The Demographic Dividend in Africa Relies on Investments in the Reproductive Health and Rights of Adolescents and Youth

POLICY BRIEF
February 2017

HARNESSING THE DEMOGRAPHIC DIVIDEND THROUGH INVESTMENTS IN YOUTH

The Demographic Dividend in Africa Relies on Investments in the Reproductive Health and Rights of Adolescents and Youth

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Acknowledgments

This brief was prepared by the Population Reference Bureau (PRB) in collaboration with the African Union Commission (AUC) Department of Human Resource Science and Technology. The brief was authored by Elizabeth Gay, senior policy analyst at PRB, with support from Marlene Lee, senior program director at PRB, Prudence Ngwenya, Head of the Division in charge of Youth at AUC, and Kokou Sename Djagadou, project officer at AUC. The author wishes to thank AUC staff that read many drafts and the following people for their reviews: Gervais Beninguisse (L'Institut de Formation et de Recherche Démographiques (IFORD), Cameroon), Jotham Musinguzi (National Population Council, Uganda), Senait Tibebu (David and Lucile Packard Foundation, Ethiopia), and Jacques Emina (University of Kinshasa, Democratic Republic of the Congo).

Photos: Jonathan Torgovnik

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An African Union (AU) Assembly decision in January 2016 established the theme for 2017 as "Harnessing the Demographic Dividend Through Investments in Youth." AU heads of states and governments recognize a country-level demographic dividend as central to the continent's economic transformation in the context of AU Agenda 2063—the AU's global strategy for socioeconomic transformation within the next 50 years. A demographic dividend can occur during a window of opportunity created by reductions in child mortality and a demographic shift to fewer dependent people relative to working-age individuals (see Box 1). The full realization of the sexual and reproductive health and rights (SRHR) of adolescents and youth (ages 10 to 24) can facilitate gains in their health, well-being, and educational attainment. Long-term investments in the health of adolescents and youth, including in their sexual and reproductive health, can help accelerate economic growth when combined with the appropriate investments in education and economic planning.

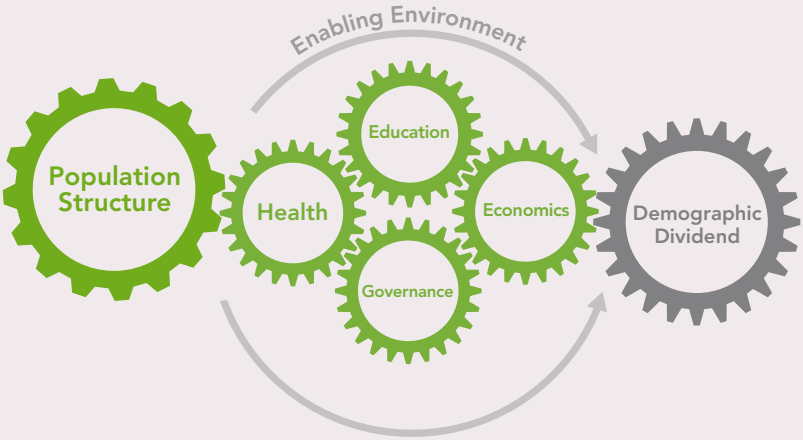
Sexual and reproductive health (SRH) is defined as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes.[1] SRHR are defined as fundamental entitlements to have control over and make informed decisions on all matters related to SRH free from coercion, violence, and discrimination.

The African Union Commission's (AUC) "Continental Policy Framework on Sexual and Reproductive Health and Rights (SRHR)," adopted in 2005 and operationalized by the AU's "Maputo Plan of Action on Sexual and Reproductive Health and Rights," lays the groundwork for mainstreaming and harmonizing SRHR into national, subregional, and continental development initiatives and African policymaking to improve well-being and quality of life on the continent.[2]

The “Continental Policy Framework on SRHR” also recognizes the connections between population dynamics, poverty, SRHR, and their importance to sustainable development, and positions SRHR as important for the success of the African development agenda.

