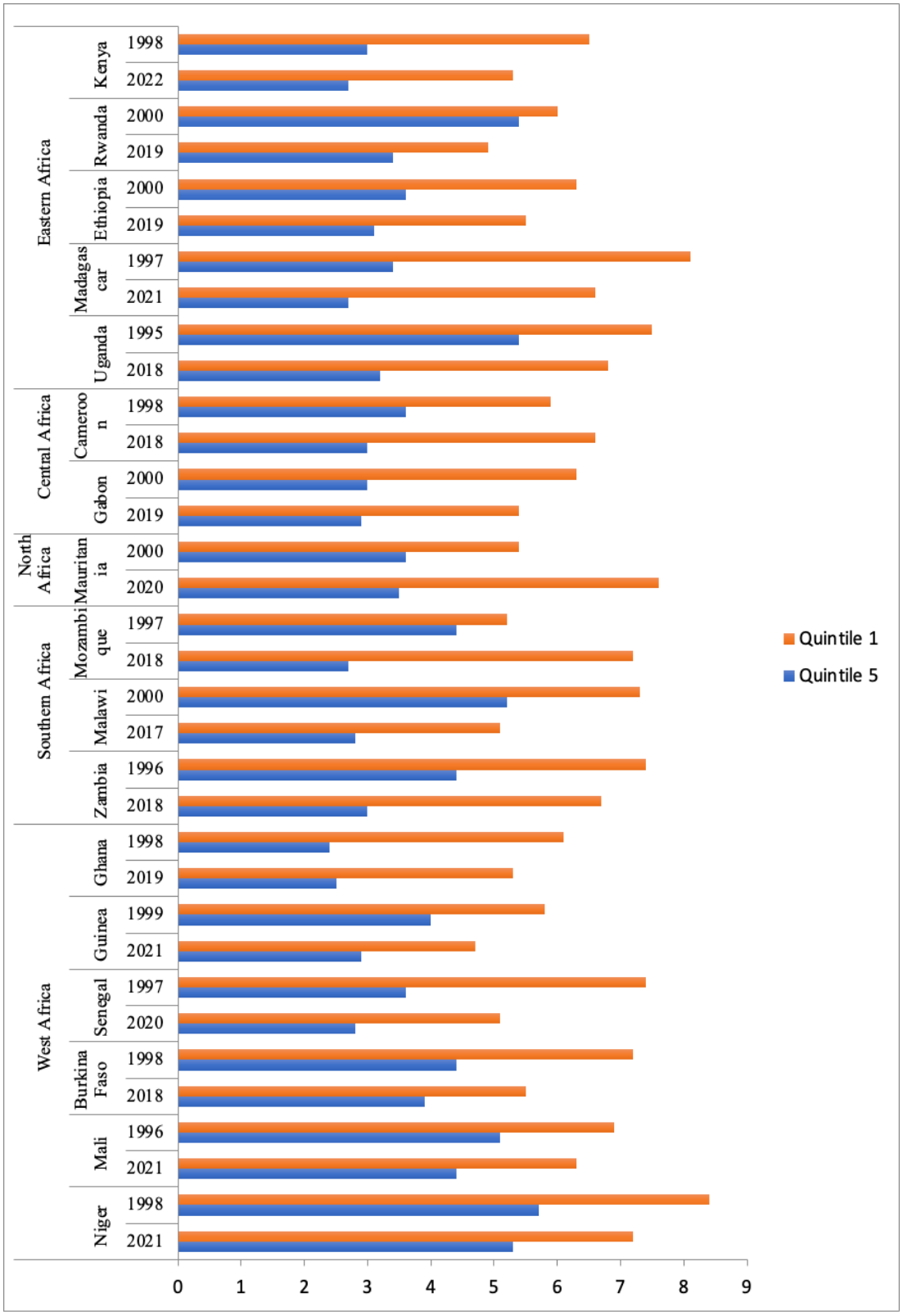
Data source: World Population Prospects 2022/United Nations Population Division

Figure A2.5: Trends in TFR by place of residence (periods 1995-2000 and 2018-2022)



Source: STATcompiler/The Demographic and Health Surveys and Multiple Indicators Cluster Survey

Figure A2.6: Trends in TFR of the poorest (quintile 1) and the richest (quintile 5)



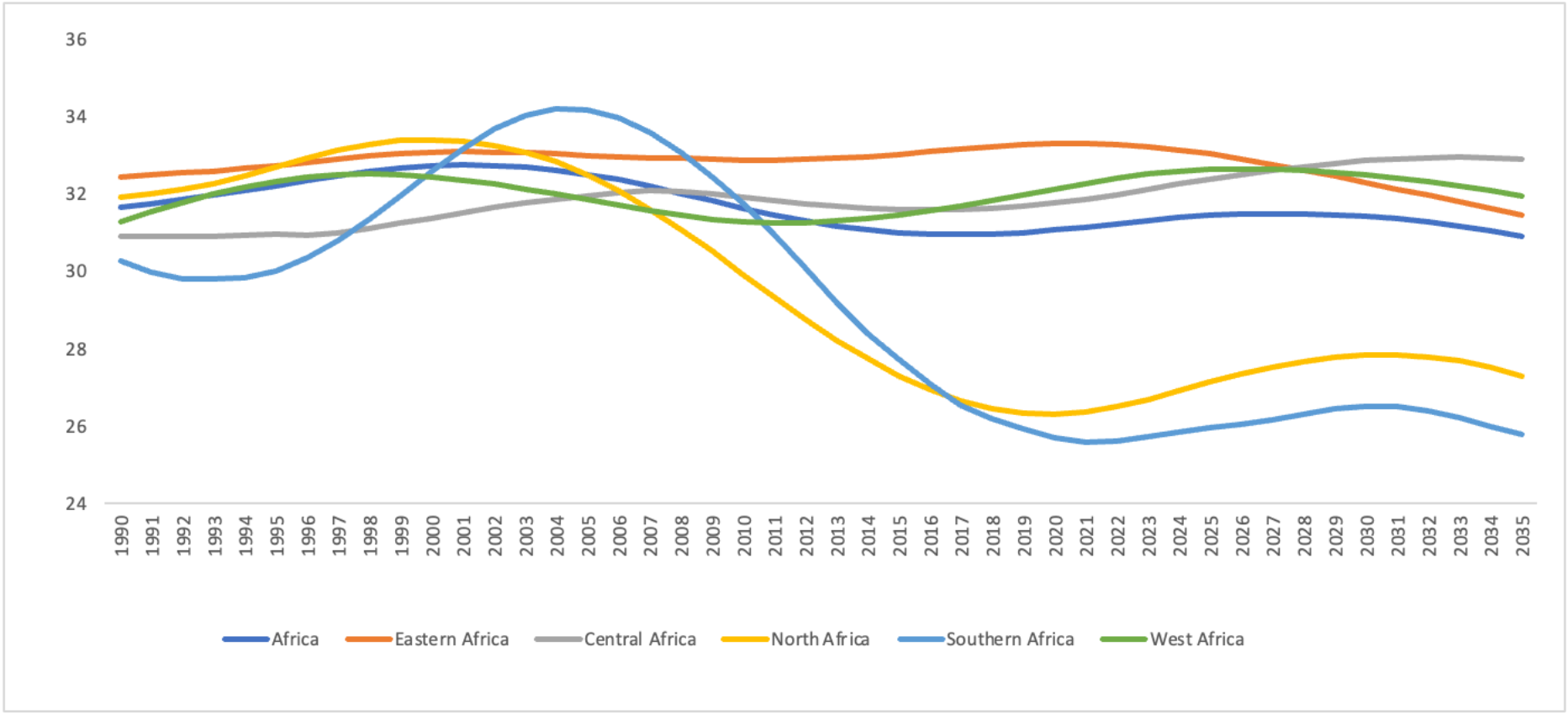
Source: STATcompiler/The Demographic and Health Surveys and Multiple Indicators Cluster Survey

Table A2.1: Trends in relative and absolute TFR gaps between the poorest (quintile 1) and the wealthiest (quintile 5)

Region	Country	Relative gap: Q1 TFR/Q5 TFR		Absolute gap: Q1 TFR-Q5 TFR	
		1995-2000	2018-2022	1995-2000	2018-2022
West Africa	Niger	1,5	1,4	2,7	1,9
	Mali	1,4	1,4	1,8	1,9
	Burkina Faso	1,6	1,4	2,8	1,6
	Senegal	2,1	1,8	3,8	2,3
	Guinea	1,5	1,6	1,8	1,8
	Ghana	2,5	2,1	3,7	2,8
Southern Africa	Zambia	1,7	2,2	3	3,7
	Malawi	1,4	1,8	2,1	2,3
	Mozambique	1,2	2,7	0,8	4,5
North Africa	Mauritania	1,5	2,2	1,8	4,1
Central Africa	Gabon	2,1	1,9	3,3	2,5
	Cameroon	1,6	2,2	2,3	3,6
Eastern Africa	Uganda	1,4	2,1	2,1	3,6
	Madagascar	2,4	2,4	4,7	3,9
	Ethiopia	1,8	1,8	2,7	2,4
	Rwanda	1,1	1,4	0,6	1,5
	Kenya	2,2	2,0	3,5	2,6

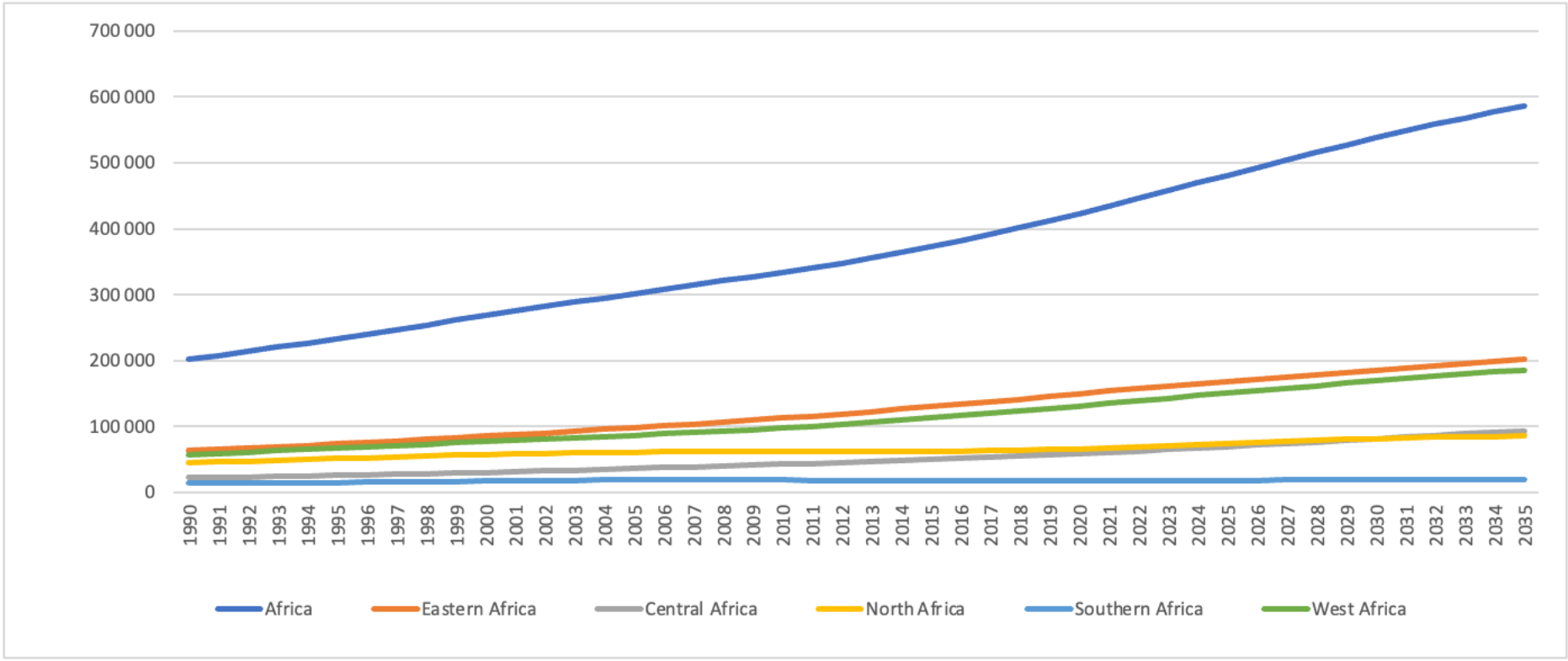
Source: STATcompiler/The Demographic and Health Surveys and Multiple Indicators Cluster Survey

Figure A2.7: Percentage of 10 – 24-year-olds for Africa and its five subregions (1990-2035)



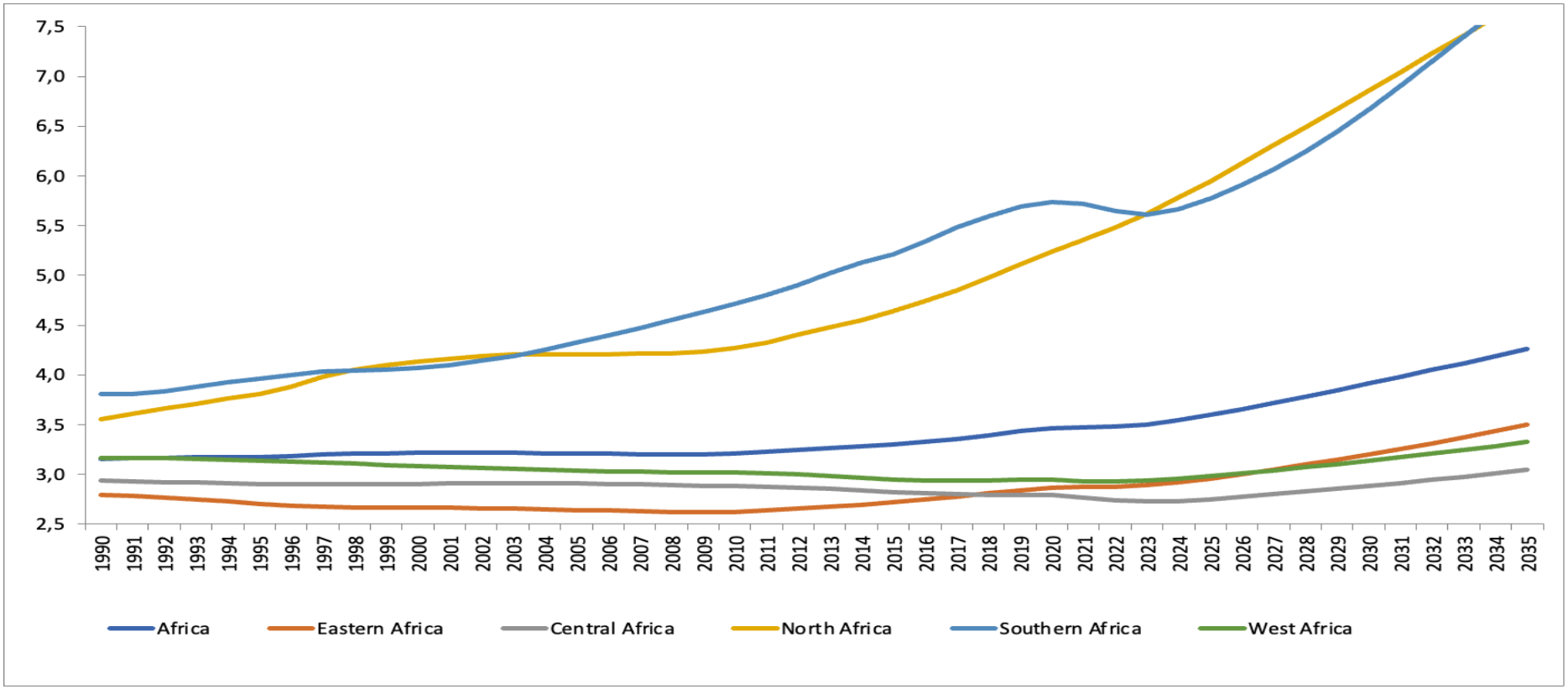
Data source: World Population Prospects 2022/United Nations Population Division

Figure A2.8: Numbers (in 1,000) of 10 – 24-year-olds for Africa and its five subregions (1990-2035)



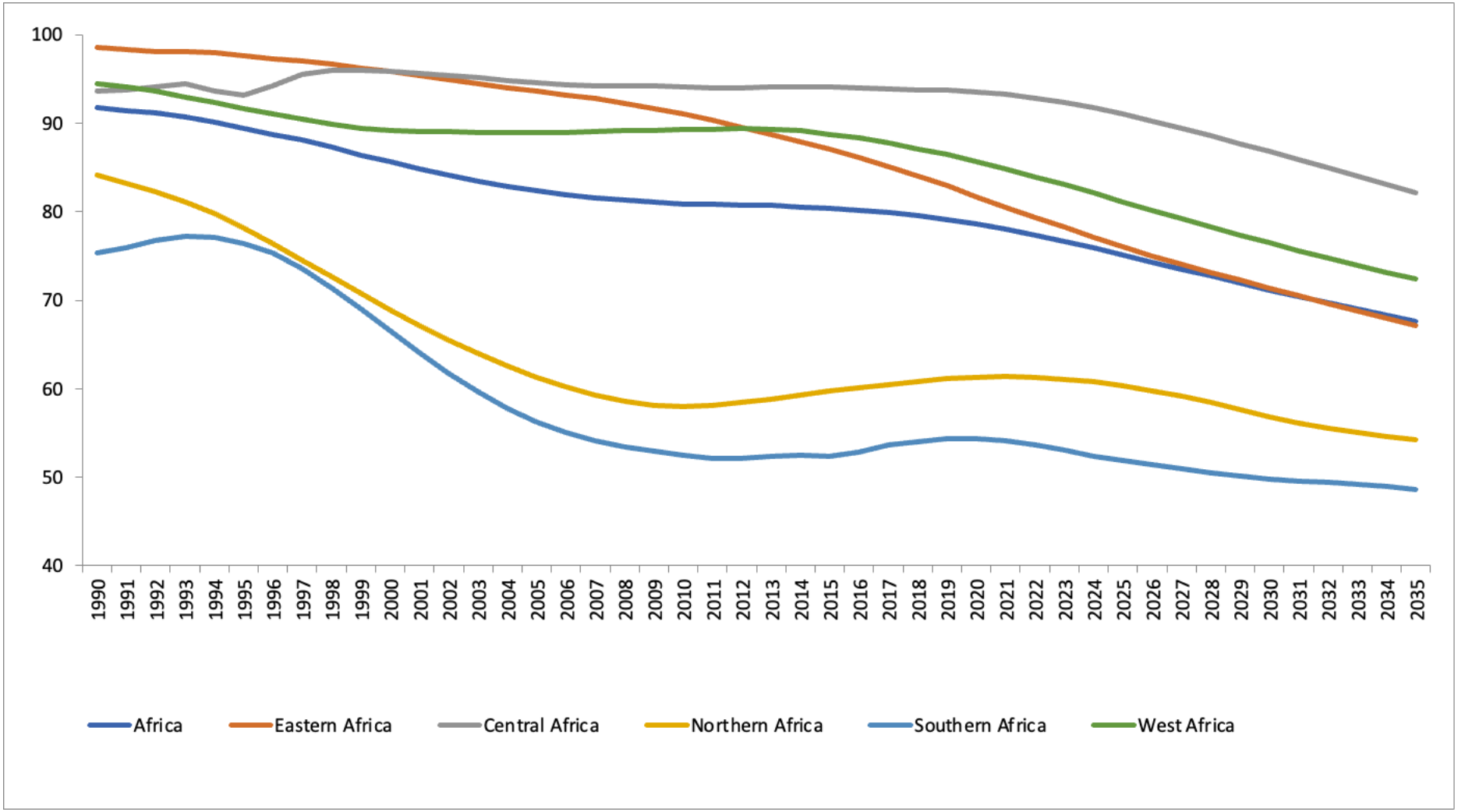
Data source: World Population Prospects 2022/United Nations Population Division

Figure A2.9: Trends in percentage of population aged 65+ for Africa and its five subregions (1990 – 2035)



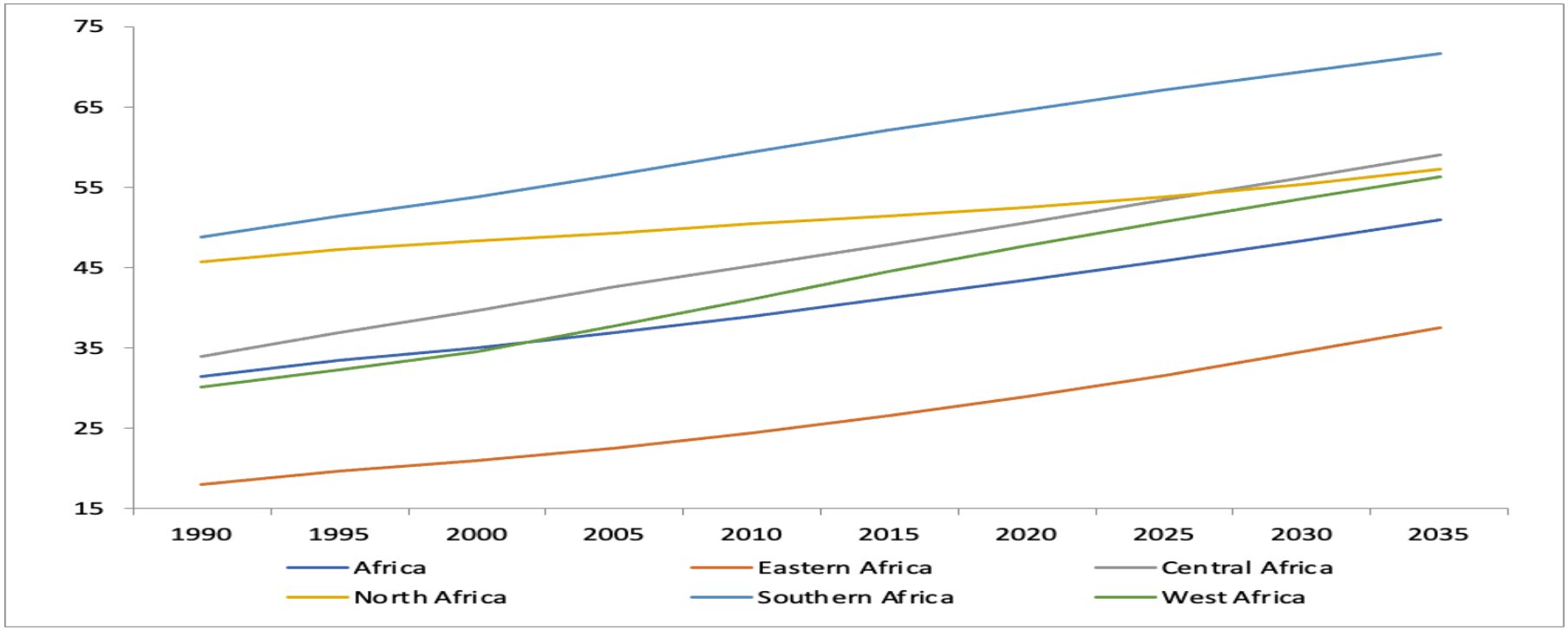
Data source: World Population Prospects 2022/United Nations Population Division

Figure A2.10: Trends in dependency ratios for the continent and 5 subregions (1990 – 2035)



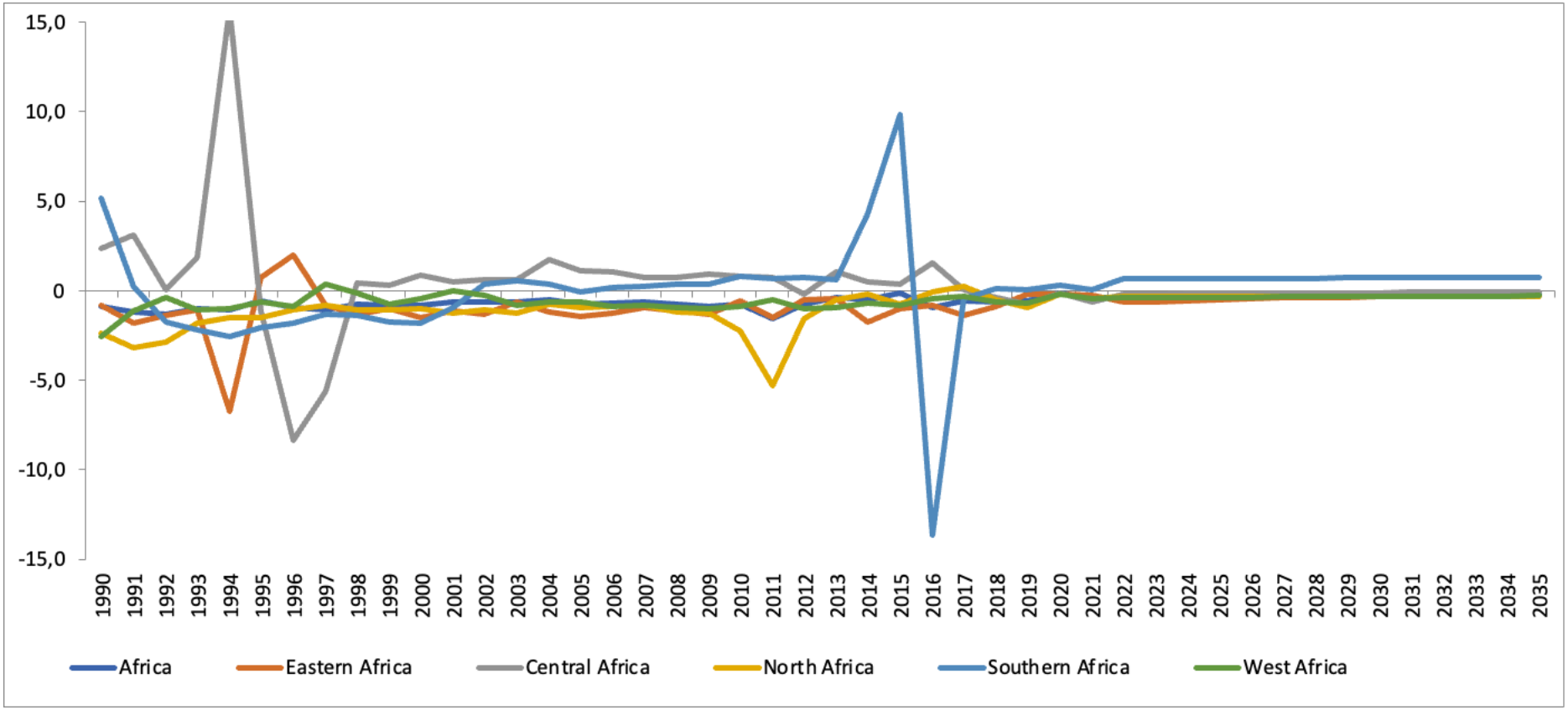
Data source: World Population Prospects 2022/United Nations Population Division

Figure A2.11: Percentage of population residing in urban areas



Data source: World Population Prospects 2022/United Nations Population Division

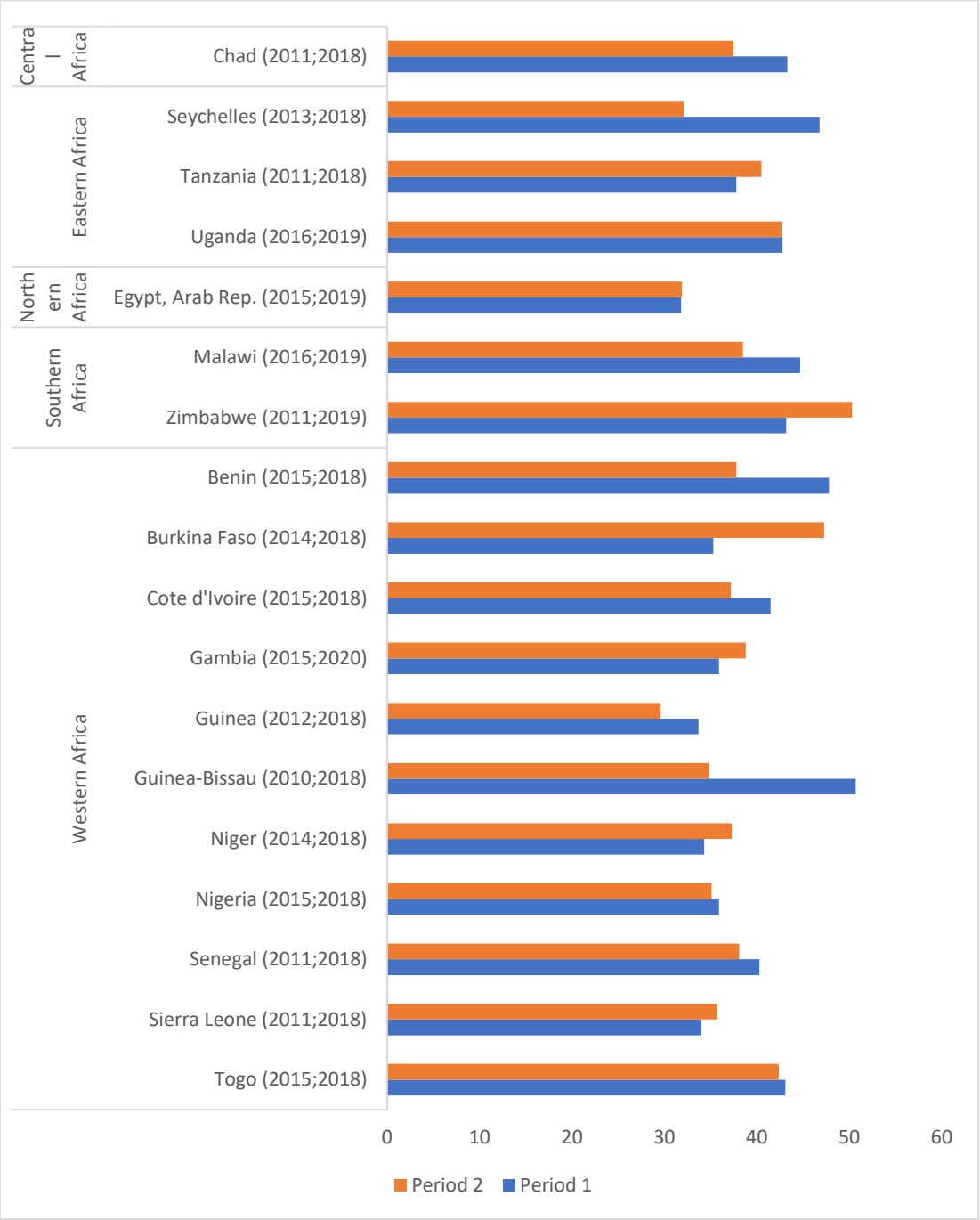
Figure A2.12: Net migration rate (per 1,000 population)