BOX 1

Defining the Demographic Dividend for African Countries



The demographic dividend refers to the accelerated economic growth that begins with changes in the age structure of a country’s population. A shift to fewer dependent people relative to working-age individuals, accompanied by investments in employment, entrepreneurship, education, skills development, health, rights, governance, and youth empowerment can help countries harness the demographic dividend. This transition to a larger share of working-age individuals requires low child mortality rates coupled with proportionate changes in birth rates as well as attention to the health of young people in order to achieve economic gains. The investments that translate demographic changes into economic gains can also create and sustain economic development.

Source: Population Reference Bureau (PRB), “Achieving a Demographic Dividend,” (December 2012), accessed at www.prb.org/pdf12/achieving-demographic-dividend.pdf, on Jan. 6, 2017.

How Sexual and Reproductive Health and Rights Contribute to Accelerated Economic Growth

When SRHR for adolescents and youth are protected, young people can better access the information and services they need to stay healthy, avoid unwanted pregnancy and childbearing, prevent and treat sexually transmitted infections including HIV, complete more years of school, and obtain the skills necessary to be economically productive. Access to SRH information and services are especially important. Research indicates that adolescent girls complete more years of school when they have access to SRH information, and services, and care to help them manage menstruation and avoid or delay pregnancy that could disrupt their educational attainment. Access to SRH information, services, and care helps young women exercise their sexual and reproductive rights, stay healthy, and become better prepared to contribute to household finances and ultimately to local and national economies.

> *"Africa's young people are the primary vehicle for realizing the demographic dividend and the principal engine for fostering development at all levels. By 2063, Africa's children and youth will be fully engaged as the talent pipeline, principal innovators, and indeed the sustainers of Africa's advantages from transformation. Youth overt unemployment will have been eliminated and they would have full access to educational training opportunities, health services, and recreational and cultural activities, as well as to financial means to allow each youth to fully realize their full potential. The youth will be incubators of new knowledge driven business start-ups and will contribute significantly to the economy."*
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> **– Agenda 2063 Framework Document: The Africa We Want**

Investing in the health of adolescents and youth is key to enhancing the quality of future generations of the African work force. Reproductive choices that adolescents and youth make about when they marry, when they begin sexual activity, and how many children they have will affect a country's birth rate. Without investments that reduce the unmet need for family planning, the working-age, productive, and nondependent share of the population will not grow relative to the total population, and a country's average national savings and hours worked will not increase. Women who want to stop or delay childbearing but are not using any method of contraception are described as having an unmet need for family planning. By reducing unmet need for family planning and helping people realize their reproductive rights, policymakers can support a population dynamic that is conducive to opening a window of opportunity for a demographic dividend. A relatively smaller proportion of very young children in the population provide an opportunity for families and

governments to invest more (from the higher average savings and income) in the health and education of each child.[3] These children will be the next generation of workers, equipped for jobs requiring higher skill levels and able to navigate regulations that provide access to capital for entrepreneurial or agricultural activities. Sufficient numbers of jobs, entrepreneurial, and agricultural opportunities need to be available whatever the size of the workforce. This shift requires government and private sector investment in the economy.

Adolescent and youth SRHR will be one factor that affects the future size of demand for employment. Ensuring that youth and adolescents can exercise their rights to determine when to have children and have the number of children they want helps shape population dynamics that influence economic development. For women, the age at which they start having children and the number of children they have may affect what type of employment they have and how long they are employed. The risk of sexual violence associated with school attendance or working outside the home will affect their ability to acquire a quality education and employment experience. Both factors can also affect health risks associated with pregnancy and sexual activity.

In the African context, consensus-driven frameworks such as the "Maputo Plan of Action" and the AUC's "Africa Health Strategy 2016-2030" have prioritized SRHR to encourage action towards realizing Agenda 2063 and African development goals.[4] Priority SRHR issues affecting adolescents and youth include contraception, unsafe abortion, maternal mortality and morbidity, sexually-transmitted infections (STIs) including HIV/AIDS, child marriage, female genital mutilation or cutting (FGM/C), and sexual violence.

Key Investments Can Protect and Improve SRHR for Adolescents and Youth

Improving the health and well-being of the population and reducing the unmet need for family planning can trigger a demographic shift whereby more children survive to adolescence and young adulthood, helping to initiate the first step of a population transition. African frameworks provide insights on what policies support a demographic transition and outline strategic investments. For example, the AUC's "African Youth Charter" underscores the rights of youth and outlines how policymakers might mainstream issues affecting adolescents and youth in policies and programs.[5] The "Maputo Plan of Action" identifies strategies and actions that countries can use to advance SRHR within their own unique contexts.[6] The AU Agenda 2063's "First Ten-Year Implementation Plan" establishes specific targets and outlines action countries can take to achieve the development agenda.[7] The plan encourages policymakers to implement policies that enhance the reproductive rights of women and adolescent girls. Recently, the AU developed a demographic dividend roadmap to guide member states

and regional economic communities on concrete actions to be undertaken in 2017 and beyond. These continental frameworks and strategy documents identify policy actions that countries can tailor to their own context.

At the national level, policymakers have taken strategic action to advance SRHR for adolescents and youth. Included below are examples from each region across the African continent.

In **Senegal**, data privacy laws and reproductive health laws protect young people's right to access sexual and reproductive health care confidentially. The 2005 "Law on Reproductive Health" recognizes reproductive health as a human right guaranteed to all people. Policies specific to adolescents and youth include the "Youth and Adolescent Reproductive Health Strategy" (2005) and "Policies, Norms, and Standards for Youth Reproductive Health Services" (2011).[8] The government has worked to reduce unmet need for family planning. Unmet need declined from 35 percent in 1997 to just under 26 percent in 2014 among married women in need of family planning.[9]

Strategic policy adoption and implementation in **Tunisia** has yielded success. The government of Tunisia launched its first national strategic plan to fight HIV/AIDS and STIs in 2006, and set targets for preventing HIV/AIDS among young people.[10] A robust national family planning program created health centers across the country that helped reduce the unmet need for family planning and increased life expectancy at birth.[11] Tunisia was the first Muslim country to ensure women had access to safe abortion in certain circumstances—a factor which likely contributed to declines in maternal death.[12]

Kenya's first policy focusing on adolescent and youth SRH was developed in 2003. The "Adolescent Reproductive Health and Development (ARHD) Policy" was developed in response to youth issues and the government's commitment to integrate youth into the national development process, and has served as a foundation for subsequent policies to advance adolescent and youth SRH. A 2013 assessment of the policy revealed that it has increased public and private sector commitments, strengthened approaches to increase access to and quality of ARHD programs and services, and improved adolescent and youth SRH and well-being.[13]

In January 2014, the government of the **Democratic Republic of the Congo** (DRC) adopted a "Family Planning National Multisectoral Strategic Plan (2014-2020)" which aligns with its "National Health Development Plan (2011-2015)." The plan seeks to integrate comprehensive sexuality education and youth-friendly SRH services to increase contraceptive use.[14] The government of DRC indicates that they are seeking to slow population growth and reduce the number of dependents by increasing the use of modern contraception—a shift necessary to steer the country toward a demographic dividend.[15]

In 2015, the **South African** government adopted the "National Adolescent Sexual and Reproductive Health and Rights Framework Strategy." This framework builds on the 1998 "Population Policy for South Africa" which seeks to contribute to "the establishment of a society that provides a high and equitable quality of life for all South Africans in which population trends are commensurate with sustainable socio-economic and environmental development." The strategy aligns with the South African constitution and adopts a human rights approach to adolescent SRHR that can support economic development for South Africa.[16]

Beyond these examples, African policymakers across the continent are working to improve the health and well-being of adolescents and youth. While current investments are yielding impressive gains, there are opportunities to move further and invest more deeply in SRHR.