Data source: World Population Prospects 2022/United Nations Population Division

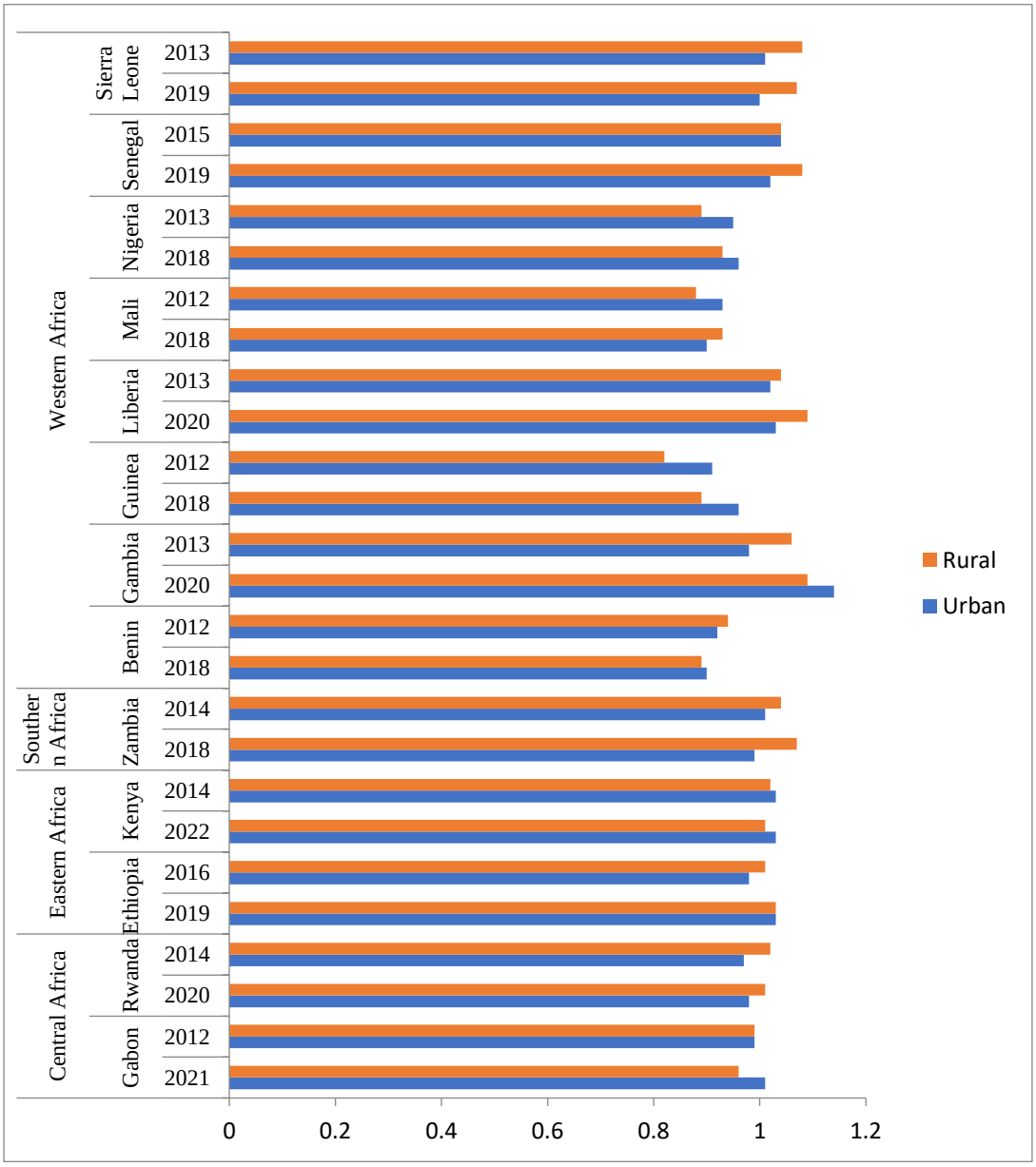
Annexes of chapter 3

Figure A3.1: Gini coefficient



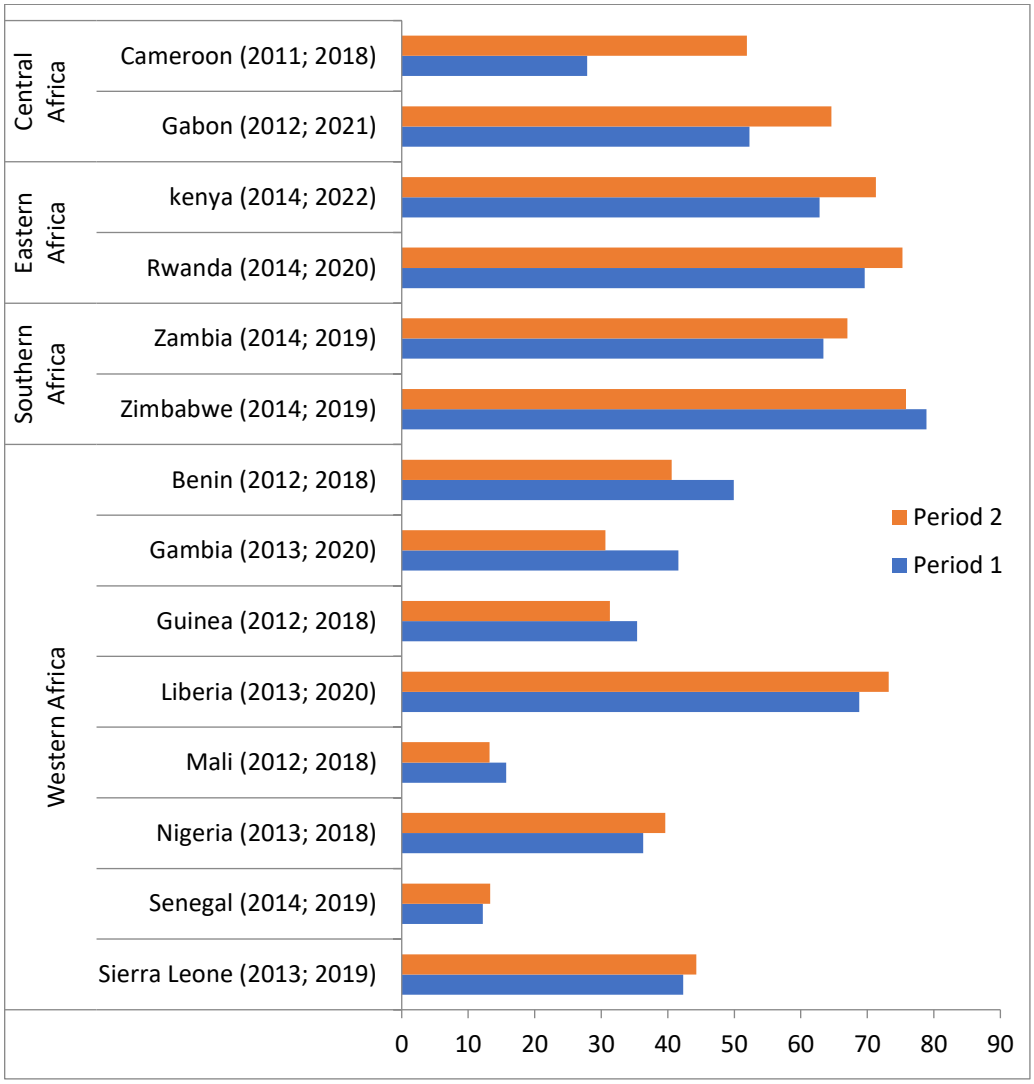
Source: World Development Indicators Database/World Bank

Figure A3.2: Gender parity in primary education by residence



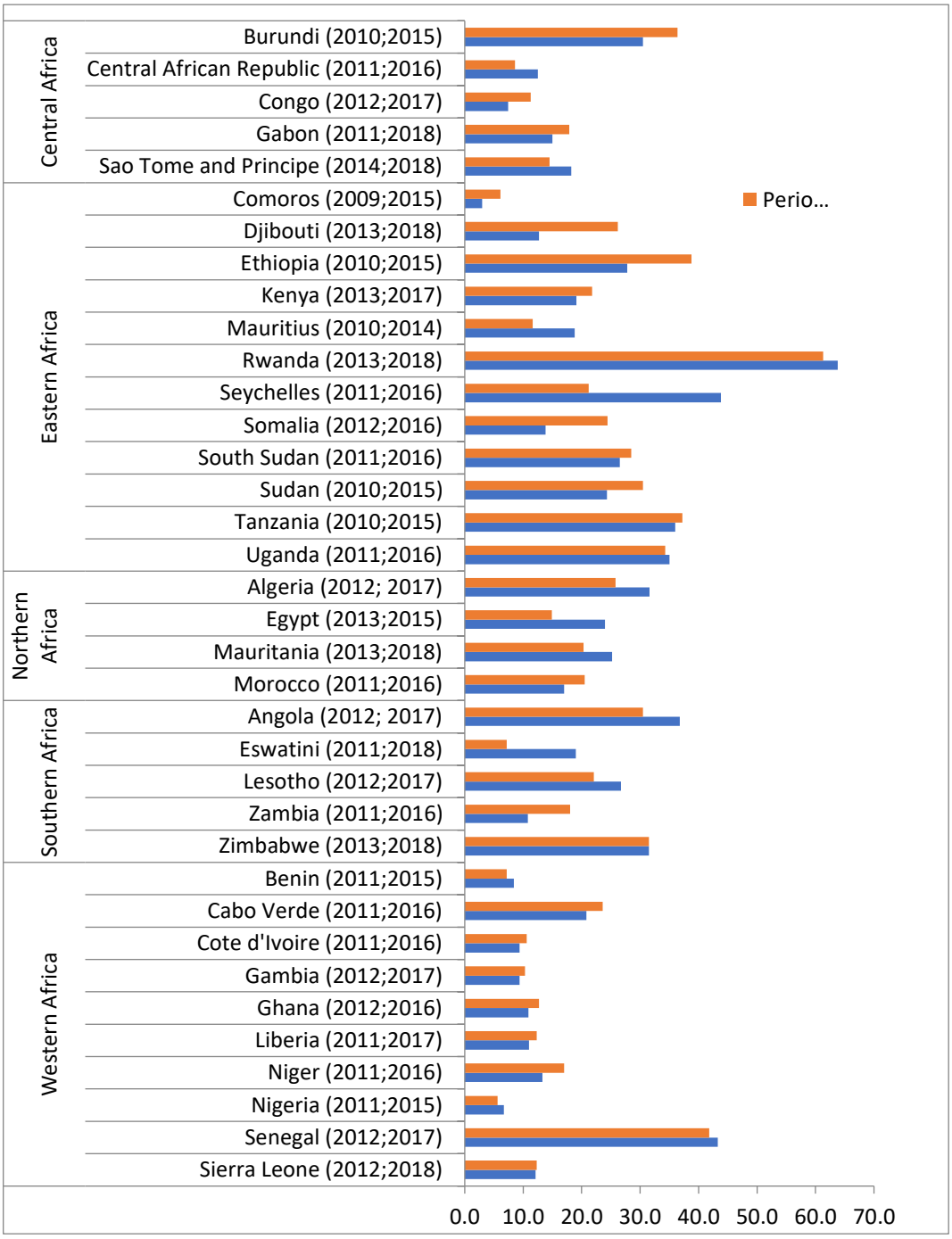
Source: STATcompiler/The Demographic and Health Surveys

Figure A3.3: Proportion of women who have a say in household decisions for large purchases, their own health, and movement



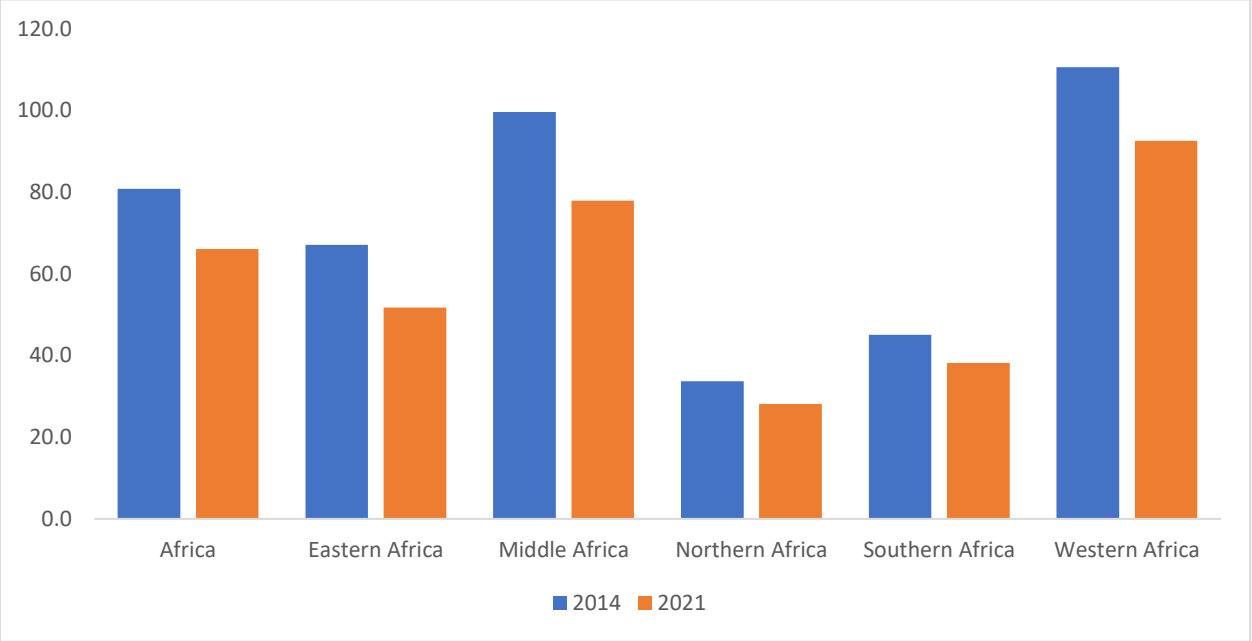
Source: STATcompiler/The Demographic and Health Surveys

Figure A3.4: Women's parliamentary representation



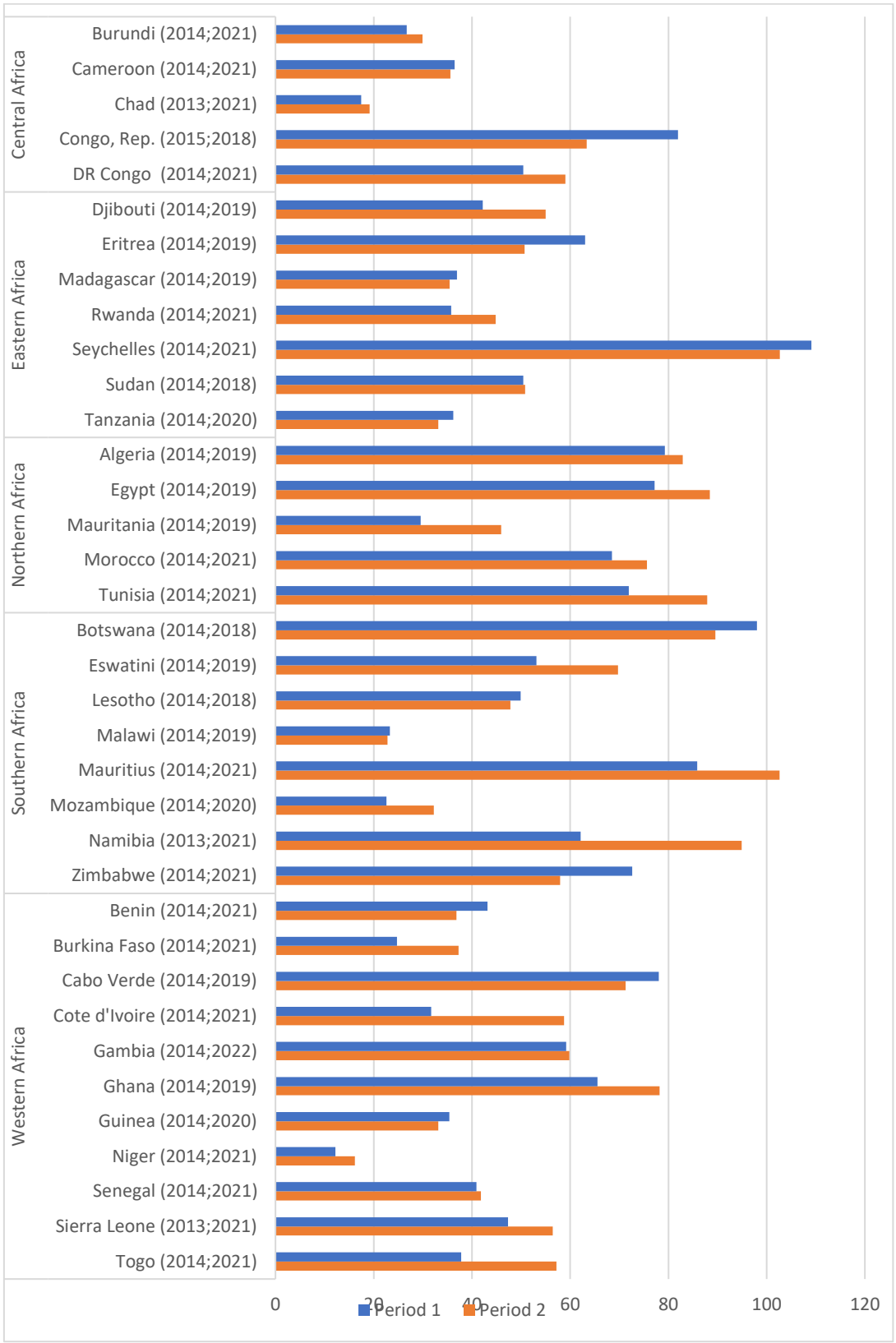
Source: Archive of Statistical Data of the Inter-Parliamentary Union

Figure A3.5: Under-five child mortality of the continent and the 5 regions for 2014 and 2021



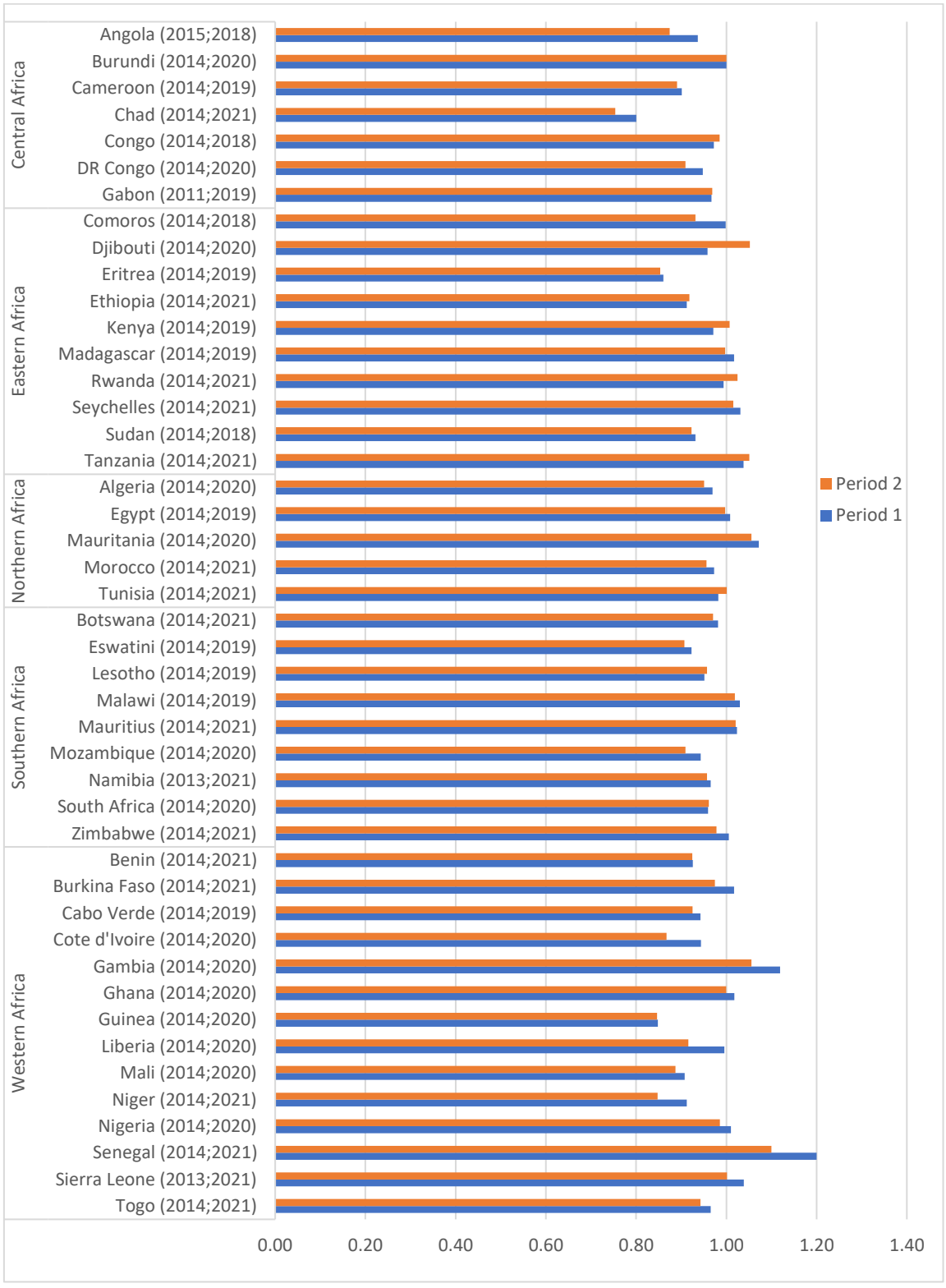
Source: World Population Prospects 2022/United Nations Population Division.