Research has produced helpful information on what works to improve adolescent and youth SRH. The body of evidence indicates that supporting adolescents and youth to stay in school, empowering youth with skills development and training, providing comprehensive sexuality education, and ensuring access to youth-friendly SRH services are important areas for investment. Evidence also suggests that multiple interventions offered together, and over a longer period of time, are more effective than single-focus interventions. It is also important to consider the most vulnerable populations of young people, including those who are out of school, living in rural areas or urban slums, poor, disabled, or affected by conflict.[17]

Engaging youth meaningfully in the design and development of interventions, programs, and policies increases their effectiveness; builds youth knowledge, skills, and leadership; and enhances the capacity of organizations and entities to advance youth SRHR.[18]

Included below are key examples of evidence on priority issues for adolescent and youth SRHR. Recommendations for action are drawn from the broader, available body of research.

SUPPORT YOUTH TO STAY IN SCHOOL FOR BETTER SEXUAL AND REPRODUCTIVE HEALTH AND ECONOMIC OUTCOMES

Educational access is crucial to attaining a demographic dividend. Supporting youth to stay in school and complete as many years of school as possible has implications for their human capital as well as for their sexual and reproductive health. Education is shown to be a protective factor for many SRH and economic outcomes. Additionally, schools provide the physical space and opportunity to deliver comprehensive, appropriate, and culturally sensitive sexuality education, youth-friendly SRH services, life skills development programs, and other interventions.

Research shows that as years of education increase, employment prospects, labor force participation, and earnings improve. Adolescents and youth with more years of school, especially secondary school, are more likely to develop the skills they need to be economically productive. Additionally, increased educational attainment is associated with delayed marriage, delayed childbearing, and reduced risk for HIV.[19]

Several barriers prevent young people from attending or returning to school, and these are greater for girls than for boys. Some girls experience sexual harassment and violence on the way to school or within school, which can lead to lower school attendance. Girls may forego school for a number of reasons—they need to work to support their households, school fees and supplies are unaffordable, the quality of schooling is low, their caregivers do not see any value in sending them to school, existing laws do not allow pregnant girls to attend school, or they experience stigma and discrimination in school settings.[20]

Existing evidence reveals that helping households overcome financial hurdles through scholarships, stipends, or cash transfers can increase school attendance.[21] In Malawi, both unconditional cash transfer (transfer not dependent upon recipient action) and conditional cash transfer (transfer is dependent upon recipient action) programs were shown to increase school attendance.[22]

Recommendations

- Make schools safe for girls to attend.
- Help households overcome financial hurdles to sending their children to school.
- Support pregnant and parenting adolescents and youth to stay in and return to school.

AGE-APPROPRIATE, CULTURALLY SENSITIVE, AND RIGHTS-BASED COMPREHENSIVE SEXUALITY EDUCATION SUPPORTS BETTER SRH OUTCOMES

Age-appropriate and culturally sensitive comprehensive sexuality education (CSE) is critical for promoting SRH among adolescents and youth. UNESCO defines comprehensive sexuality education as sharing of scientifically accurate SRH information in a way that is age-appropriate, culturally relevant, and nonjudgmental.[23] CSE programs have been shown to increase SRH knowledge, delay sexual debut, increase condom and/or contraceptive use, and reduce frequency and number of sexual partners.[24]

Some key characteristics enhance a program's likelihood of successfully reducing poor SRH outcomes among adolescents and youth. To be effective, sexuality education programs must include enough information about sexual health topics and have a comprehensive curriculum.[25] Research shows that abstinence-only programs do not stop or delay sexual initiation among young people and can put them at greater risk for STIs and pregnancy if information about contraception is not taught. A rigorous review determined that interventions that promoted contraceptives alone did not reduce risk for pregnancy among adolescents. However, sexuality education programs that taught about contraception along with abstinence were shown to increase contraceptive use at sexual debut.[26] Research shows that CSE programs are efficient and more cost-effective than single-issue interventions. A review of 22 programs found that programs that addressed gender and power dynamics were associated with greater decreases in pregnancy, unwanted childbearing, and STIs. In fact, they were five times more effective than programs that did not address gender or power dynamics. The impact of CSE increases when delivered along with efforts to expand adolescent and youth access to SRH resources such as youth-friendly health care and contraception.[27]