Figure A3.6: Percent of children completing secondary school



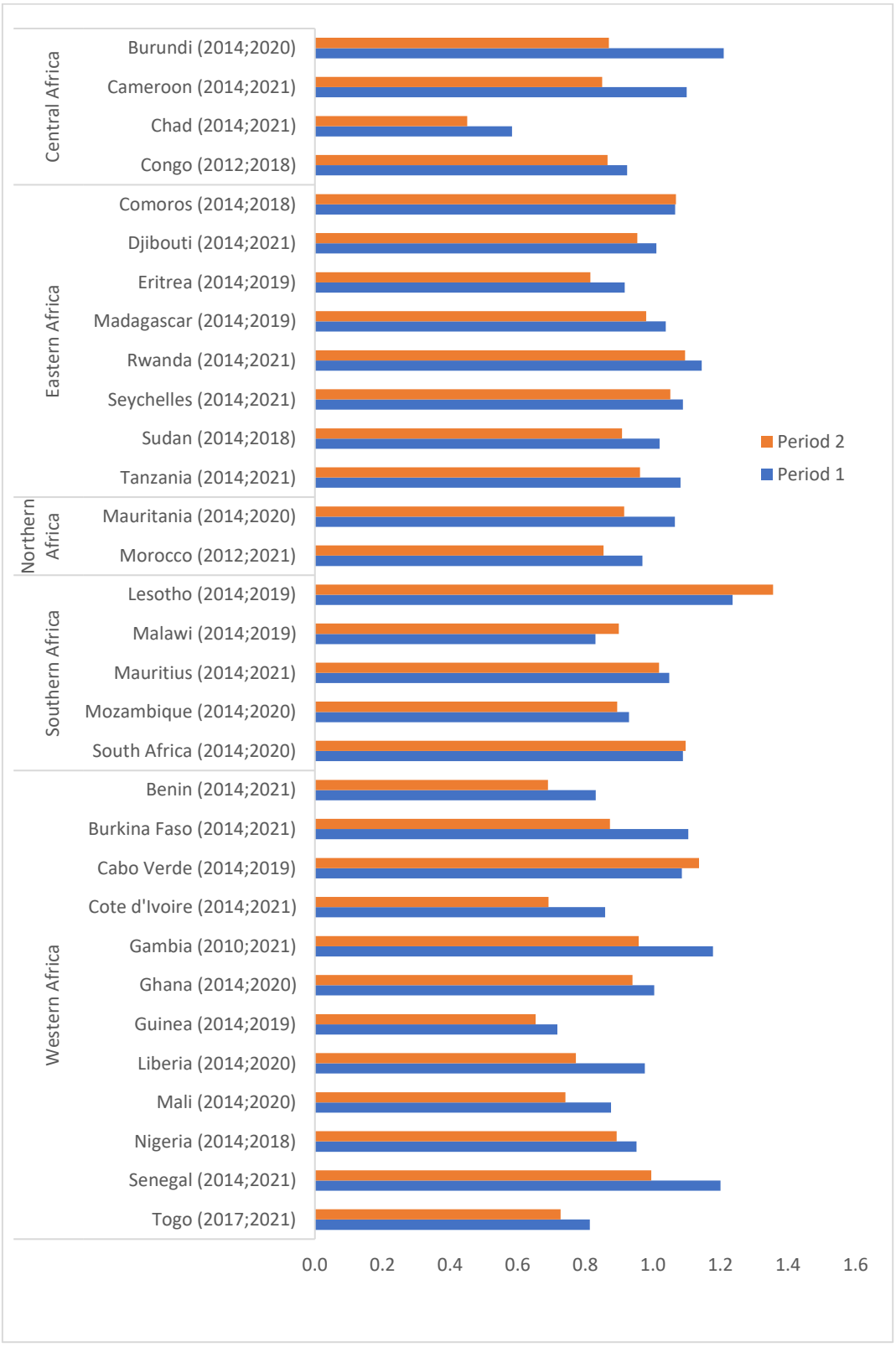
Source: World Development Indicators Database/World Bank

Figure A3.7: Gender parity in primary school completion



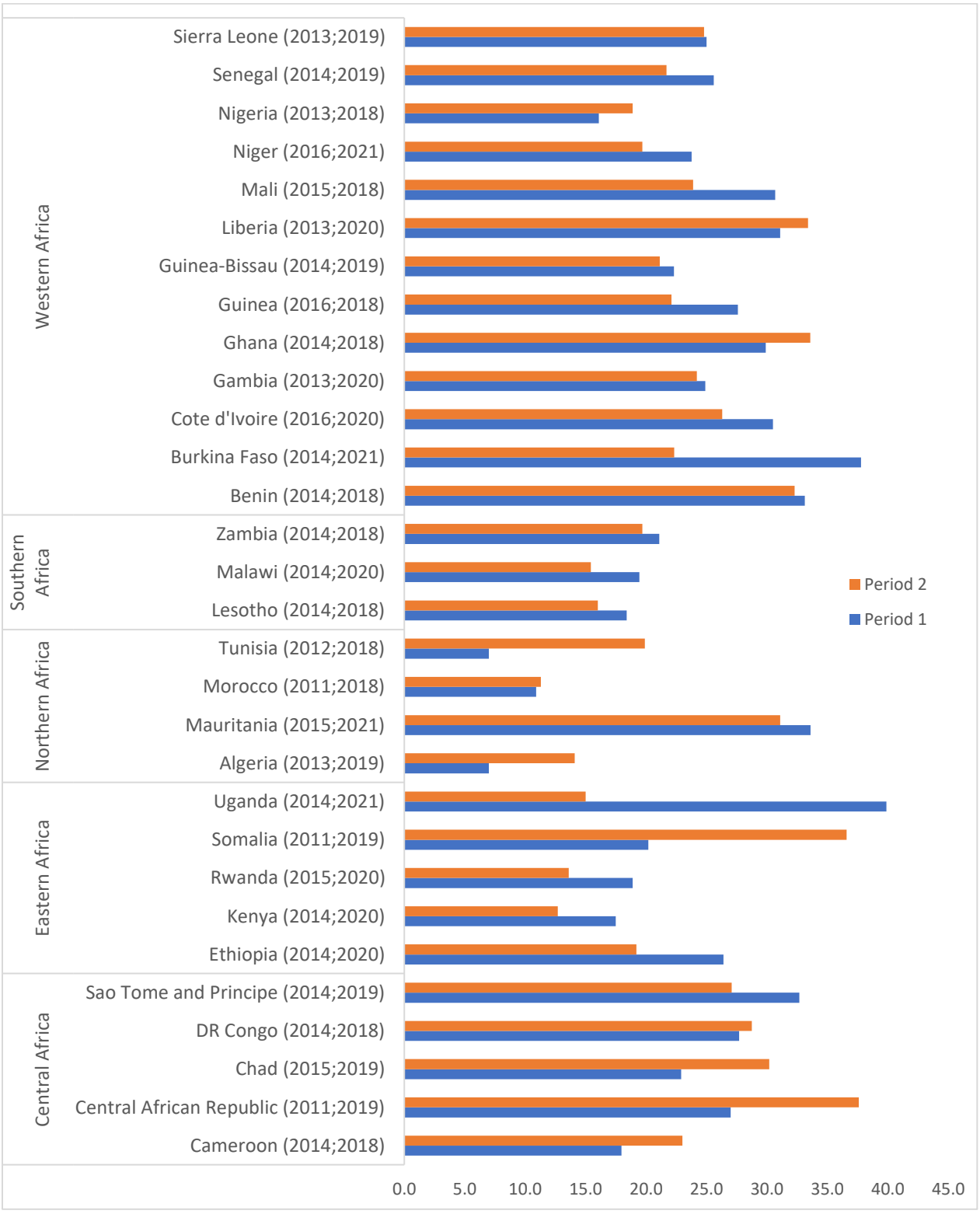
Source: World Development Indicators Database/World Bank

Figure A3.8: Gender parity in secondary school completion



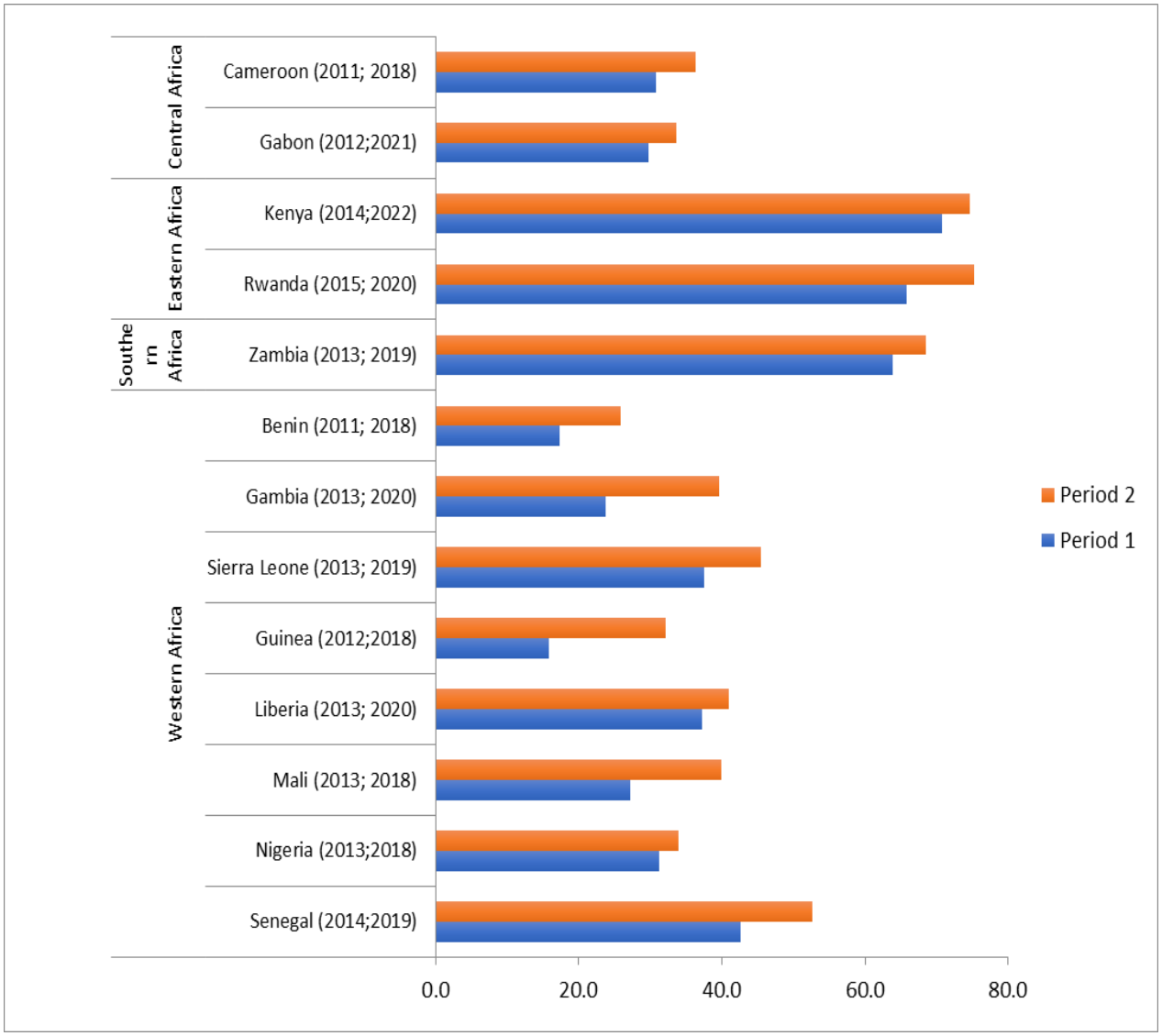
Source: World Development Indicators Database/World Bank

Figure A3.9: Unmet need for family planning (% of married women ages 15-49)



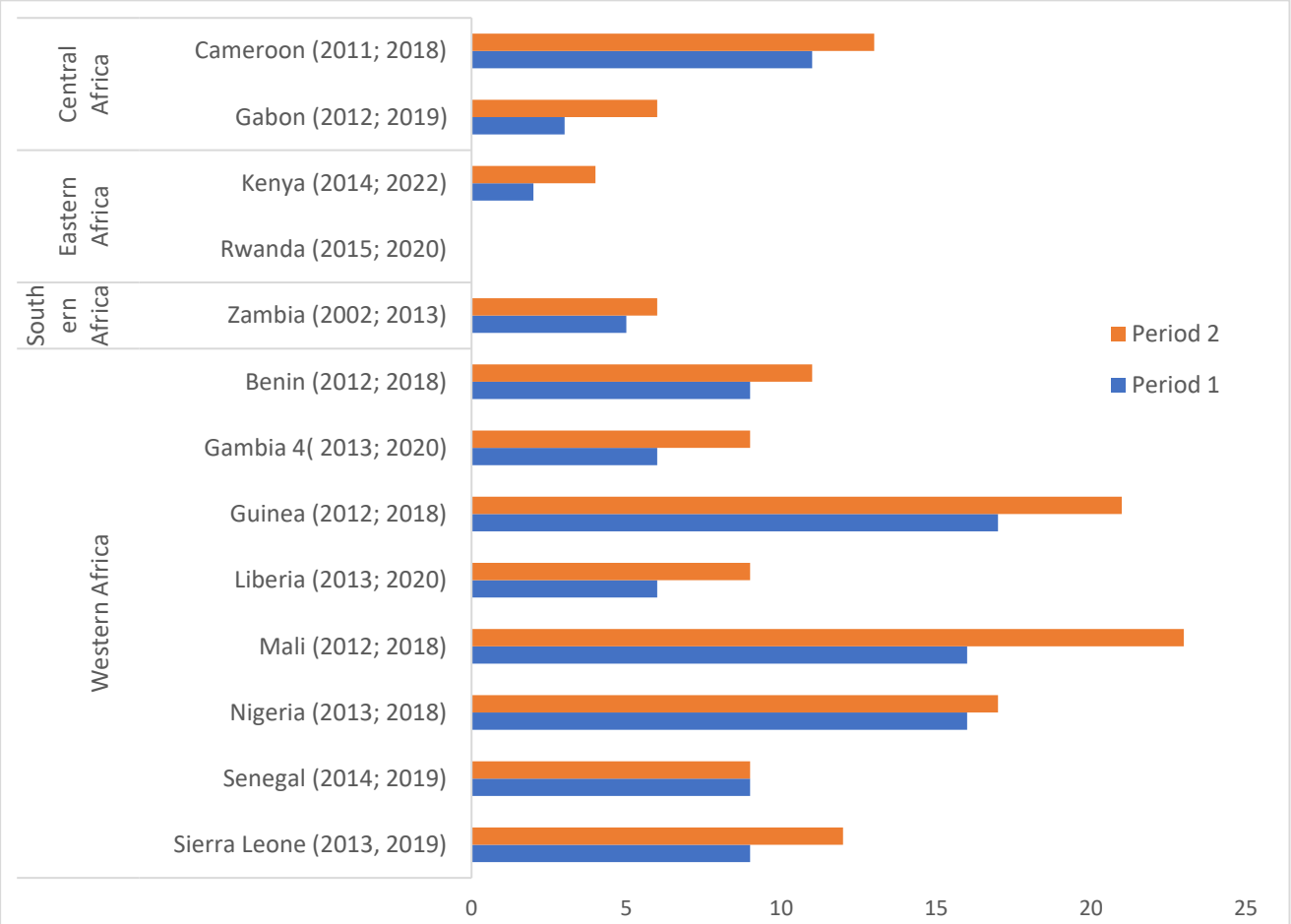
Source: World Development Indicators/ World Bank