Research also indicates that effective sexuality education begins in primary school with age-appropriate information and continues throughout secondary school.[28] International organizations, such as the World Health Organization (WHO) and

UNESCO, recommend that sexuality education begin in early childhood and continue to adulthood in order to build knowledge and skills over time.

Adolescents and youth have the right to access the SRH information they need to protect their health and determine the course of their reproductive lives. Empowered with information, along with access to services, adolescents and youth will be better able to stay healthy, achieve higher levels of education, and be economically productive. Their empowerment benefits their households and, ultimately, their country's economy.

Recommendations

- Make CSE available to students beginning in primary school.
- Implement CSE along with youth-friendly health services.

IMPROVING ACCESS TO YOUTH-FRIENDLY SRH CARE IS CRITICAL

While helping adolescents and youth stay in school and providing comprehensive sexuality education have their own benefits, these activities are best supported by making sexual and reproductive health care available to young people. Additionally, adolescents and youth who are out of school are less likely to have access to CSE so interventions at the community level are needed to reach young people who are not in school.[29]

Adolescents and youth need access to STI and HIV testing and treatment, condoms and other modern contraceptive methods, and comprehensive abortion care (abortion, postabortion care, and family planning) to stay healthy, avoid unwanted pregnancy, and maximize their chances for greater educational attainment and economic success.

WHO has advised that youth-friendly SRH services have the following key characteristics—they are equitable, accessible, acceptable, appropriate, and effective.[30] These guidelines mean that all adolescents and youth should be able to access the care they need in a way that meets their expectations and makes a positive contribution to their health. Research shows that youth-friendly services are more effective when providers are trained and friendly towards their patients, when health care facilities are welcoming and appealing, and when the surrounding community is supportive of providing SRH services to adolescents and youth.[31]

Reducing stigma for health-care seeking and increasing service providers' capacity to deliver quality SRH services are key to ensuring young people feel comfortable accessing SRH care and reducing their unmet need for family planning. For girls, privacy, confidentiality, and accessing contraception without

partner interference may be especially important. Creating facilities that provide a full range of contraceptive methods in a confidential manner may help girls start and continue using contraception. A review of research on increasing demand for SRH services among adolescents and youth concludes that interventions that increase the youth-friendliness of service providers, improve facility youth-friendliness, and attempt to generate demand through multiple channels—such as community education and mass media—are ready for large-scale implementation.[32]

Providing SRH services in schools can make them more accessible and thus more youth-friendly.[33] Access to sanitary supplies that help girls and young women manage menstruation is also important. Lack of appropriate sanitary supplies and facilities at school might disrupt girls' school attendance.[34] The availability of sanitary supplies, safe sanitation facilities at school, and education on puberty and menstrual management could help some girls stay healthy and feel safer at school.

Research shows that proximity to youth-friendly care facilities and to condoms increases the likelihood that adolescents and youth use those services and enjoy a better health outcome. In Madagascar, a survey among women ages 21 to 23 found that women who lived in communities where condoms were available were less likely to be mothers. The same study showed that the

availability of condoms was associated with a later age of first birth and greater educational attainment and cognitive skills.[35] In South Africa, the National Adolescent Friendly Clinic Initiative (NAFCI), which was rolled out starting in 1999, demonstrated success in both health and economic outcomes. Evidence shows that living near a NAFCI clinic during adolescence delayed childbearing by 1.2 years. Adolescents living near a NAFCI clinic also completed 0.6 more years of school. Among women in the study who had jobs, those who lived near a NAFCI clinic during adolescence reported monthly earnings 30 percent higher than those who did not live near a NAFCI clinic.[36]