Figure A3.10: Demand for family planning satisfied by modern methods (% of married women with demand for FP)



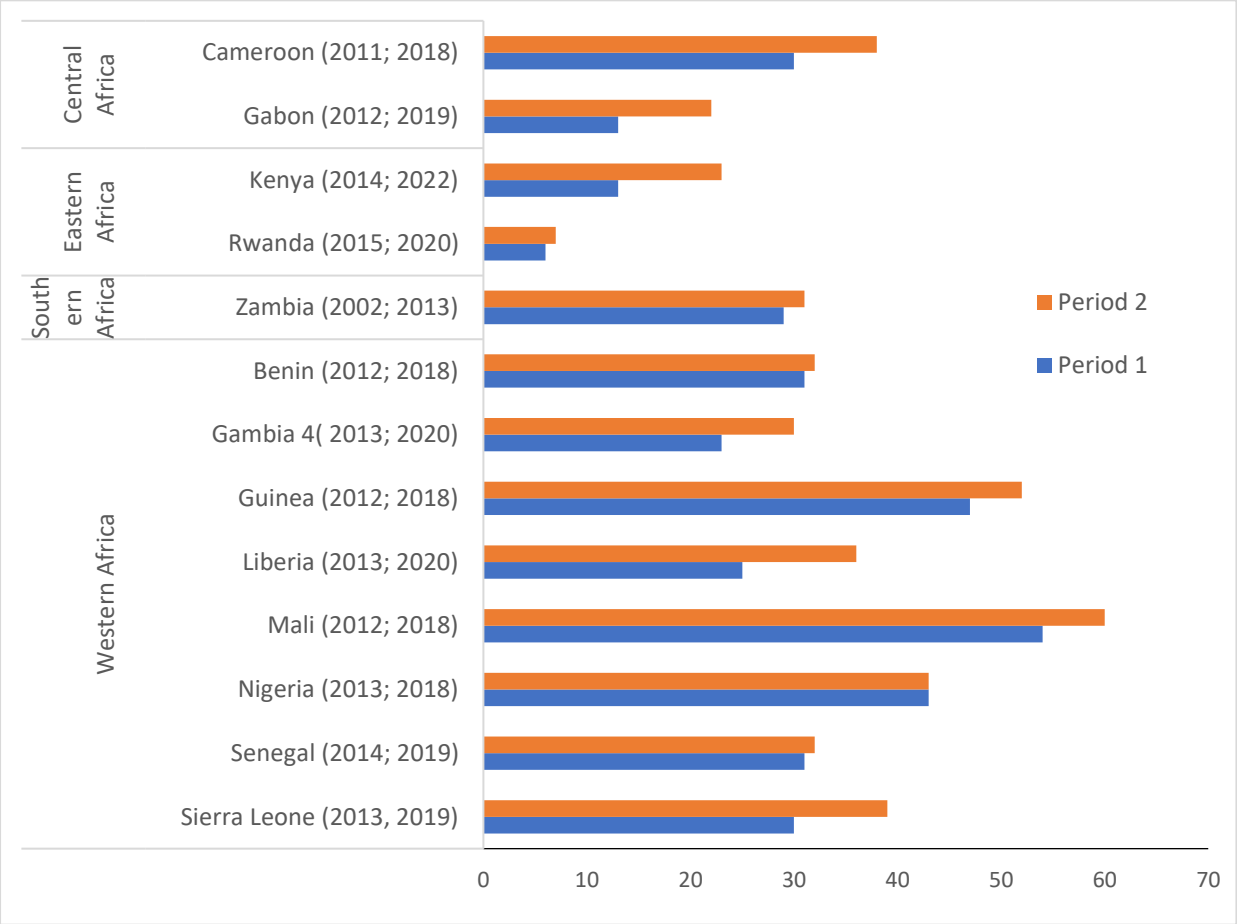
Source: World Development Indicators/ World Bank

Figure A3.11: Percentage of women 20–24 years of age who were married or in a union before age 15



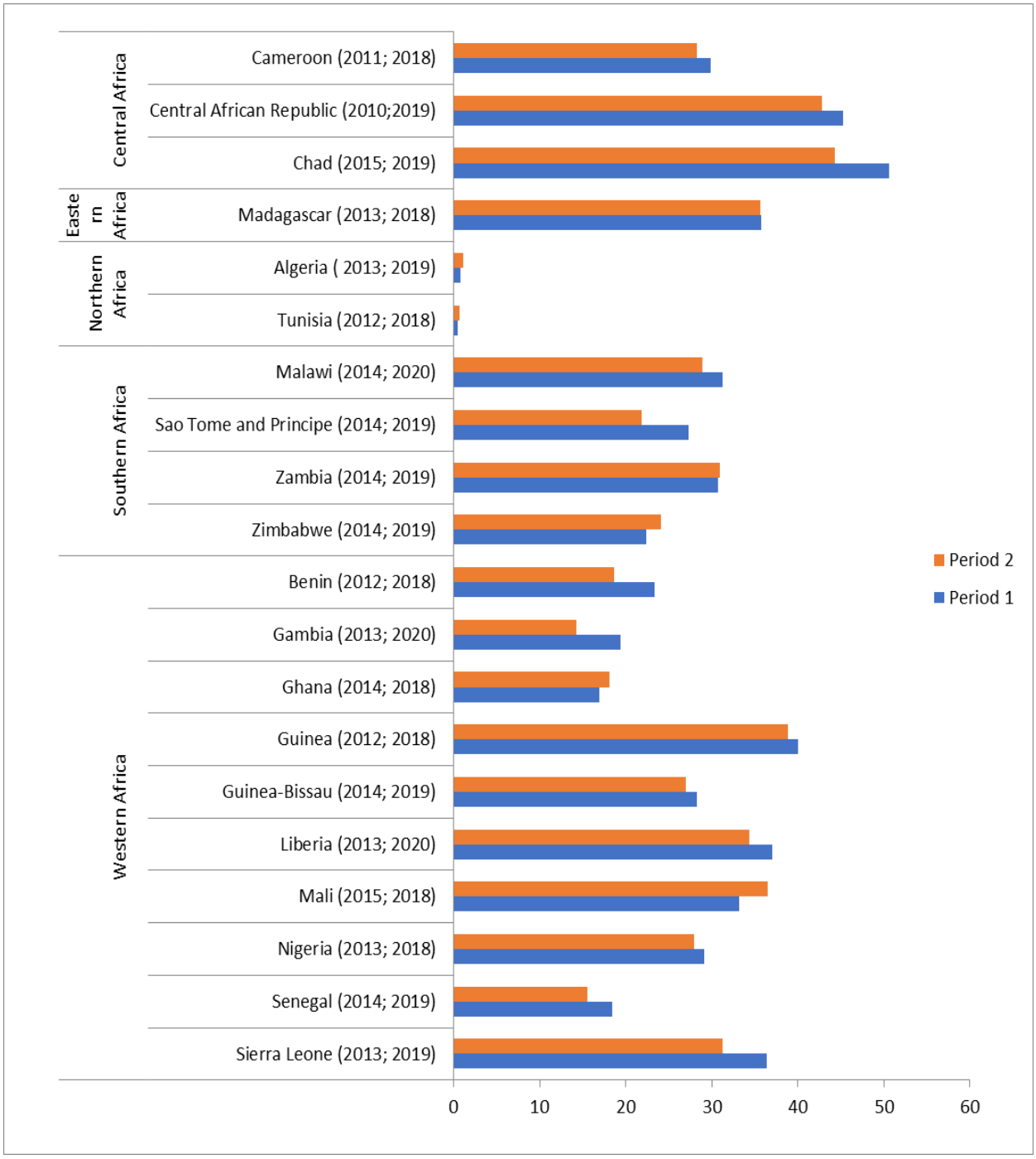
Source: STATcompiler, Demographic and Health Surveys

Figure A3.12: Percentage of women 20–24 years of age who were married or in a union before age 18



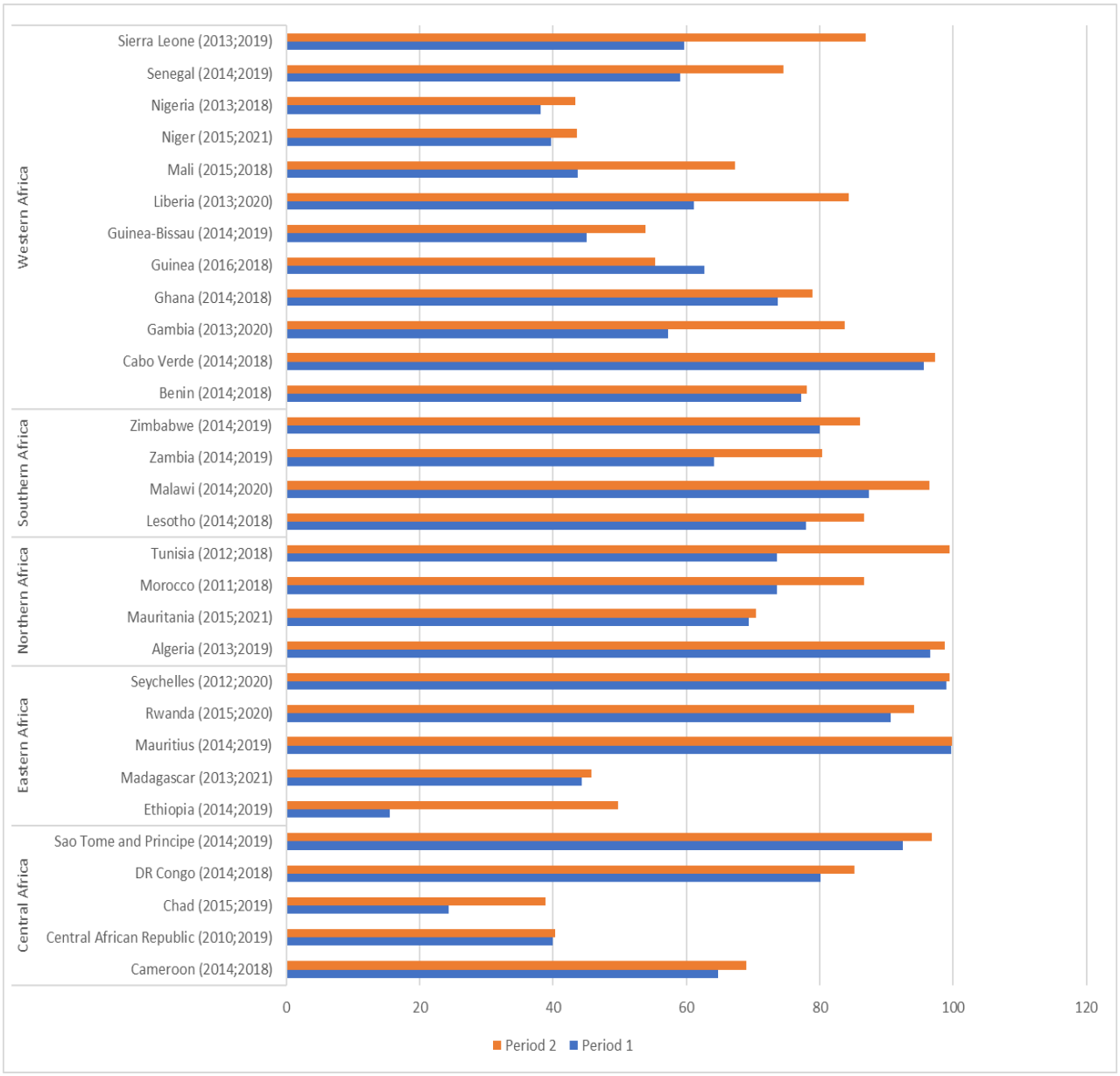
Source: STATcompiler, Demographic and Health Surveys

Figure A3.13: Percentage of women 20–24 years of age who gave birth before age 18



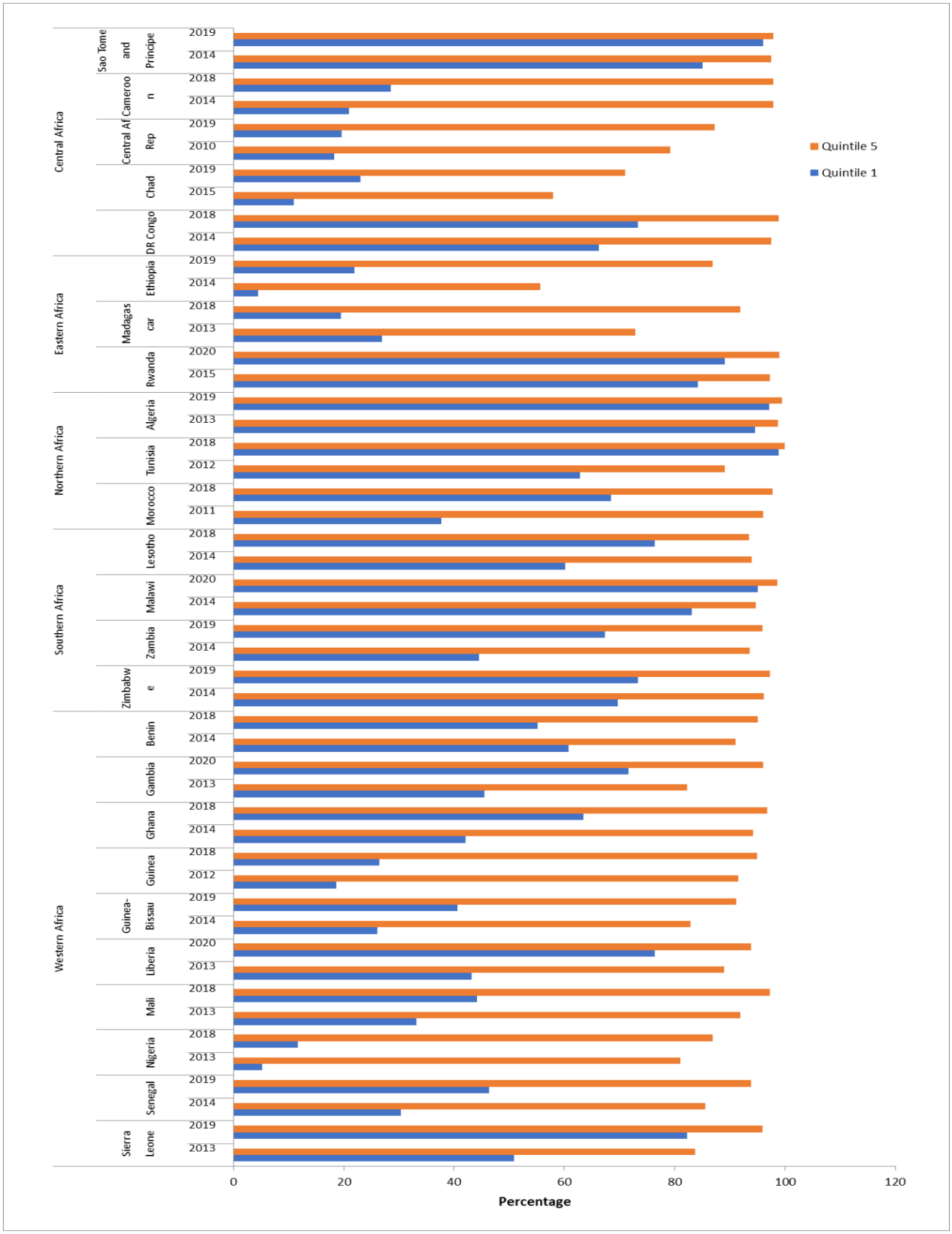
Source: Maternal and Newborn Health Coverage Database, UNICEF.

Figure A3.14: Proportion of births attended by skilled personnel



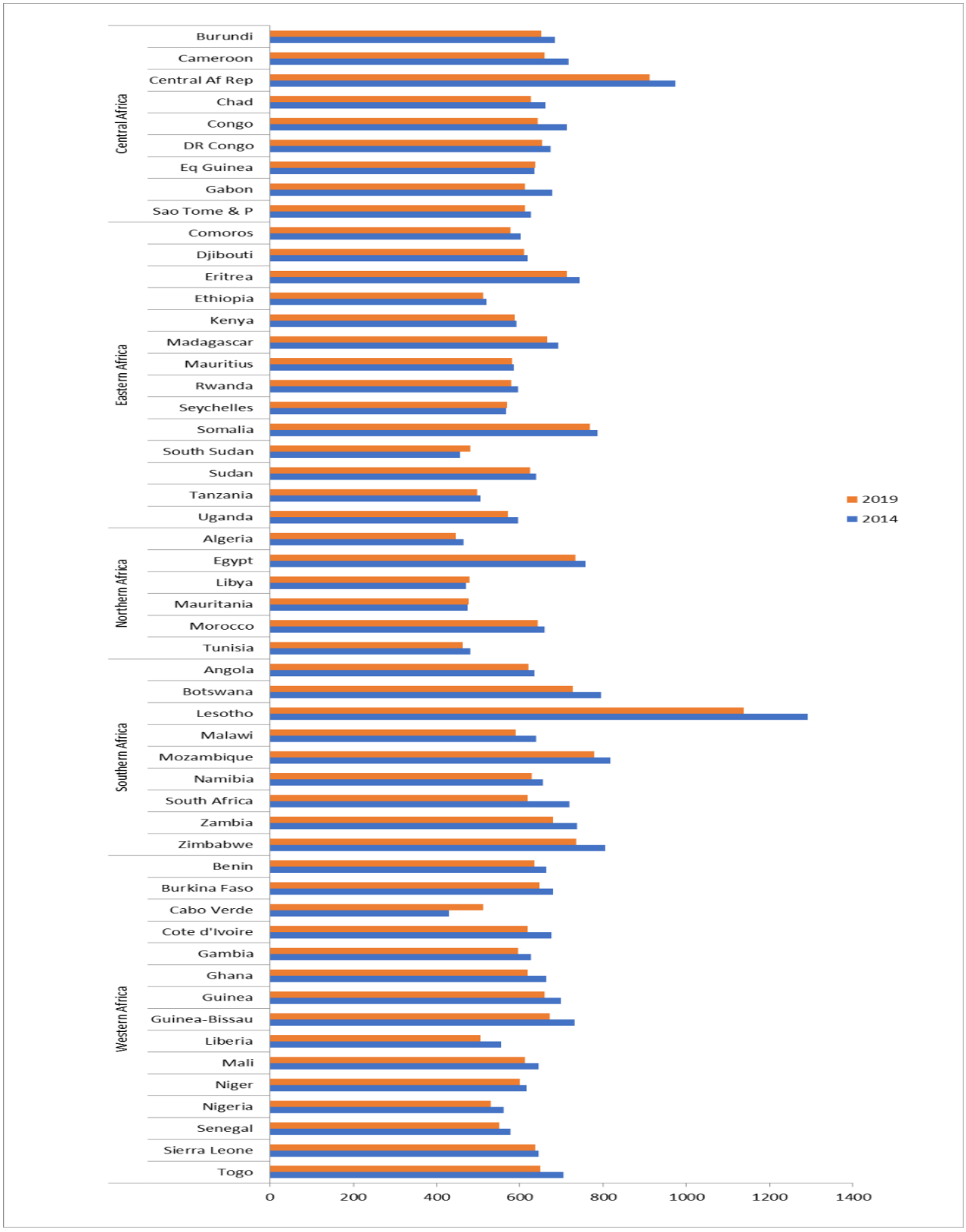
Source: Maternal and Newborn Health Coverage Database, UNICEF

Figure A3.15: Proportion of births attended by skilled personnel by wealth quintile



Source: Maternal and Newborn Health Coverage Database, UNICEF

Figure A3.16: Age-standardized non-communicable diseases mortality rate (per 100,000 population)



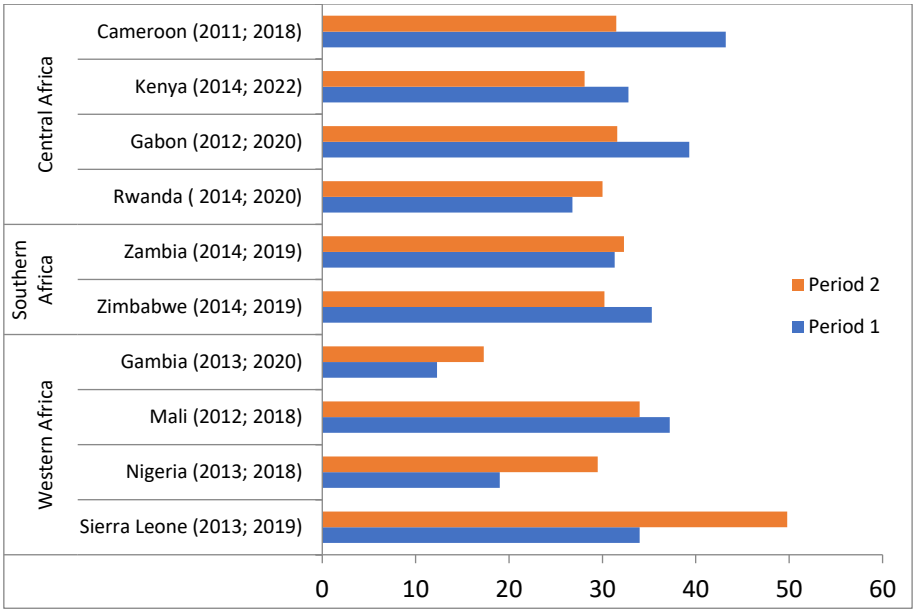
Source: Global Health Observatory data repository, WHO.

Table A3.1: Proportion of women (15-49) who have undergone female genital mutilation

Region	Country	2010-2016	2018-2022	Absolute Change (%)	Relative Change (%)
Eastern Africa	Kenya	21.0	14.8	-6.2	-29.5
Western Africa	The Gambia	74.9	72.6	-2.3	-3.1
	Guinea	96.9	94.5	-2.4	-2.5
	Mali	91.4	88.6	-2.8	-3.1
	Nigeria	24.8	19.5	-5.3	-21.4
	Senegal	24.7	25.2	0.5	+2.0
	Sierra Leone	89.6	83.0	-6.6	-7.4

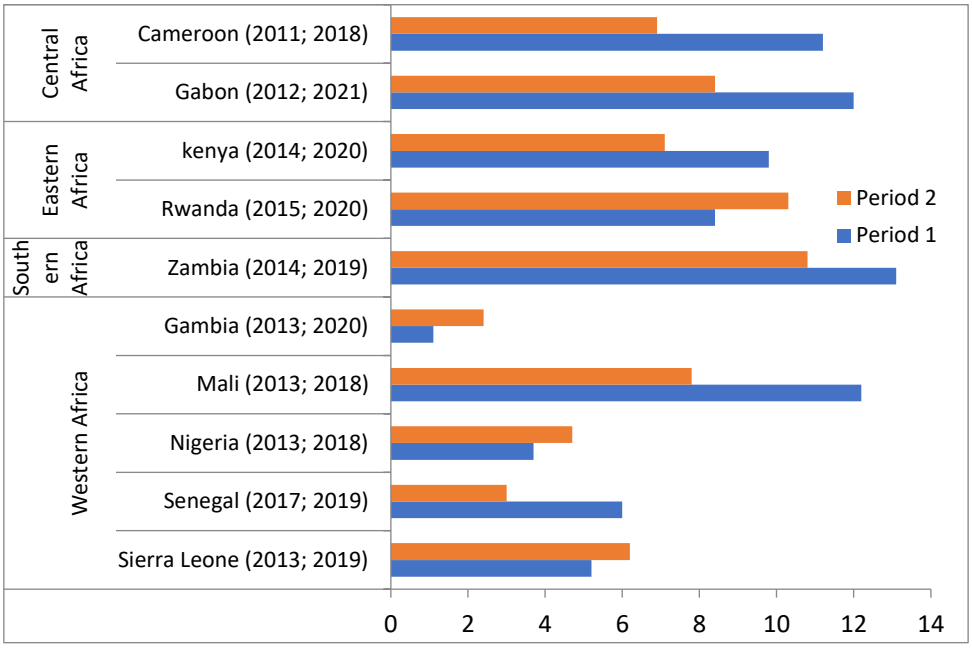
Source: STATcompiler/The Demographic and Health Surveys

Figure A3.17: Proportion of ever-partnered women and girls >15 subjected to physical, sexual, or psychological violence by current or former partners in the last 12 months



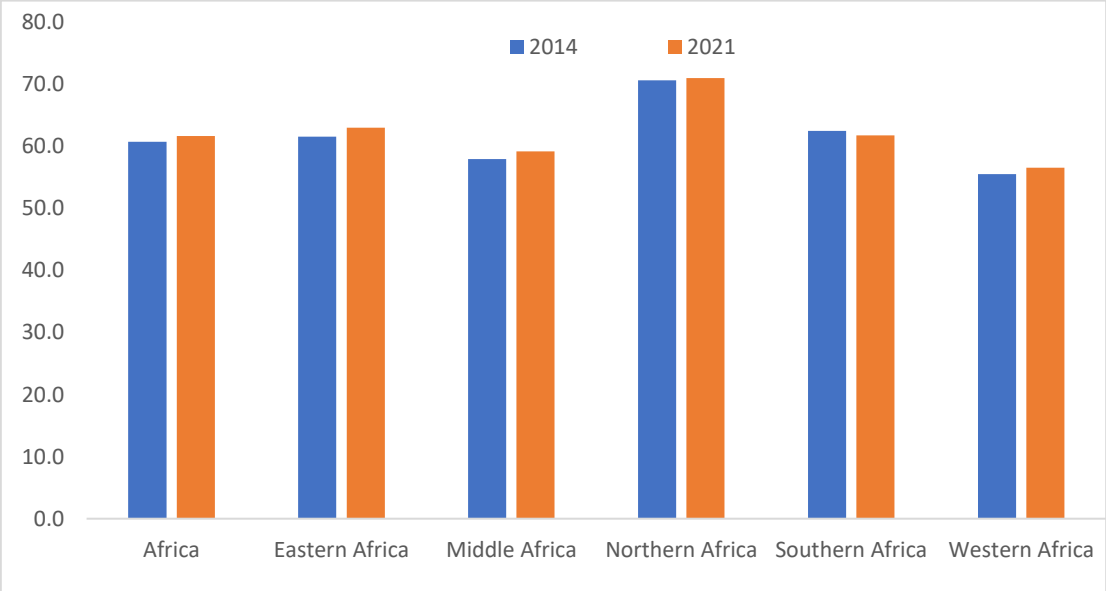
Source: STATcompiler/The Demographic and Health Surveys

Figure A3.18: Proportion of women and girls subjected to sexual violence



Source: STATcompiler/The Demographic and Health Surveys

Figure A3.19: Life expectancy by African region in 2014 and 2021



Source: World Population Prospects 2022/United Nations Population Division

Table A3.2: Net migration rate (per 1,000 population)

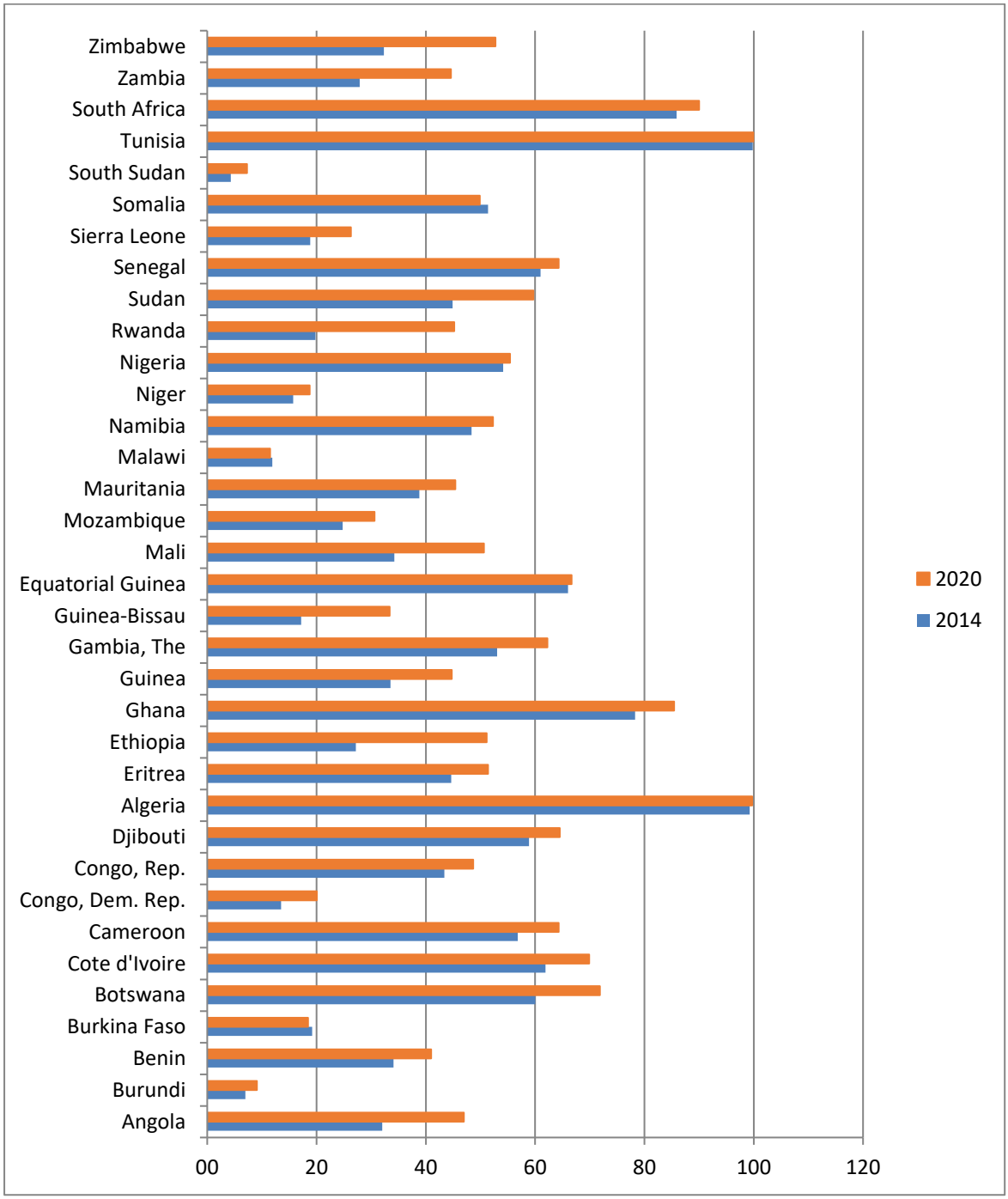
	2014	**2020**
AFRICA	-0.512	-0.149
Sub-Saharan Africa	-0.593	-0.133
Northern Africa	-0.17	-0.216
Eastern Africa	-1.743	-0.169
Western Africa	-0.677	-0.174
Central Africa	0.496	-0.123
Southern Africa	4.29	0.327
Eastern Africa		
Burundi	-0.653	-0.833
Ethiopia	1.034	0.332
Madagascar	0.02	-0.026
Malawi	-0.625	-0.092
Mozambique	1.215	0.377
Rwanda	-1.321	-0.12
Somalia	0.456	-0.688
Uganda	-2.536	0.979
United Republic of Tanzania	-0.415	-0.256
Zambia	1.054	0.476
Zimbabwe	-4.315	-1.91
Central Africa		
Angola	3.12	0.226

Cameroon	4.341	-0.373
Central African Republic	-35.722	-4.63
Chad	1.522	0.542
Congo	-4.359	-0.783
DR Congo	0.486	-0.018
Gabon	8.457	0.661
Sao Tome and Principe	-9.043	0.000
Northern Africa		
Egypt	0.062	0.042
Libya	-0.281	-0.105
Morocco	-2.102	-0.921
Sudan	2.3	0.002
Tunisia	-2.324	-0.755
Southern Africa		
Botswana	0.504	0.713
Namibia	-3.829	-1.726
South Africa	5.329	0.525
Western Africa		
Benin	0.345	0.137
Burkina Faso	-0.991	-0.263
Côte d'Ivoire	-1.000	-0.459
The Gambia	-1.277	-0.761
Guinea	-2.005	-0.33

Guinea-Bissau	-0.799	-0.691
Liberia	-5.889	-1.987
Mali	-2.852	-0.705
Mauritania	-0.776	-0.332
Niger	0.2	-0.181
Nigeria	-0.275	-0.023
Senegal	-2.673	-0.614
Sierra Leone	0.068	0.157
Togo	-0.272	-0.118