Outside of health care facilities and schools, the most effective means of reaching youth with services include street-level outreach that distributes condoms and over-the-counter access to contraception, including emergency contraception also known as the morning-after pill.[37]

The need for youth-friendliness extends to the provision of safe abortion. In many countries, the laws and stigma around abortion make it difficult for many young women to access safe abortion.[38] Unsafe abortion costs lives, households, and governments. Analysis of data from Uganda, where abortion is illegal, indicates that abortion costs $64 million per year due to direct medical costs, lost productivity, and societal costs of abortion-related mortality.[39] A study from Kenya revealed that young women ages 10 to 19 waited longer than older women to seek postabortion care when they experienced complications—a delay that could increase their risk of mortality.[40]

Safe abortion is a priority SRHR issue. In late 2016, over 260 researchers, advocates, providers, and donors gathered at the Africa Regional Conference on Abortion to discuss the state of abortion, share research findings, and identify opportunities for policy action to make abortion safer. The conference declaration called for political action to honor human rights agreements such as the “Maputo Protocol” and to ensure that all women have access to safe comprehensive abortion care regardless of age or financial status.[41]

Beyond being youth-friendly and physically accessible, SRH services need to be financially accessible. The cost of SRH services can be a barrier that prevents adolescents and youth from accessing the care they need. For example, in a report on adolescent and youth SRH in Yaoundé, Cameroon, adolescents identified the high cost of reproductive health services as a barrier to care and noted that certain types of contraception are more expensive than others so their preferred method may not be accessible to them.[42]

Fulfilling the right of adolescents and youth to access appropriate, comprehensive SRH care is critical so that they can take charge of their reproductive decisions. In doing so, they are more likely to have greater educational attainment and be economically productive.

Recommendations

- Increase the availability and accessibility of youth-friendly SRH services and supplies.
- Ensure that schools have appropriate sanitary and health facilities.
- Reach out-of-school adolescents and youth with community-level interventions.
- Facilitate financial access to SRH services and supplies.
- Improve access to safe comprehensive abortion care.

EMPOWER YOUNG WOMEN AND INCREASE GENDER EQUALITY TO ADVANCE SRHR

Improvements in girls' access to education, female labor force participation, and women's political participation promote an enabling environment for a demographic dividend. The key to all of the above is the health and safety of girls and women.

Empowering girls with skills and knowledge can improve health and human-capital outcomes through delayed marriage, reduced risk for sexual violence, and increased educational attainment. Interventions that combine SRH information with skills training and those that create safe spaces for girls are shown to be effective, may improve the agency of girls in relationships, and may empower them to use contraception, delay marriage, and delay childbearing.[43]

> *"The continent cannot meet its ambitious goals under Agenda 2063 while it limits a dynamic segment of its society, which women represent, from realizing its full potential. Investing in women and girls and their integration into the labor market, alongside delayed marriage and child bearing, and expanded access to education for girls, family planning, and sexual and reproductive health rights, have been attributed as the driving forces behind the economic successes of the Asian tigers."*
>
> **– AU Agenda 2063 Framework Document: The Africa We Want**

A randomized control trial among adolescent girls in Tanzania compared three different empowerment strategies. The first intervention focused solely on reproductive health, gender equality, and rights. The second intervention shared information on entrepreneurship and running a business. The third intervention combined both business training and reproductive health information. The findings show that business training alone successfully encourages girls to develop business plans and to start income-generating activities, but girls who

received the combined intervention were the most likely to have plans to start a business.[44]

An evaluation of a two-pronged intervention among adolescent girls in Uganda shows that girls who received an intervention providing vocational training along with reproductive health information increased the likelihood that they were later engaged in income-generating activities by 72 percent compared to the control group. Teenage pregnancy and early marriage or cohabitation fell among girls in the intervention group (by 26 percent and 58 percent respectively). The intervention also seemed to influence sexual violence—the percent of girls reporting sex against their will fell by half.[45]