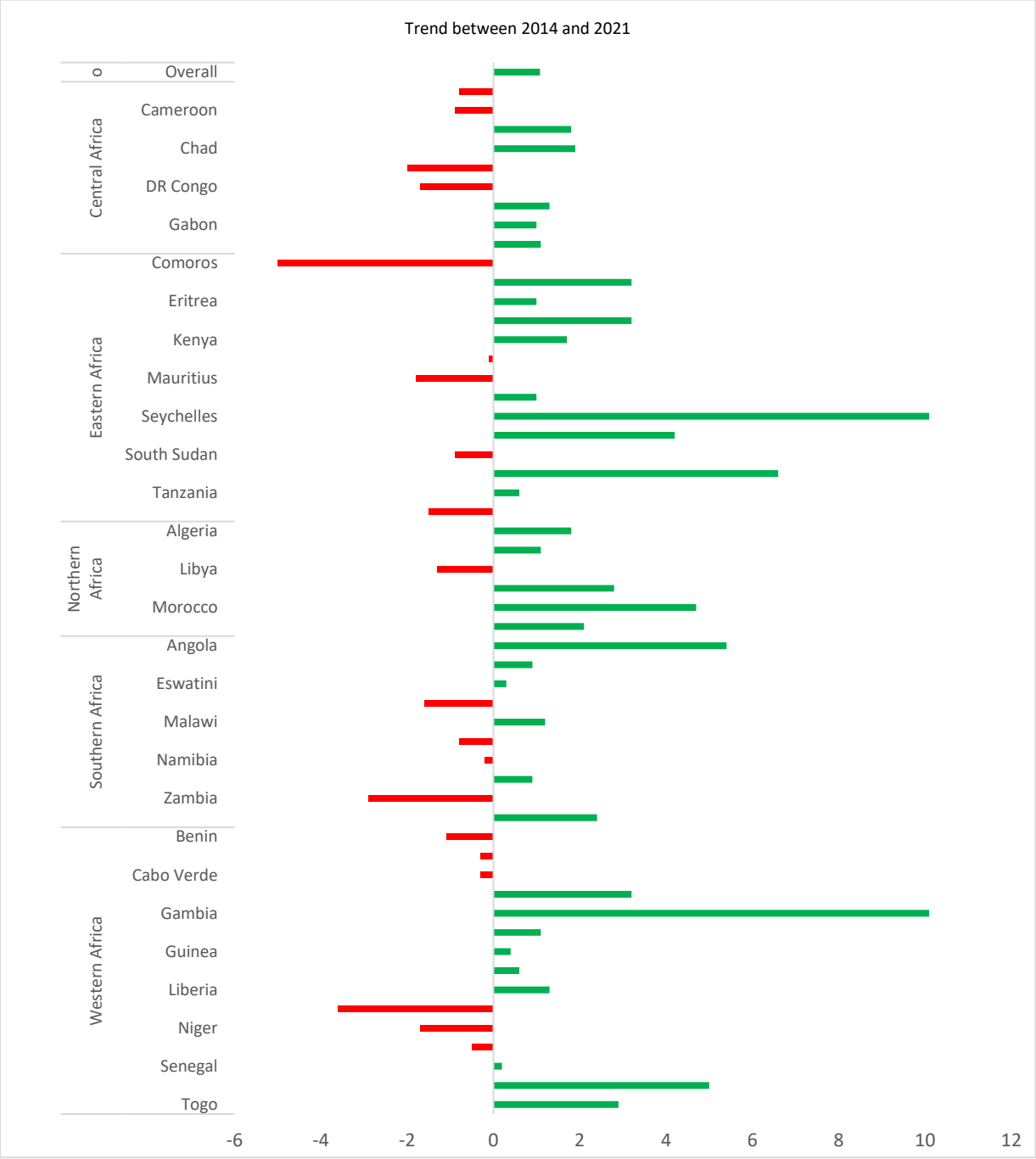
Source: UNPD, 2014, 2020

Figure A3.20: Percentage of people with access to electricity



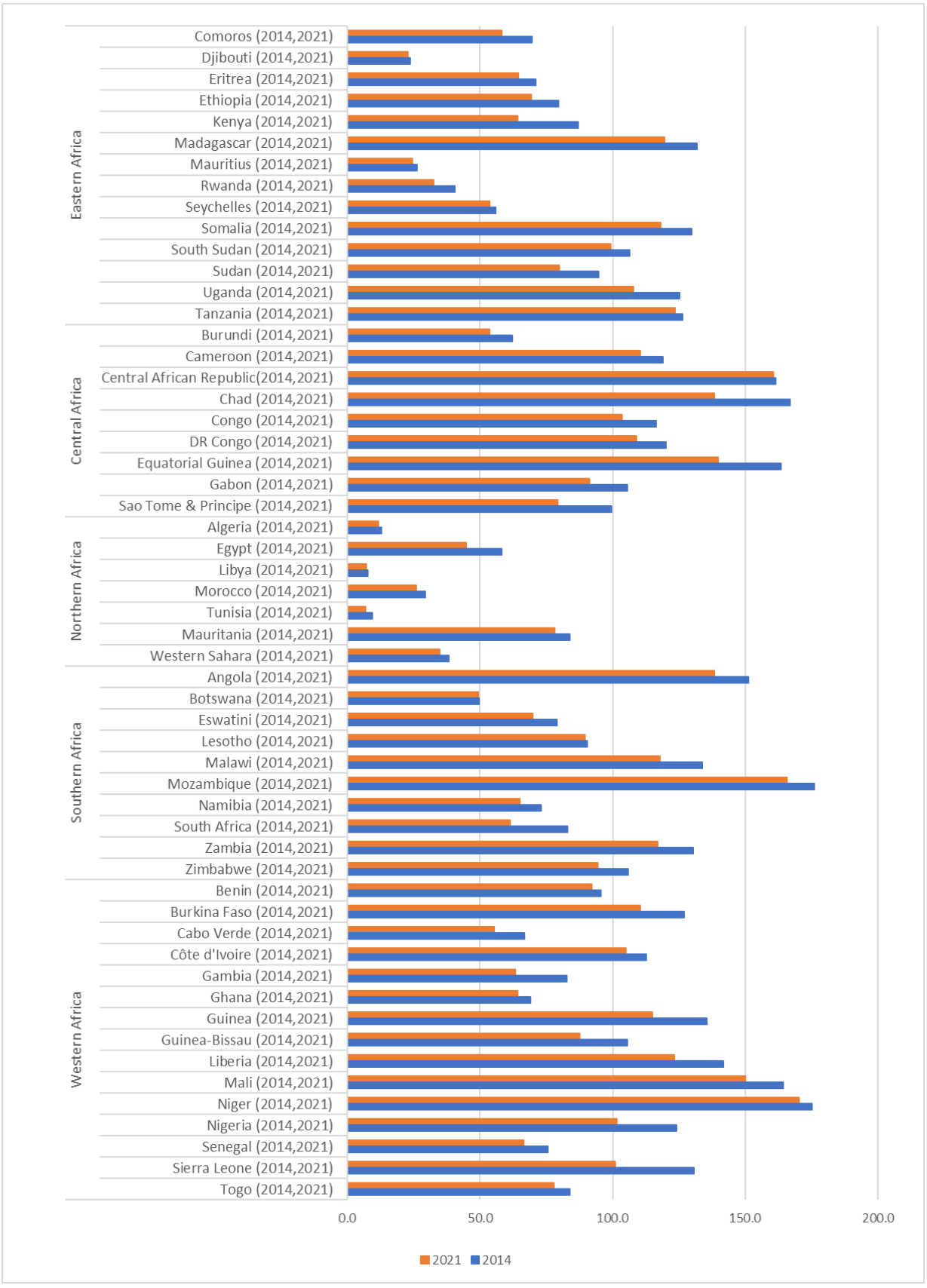
Source: World Development Indicators/ World Bank

Figure A3.21: Trend in overall governance score between 2014 and 2021



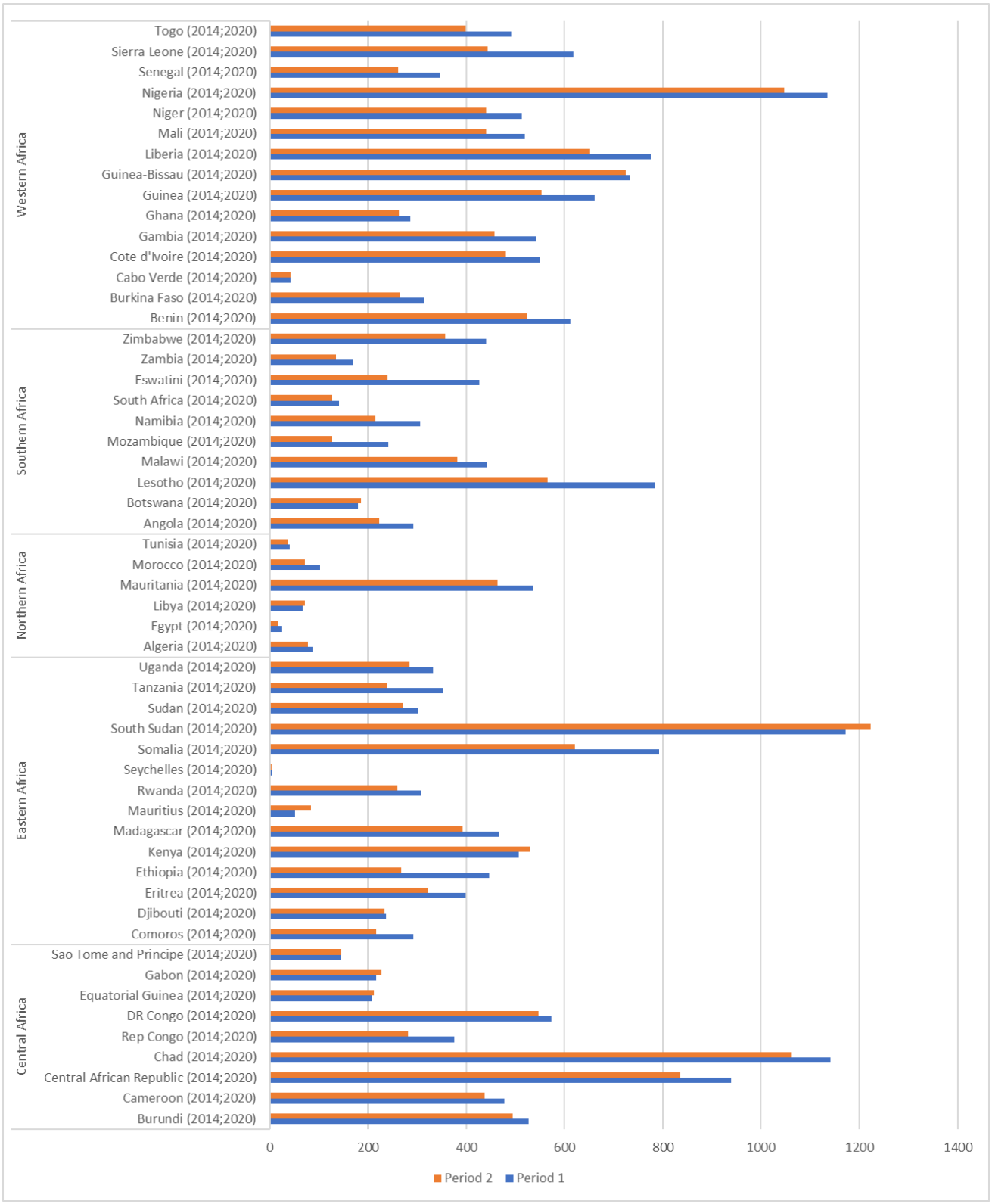
Source: Mo Ibrahim Foundation/Author's calculation

Figure A3.22: Adolescent Fertility (births per 1000 women ages 15 to 19 years)



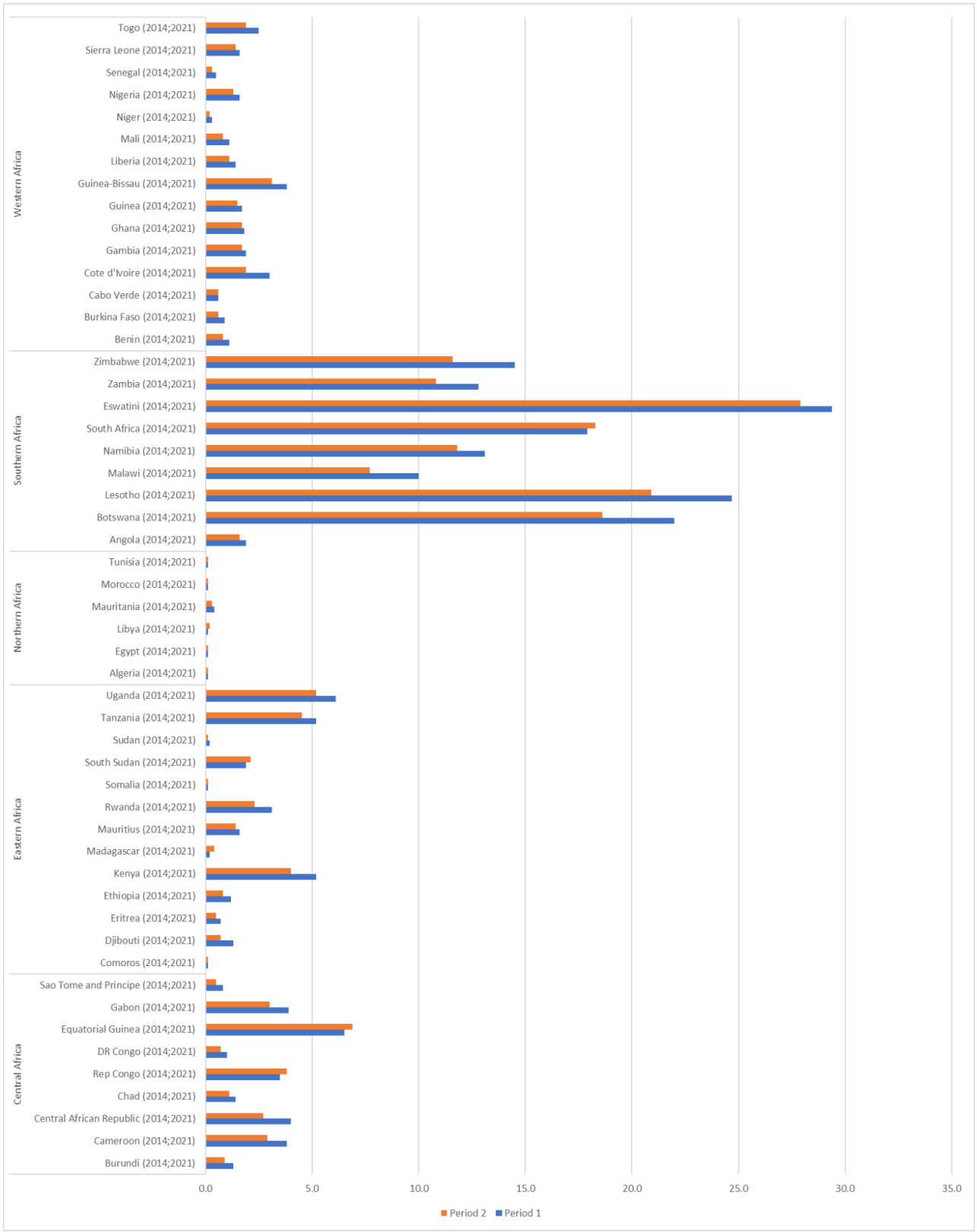
Source: United Nations Department of Economic and Social Affairs (2022)

Figure A3.23: Maternal Mortality Ratio (per 100,000 live births)



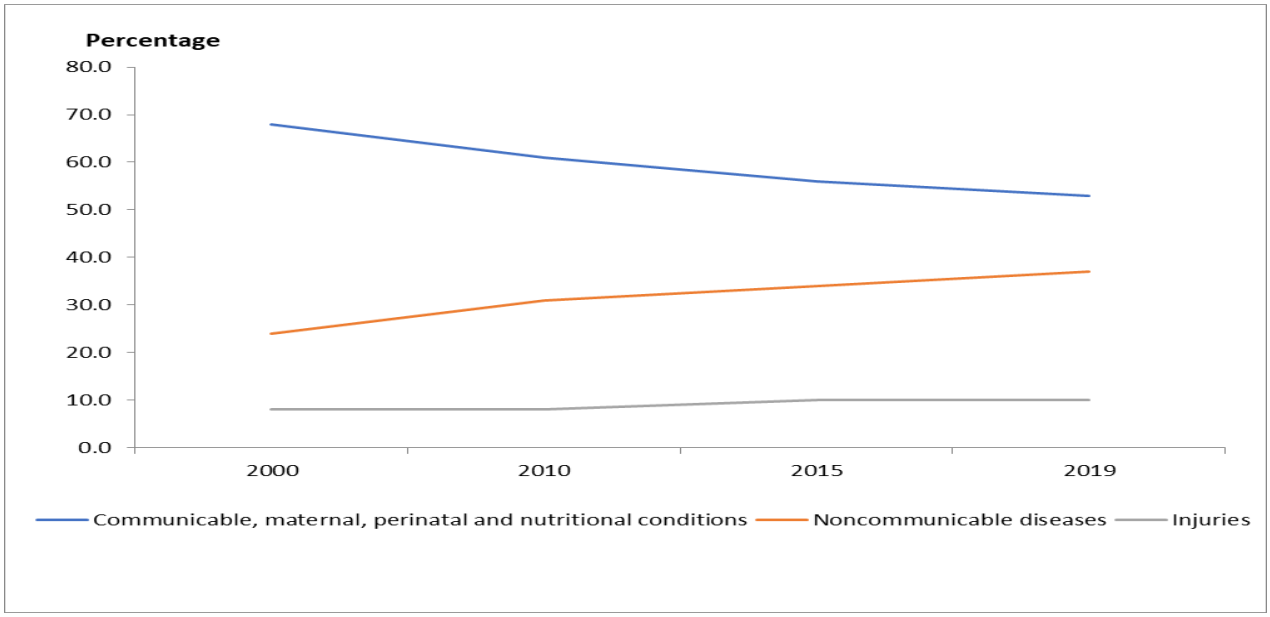
Source: World Development Indicators/ World Bank