Evidence shows that gender inequality is a key driver of sexual violence. In 2015, the African Development Bank published its first Gender Equality Index, which identifies violence against girls and women as a serious barrier to their health, education, and full economic participation.[46] The "Gender Roles, Equality, and Transformation (GREAT) Project," in postconflict northern Uganda aimed to promote gender-equitable attitudes and behaviors among adolescents (ages 10 to 19) and their communities, to reduce gender-based violence, and to improve SRH outcomes. In the project, community-action groups implemented a variety of activities to raise awareness, educate community members on selected topics, and support community leaders to create change. Adolescents who participated in the project had more gender-equitable attitudes, healthier SRH behavior, and experienced and perpetrated less violence than those in the control group.[47]

FGM/C is another form of violence affecting girls and women. While laws banning FGM/C can have an impact, ending FGM/C requires changing attitudes within communities where cutting is religiously or culturally relevant.[48] There are some communities who are open to ending the practice and could provide a starting point for abandoning FGM/C. Data show that FGM/C abandonment is already underway in some countries, with notable declines in Burkina Faso, Liberia, Kenya, Nigeria, Central African Republic, Benin, and Togo.[49] Targeted approaches that involve community leaders could sustain this progress and further FGM/C abandonment.

Recommendations

- Scale up effective girls' empowerment and gender equality interventions.
- Support community-level interventions to address sexual violence and FGM/C.

BOX 2

Summary of Recommendations to Advance Adolescent and Youth SRHR

- Make schools safe for girls to attend.
- Help households overcome financial hurdles to sending their children to school.
- Support pregnant and parenting adolescents and youth to stay in and return to school.
- Make CSE available to students beginning in primary school.
- Implement CSE along with youth-friendly health services.
- Increase the availability and accessibility of youth-friendly SRH services and supplies.
- Ensure that schools have appropriate sanitary and health facilities.
- Reach out-of-school adolescents and youth with community-level interventions.
- Facilitate financial access to SRH services and supplies.
- Improve access to safe comprehensive abortion care.
- Scale up effective girls' empowerment and gender equality interventions.
- Support community-level interventions to address sexual violence and FGM/C.

Conclusion

Improving SRHR for adolescents and youth is imperative and will help drive towards the AU Agenda 2063 vision of a more prosperous Africa. Helping young people stay in and return to school and access the health information and services they need can help them stay healthy and decide their futures. With appropriate SRH education, information, and care—along with an environment that supports their health and safety—adolescents and youth have better health and educational attainment, and are better equipped to contribute economically to their households and communities. Furthermore, youth SRHR can contribute to attaining a smaller proportion of dependents relative to the working-age population. When combined with sound social and economic policies, countries are better positioned to harness the demographic dividend.

Advancing adolescent and youth SRHR to make progress on African development goals requires commitment and strategic action by policymakers with the support of researchers, civil society, traditional and local leaders, and the private sector. The private sector, in collaboration with the government, has a critical role in financing and providing services and commodities that reach adolescents and youth, and in driving development. The private sector can improve access to care, enhance management of health systems, and strengthen supply chains that deliver health commodities.[50] The private sector is also a major driver of innovation and investment that can bolster sustainable economic development.[51] Increasing the capacity and willingness of the government and private sector to engage in public-private partnerships and work together can help countries meet the SRH needs of adolescents and youth and work towards development goals.[52]

Adolescents and youth have the right to be healthy, to attend school, and to be empowered with the skills they need to be economically productive. AU member states have a key role in ensuring adolescents and youth can realize those rights and that Africa can achieve its vision for greater success and prosperity. The future of Africa's adolescents and youth depends on AU member states making strategic short- and long-term investments to fulfill the commitments outlined in established continental policy frameworks. Investing in adolescent and youth SRHR will benefit young people and support economic development on the African continent.

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