Figure A3.24: Prevalence of HIV



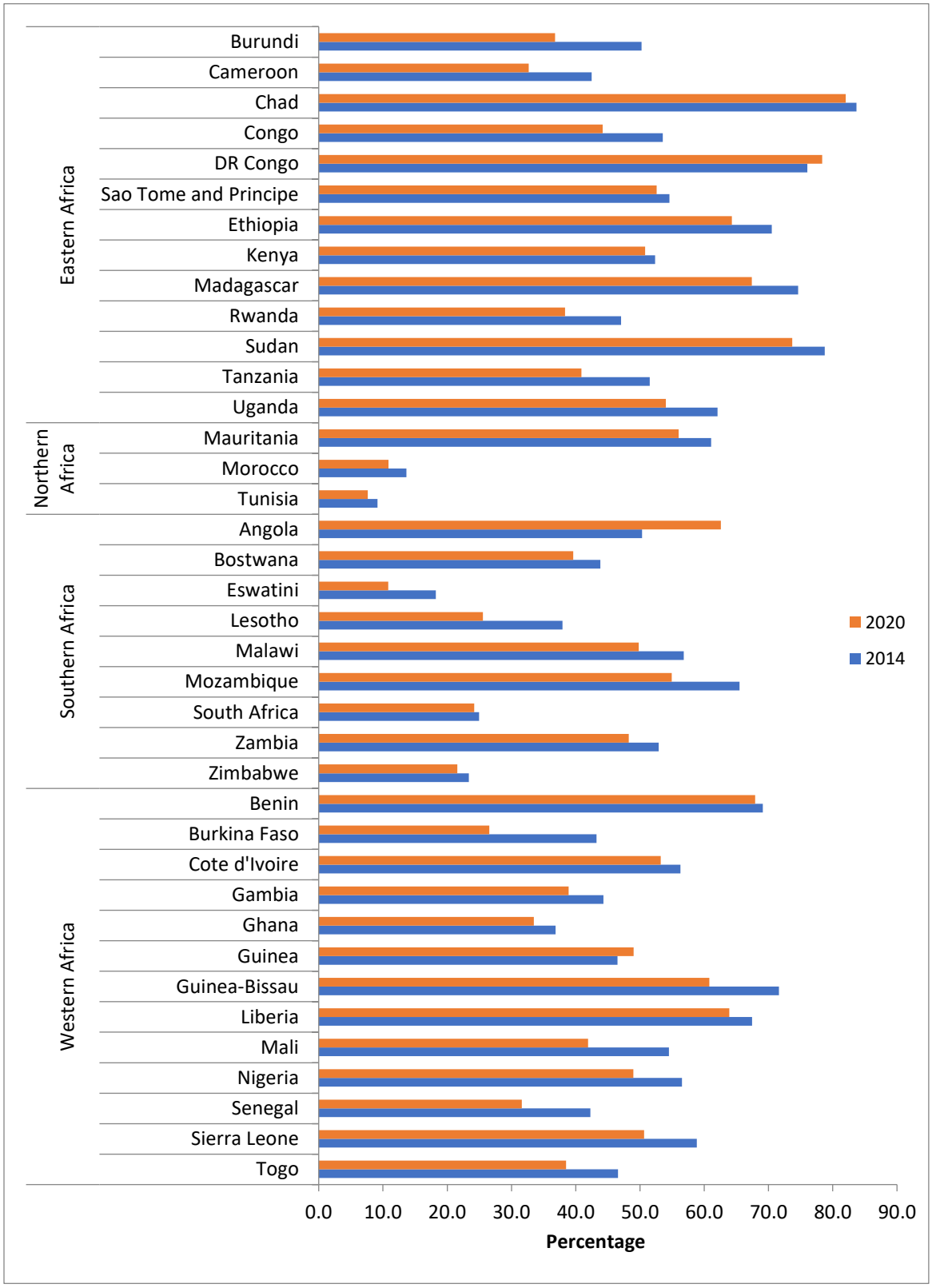
Source: World Development Indicators/ World Bank

Figure A3.25: Causes of deaths - WHO Africa Region



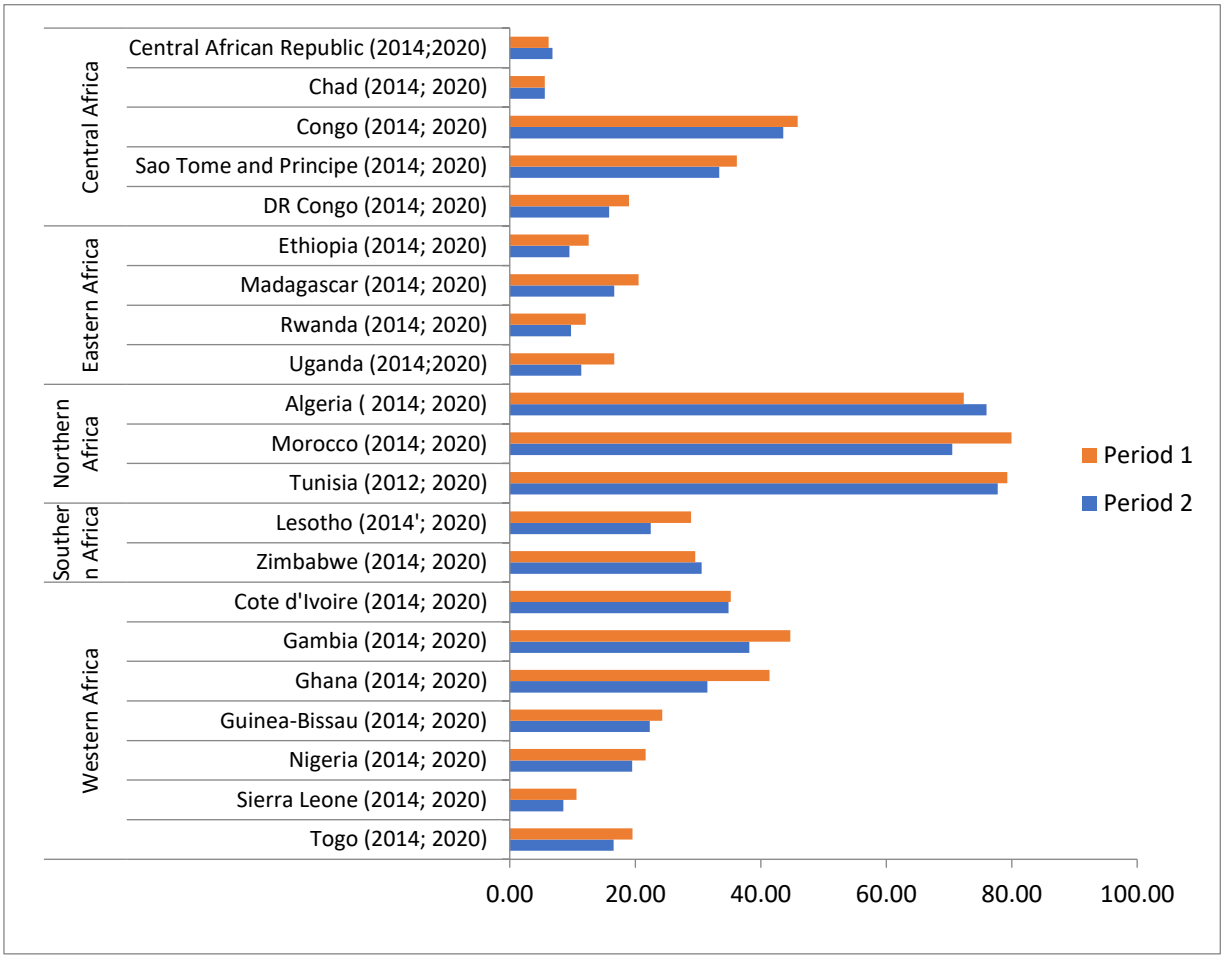
Source: Global Health Observatory data repository, WHO

Figure A3.26: Percentage of population living in slums



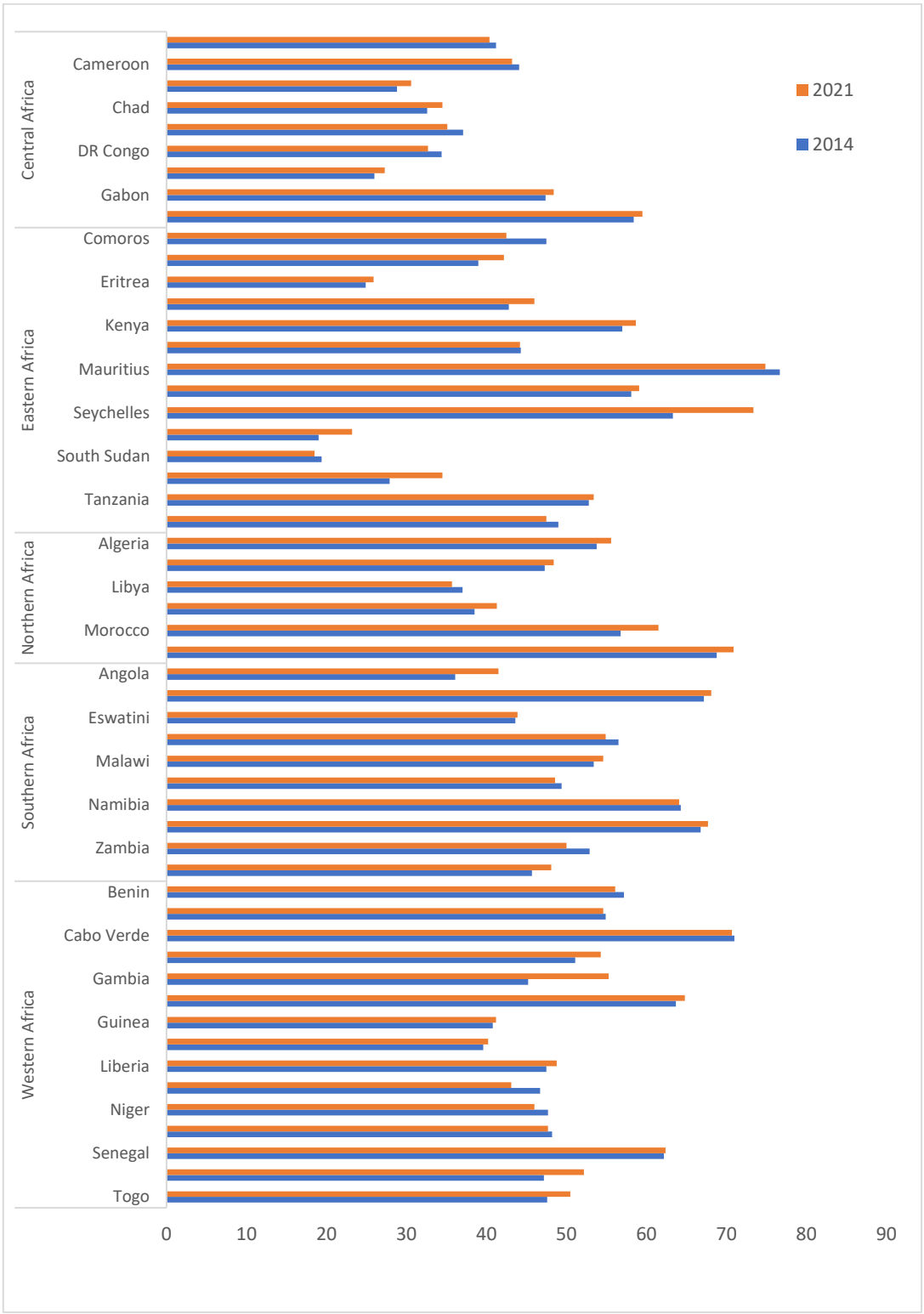
Source: UN HABITAT, retrieved from the United Nations MGD database, 2014, 2020

Figure A3.27: People using safely managed drinking water services



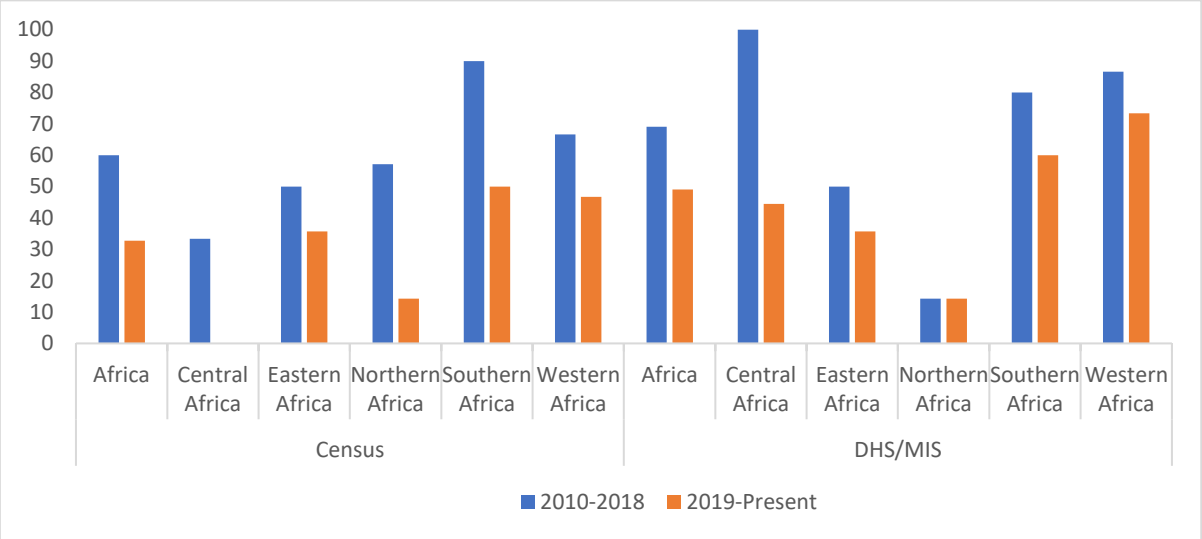
Sources: WHO, UNICEF, 2014, 2020

Figure A3.28: Overall governance score



Source: Mo Ibrahim Foundation/Author's calculation

Figure A3.29: Realization of large data collection operations in African sub-regions, 2010-2023



Sources: : Statscompiler/The Demographic and Health Surveys[23] & United Nations Statistics Division[24]

[23] https://www.statcompiler.com/fr/
[24] https://unstats.un.org/unsd/demographic-social/census/censusdates/

Table A3.3: Realization of large data collection operations in African regions, 2010-2023

Region	Country	2010-2018		2019- Present	
		Census	DHS/MIS	Census	DHS/MIS
Central Africa	Burundi	-	2010, 2012, 2016-17	-	-
	Cameroon	-	2011	-	2018, 2022
	Central Af Rep	-	2010	-	-
	Chad	-	2014-15	-	-
	Republic of Congo	-	2011-12	-	-
	DR Congo	-	2013-14, 2017	-	2023
	Eq Guinea	2015	2011	-	-
	Gabon	2013	2012	-	2019-21
	São Tomé & Principe	2012	2014	-	2019
Eastern Africa	Comoros	2017	2012	-	-
	Djibouti	-	-	-	-
	Eritrea	-	-	-	-
	Ethiopia	-	2011	-	2016, 2019
	Kenya	-	2014, 2015	2019	2020, 2022
	Madagascar	2018	2011, 2013, 2016	-	2021
	Mauritius	2011	-	2022	-
	Rwanda	2012	2013, 2014-15,2017	2022	2019-20, 2023
	Seychelles	2010	-	2022	-
	Somalia	-	-	-	-
	South Sudan	-	-	-	-
	Sudan	-	-	-	-
	Tanzania	2012	2015-16, 2017	2023	2022
	Uganda	2014	2011, 2014-15, 2016, 2018-19	-	-

Northern Africa	Algeria	-	-	2022	-
	Egypt	2017	2014	-	-
	Libya	-	-	-	-
	Mauritania	2013	-	-	2019-21
	Morocco	2014	-	-	-
	Sahrawi Arab Democratic Republic	-	-	-	-
	Tunisia	2014	-	-	-
Southern Africa	Angola	2014	2011, 2015-16	-	2023
	Botswana	2011	-	2022	-
	Lesotho	2016	2014	-	2023
	Malawi	2018	2014, 2015-16	-	2023
	Mozambique	2017	2011, 2018	-	2022-23
	Namibia	2011	2013	2023	-
	South Africa	-	2016	2022	-
	Eswatini	2017	-	-	-
	Zambia	2010	2013-14, 2018	2022	2023
	Zimbabwe	2012	2010-11, 2015	2022	2023
Western Africa	Benin	2013	2011-12, 2017-18	-	-
	Burkina Faso	-	2010, 2014, 2017-18	2019	2021
	Cabo Verde	2010	-	2021	-
	Côte d'Ivoire	2014	2011-12, 2016	2021	2021
	The Gambia	2013	2013	-	2019-20
	Ghana	2010	2014, 2016	2021	2019, 2022
	Guinea	2014	2012, 2016, 2018	-	2021
	Guinea-Bissau	-	-	-	-

	Liberia	2012	2011, 2013, 2016	-	2019-20, 2022
	Mali	-	2012-13, 2015, 2018	2022	2021, 2023
	Niger	2012	2012	-	2021
	Nigeria	-	2013, 2015, 2018	2023	2021, 2023
	Senegal	2013	22010-11, 2012-13, 2014, 2015, 2016, 2017, 2018	-	2019, 2020-21, 2023
	Sierra Leone	-	2013, 2016	-	2019
	Togo	2010	2013-14, 2017	2022	-

Source: https://www.statcompiler.com/fr/; https://unstats.un.org/unsd/demographic-social/census/censusdates/